



# IPLAN 2020

Ogle County's Illinois Project for Local Assessment of Needs

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## Executive Summary

The Ogle County Health Department (OCHD) has completed the 2020 IPLAN (Illinois Project for Local Assessment of Needs). The Project was delayed from 2020 to 2022 with the approval of the IDPH (Illinois Department of Public Health) due to the Covid-19 Pandemic. The assessments and community health improvement plan that make up the IPLAN are required by state statute to maintain certification status for the local health department. Certification of the local health department grants local agencies the authority to enforce public health codes, ordinances, and laws. The methodology and assessment findings are summarized in this document. The assessment and processes described in this report were conducted from February of 2020 to January of 2022. The health department used the Mobilizing Action through Planning and Partnerships (MAPP) to complete the entire process. During this process the department has identified 3 strategic health related issues that will be the focus of the department for the next five years. OCHD strongly encourages other community organizations to use the IPLAN and the data from the four assessment to guide their work.

1. Access to Care
2. Chronic Disease
3. Mental Health

The finding from the assessments and health priorities will be key components for the Ogle County Health Departments strategic planning for the next 5 years. The department intends to have meaningful impact in the 3 health priorities that have been chosen. OCHD hopes to use a whole community approach when addressing these issues. The documents and plans are intended to be living documents which will be reviewed and adjusted at least annually.

## Introduction to IPLAN

The Illinois Department of Public Health (IDPH) requires that all health departments complete an Illinois Project for Local Assessment of Needs (IPLAN) every five years. This is an assessment of the needs in a community and a community health improvement plan for meeting those needs. The IPLAN must comply with Section 600.410 (Illinois Department of Public Health [IDPH], 2008).

The IPLAN is composed of three parts; a Community Health Needs Assessment, a Community Health Improvement Plan and an Organizational Self-Assessment. The three parts are prepared by the local health department, approved by the local board of health and the needs assessment and improvement plan are submitted to IDPH for approval. Upon IDPH approval the health department becomes certified for a 5-year period until the next IPLAN cycle.

Local health departments are required to use a standard methodology to complete the IPLAN process. The Illinois Administrative Code Title 77: Public Health Part 600: Certified Local Health Departments Section 410: Requirements for IPLAN or an equivalent planning process; lays the foundation for what is required to be included in the assessments and plans. The local health department must involve the community in identifying community health problems, priority-setting and completion of the assessments and improvement plan.



Ogle County most recent IPLAN was completed in 2015. The health priorities that that were identified in the 2015 IPLAN were; heart disease, cancer and obesity. There is some overlap in the 2020 assessments and the 2015 health priorities due to ongoing risk factors that contribute to chronic disease. In the 2020 IPLAN the health department will make an attempt to broaden the focus to be more inclusive in the focus on health issues that impact local communities.

## Methodology

The Ogle County Health Department opted to use the model Mobilizing for Action through Planning Partnerships (MAPP) to complete the IPLAN process. Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

The MAPP Process consists of Six Phases that help to guide the local health department from organizing, visioning, identifying issues, formulating goals, to creating an action cycle for its improvement plan.

Phase 1: Organizing and Engaging Partners

Phase 2: Visioning

Phase 3: The Four Assessments

- Community Themes and Strengths
- Local Public Health System Assessment
- Community Health Status Assessment
- Forces of Change

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle

- Plan
- Implements
- Evaluate



Figure 1



## Phase 1: Organizing for Success

### Strategic Planning

In 2018 the Ogle County Health Department started the first ever strategic planning process for the department. The yearlong initial phase of strategic planning focused on the department's Mission, Vision and Values and began an improvement cycle based on strategic priorities related to the guiding principles. All OCHD employees participated in understanding departmental programs, key community partners and establishing strategic priorities for the department. The strategic priorities were identified by surveying the Ogle County Board of Health members and health department employees. The topics were grouped into like categories and ranked by importance to align with the department's Mission, Vision and Values. During this process the department also ranked engagement with local partners to identify partnership opportunities and the strength of existing current relationships. The organizations strategic plan should align with the County IPLAN to improve departmental public health delivery, as well as, community level public health system improvement. The department ensure this synergy of plans by creating the strategic initiative of Health Priorities.



Figure 2

Each strategic initiative was given a workgroup comprised of Ogle County Health Department employees to ensure that the initiatives continued to move forward. The workgroups included Financial Stability, Health Priorities and Performance Management. The Health Priorities Workgroup will guide the process of action cycle implementation of the Community Health Improvement Plan. The Performance Management Workgroup will assist with training and alignment with Public Health Accreditation.



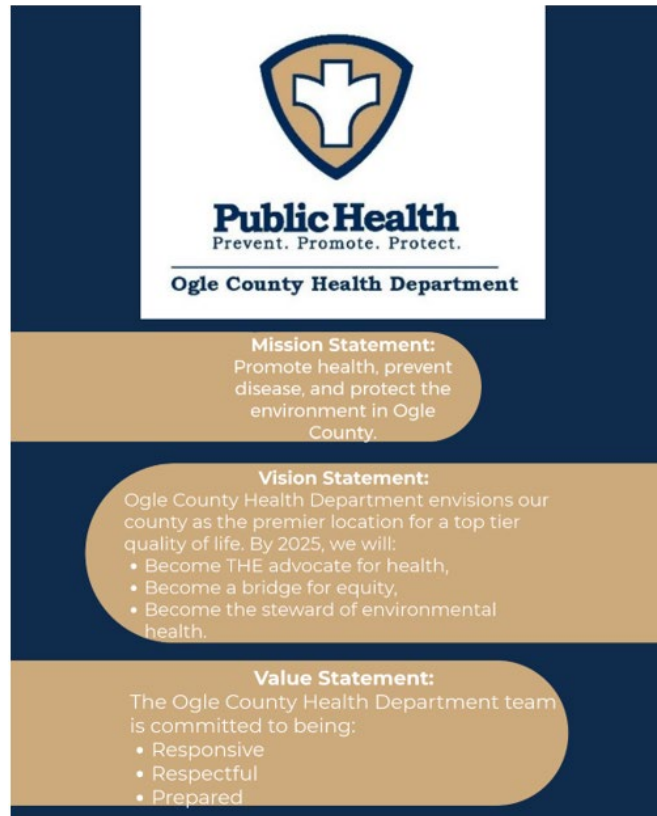


Figure 3

Ogle County Health Department Organized an internal steering committee to guide the assessment process for the MAPP. The internal steering committee consisted of:

IPLAN Steering Committee	
Cherie Rucker	Emergency Response Coordinator
Jamie Carlock	Public Health Nurse
Chuck Cantrell	Food Sanitation Coordinator
Ashly Glenn	Environmental Health Inspector/LEHP
Suzi Diehl	Public Health Nurse
Holly Sievers	Intern
Liz Kay	Public Health Nurse
Sol Nava	Secretary/ Translator
Natalie Haugse	Secretary
Amy Bardell	Director of Operations



## Phase 2: Visioning

### Purpose

The vision provide focus, purpose and direction to the MAPP process.

### Process

OCHD staff created a survey that was posted on the health department Facebook page and sent to leaders of partner organizations in county to better understand a county wide perspective on an optimally designed community for good health. The department received 59 responses returned.

### Visioning questions and results

An important step in the IPLAN/MAPP process is determining what residents and leaders view as optimal health for the population.

What does a health community mean to you?

What are important characteristics of a healthy community for all who work, learn, live, and play here?

In your ideal community, what would you hear, see, taste, touch, and smell?

Five years from now, what would we want the local newspaper to say about the health of our community?

### Q1 A healthy community consists of:

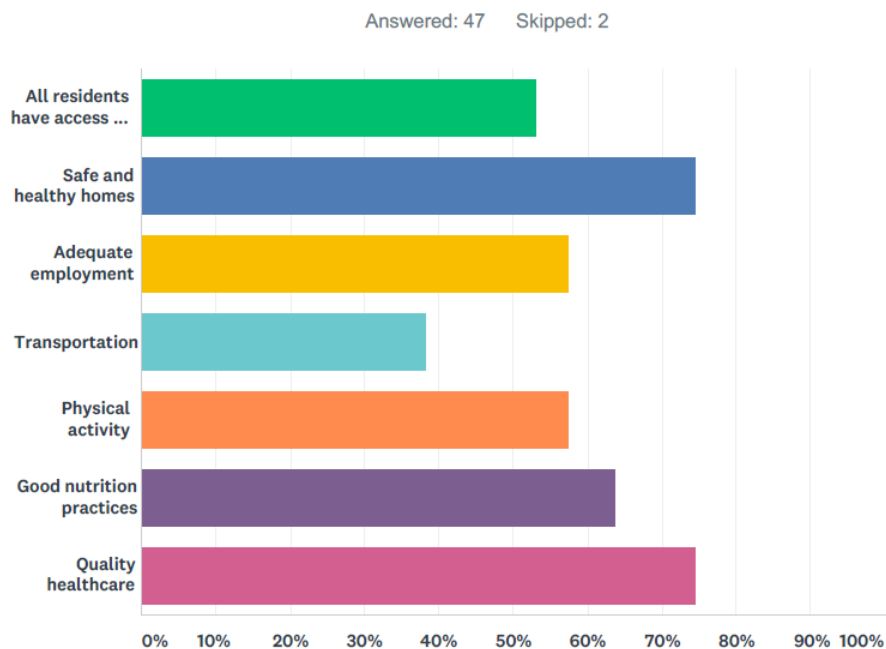


Figure 4





### Phase 3: The Four Assessments

The goal of the I-PLAN is to assess the local public health system represented here. In the NACCHO diagram. This web diagram shows the local public health department as the center catalyst of the public health system. The local public health agency acts as the resource that educate, enforces, regulates and empowers the rest of the web to improve health outcomes. The following assessments work to create a picture of the current state of public health in Ogle County.

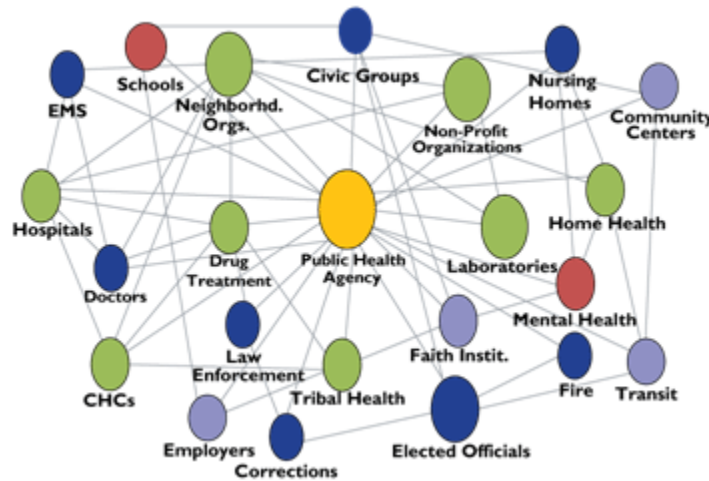


Figure 5

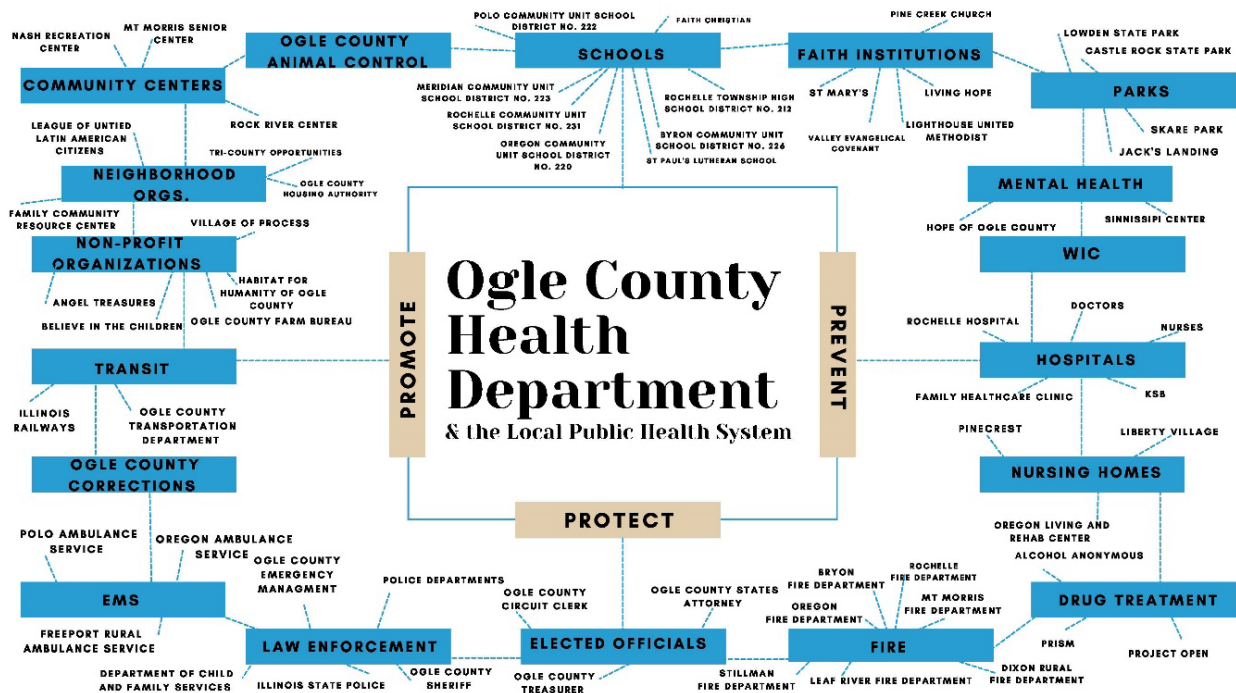


Figure 6



## Community Themes and Strengths Assessment

The purpose of this assessment is to provide an understanding of the issues that Ogle County residents feel are important. This assessment is to help us answer the questions:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What assets do we have that can be used to improve community health?

The survey selected was designed by North Central Health Advisory Board in Columbus, Ohio and was adapted to fit the needs of Ogle County. The survey contained questions on Ogle County's greatest strengths, important health concerns, risky behaviors, community and personal health, and where the community should focus its attention to improve the community. The survey collected respondent demographic information including zip code, age, sex, marital status, children living in the home, Ogle County residency, household income, level of education, race, ethnicity, where health care is obtained when needed and how respondents pay for health care. The survey was available in both English and Spanish.

The survey was distributed via:

- Facebook
- Oregon Public Library
- Byron Public Library
- Rochelle Public Library
- Polo Public Library
- Byron CUSD #226
- Creston CCSD #161
- Eswood CCSD #269
- Forrestville Valley CUSD #221
- Kings CSD #144
- Meridian CUSD #223
- Oregon CUSD #220
- Polo CSD #222
- Rochelle CCD #231
- Rochelle Township High School District #212
- 911 -Emergency Telephone System Board
- Animal Control
- Circuit Clerk
- Coroner
- County Clerk
- Focus House
- GIS
- Health Department
- Highway Department
- Juvenile Justice Council
- Planning & Zoning
- Probation
- Recorder
- Regional Education Office
- Sheriff
- Solid Waste
- State's Attorney
- Supervisor of Assessments
- Treasurer
- Veterans Assistance Commission



The profile of our respondents answering the survey was that they were married, middle aged (45-64) non-Hispanic, Caucasian, women, making more than 100,000 dollars a year, with at least a high school or GED, working in Ogle County and living in Ogle County for 21 years or more. Most respondents were living in Rochelle, have access to health care with private health insurance and have seen a primary care provider with in the last year.

The key findings from this perspective include:

**Top 3 Strengths-**

1. Good schools
2. Friendly community
3. Police, fire and rescue services

**Top 3 Health Concerns-**

1. Alcohol/drug abuse
2. Mental health problems (e.g. depression, anxiety)
3. Tobacco use/smoking/e-cigarettes

**Top 3 Risky Behaviors-**

1. Alcohol/drug abuse
2. Tobacco use/smoking/e-cigarettes
3. Poor nutrition/eating habits

**Top 3 Areas to Focus-**

1. Access to mental health treatment
2. Access to alcohol/drug treatment
3. Good jobs and healthy economy

According to the Community Health Status Assessment, the respondents compare to the demographics of Ogle County in only a few ways that are similar, and an over sampling has occurred in some categories. The demographic composition of Ogle County has the average income is \$57K per year, whereas the survey respondents reported \$100K+ income. The county is primarily White at 94.39%, 87.86% of survey respondents reported White as their race. The number of non-Hispanic residents matched the survey respondents with 90.16% of the county being non-Hispanic and 90.04% of the respondents being non-Hispanic. The age of respondents was close to correlating with the data of the county with the mean age for females being 43 and the mean age overall 41 for the county and the age of respondents were most likely to be 45-64. There were more women in the respondent group than the county, with the group being 71%, whereas the county is 50.12%. People who took the survey reported having less education compared to the county. The survey respondents reported 22.30% as have at least a high school diploma or GED. The county recorded that, of people 25 or older, 89% of them had at least a high school diploma or GED. Access to Primary Care Providers in Ogle County has a rate of 60.46 providers for every 100,000 people. Although 85% of survey respondents reported having a Primary Care Provider.



## Local Public Health System Assessment

The National Public Health Performance Standards (NPHPS) provide a framework to assess capacity and performance of the local public health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. The Performance Standards were developed by a national partnership initiative for state and LPHS (LPHS) and for public health governing bodies based on the 10 Essential Public Health Services (see Appendix A for additional information on a national health improvement framework and the 10 Essential Public Health Services). The Performance Standards address questions such as:

- What are the components, activities, competencies, and capacities of our public health system?
- How well are the 10 Essential Public Health Services being provided in our system?

The Performance Standards focus on the overall public health system, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. The Performance Standards set a benchmark for all these entities to contribute to the delivery of the 10 Essential Public Health Services (Essential Services).

Ogle County's top performing areas according to the Local Public Health System Assessment:

1. Diagnose and Investigate
2. Educate/ Empower
3. Enforce Laws

Ogle County's lowest performing areas according to the Local Public Health System Assessment:

1. Monitor Health Status
2. Develop Policies and Plans
3. Evaluate Services



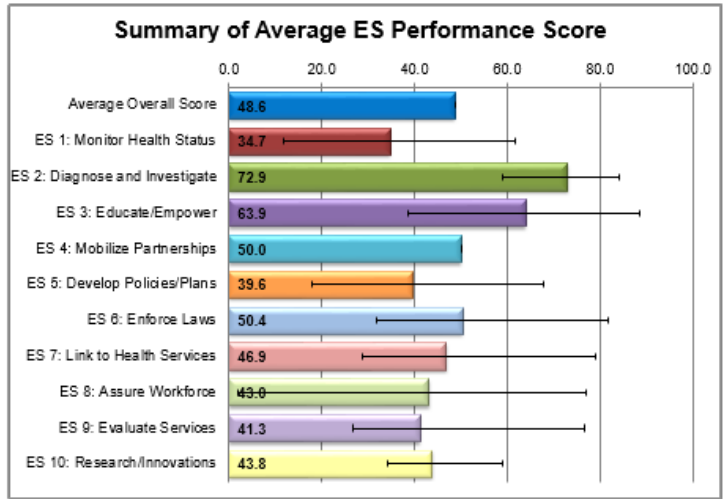


Figure 7



Model Standards by Essential Services	Performance Scores	Agency Contribution Scores
<b>ES 1: Monitor Health Status</b>	<b>34.7</b>	<b>75.0</b>
1.1 Community Health Assessment	41.7	75.0
1.2 Current Technology	25.0	75.0
1.3 Registries	37.5	75.0
<b>ES 2: Diagnose and Investigate</b>	<b>72.9</b>	<b>75.0</b>
2.1 Identification/Surveillance	66.7	100.0
2.2 Emergency Response	70.8	100.0
2.3 Laboratories	81.3	25.0
<b>ES 3: Educate/Empower</b>	<b>63.9</b>	<b>83.3</b>
3.1 Health Education/Promotion	66.7	75.0
3.2 Health Communication	58.3	75.0
3.3 Risk Communication	66.7	100.0
<b>ES 4: Mobilize Partnerships</b>	<b>50.0</b>	<b>50.0</b>
4.1 Constituency Development	50.0	25.0
4.2 Community Partnerships	50.0	75.0
<b>ES 5: Develop Policies/Plans</b>	<b>39.6</b>	<b>68.8</b>
5.1 Governmental Presence	33.3	50.0
5.2 Policy Development	25.0	75.0
5.3 CHIP/Strategic Planning	25.0	75.0
5.4 Emergency Plan	75.0	75.0
<b>ES 6: Enforce Laws</b>	<b>50.4</b>	<b>91.7</b>
6.1 Review Laws	56.3	75.0
6.2 Improve Laws	25.0	100.0
6.3 Enforce Laws	70.0	100.0
<b>ES 7: Link to Health Services</b>	<b>46.9</b>	<b>75.0</b>
7.1 Personal Health Service Needs	56.3	75.0
7.2 Assure Linkage	37.5	75.0
<b>ES 8: Assure Workforce</b>	<b>43.0</b>	<b>56.3</b>
8.1 Workforce Assessment	25.0	50.0
8.2 Workforce Standards	58.3	50.0
8.3 Continuing Education	45.0	75.0
8.4 Leadership Development	43.8	50.0
<b>ES 9: Evaluate Services</b>	<b>41.3</b>	<b>91.7</b>
9.1 Evaluation of Population Health	31.3	75.0
9.2 Evaluation of Personal Health	55.0	100.0
9.3 Evaluation of LPHS	37.5	100.0
<b>ES 10: Research/Innovations</b>	<b>43.8</b>	<b>33.3</b>
10.1 Foster Innovation	50.0	50.0
10.2 Academic Linkages	50.0	25.0
10.3 Research Capacity	31.3	25.0
<b>Average Overall Score</b>	<b>48.6</b>	<b>70.0</b>
<b>Median Score</b>	<b>45.3</b>	<b>75.0</b>

Figure 8



## Community Health Status Assessment

The Community Health Status Assessment (CHSA) is a systematic, data-driven approach to determining the health status, behaviors and needs of the residents in Ogle County. The information allows stakeholders to identify issues of greatest concerns.

The department gathered data to show:

- Demographics and Social Economic Status
- Injury, Illness and Death
- Mental Health
- Maternal Child health
- Environmental Factors

This combined information makes up the Ogle County Health Department’s Data book. A summary of the finding was presented to the Ogle County Board of Health, villages, townships and the Ogle County Board. The data in this assessment was used to determine the 9 priorities areas that were distilled down to determine the top 3 health priorities that will be the focus of the next five years as a part of the Community Health Improvement Plan. Key data elements were shared as a part of the IPLAN. The complete data sets can be reviewed in Ogle County Health Department Data Book.

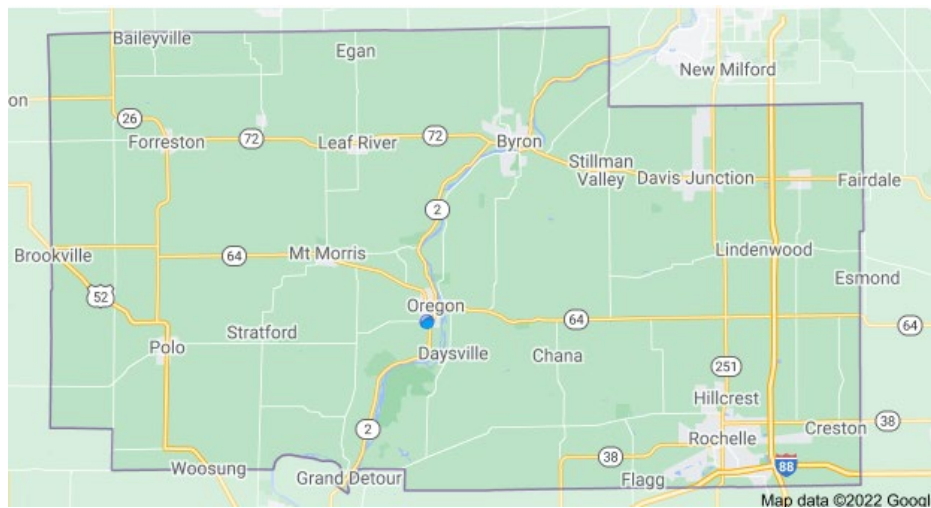


Figure 9

Ogle County Cities and Villages		
Cities	Villages	
<ul style="list-style-type: none"> <li>• Byron</li> <li>• Oregon</li> <li>• Polo</li> <li>• Rochelle</li> </ul>	<ul style="list-style-type: none"> <li>• Adeline</li> <li>• Creston</li> <li>• Davis Junction</li> <li>• Forreston</li> <li>• Hillcrest</li> </ul>	<ul style="list-style-type: none"> <li>• Leaf River</li> <li>• Monroe Center</li> <li>• Mt Morris</li> <li>• Stillman Valley</li> </ul>



## Demographics

### Population

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

### Total Population

A total of 51,025 people live in the 758.59 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-year estimates. The population density for this area, estimated at 67.26 persons per square mile, is less than the national average population density of 91.93 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Ogle County, IL	51,025	758.59	67.26
Illinois	12,770,631	55,517.13	230.03
United States	324,697,795	3,532,068.58	91.93

Data Source: US Census Bureau, *American Community Survey, 2015-19*. Source geography: Tract

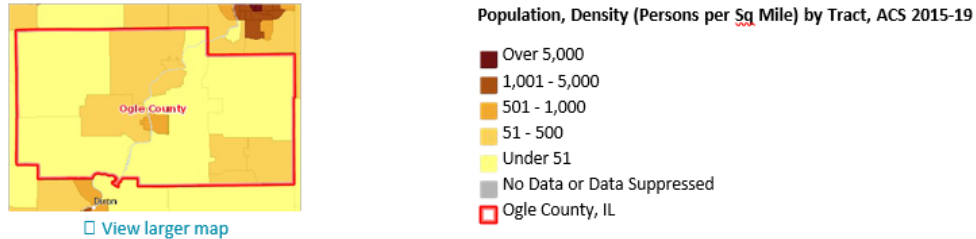


Figure 10

### Change in Total Population

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 2,465 persons, a change of 4.83%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Population Change, 2000-2010	Population Change, 2000-2010, Percent
Ogle County, IL	51,032	53,497	2,465	4.83%
Illinois	12,416,145	12,830,632	414,487	3.34%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, *Decennial Census, 2000 - 2010*. Source geography: Tract

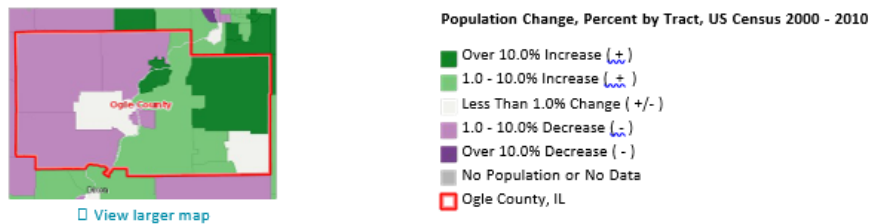


Figure 11





**Population by Age and Gender**

Population by Age and Sex for Ogle county, July 1, 2019			
Age Groups	Females	Males	Total
Total	25530	25113	50643
00-04	1335	1404	2739
05-09	1537	1558	3095
10-14	1644	1721	3365
15-19	1616	1623	3239
20-24	1336	1402	2738
25-29	1464	1530	2994
30-34	1406	1413	2819
35-39	1489	1546	3035
40-44	1460	1426	2886
45-49	1563	1554	3117
50-54	1668	1679	3347
55-59	1967	2021	3988
60-64	1811	1759	3570
65-69	1500	1476	2976
70-74	1314	1170	2484
75-79	985	844	1829
80-84	668	569	1237
85+	767	418	1185

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

<https://data.census.gov/cedsci/table?q=&t=Age%20and%20Sex&g=0500000US17191&y=2019&tid=ACSST5Y2019.S0101&hidePreview=true>

Figure 12



## Total Population by Age Groups, Total

This indicator reports the total population of the report area by age groups

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Ogle County, IL	2,745	8,815	3,896	5,718	6,109	7,039	7,427	9,276
Illinois	767,193	2,124,333	1,192,806	1,770,290	1,644,531	1,672,220	1,656,724	1,942,534
United States	19,767,670	53,661,722	30,646,327	45,030,415	40,978,831	42,072,620	41,756,414	50,783,796

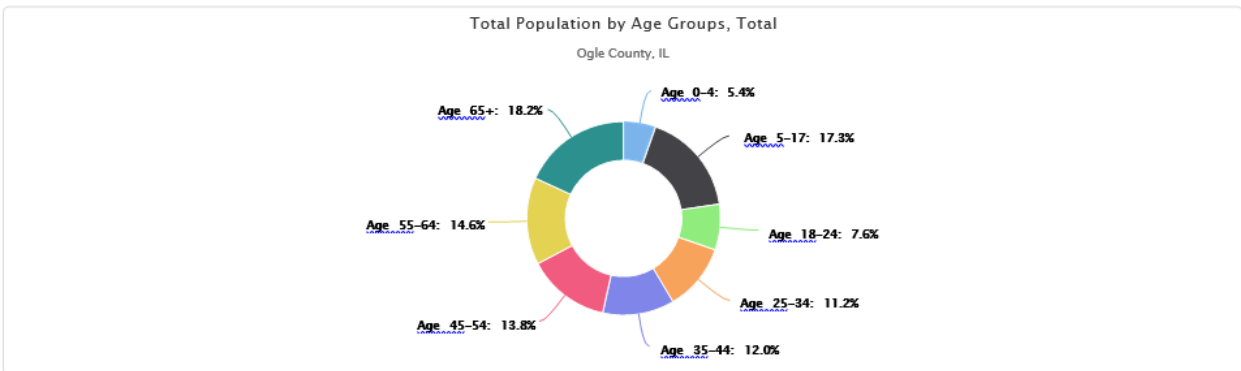


Figure 12

## Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Ogle County, IL	5.38%	17.28%	7.64%	11.21%	11.97%	13.80%	14.56%	18.18%
Illinois	6.01%	16.63%	9.34%	13.86%	12.88%	13.09%	12.97%	15.21%
United States	6.09%	16.53%	9.44%	13.87%	12.62%	12.96%	12.86%	15.64%

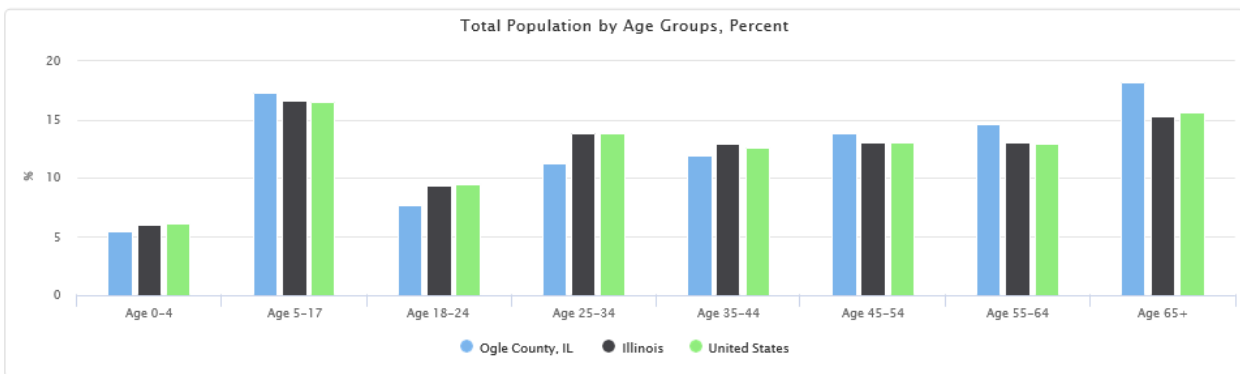


Figure 13



Race and Ethnicity

Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Ogle County, IL	48,105	520	276	163	24	1,113	824
Illinois	9,134,903	1,813,590	698,524	33,460	4,477	757,231	328,446
United States	235,377,662	41,234,642	17,924,209	2,750,143	599,868	16,047,369	10,763,902

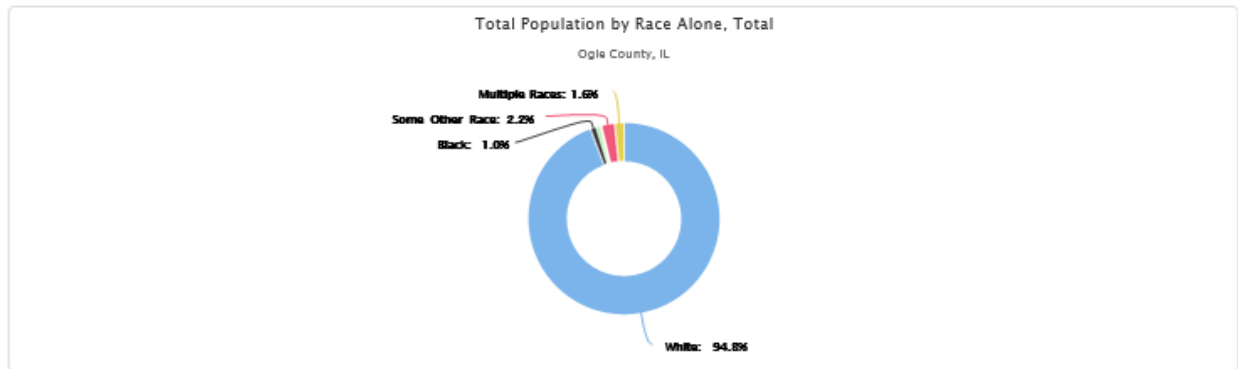


Figure 13

Total Population by Race Alone, Percent

This indicator reports the percentage of population by race alone in the report area.

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Ogle County, IL	94.28%	1.02%	0.54%	0.32%	0.05%	2.18%	1.61%
Illinois	71.53%	14.20%	5.47%	0.26%	0.04%	5.93%	2.57%
United States	72.49%	12.70%	5.52%	0.85%	0.18%	4.94%	3.32%

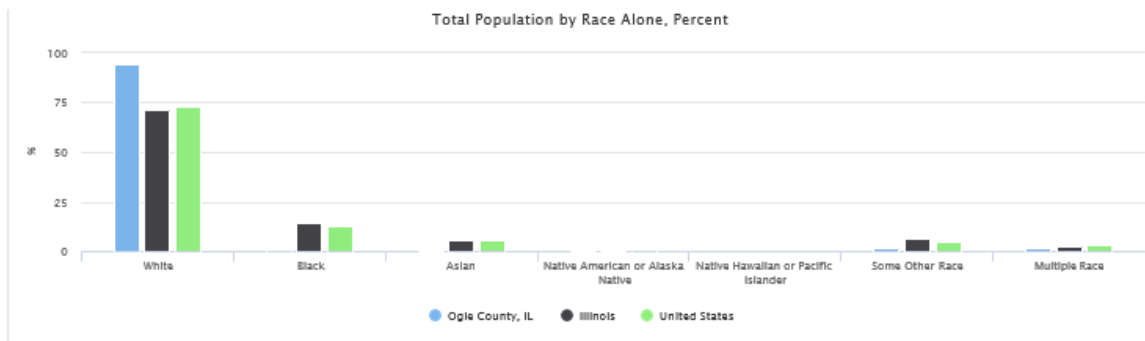


Figure 14



## Total Population by Ethnicity Alone

This indicator reports the total population of the report area by ethnicity alone.

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Ogle County, IL	51,025	5,166	10.12%	45,859	89.88%
Illinois	12,770,631	2,186,387	17.12%	10,584,244	82.88%
United States	324,697,795	58,479,370	18.01%	266,218,425	81.99%

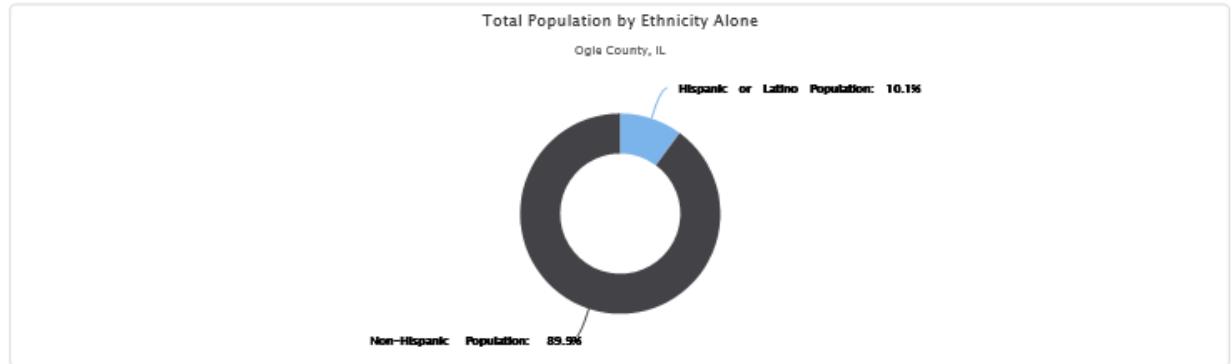


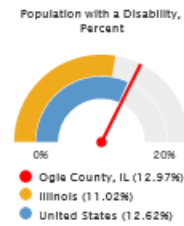
Figure 15

## Population with Disabilities

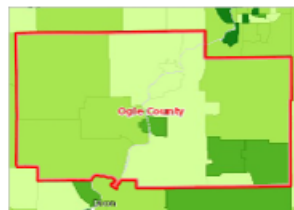
### Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 50,520 for whom disability status has been determined, of which 6,551 or 12.97% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Ogle County, IL	50,520	6,551	12.97%
Illinois	12,591,483	1,388,097	11.02%
United States	319,706,872	40,335,099	12.62%



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



Disabled Population, Percent by Tract, ACS 2015-19

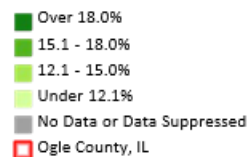


Figure 16



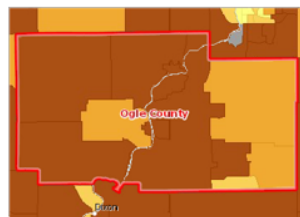
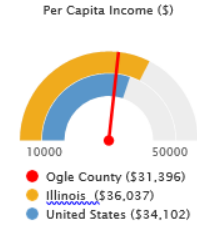
Income

**Income - Per Capita Income**

The per capita income for the report area is \$31,396. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Ogle County, IL	51,025	\$1,602,021,000	<b>\$31,396</b>
Illinois	12,770,631	\$460,223,394,200	\$36,037
United States	324,697,795	\$11,073,131,694,900	\$34,102

Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



Per Capita Income by Tract, ACS 2015-19

- Over \$30,000
- \$25,001 - \$30,000
- \$20,001 - \$25,000
- Under \$20,001
- No Data or Data Suppressed
- Ogle County, IL

[View larger map](#)

Figure 17

**Per Capita Income by Race Alone**

This indicator reports the per capita income of the report area by race alone.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Ogle County, IL	\$32,150.00	\$12,937.00	\$18,214.00	\$18,561.00	\$0.00	\$18,440.00	\$23,793.00
Illinois	\$40,231.00	\$22,938.00	\$41,904.00	\$24,912.00	\$32,137.00	\$18,802.00	\$20,182.00
United States	\$37,326.00	\$23,383.00	\$40,524.00	\$20,844.00	\$24,961.00	\$19,071.00	\$20,296.00

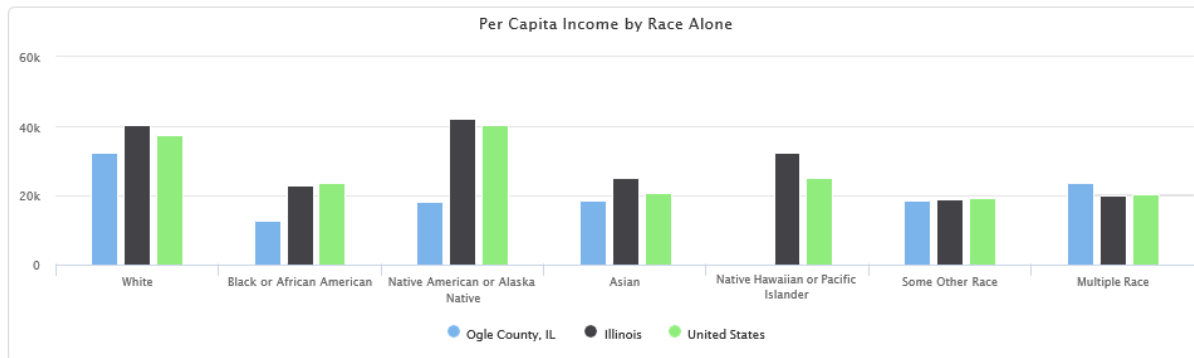


Figure 18



## Median Household Income

Median Household Income in Dollars for Population in Ogle County, 2019, 2015 and 2011	
Year	Median household Income (\$)
2019	60,986
2015	54,849
2011	57,094

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

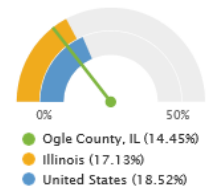
Figure 19

## Poverty - Children Below 100% FPL

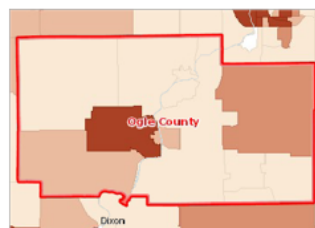
In the report area 14.45% or 1,624 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Ogle County, IL	50,212	11,235	1,624	14.45%
Illinois	12,474,842	2,852,051	488,516	17.13%
United States	316,715,051	72,235,700	13,377,778	18.52%

Percent Population Under Age 18 in Poverty



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Ogle County, IL

Figure 20



## Population in Poverty

Number and Percent of Population Below Poverty level for Ogle County, 2019 and 2015			
Year	Pop Estimate	Below Poverty Level (No.)	Percent Below Poverty
2019			
Total Population	50212	4787	9.5
Under 18 Years	11235	1624	14.5
2015			
Total Population	51715	5477	10.6
Under 18 Years	12066	1652	13.7

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Figure 21

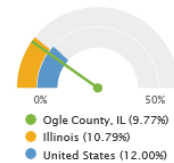
## Education

### Attainment - No High School Diploma

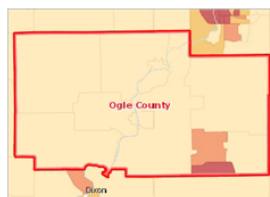
Within the report area there are 3,475 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 9.77% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Ogle County, IL	35,569	3,475	9.77%
Illinois	8,686,299	937,042	10.79%
United States	220,622,076	26,472,261	12.00%

Population Age 25+ with No High School Diploma, Percent



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2015-19

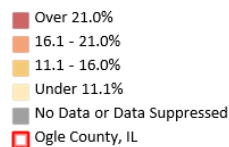


Figure 22

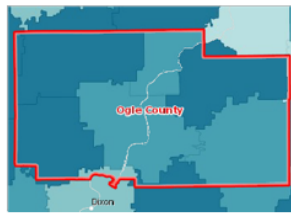
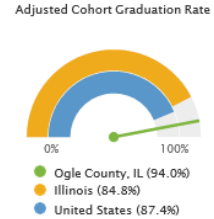


## Attainment - High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year, and adjust this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 94.0% during the most recently reported school year. Students in the report area performed better than the state, which had an ACGR of 84.8%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Ogle County, IL	468	440	94.0%
Illinois	90,008	76,312	84.8%
United States	3,180,487	2,778,988	87.4%

Note: This indicator is compared to the state average.  
 Data Source: US Department of Education, [EDFacts](#). Additional data analysis by CARES, 2017-18. Source geography: School District



On-Time Graduation, Rate by School District (Secondary), [EDFacts](#) 2017-18

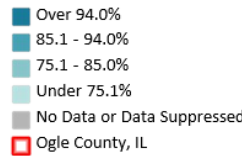


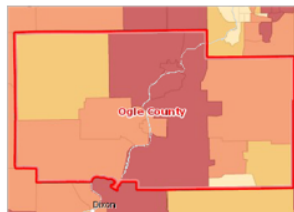
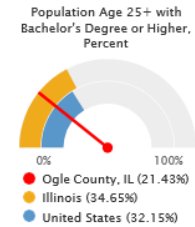
Figure 23

## Attainment - Bachelor's Degree or Higher

21.43% of the population aged 25 and older, or 7,624 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Ogle County, IL	35,569	7,624	21.43%
Illinois	8,686,299	3,010,025	34.65%
United States	220,622,076	70,920,162	32.15%

Note: This indicator is compared to the state average.  
 Data Source: US Census Bureau, [American Community Survey](#), 2015-19. Source geography: Tract



Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2015-19

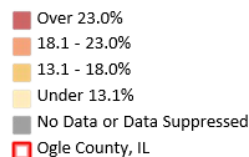


Figure 24

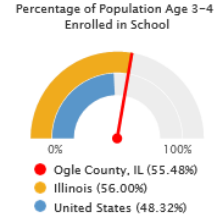




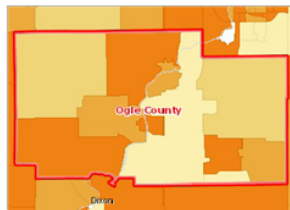
## Access - Preschool Enrollment (Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where pre-school opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Ogle County, IL	986	547	<b>55.48%</b>
Illinois	316,485	177,237	56.00%
United States	8,151,928	3,938,693	48.32%



*Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract*



Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2015-19

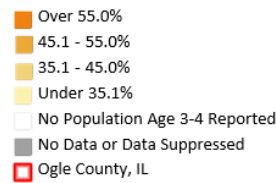


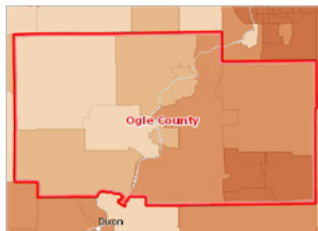
Figure 25  
Social and Economic Factors

## Foreign-Born Population

This indicator reports the percentage of the population that is foreign-born. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. The latest figures from the U.S. Census Bureau show that 2,202 persons in the report area are of foreign birth, which represents 4.32% of the report area population. This percentage is less than the national average of 13.55%.

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Ogle County, IL	51,025	859	1,343	2,202	4.32%
Illinois	12,770,631	911,275	885,687	1,796,962	14.07%
United States	324,697,795	21,847,890	22,163,980	44,011,870	13.55%

*Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract*



Foreign-Born Population (Non-Citizen or Naturalized), Percent by Tract, ACS 2015-19

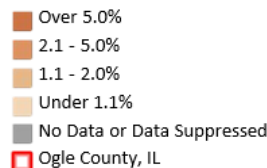


Figure 26



## Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 2,568 between the ages, of which 12.62% are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed, Percent
Ogle County, IL	2,568	12.62%
Illinois	668,335	6.18%
United States	17,025,696	6.61%

Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey. Source geography: Tract

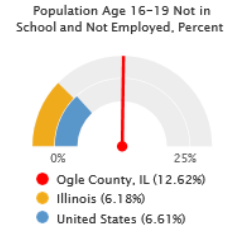


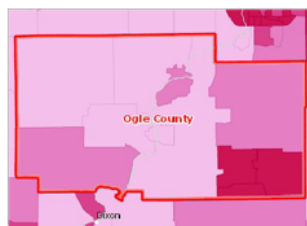
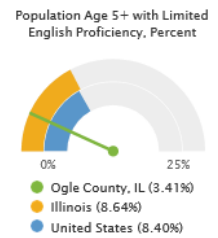
Figure 27

## Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Ogle County, IL	48,280	1,645	3.41%
Illinois	12,003,438	1,036,662	8.64%
United States	304,930,125	25,615,365	8.40%

Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



Population with Limited English Proficiency, Percent by Tract, ACS 2015-19

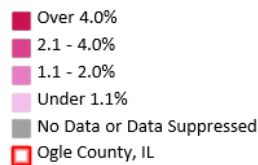


Figure 28

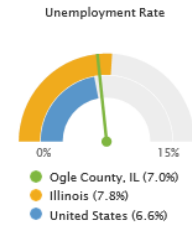


## Employment - Unemployment Rate

Total unemployment in the report area for the current month equals 1,641, or 7.0% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Ogle County, IL	23,414	21,773	1,641	7.0%
Illinois	6,097,520	5,621,977	475,543	7.8%
United States	161,052,991	150,485,945	10,567,046	6.6%

Note: This indicator is compared to the state average.  
Data Source: US Department of Labor, Bureau of Labor Statistics. 2021 - February. Source geography: County



Unemployment, Rate by County, BLS 2021 - February

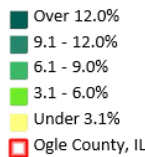


Figure 29

## Housing

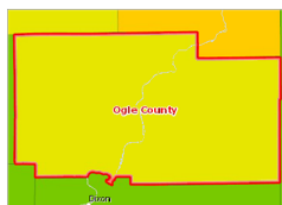
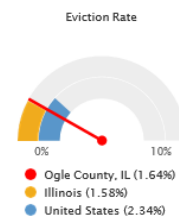
### Evictions

This indicator reports information about formal evictions based on court records from 48 states and the District of Columbia, compiled by the Eviction Lab. The number evictions and eviction filings within the report area is shown in below. The “filing rate” is the ratio of the number of evictions filed in an area over the number of renter-occupied homes in that area. An “eviction rate” is the subset of those homes that received an eviction judgment in which renters were ordered to leave. For the year 2016, the Eviction Lab reports that, of 5,353 homes in the report area, there were 129 eviction filings, for an eviction filing rate of 2.41%. 88 of the eviction filings ended in an eviction, for an eviction rate of 1.64%.

Note: Not all counties have data that has been provided. Indicator data do not include information about “informal evictions”, or those that happen outside of the courtroom.

Report Area	Renter Occupied Households	Eviction Filings	Evictions	Eviction Filing Rate	Eviction Rate
Ogle County, IL	5,353	129	88	2.41%	1.64%
Illinois	1,671,051	56,948	26,453	3.41%	1.58%
United States	38,372,860	2,350,042	898,479	6.12%	2.34%

Note: This indicator is compared to the state average.  
Data Source: Eviction Lab. 2016. Source geography: Census Tract



Evictions, Rate per 100 Rental Homes by County, Eviction Lab 2016

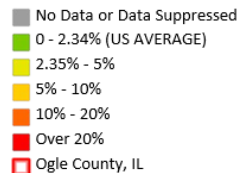


Figure 30



All Housing Units by Age (Time Period Constructed), Total

Report Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Ogle County, IL	8,852	5,755	5,283	2,445	328
Illinois	2,160,564	1,401,723	1,071,970	588,988	137,070
United States	38,219,876	35,404,384	37,527,914	19,186,932	7,089,880

All Housing Units by Age (Time Period Constructed), Percentage

Report Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Ogle County, IL	39.06%	25.39%	23.31%	10.79%	1.45%
Illinois	40.31%	26.15%	20.00%	10.99%	2.56%
United States	27.81%	25.76%	27.31%	13.96%	5.16%

All Housing Units by Age (Time Period Constructed), Percentage

Ogle County, IL

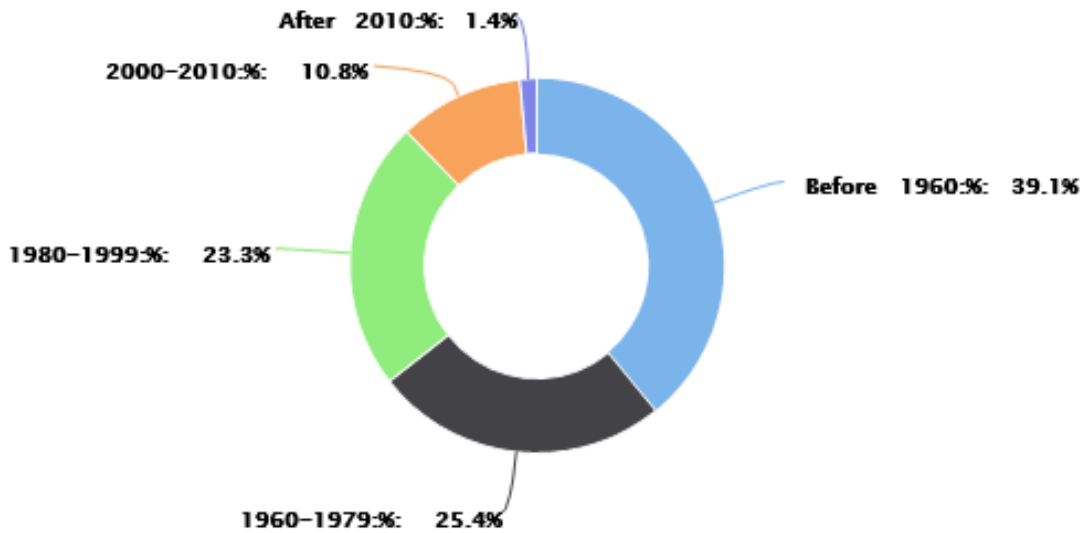


Figure 31



## Urban and Rural Population

This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Of the report areas 53,497 population, 28,300 or 52.90% of the population is classified urban while 25,197 or 47.10% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Population, Percent	Rural Population, Percent
Ogle County, IL	53,497	28,300	25,197	52.90%	47.10%
Illinois	12,830,632	11,353,553	1,477,079	88.49%	11.51%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, Decennial Census, 2010. Source geography: Tract

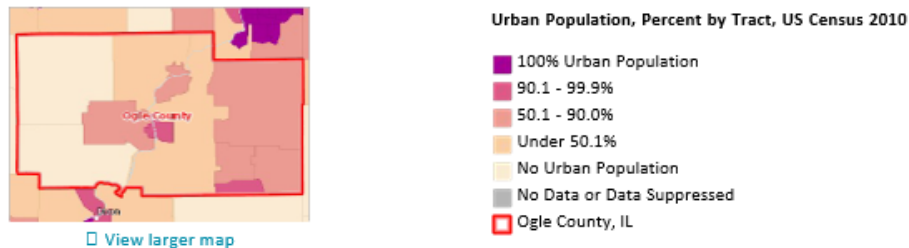


Figure 32

### Access to Care

The map below shows the ratio of population to mental health providers in Ogle County.

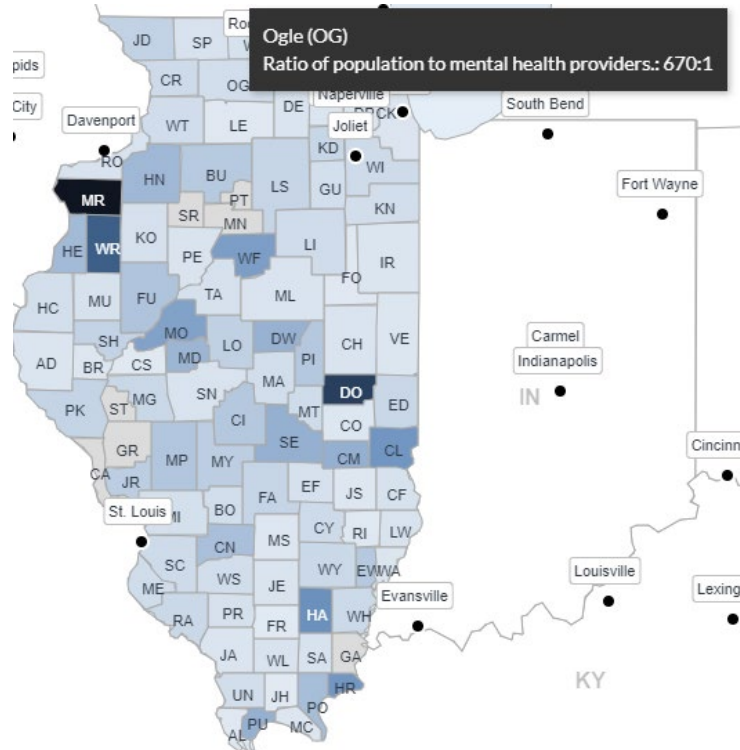


Figure 33



## Hospitalizations - Preventable Conditions

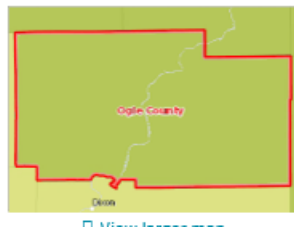
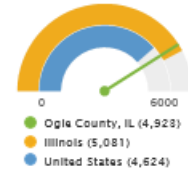
This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period.

Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 7,486 Medicare beneficiaries in the report area. The preventable hospitalization rate was 4,923. The rate in the report area was lower than the state rate of 5,081 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Ogle County, IL	7,486	4,923
Illinois	1,446,658	5,081
United States	33,648,235	4,624

Note: This indicator is compared to the state average.  
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2017. Source geography: County

Preventable Hospital Events, Rate per 100,000 Beneficiaries



Preventable Hospitalization, Medicare Beneficiaries, Rate by County, CMS 2017

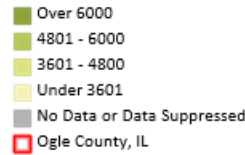


Figure 34

## Insurance - Uninsured Population (ACS)

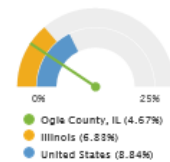
The lack of health insurance is considered a *key driver* of health status.

In the report area 4.67% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 6.83%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Ogle County, IL	50,520	2,361	4.67%
Illinois	12,591,483	859,612	6.83%
United States	319,706,872	28,248,613	8.84%

Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

Uninsured Population, Percent



[View larger map](#)

Uninsured Population, Percent by Tract, ACS 2015-19

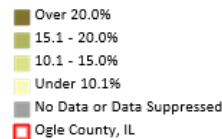


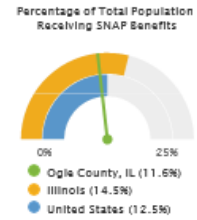
Figure 35



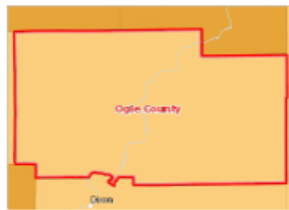
## SNAP Benefits - Population Receiving SNAP (SAIPE)

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Ogle County, IL	51,032.00	5,892	11.6%
Illinois	12,786,196.00	1,850,033	14.5%
United States	325,147,121.00	40,771,688	12.5%



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, *Small Area Income & Poverty Estimates, 2017*. Source geography: County



[View larger map](#)

### Population Receiving SNAP Benefits, Percent by County, SAIPE 2017

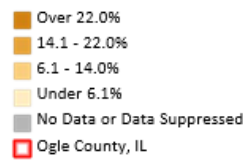


Figure 36

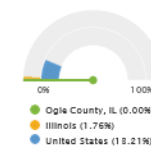
## Environment

### Climate & Health - Drought Severity

Drought is defined as a moisture deficit bad enough to have social, environmental or economic effects. The Drought Monitor map identifies areas of drought and labels them by intensity<sup>1</sup>. D1 is the least intense level and D4 the most intense. In the report area, 0.00% of weeks during the 2017-2019 period were spent in drought (any level). An additional 7.83% of weeks were categorized spent in "abnormally dry conditions" (D0) indicating that drought could occur, or that the area is recovering from drought but are not yet back to normal.

Report Area	Time Period	Weeks in D0 (Abnormally Dry), Percent	Weeks in D1 (Moderate Drought), Percent	Weeks in D2 (Severe Drought), Percent	Weeks in D3 (Extreme Drought), Percent	Weeks in D4 (Exceptional Drought), Percent	Weeks in Drought (Any), Percent
Ogle County, IL	2017-2019	7.83%	0.00%	0.00%	0.00%	0.00%	0.00%
Illinois	2017-2019	9.59%	1.66%	0.10%	0.00%	0.00%	1.76%
United States	2017-2019	16.22%	7.81%	4.49%	0.83%	0.08%	13.21%

Weeks in Drought (Any), Percent



Note: This indicator is compared to the state average.  
Data Source: US Drought Monitor, 2017-2019. Source geography: Tract



[View larger map](#)

### Drought - Weeks in Drought (Any), Percent by Tract, US Drought Monitor 2017-2019

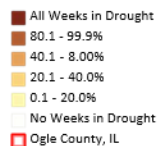


Figure 37



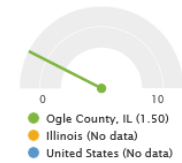
## Food Environment - Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 8 grocery establishments in the report area, a rate of 1.50 per 10,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
Ogle County, IL	53,497	8	1.50
Illinois	No data	No data	No data
United States	No data	No data	No data

Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2018. Source geography: County

Grocery Stores, Rate per 10,000 Population



All Retail Food Outlets, Rate (Per 100,000 Pop.) by County, CBP 2018

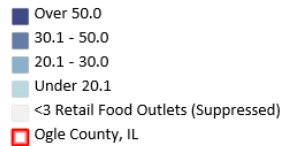


Figure 38

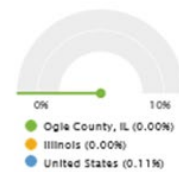
## Air & Water Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population (2010)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Ogle County, IL	53,497	8.64	0	0.00	0.00%
Illinois	12,830,632	9.24	0	0.00	0.00%
United States	306,675,006	8.26	0	0	0.11%

Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2016. Source geography: Tract

Days Exceeding Standards, Percent (Weighted)



[View larger map](#)

Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHN 2016

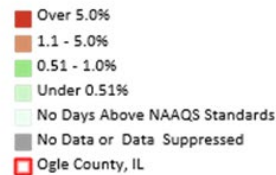


Figure 39





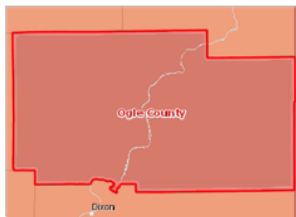
## Health Behaviors

### Alcohol Consumption

In the report area, 20.18%, or 10,303 adults self-report excessive drinking in the last 30 days. Data for this indicator are based on survey responses to the 2015, 2016, and 2017 Behavioral Risk Factor Surveillance System (BRFSS) annual surveys. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Alcohol Use, 2016).

Report Area	Adult Population	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Ogle County, IL	51,063	10,303	20.18%
Illinois	12,802,023	2,745,344	21.44%
United States	325,719,178	60,224,919	18.49%

Note: This indicator is compared to the state average.  
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017. Source geography: County



Excessive Drinking, Percent of Adults Age 18+ by County, BRFSS 2017

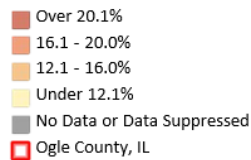


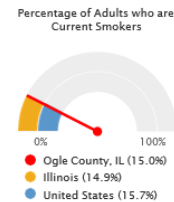
Figure 40

### Tobacco Usage - Current Smokers

This indicator reports the percentage of adults who report that they smoke most days or every day.

Report Area	Population Age 20+	Current Smokers	Current Smokers, Percent
Ogle County, IL	11,752	1,766	15.0%
Illinois	6,862,708	1,023,226	14.9%
United States	170,662,372	26,830,634	15.7%

Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings, 2020. Source geography: County



[View larger map](#)

Adult Smoking, Rank by County, CHR 2020

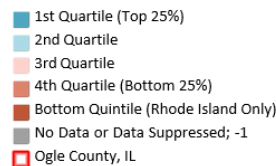


Figure 41



### Tobacco & E-Cigarettes Use

Tobacco & E-Cigarettes					
ICBRFS - Ogle County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
CALCULATED SMOKING STATUS <sup>1</sup>	Smoker	8,169	20.80%	15.0%-28.0%	77
	Former Smoker	9,126	23.20%	18.0%-29.5%	110
	Never Smoked	21,990	56.00%	48.1%-63.6%	224
QUIT SMOKING (FORMER SMOKERS) <sup>2</sup>	Past Year	487	5.30%	2.2%-12.2%	8
	More than 1 Year Ago	8,639	94.70%	87.8%-97.8%	102
	No	37,770	96.10%	92.2%-98.1%	398
USE SMOKELESS TOBACCO <sup>3</sup>	Yes	1,515	3.90%	1.9%-7.8%	13
CALCULATED E-CIGARETTE STATUS <sup>4</sup>	Current User	978	2.50%	1.2%-5.1%	10
	Not Currently Using	5,320	13.50%	9.3%-19.3%	53
	Never Used	32,986	84.00%	78.0%-88.5%	348

1. Calculated smoking status from tobacco questions.
2. Asked only if respondent reported smoking 100+ cigarettes and reported frequency is not at all.
3. Smokeless tobacco includes cigarettes, chewing tobacco, snuff, or snus.
4. Calculated e-cigarette status from e-cigarette questions.

Source: Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

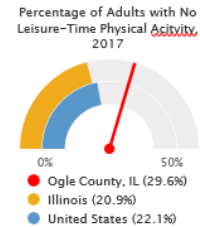
Figure 42



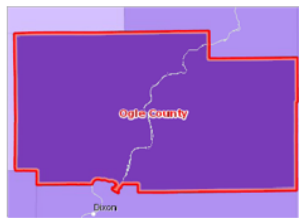
## Physical Inactivity

Within the report area, 11,726 or 29.6% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
Ogle County, IL	38,320	11,726	29.6%
Illinois	9,562,472	2,064,938	20.9%
United States	243,068,284	55,261,407	22.1%



Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County



No Leisure-Time Physical Activity, Adults Age 20+, Percent by County, CDC NCCDPHP 2017

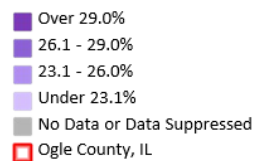


Figure 43

## Physical Activities

Physical Activities					
ICBRFS - Ogle County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
ANY PHYSICAL ACTIVITY PAST 30 DAYS	Yes	27,807	71.30%	64.4%-77.4%	275
	No	11,187	28.70%	22.6%-35.6%	132
MEETS PHYSICAL ACTIVITY GUIDELINES	Yes	15,906	51.90%	43.1%-60.6%	161
	No	14,725	48.10%	39.4%-56.9%	162

Source: Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

Figure 44

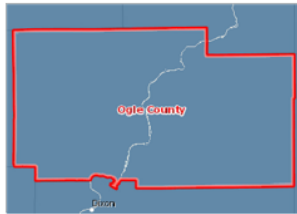
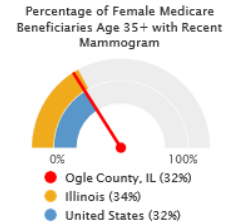


## Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare beneficiaries age 35 and older who had a mammogram in most recent reporting year. The American Cancer Society recommends that women age 45 to 54 should get a mammogram every year, and women age 55 and older should get a mammogram every other year. In the latest reporting period there were 7,486 Medicare beneficiaries in the report area, and 32% of female beneficiaries age 35 or older had a mammogram in the past year. The rate in the report area was lower than the state rate of 34% during the same time period.

Report Area	Medicare Beneficiaries	Female Beneficiaries with Recent Mammogram, Percent
Ogle County, IL	7,486	32%
Illinois	1,446,658	34%
United States	33,648,235	32%

Note: This indicator is compared to the state average.  
Data Source: Centers for Medicare and Medicaid Services, *Mapping Medicare Disparities Tool*. 2017. Source geography: County



Mammogram, Medicare Beneficiaries, Percent of Medicare Beneficiaries by County, CMS 2017

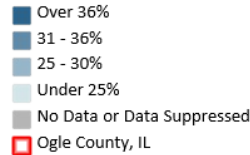


Figure 45

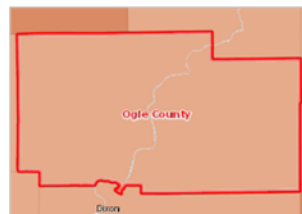
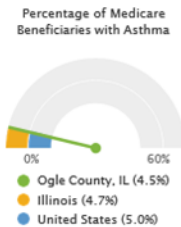
## Chronic Disease

### Chronic Conditions - Asthma (Medicare Population)

Within the report area, there were 337 beneficiaries with asthma based on administrative claims data in the latest report year. This represents 4.5% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Ogle County, IL	7,479	337	4.5%
Illinois	1,443,297	67,431	4.7%
United States	33,499,472	1,665,694	5.0%

Note: This indicator is compared to the state average.  
Data Source: Centers for Medicare and Medicaid Services, *CMS Geographic Variation Public Use File*. 2018. Source geography: County



Beneficiaries with Asthma, Percent by County, CMS 2018

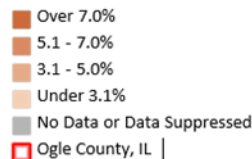
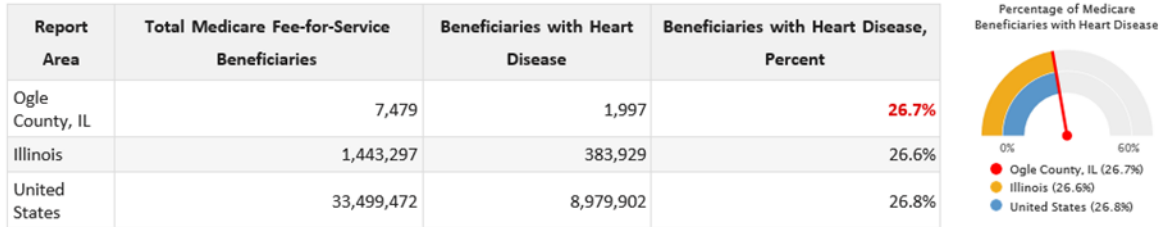


Figure 46

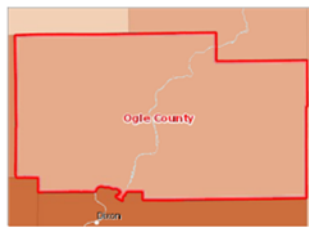


## Chronic Conditions - Heart Disease (Medicare Population)

Within the report area, there were 1,997 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 26.7% of the total Medicare fee-for-service beneficiaries.



Note: This indicator is compared to the state average.  
Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File - 2018. Source geography: County



Beneficiaries with Ischemic Heart Disease, Percent by County, CMS 2018

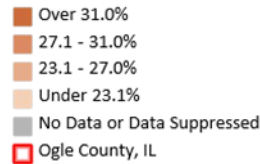
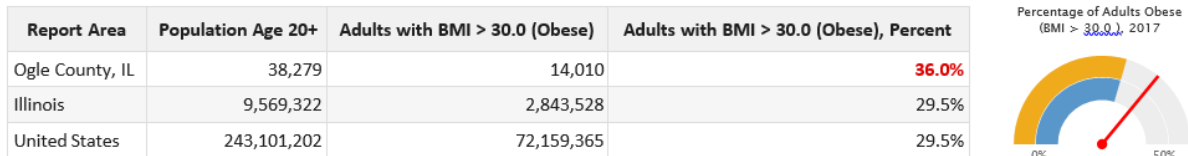


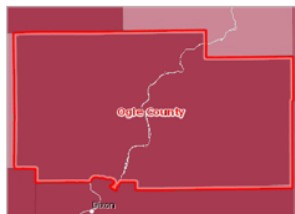
Figure 47

## Obesity

36.0% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.



Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County



[View larger map](#)

Obese (BMI >= 30), Adults Age 20+, Percent by County, CDC NCCDPHP 2017

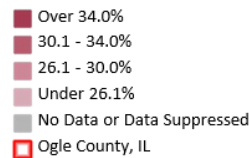


Figure 39

Figure 48



## Obesity

Obesity					
ICBRFS - Ogle County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BODY MASS INDEX <sup>1</sup>	Normal or Underweight	12,984	33.50%	25.7%-42.2%	125
	Overweight	14,310	36.90%	29.6%-44.7%	148
	Obese	11,521	29.70%	23.2%-37.1%	129
OVERWEIGHT OR OBESE	No	12,984	33.50%	25.7%-42.2%	125
	Yes	25,831	66.50%	57.8%-74.3%	277

BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal  $\geq$ 18.5 and <25, Overweight  $\geq$ 25 and <30, Obese  $\geq$ 30.

Source: Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

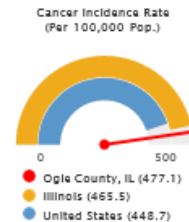
Figure 49

## Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

In the report area, there were 319 new cases of cancer reported, for an incidence rate of 477.1 per 100,000 people. Statewide, the incidence rate is 465.5 per 100,000 people.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Ogle County, IL	66,862	319	<b>477.1</b>
Illinois	14,715,789	68,502	465.5
United States	372,877,646	1,673,102	448.7



Note: This indicator is compared to the state average.  
Data Source: State Cancer Profiles, 2013-17. Source geography: County



[View larger map](#)

Cancer (All Sites), Incidence Rate (Per 100,000 Pop.) by County, State  
Cancer Profiles 2013-17

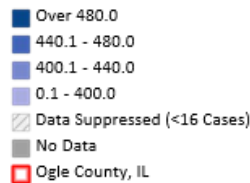


Figure 50



## Top Five Most Commonly Diagnosed Cancers

The counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site are presented in the table below.

Area Name	Cancer Site	Incidence	Age-Adjusted Rate
Ogle County, Illinois(6,8)	1 - Lung & Bronchus (All Stages^), 2013-2017	48	67.9
Ogle County, Illinois(6,8)	2 - Breast (All Stages^), 2013-2017	41	119.5
Ogle County, Illinois(6,8)	3 - Prostate (All Stages^), 2013-2017	32	90.7
Ogle County, Illinois(6,8)	4 - Colon & Rectum (All Stages^), 2013-2017	29	43.2
Ogle County, Illinois(6,8)	5 - Melanoma of the Skin (All Stages^), 2013-2017	19	30.4
Illinois(6,8)	1 - Breast (All Stages^), 2013-2017	10,269	133.1
Illinois(6,8)	2 - Lung & Bronchus (All Stages^), 2013-2017	9,457	63.7
Illinois(6,8)	3 - Prostate (All Stages^), 2013-2017	7,843	109.1
Illinois(6,8)	4 - Colon & Rectum (All Stages^), 2013-2017	6,241	42.5
Illinois(6,8)	5 - Bladder (All Stages^), 2013-2017	3,113	21.1

Figure 51

County Health Rankings

## Mortality

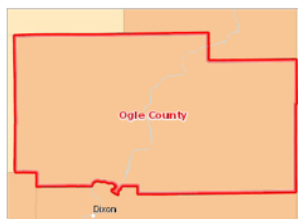
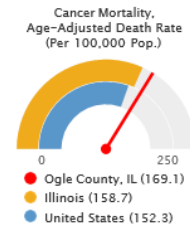
### Mortality - Cancer

This indicator reports the 2015-2019 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

In the report area, during 2015-2019 there were a total of 609 deaths due to cancer among the total population of 51,112. The age-adjusted death rate of 169.1 per every 100,000 people is greater than the state's reported rate of 158.7. This rate is greater than the Healthy People 2030 target of less than or equal to 122.7.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Ogle County, IL	51,112	609	238.3	<b>169.1</b>
Illinois	12,775,292	121,039	189.5	158.7
United States	325,134,494	2,991,951	184.0	152.3

Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County



Cancer Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2015-19

- Over 200.0
- 180.1 - 200.0
- 160.1 - 180.0
- Under 160.1
- Data Suppressed (<20 Deaths)
- Ogle County, IL

Figure 52



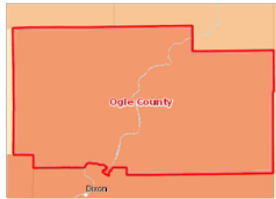
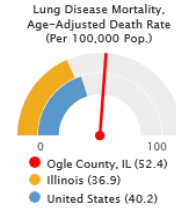
## Mortality - Lung Disease

This indicator reports the 2015-2019 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

In the report area, during 2015-2019 there were a total of 189 deaths due to chronic lower respiratory disease among the total population of 51,112. The age-adjusted death rate of 52.4 per every 100,000 people is greater than the state's reported rate of 36.9.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Ogle County, IL	51,112	189	74.0	<b>52.4</b>
Illinois	12,775,292	28,086	44.0	36.9
United States	325,134,494	786,303	48.4	40.2

Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County



[View larger map](#)

Lung Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2015-19

- Over 60.0
- 50.1 - 60.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<10 Deaths)
- Ogle County, IL

Figure 53

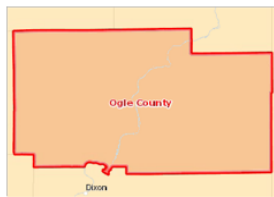
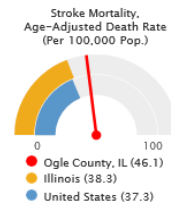
## Mortality - Stroke

This indicator reports the 2015-2019 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

In the report area, during 2015-2019 there were a total of 166 deaths due to cerebrovascular disease (stroke) among the total population of 51,112. The age-adjusted death rate of 46.1 per every 100,000 people is greater than the Healthy People 2030 target of less than or equal to 33.4.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Ogle County, IL	51,112	166	65.0	<b>46.1</b>
Illinois	12,775,292	29,395	46.0	38.3
United States	325,134,494	726,663	44.7	37.3

Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County



Stroke Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2015-19

- Over 70.0
- 55.1 - 70.0
- 40.1 - 55.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- Ogle County, IL

Figure 54



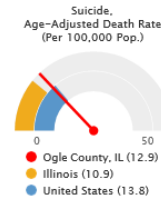


## Mortality - Suicide

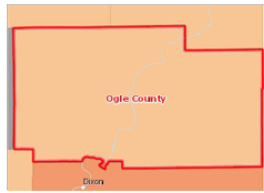
This indicator reports the 2015-2019 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

In the report area, during 2015-2019 there were a total of 33 deaths due to suicide among the total population of 51,112. The age-adjusted death rate of 12.9 per every 100,000 people is greater than the state's reported rate of 10.9. The age-adjusted death rate of 12.9 per every 100,000 people is greater than the Healthy People 2030 target of less than or equal to 12.8.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Ogle County, IL	51,112	33	12.9	<b>12.9</b>
Illinois	12,775,292	7,179	11.2	10.9
United States	325,134,494	232,186	14.3	13.8



Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2015-19

- Over 20.0
- 16.1 - 20.0
- 12.1 - 16.0
- Under 12.1
- Data Suppressed (<20 Deaths)
- Ogle County, IL

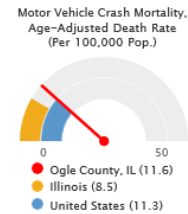
Figure 55

## Mortality - Motor Vehicle Crash

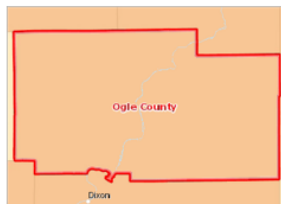
This indicator reports the 2015-2019 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

In the report area, during 2015-2019 there were a total of 31 deaths due to motor vehicle crash among the total population of 51,112. The age-adjusted death rate of 11.6 per every 100,000 people is greater than the state's reported rate of 8.5. This rate is greater than the Healthy People 2030 target of less than or equal to 10.1.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Ogle County, IL	51,112	31	12.1	<b>11.6</b>
Illinois	12,775,292	5,611	8.8	8.5
United States	325,134,494	189,154	11.6	11.3



Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



Motor Vehicle Crash Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2014-18

- Over 25.0
- 20.1 - 25.0
- 10.1 - 20.0
- Under 10.1
- Data Suppressed (<20 Deaths)
- Ogle County, IL

Figure 56



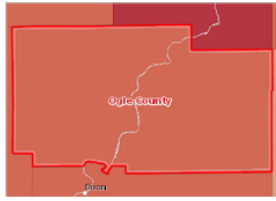
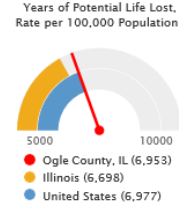
## Mortality - Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

In the report area, there were 662 premature deaths, leading to the loss of 9,802 potential years of life. The rate of years lost is 6,953 per every 100,000 people, which is greater than the state's loss rate of 6,698.

Report Area	Premature Deaths, 2016-2018	Years of Potential Life Lost, 2016-2018 Average	Years of Potential Life Lost, Rate per 100,000 Population
Ogle County, IL	662	9,802	<b>6,953</b>
Illinois	286,734	4,802,222	6,698
United States	7,616,614	127,141,260	6,977

Note: This indicator is compared to the state average.  
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2016-2018. Source geography: County



Premature Death (YPLL), Years Lost Rate (Per 100,000 Pop.) by County, NVSS 2016-2018

- Over 10,000
- 8,001 - 10,000
- 6,001 - 8,000
- Under 6,001
- No Data or Data Suppressed
- Ogle County, IL

## Mortality - Unintentional Injury (Accident)

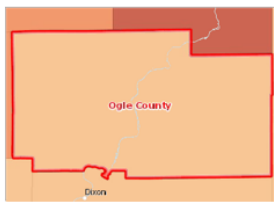
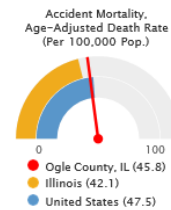
Figure 48

This indicator reports the 2015-2019 five-year average rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

In the report area, during 2015-2019 there were a total of 120 deaths due to accidents among the total population of 51,112. The age-adjusted death rate of 45.8 per every 100,000 people is greater than the state's reported rate of 42.1. This rate is greater than the Healthy People 2030 target of less than or equal to 43.2.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Ogle County, IL	51,112	120	47.0	<b>45.8</b>
Illinois	12,775,292	28,488	44.6	42.1
United States	325,134,494	818,048	50.3	47.5

Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County



Unintentional Injury (Accident) Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2015-19

- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- Ogle County, IL

Figure 58



## Mortality

This indicator reports that the five-year trend of mortality in Ogle County. The mortality trend is broken into graphs to show how mortality is affecting each demographic. The first graph is total population then the next few graphs show a breakdown of gender, ethnicity, and age. Total deaths in Ogle County had a 71 count increase from 2019 to 2020 reaching above 600. Males are impacted by death at a higher rate than females except in 2020 where deaths in females surpass males by 31 deaths. The height in deaths of females in 2020 is 65 more deaths than the highest number in the past five years. Whites in Ogle County have a higher number of death this is due to the majority of the county being white. There has been an increase in death in minorities from 2019 to 2020. There was an increase of 103 deaths in the white population from 2016 to 2020. Death broken down into age shows that ages 65-84 are mostly impacted. Age groups of 85 and above and 45-64 are the two next highest in death. There has been an increase in deaths 65-84 and 85 and above in between 2016 and 2020 while age group 45-64 has seen a rise until 2019 and the numbers fall in 2020.

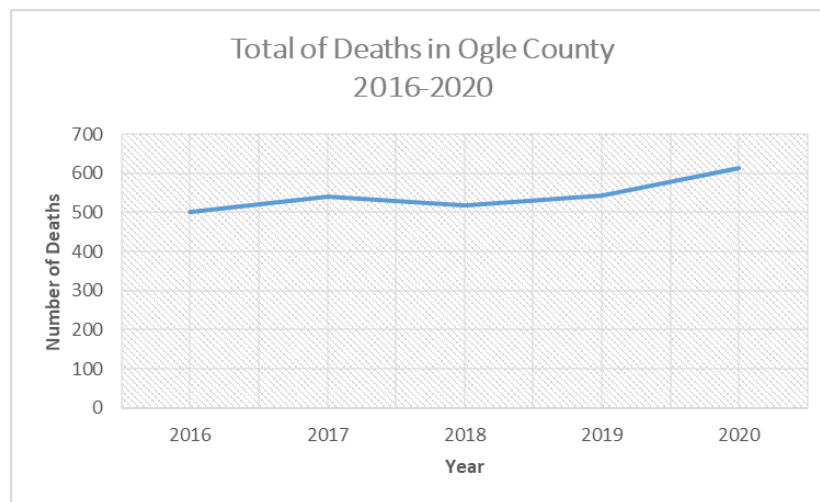


Figure 59

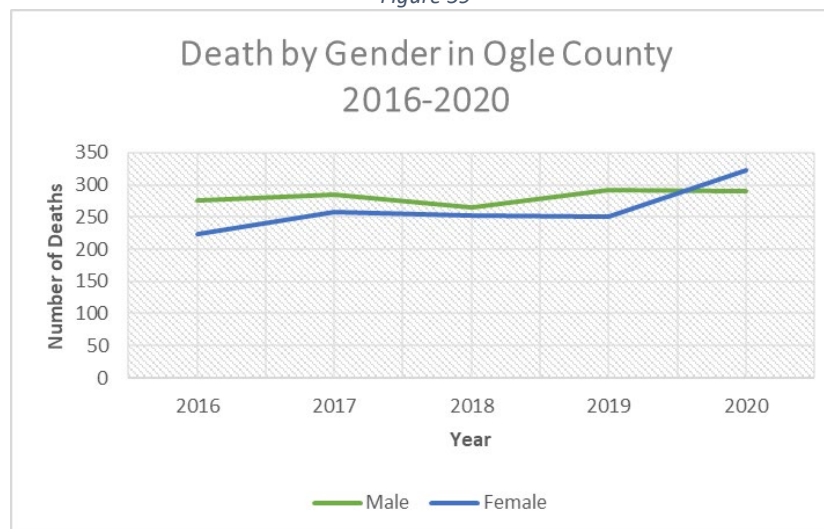


Figure 60



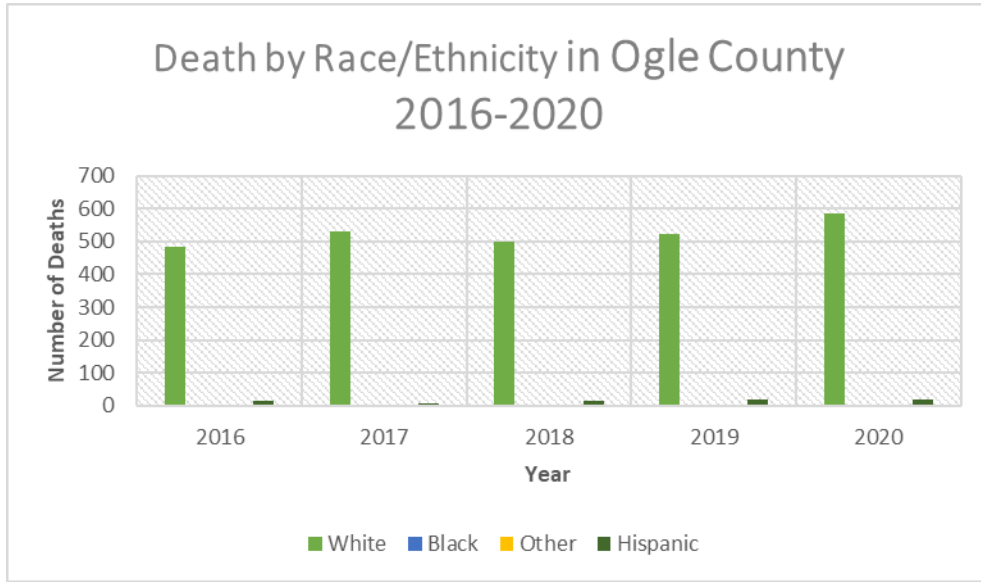


Figure 61

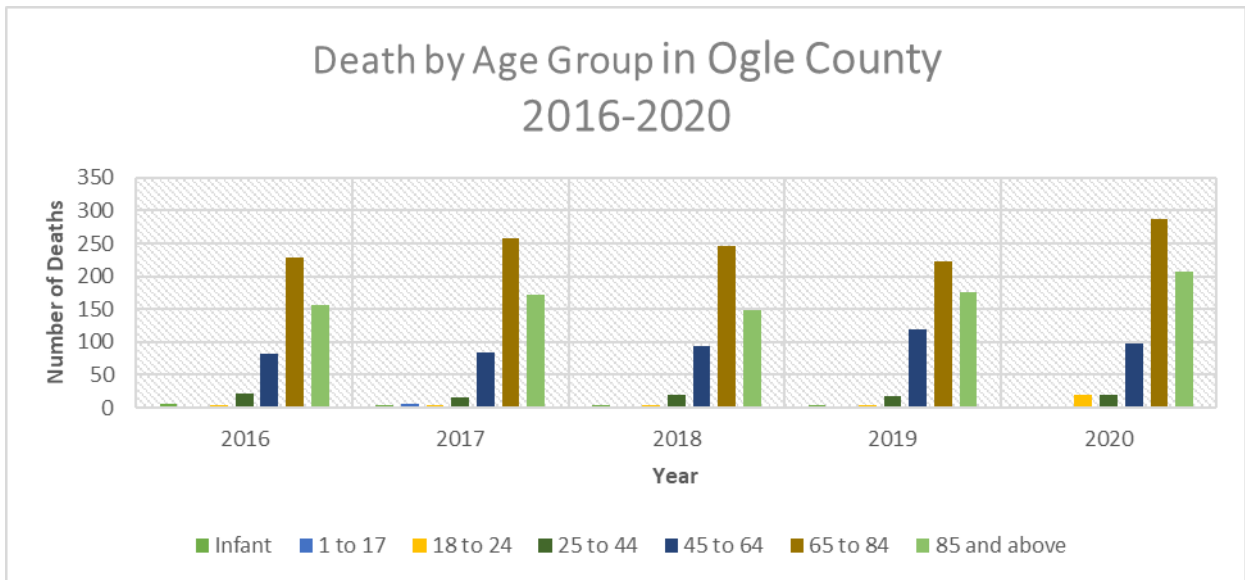


Figure 62

Figures 63, 64, and 65 represent the leading causes of mortality in Ogle County. Figure 63 review drug related deaths. Figures 64 and 65 demonstrates non-drug related mortality to show the top 10 causes by year in the county. Drug overdose deaths have seen a slight increase from 2018 to 2020. Cancer and heart disease represent the leading causes of mortality from 2016 to 2020. Cancer deaths double in numbers from 121 deaths in 2019 to 237 deaths in 2020. Heart disease deaths stay between 100 and 125 deaths for the five-year time period. The third highest cause of death has changed from year to year and does not amount to half of the second leading cause.



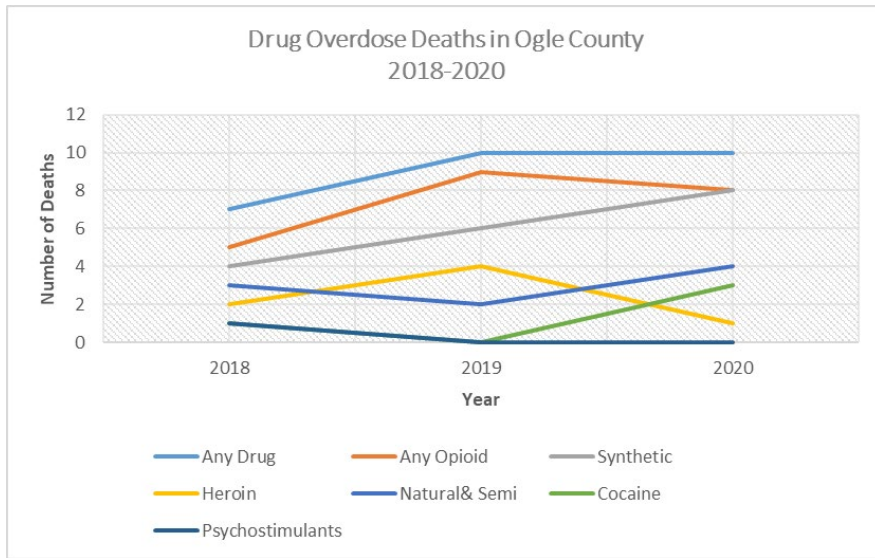


Figure 63

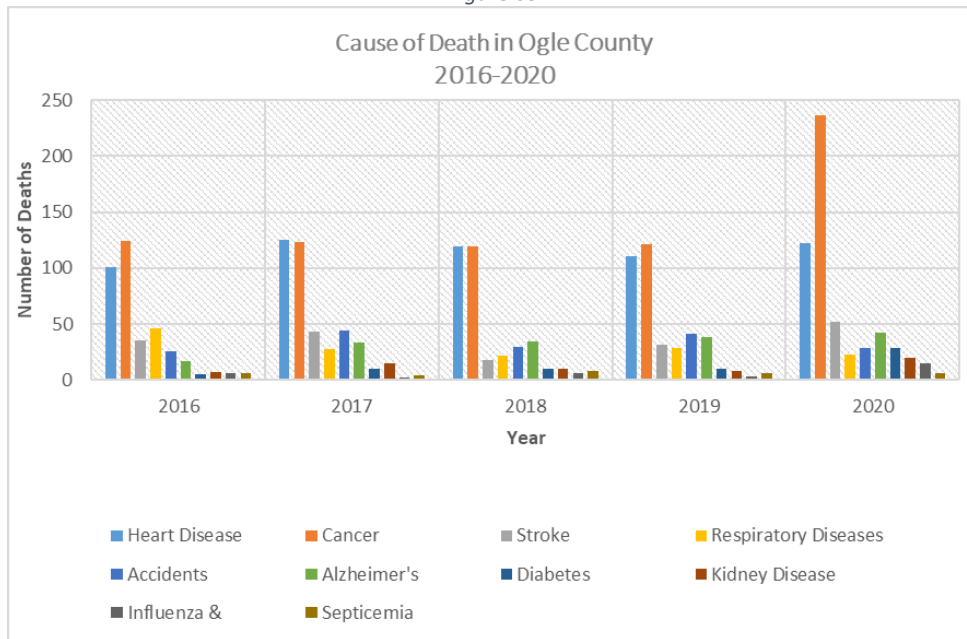


Figure 64

Cause of Death in Ogle County										
Year	Heart Disease	Cancer	Stroke	Chronic Lower Respiratory Diseases	Accidents	Alzheimer's Disease	Diabetes	Kidney Disease	Influenza & Pneumonia	Septicemia
2016	101	124	35	46	26	17	5	7	6	6
2017	125	123	43	28	44	33	10	15	2	4
2018	119	119	18	22	30	34	10	10	6	8
2019	111	121	31	29	41	38	10	8	3	6
2020	122	237	52	23	29	42	29	20	15	6

Figure 65

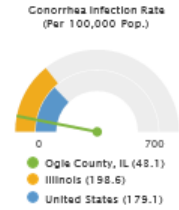


## STI - Gonorrhea Incidence

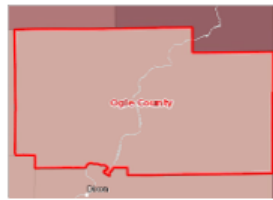
This indicator reports the number gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases are based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Gonorrhea Infections	Gonorrhea Infections, Rate per 100,000 Pop.
Ogle County, IL	51,063	22	43.1
Illinois	12,802,023	25,422	198.6
United States	325,719,178	583,405	179.1



Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County



[View larger map](#)

### Gonorrhea, Infection Rate per 100,000 Population by County, NCHHSTP 2018

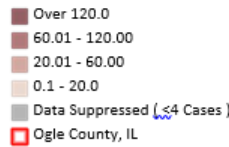


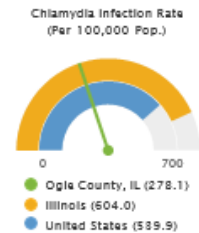
Figure 66

## STI - Chlamydia Incidence

This indicator reports the number chlamydia cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases are based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Chlamydia Infections	Chlamydia Infections, Rate per 100,000 Pop.
Ogle County, IL	51,063	142	278.1
Illinois	12,802,023	77,325	604.0
United States	325,719,178	1,758,668	539.9



Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County



[View larger map](#)

### Chlamydia, Infection Rate per 100,000 Population by County, NCHHSTP 2018

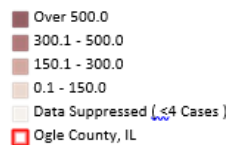


Figure 67



## STI - HIV Prevalence

This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year.

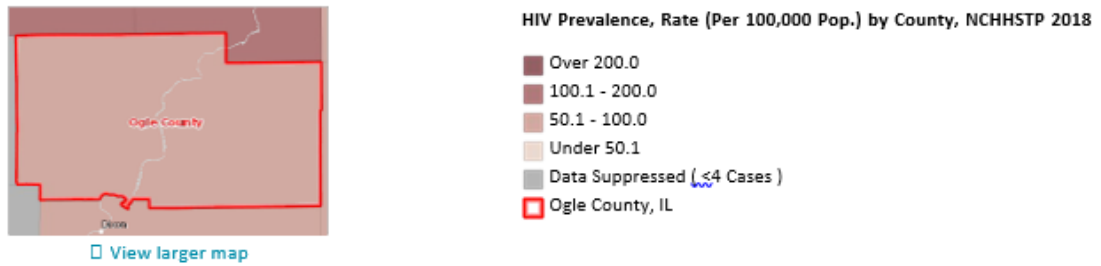
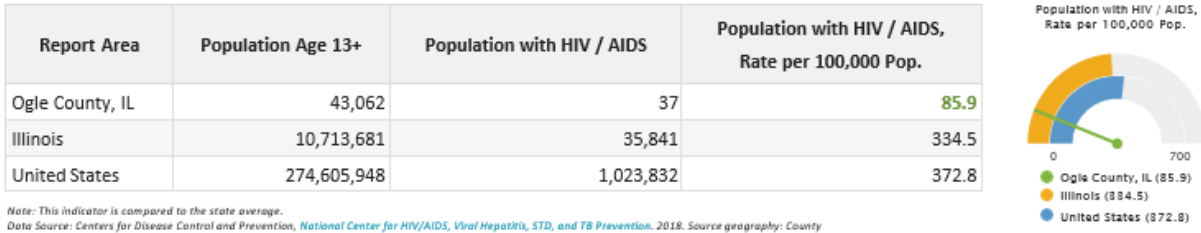


Figure 68

## HIV/AIDS

HIV/STD/Sexual Behavior					
ICBRFS - Ogle County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER HAD HIV TEST	Yes	8,128	22.30%	17.3%-28.3%	104
	No	28,298	77.70%	71.7%-82.7%	286
TREATED FOR STD PAST YEAR	Yes	*	*	*	*
	No	*	*	*	*
NUMBER OF SEXUAL PARTNERS PAST 12 MONTHS	None	9,762	25.40%	18.7%-33.6%	120
	1 Partner	26,140	68.10%	59.8%-75.4%	251
	2-3 Partners	2,012	5.20%	2.6%-10.4%	18
	4+ Partners	490	1.30%	0.5%-3.3%	6

\* , means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

Source: Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

Figure 69



## Other Infectious Diseases

Ogle County Health Departments works hard to contain communicable diseases for the safety of the community. These diseases can cause adverse health outcomes. The public health nurse works to investigate, contact trace, and protect against communicable diseases that occur in Ogle County. The role of the public health nurse is essential in preventing epidemics in the community.

The graph below are shows positive or probable cases that have occurred in Ogle County over the years 2015 to 2019. In 2016 there is an increase in cases of Campylobacteriosis to 26 positive cases from 0 the year before. The cases then decrease in the years following. Pertussis has a significant increase in 2019 to 49 positive cases. All other diseases either have small increases or maintain case numbers over the time frame.

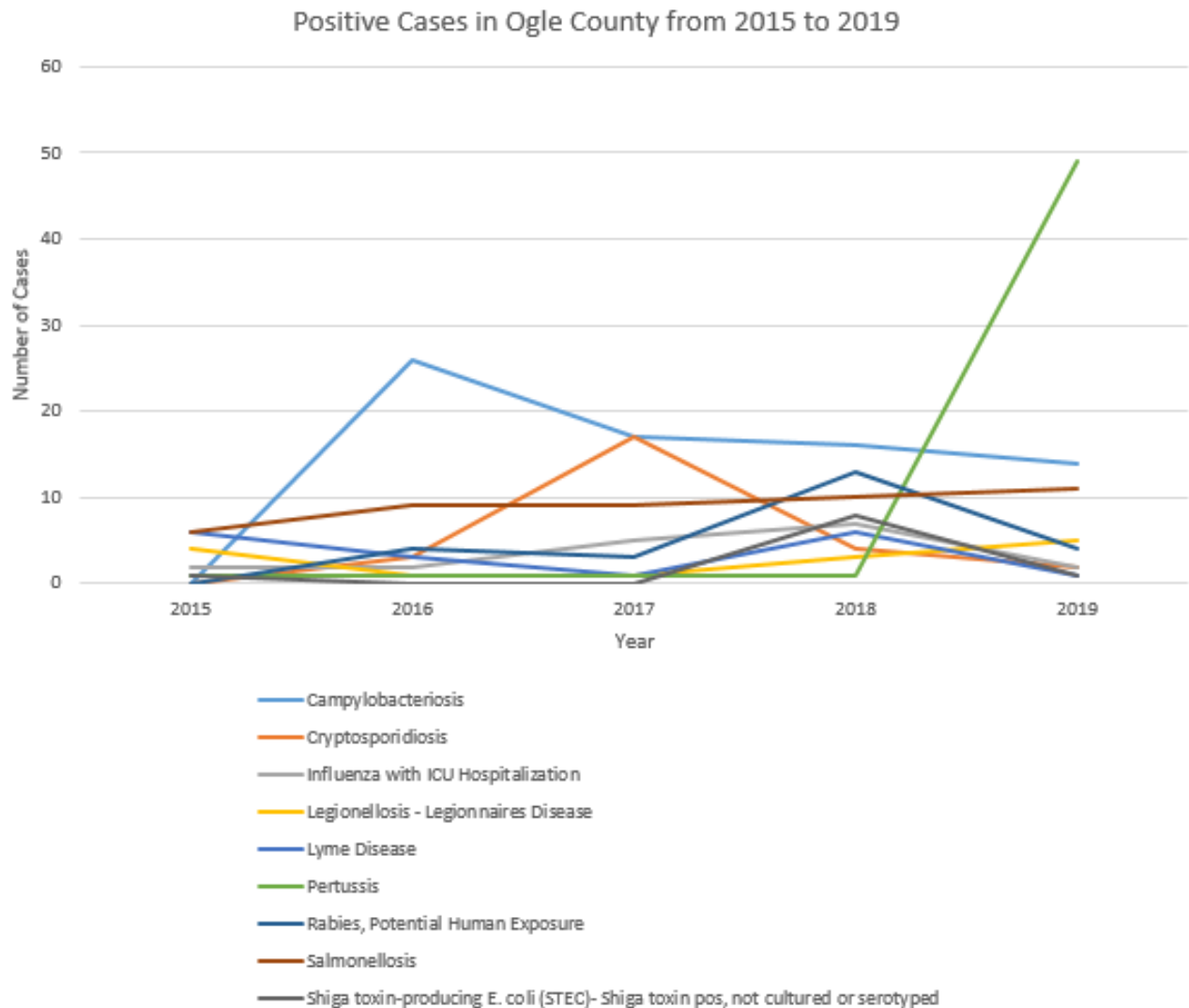


Figure 70





The graph below shows comparison for each communicable disease. The blue represents the total number of cases. This includes probable cases, positive cases, and non-cases. The orange lines represent the number of positive or probable cases of each disease. Campylobacteriosis is tied for the highest communicable disease investigated but ultimately hold the most positive or probable cases at 73 cases. Lyme disease has an equal amount of investigated but has a small number of positive cases. Other notable communicable diseases happening in Ogle County are pertussis and salmonellosis. This chart also accounts for potential human exposures to rabies.

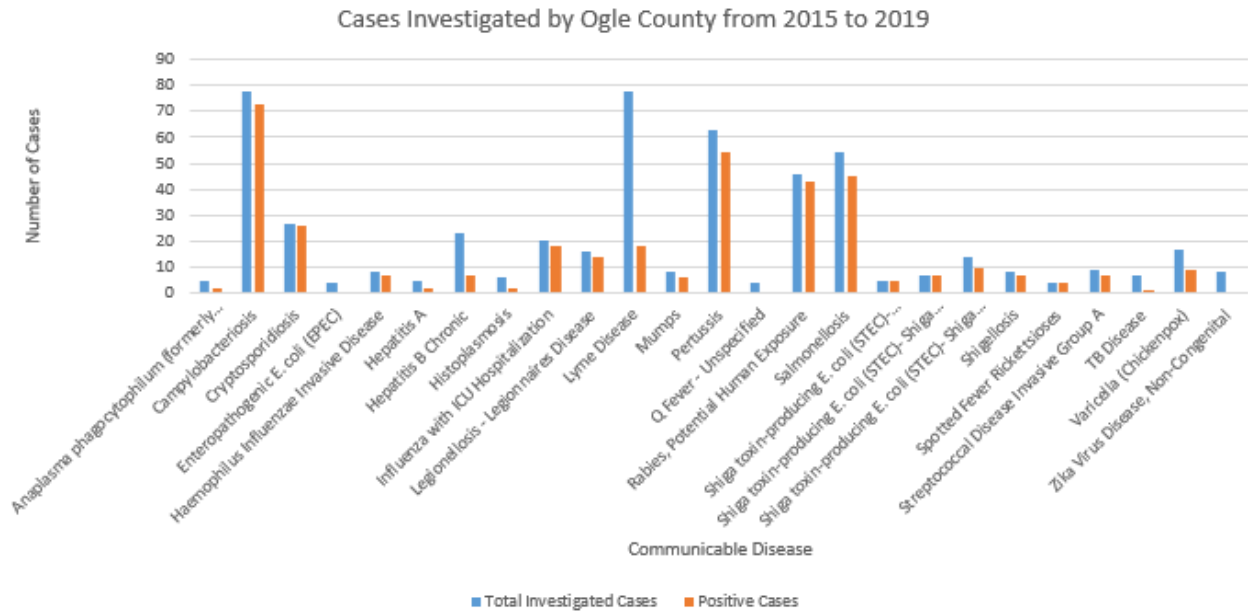


Figure 71



## Maternal and Child Health

### Teen Births

This indicator reports the number of births per 1,000 female population age 15-19. The report area has a teen birth rate of 17.9.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Population
Ogle County, IL	11,818	17.9
Illinois	5,847,208	21.3
United States	144,509,786	22.7

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings. 2012-2018. Source geography: County

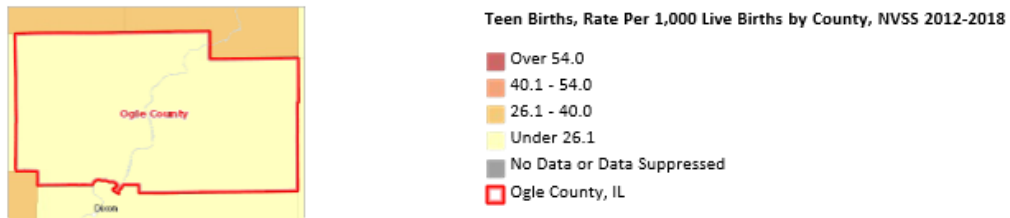


Figure 72

## 2019 Ogle Birth Characteristics

[Export To CSV](#)

CHARACTERISTICS	BIRTHS
ADEQUATE PRENATAL CARE	475
CESAREAN	156
LOW BIRTH WEIGHT	52
MOTHER UNMARRIED	215
NON HS GRADUATE AGE 20+	36
PRETERM	58
VERY LOW BIRTH WEIGHT	5

Figure 73

IDPH Vital Statistics



## Live Births

Live Births in Illinois and Ogle County 2015-2019 by Sex				
Area	Year	All	Female	Male
Illinois	2015	158,101	77,077	81,024
Illinois	2016	154,467	75,523	78,944
Illinois	2017	149,390	73,094	76,296
Illinois	2018	144,828	70,702	74,126
Illinois	2019	140,145	68,354	71,791
Ogle	2015	526	255	271
Ogle	2016	560	269	291
Ogle	2017	514	245	269
Ogle	2018	533	277	256
Ogle	2019	550	270	280

Source: Illinois Vital Records System (IVRS) & Department of Healthcare and Family Services' (HFS) Enterprise Data Warehouse (EDW). IQuery, Illinois Department of Public Health

Figure 74

## Infant Mortality in Ogle by Year

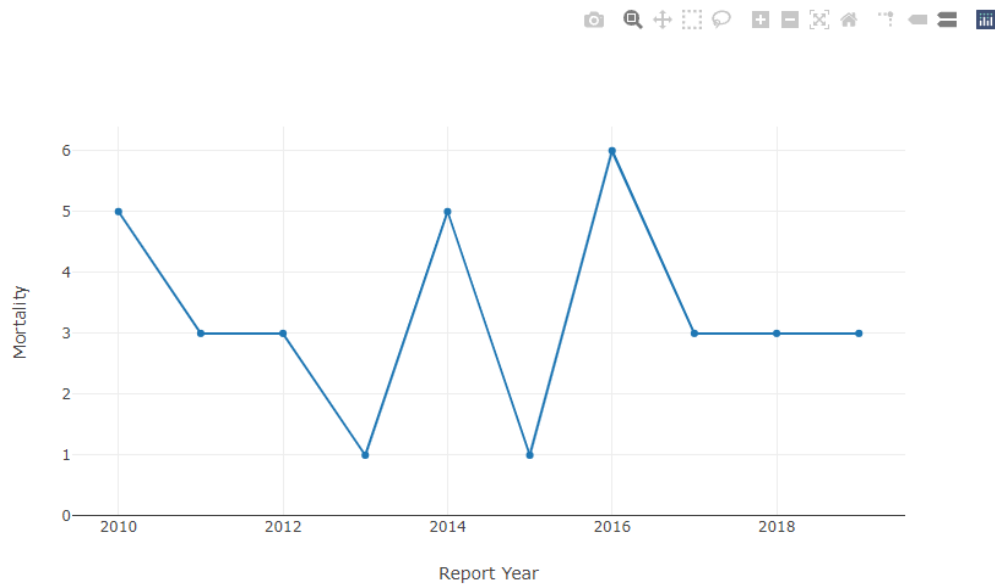


Figure 75

IDPH Vital Statistics



**Blood Lead Levels in Children**

Children Tested for Blood Lead						
Year	Illinois/ County/ Delegate Agency	Estimated Population 6 Years of Age and Younger	All Children Tested			
			Total Tested	Capillary and Venous BLL (%)		
				N	< 5 µg/dL	5 - 9 µg/dL
2018	Illinois	1,067,942	237,491	94.8	3.3	0.5
2018	Ogle	3,983	416	95.9	2.9	1.2
2017	Illinois	1,103,797	229,203	96.8	2.4	0.7
2017	Ogle	3,818	533	97	2.4	0.6
2016	Illinois	1,103,797	237,253	96.5	2.8	0.8
2016	Ogle	3,818	444	96.6	2.7	0.7
2015	Illinois	1,103,797	256,545	96.0	3.3	0.8
2015	Ogle	3,818	372	96.8	2.4	0.8
2014	Illinois	1,154,225	269,230	93.2	6.0	0.8
2014	Ogle	4,215	408	95.8	3.0	1.2

BLL = Blood Lead Level

Sources:

<https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2018.pdf#page=26&zoom=100,46,108>

<https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2017-20.pdf>

<https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2016.pdf>

<https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2015-122116.pdf>

<https://www.dph.illinois.gov/sites/default/files/publications/leadsurveillance-report2014-rev101916-102116.pdf>

Figure 76

**Mothers Who Smoke During Pregnancy**

Babies Born to Mothers Who Smoke During Pregnancy (N) in Illinois and Ogle County 2013-2017 by Sex							
Area	Year	All		Female		Male	
		N	Age Adjusted Rate	N	Age Adjusted Rate	N	Age Adjusted Rate
Illinois	2013	12,975	100	6,250	97.6	6,725	102.4
Illinois	2014	12,869	99.4	6,242	97.2	6,627	101.5
Illinois	2015	12,535	97.4	6,120	95.9	6,415	98.9
Illinois	2016	16,467	129.4	8,021	127.6	8,446	131.1
Illinois	2017	11,457		5,568		5,889	
Ogle	2013	80	187.9	33	155.1	47	221.6
Ogle	2014	85	197.8	41	196.1	44	199.2
Ogle	2015	78	183.6	49	235.3	29	134.8
Ogle	2016	109	260.8	51	245.8	58	276.6
Ogle	2017	80		38		42	

Age-Adjusted Rate is a statistical process applied to rates of disease, death, injuries or other health outcomes which allows communities with different age structures to be compared. Age-Adjusted Rate is expressed as the number of cases Per 100,000 with confidence level.

Age Adjusted Rate data not provided for 2017 in IQery

Source: IDPH Vital Statistics. IQery, Illinois Department of Public Health

Contact: IDPH Illinois Center for Health Statistics : 535 W. Jefferson St. Springfield, IL 62761 217-785-1064  
<http://www.idph.state.il.us/health/statshome.htm> IDPH Illinois Center for Health Statistics

Figure 77



## Sentinel Events

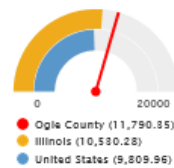
### COVID-19 - Confirmed Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator are updated daily and derived from the Johns Hopkins University data feed.

In the report area, there have been 6,004 total confirmed cases of COVID-19. The rate of confirmed cases is 11,790.35 per 100,000 population, which is greater than the state average of 10,530.28. Data are current as of 5/4/2021 7:20:46 AM (CDT).

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update (CDT)
Ogle County, IL	50,923	6,004	11,790.35	5/4/2021 7:20:46 AM
Illinois	12,741,080	1,341,671	10,530.28	5/4/2021 7:20:46 AM
United States	326,262,499	32,006,226	9,809.96	5/4/2021 7:20:46 AM

COVID-19 Cases, Rate per 100,000 Population



Note: This indicator is compared to the state average.  
Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2020. Source geography: County



[View larger map](#)

COVID-19 Cases, Rate per 100,000 by County, Johns Hopkins 2020

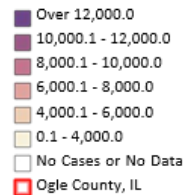


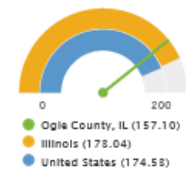
Figure 78

### COVID-19 - Mortality

In the report area, there have been 80 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 157.10 per 100,000 population, which is less than the state average of 173.04. Data are current as of 5/4/2021 7:20:46 AM (CDT).

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update (CDT)
Ogle County, IL	50,923	80	157.10	5/4/2021 7:20:46 AM
Illinois	12,741,080	22,047	173.04	5/4/2021 7:20:46 AM
United States	326,262,499	569,442	174.53	5/4/2021 7:20:46 AM

COVID-19 Deaths, Crude Rate per 100,000 Population



Note: This indicator is compared to the state average.  
Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2020. Source geography: County



[View larger map](#)

COVID-19 Deaths, Rate per 100,000 by County, Johns Hopkins 2020

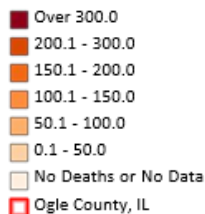
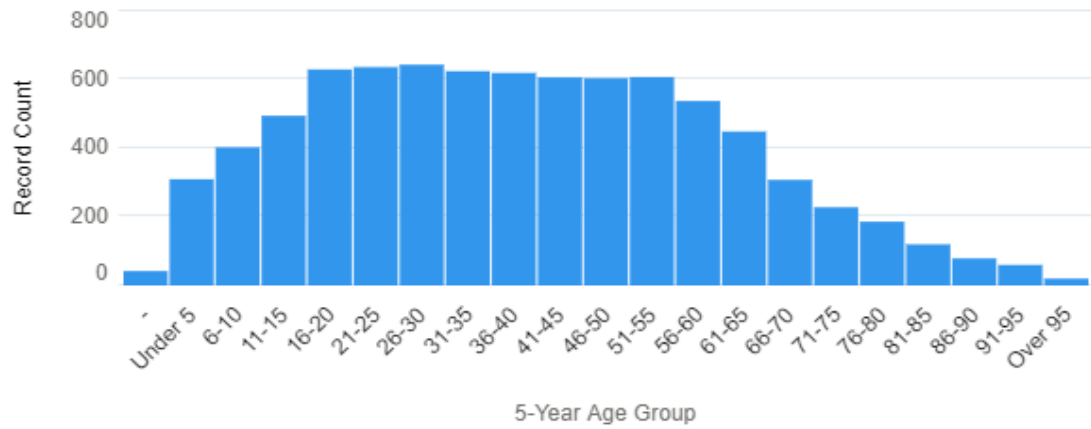


Figure 79



The chart below displays how each 5-year age group has been impacted by the number of COVID-19 cases in Ogle County updated on November 19, 2021. Cases seem to be equal among age groups after age group 11-15. At the age group of 56-60, cases start to decrease and continue as the age group gets older.

Cases By 5-Year Age Group



[View Report \(Cases By 5-Year Age Group\)](#)

Figure 80

The graph below shows the exposure sites in Ogle County updated on November 19, 2021. Schools are the top exposure location by nearly twice as much as the second category.

Type of Exposure Location

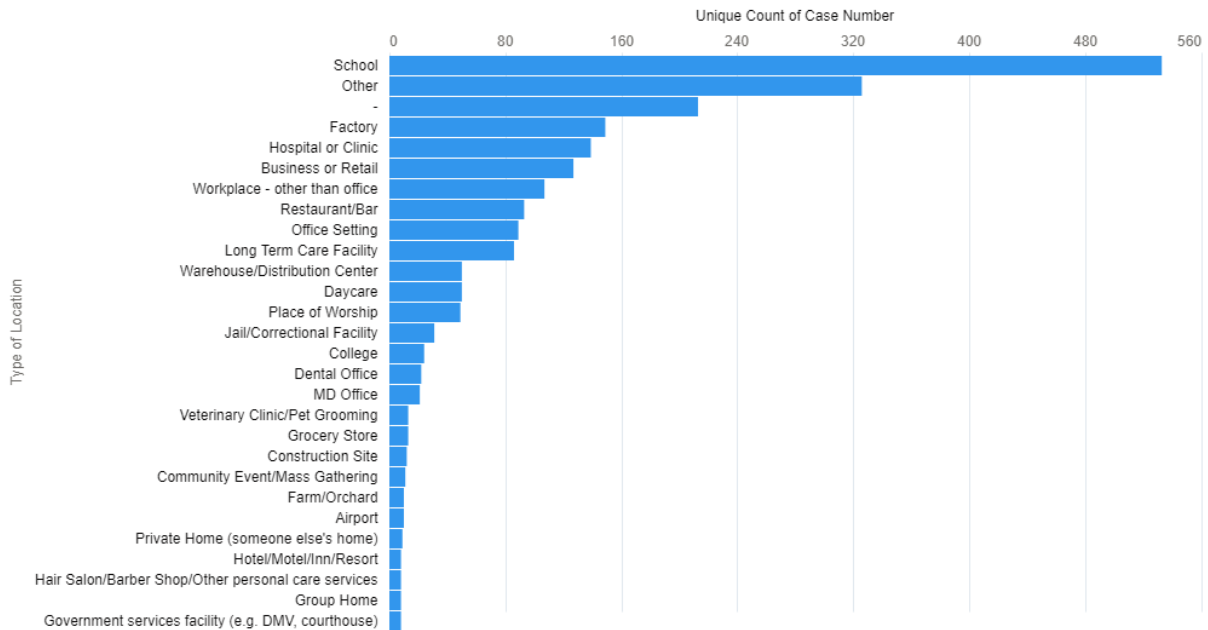


Figure 81



## Forces of Change Assessment

During the Forces of Change Assessment, participants were asked two questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

The Ogle County Health Department conducted a Forces of Change Meeting with health department staff on January 28th 2020. Department staff were introduced to what a force of change is and to the concepts of Trends, Factors and Events. Staff were also introduced to the 8 forces that would help to form categories used to group forces. Ogle County Health Department staff reviewed strategic planning documents including a SWOT analysis where the Ogle County Board of Health identified high level opportunities and threats that may impact public health in the next 5 years. The group worked to organize the 8 categories to include; social, economic, political, technological, environmental, scientific, legal, ethical. The group then categorized the forces as trend, factors and events. Once the identified forces were added to one of the 8 categories and identified as a trend, factor or event, the participants identified threats and opportunities related to each of the identified force. Health Department staff were then asked to take a deeper dive into potential forces and how they could impact local health. The results of this assessment can be reviewed on the following pages of this documents and will be used in the department's IPLAN and Community Health Improvement Plan.

OCHD carefully considered any and all types of forces, including those that are:

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

The Forces of Change Assessment provided an overview of key trends, events, or factors that participants recognized as influences on the overall health of Ogle County. The reoccurring themes for Ogle County include:

### Social

- Social Media
- Stigmas
- Cultural Competency
- Health Literacy
- Increasing Opiate Usage

### Economic

- Stock Market Collapse
- Reduction in Federal Grants
- Reduction in Well Paying Jobs
- Tariffs on Trade Partners
- Availability of Funding in Future for Comprehensive Health Protection Grant
- Poor Housing Stock
- Increase of Minimum Wage



## Political

- Elections
- Wars

## Technological

- Cyber Attacks on Infrastructure
- Lack of Internet Access

## Environmental

- Natural Disasters
- Extreme Cold and Heat
- Ground Water Depletion

## Scientific

- Expansion of Landfill
- Access to Specialized Care
- Lack of Transportation

## Legal

- Legalization of Marijuana
- Tobacco Regulations
- Banning Vape Products
- Taxes
- Immigration Policy
- Immunization Laws
- Community Violence

## Ethical

- Access to Healthcare
- Infrastructure near Hazardous Zone
- Understanding Isolation and Quarantine Enforcement
- Overuse of GMOs

## Health

- Increase in Vector Borne Disease
- Increase in Pollution
- Access to Health
- Increases in Chronic Diseases
- Food Insecurity
- Process to get into Long Term Care
- Increase of STIs
- Feral Cats





# Community Health Improvement Plan

## Phase 4: Identifying Strategic Issues

### Prioritization

Ogle county health Department has come up with the top 9 issues prevalent in all assessments done in Phase three: *mental health, access to care, social determinants, alcohol and drug use, tobacco use, obesity, chronic health issues, maternal health, and young people not in school or working.*

#### **Mental Health**

Mental health was a common theme through all assessments. This was a concern that was voiced by the public and shown in data as a concern in Ogle County. In the Community Themes and Strength Assessment, the participants chose mental health problems as a top concern that should be a main focus. The Community Health Status solidified the concern that mental health should be one of the top 9 priorities. The suicide rate in Ogle County is higher than that of the state with Ogle County being at a 12.9 rate per every 100,000 people compared to 10.9 statewide. Mental health can be impacted by many factors and events in an individual's life. According to County Health Rankings, Ogle County has reported an average of 4.4 poor mental health days in the last 30 days. Access to care for this can be challenging due to lack of resources and the stigma surrounding mental health. Lack of mental health care can lead to substance use such as alcohol and drug abuse. In Ogle County, 22% reported excessive drinking, which is a preventable problem with access to mental health care. There are many preventable troubles that can be addressed using mental health care, raising awareness, and using prevention to curb mental health related issues.

#### **Disconnected Youth**

Disconnected youth are teens 16-19 who are not working nor going to school. Young people not working or going to school. The issues of disconnected youth are closely related to the social determinants of health. Youth that delay starting secondary education or entering the workforce may experience more barriers. It is prevalent enough to investigate apart from other determinants. This social determinant can directly impact public health aspects OCHD is concerned about. Lack of concern about this topic could be because the community does not know the problem exists. Ogle County Health Department believes it is a big enough problem that it needs to be addressed. Of people 16-19 years old, 12.6% of their population age who fall under this category of being disconnected youth. The percentage in Ogle County is twice as high as the state and nation as seen in Figure 27. This would require some investigation to understand the root of the problem and the reason our percentage is twice as much as elsewhere. This could lead to other problems with in the community and for these individuals. 14.45% of the population under the age of 18 in Ogle County are below the Federal Poverty Level. This is better than the state at 17.13% and the nation at 18.52%.



## **Tobacco Use**

Tobacco usage within the county is higher than the state's percentage. Ogle County reports that 15% of adults are current smokers meaning they smoke most days or every day which is a slightly higher percentage compared to Illinois at 14.9%. Tobacco use/smoking/e-cigarettes was voiced as a concern for the county by the Community Themes and Strengths Assessment. Tobacco can have adverse effects on an individual's health and create other long-term diseases. In the Forces of Change Assessment, some of the factors chosen by the participants were tobacco regulation and banning vape products. The performance score for Essential Service 6: Enforce Laws was given a 50.4. This can indicate that the laws for tobacco use should be reviewed in hopes to diminish this problem. This is a preventable risk factor that can be reduced in the population with the right plan.

## **Obesity**

Obesity is a chronic health issue and it has shown a large enough impact on Ogle County to be its own concern. In the Community Themes and Strengths Assessment, the community members surveyed considered poor nutrition/eating habits as a top risky behavior in Ogle County. This can be due to different health factors such as access to healthy food, knowledge on nutrition, and access to physical exercise. Ogle County reports having an average of 4.1 poor physical health days in the past 30 days. The number of grocery stores has an impact on the populations eating habits. In Ogle County, there are eight grocery stores in the county and which makes a rate of 1.5 stores per 100,000 people. This means there are only 8 places in the county to access healthy foods. Compare eight places to access healthy food to the 32 places to access of fast food restaurants this should be considered when looking at the reason that the population has an obesity problem. Food and nutrition is not the only factor that plays into obesity, physical inactivity amongst the population is higher than the state and national level. Ogle County has 29.6% of adults with no leisure time physical activity while the state percentage is 20.9% and the nation is 22.1%. 36% of adults 20+ years old in Ogle County are considered obese. The county percentage is 6.5% higher than the percentage of the state and nation that are both 29.5%. This is reason to consider this as an urgent health priority to be consider.

## **Access to Care**

Access to quality healthcare is a matter worth addressing in a rural county. Access to many things were voiced as a problem that needed to be addressed. In the Forces of Change Assessment, access to healthcare, specialized care, and long term care facilities were voiced by the community as forces that could change the direction of the overall health of the community. Limited access to care can have a negative effect on the health of an individual. According to Health Resources and Services Administration, Ogle County is a medically underserved. The ratios of clinical care show that resources are spread thin in the county. There is a ratio for primary care physicians of 1640:1, dentists of 2530:1, and mental health providers 670:1. With the health concerns of the county, providing quality care is essential for positive progress towards a healthier community. 4.67% of Ogle County population are uninsured this is lower than the state at 6.83% and the nation at 8.84%. Being uninsured can impact the ability or want to seek medical care. With access to care, the number of preventable hospitalizations



could be lowered. If the population is getting access to care and going to regular doctor appointments and monitoring their health properly there would be less hospitalizations. The rate of preventable hospitalizations in Ogle County is at 4,923 per 100,000 Medicare beneficiaries compare to the state at 5,081 and the nation at 4,624.

### **Alcohol and Drug Use**

Alcohol and drug use are a part of mental health however, OCHD feels that separating this individual topic will make plans more effective when trying to combat mental health especially when it is preventable and treatable. The percentage of adults reporting excessive drinking is lower than the state percentage with Ogle County reporting at 20.18% and Illinois reporting at 21.44%. Both state and county are higher the national percentage of 18.49%. Alcohol can have a negative impact on more than just the individual excessively drinking. Of driving deaths, 34% of them involve alcohol. The outcome of excessively drinking can result in motor vehicle accidents, negative health issues, and mental health conditions. Drug usage can have the same negative effect on the population as alcohol does. An increase opiate usage was voice as a factor that can impact the health of the community. Even though the amount of drug overdose deaths in Ogle County seem like a low number it is a preventable death. Interventions can be used to reduce the problems leading up to death rather than see any more of an increase as the county has seen in recent years (Figure 63). Both of these preventable habits should be evaluated to positively affect the overall health of the county.

### **Chronic Health**

Chronic Diseases are responsible for more than half of number of deaths in Ogle County. Heart disease and cancer are two leading causes of death in Ogle County as shown in Figure 64. While chronic diseases can be treated by medication, many factors play into the underlying causes for illness. Physical activity and healthy food choices can help reduce risk of these disease. In Ogle County, 29.6% of adults report not having leisure time physical activity. This is impacted by the access to exercise in Ogle County. Only 62% of the population has adequate access to exercise whereas the state percentage is at 91%. There is also a lack of healthy food options compared to fast food options. With both of these options to reduce risk of chronic health issues out of the picture it is inevitable to see chronic health issues continue to rise and mortality related to these concerns continues to rise. 17% of adults have reported having fair or poor health. The percentage of adults reporting fair or poor health in Ogle County is higher than Illinois which is 16% and higher than the top U.S. performers at 14%. Ogle county sees the results of not using risk or harm reducing activities in the mortality rates. The cancer mortality rate in Ogle County is higher than both the state and nation at 169.1 per 100,000 populations as shown in Figure 52. Increase in chronic disease can be prevented and is a concern of the public base on the Forces of Change assessment. By tackling chronic health issues, we would also be tackling the 3<sup>rd</sup> top risky behavior that was decided in the Community Themes and Strengths Assessment. It is enough evidence to say that we should create a plan to diminish chronic illness in Ogle County to revive the health of the county.



## **Maternal and Child Health**

Women and children need to be a priority when looking to improve the current and the future health of the county. Most of the categories in this topic have a percentage that is lower than both the state and national, however there is still room for investigation and improvements. Healthy reproductive systems are important for having a healthy population. Ogle County has low rates of STDs but the number of infections can be decreased with the right education and resources. Ogle County reports 7.3% of live births to be low birth weight. From 2017 to 2019 Ogle County has had 3 infant mortality each year. The county has seen lower numbers which is what can be strived for long term. These numbers are impacted by many different variables like access to prenatal care. Even with physically healthy infants, the county needs to be aware that there are children living in poverty. 14.45% of the population under the age of 18 are impoverished. Like many statistics the percentage compared to the state and nation is lower but still high enough to warrant further investigation. Poverty can impact a child's ability to become a healthy and successful community member. All aspects of maternal and child health can have a lasting impact on the overall community. Starting at the earliest stages can help impact the health of residents in our county.

## **Social Determinants**

Social determinants play a vital part in the health of the county. These determinates include education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. In the Community Themes and Strengths Assessment, the 3<sup>rd</sup> top area to focus was determined as good jobs and a healthy economy. The median household income in Ogle County is about \$5,000 less than the state and about \$2000 less than the national income. Much of Ogle County's population is classified as living in rural area at 47.10% which is quite higher compared to the state and nation as seen in Figure 32. These are not the only social determinants that have been impacting Ogle County. Preschool through college education is a social determinant that can have an impact on public health. In Ogle County preschool enrollment is low compared to the state at 55.48%. Attainment of higher education is at 21.43% of the population 25 years old and older. Ogle County has a 94% cohort graduation rate which is almost 10% higher than the state and higher than the nation. Preschool enrollment and higher education can negatively impact the community with the lower percentages because education creates more access. All social determinants beyond the ones mentioned can be impacting the health of the county and they are worth considering as priority.



## Methodology

Phase 4 of the MAPP process, Identifying Strategic Issues, required participants to develop a list of the most important health issues Ogle County is facing. The Strategic issues were identified by exploring the results of the four MAPP Assessments administered in Phase 3. These assessments include:

1. Community Themes and Strengths
2. Local Public Health System Assessment
3. Community Health Status Assessment
4. Forces of Change Assessment

Ogle County Health Department met with the Ogle County Board of Health on December 7, 2021. Anisa Torres, on behalf of OCHD, presented the top 9 themes that were established by the four assessments. The themes included *Mental Health, Access to Care, Social Determinants, Alcohol and Drug Use, Obesity, Chronic Disease, Disconnected Youth, Tobacco Use, and Maternal and Child Care*. The presentation included definitions of each theme and statistics on how the theme is impacting Ogle County. After the presentation, each Board of Health member was given a survey link to complete. The survey required the participants to rank the themes from 1-9 with 1 being top and 9 being the least. Along with ranking, the participants were asked how each theme impacted themselves, their family, or their friends. The results of the survey were used to reveal the top three priorities.

## Analysis

A prioritization survey was given to the Ogle County Board of Health member at their meeting on December 7<sup>th</sup>, 2021. The purpose of this prioritization survey was to help guide Ogle County Health Department's decision on the Primary Strategic Issues needed to continue with the Community Health Improvement Plan. The survey and presentation are shown in [Appendix A and B](#). Chronic Disease ranked the highest with a score of 7. For second highest there was a tie between Access to Care and Mental Health with a score of 6.29. The fourth theme was obesity at 6. Obesity can be categorized under chronic disease therefore Ogle County Health Department decided to take the highest score along with the two that were tied for second highest.

The Ogle County Health Department selected the following priorities for the IPLAN:

1. Chronic Disease
2. Access to Care
3. Mental Health



## Phase 5: Formulate Goals and Strategies

The Community Health Improvement Plan (CHIP) is developed to address the health priorities identified through the Community Health Assessment done during the MAPP process. CHIP helps to provide information and identification of problems in the local community, how well the public health system is functioning, and what policy development or implementation needs to be continued. This helps to ensure a community has resources and programs it needs to continue to reach a healthier lifestyle.

After review of the Community Health Status Assessment, Community Themes and Strengths Survey, Forces of Change Assessment, and the Local Public Health System Assessment. The Ogle County Health Department prioritized the top three themes to develop and implement plans of change for the community. The identified Primary Strategic Issues for Ogle County include:

1. Chronic Disease
2. Access to Care
3. Mental Health

Health Goals and Objectives from Healthy People 2030 (HP2030) were reviewed and used in the development of the CHIP.

### **Statement of Purpose**

By using the MAPP process, Ogle County Health department is working hard to succeed in creating healthier community through promotion and preventative measures. The Community Health Plan will help lead OCHD and other community organizations to achieve the goals established by giving them the knowledge and tools to do so for upcoming years.

### Health Priority 1- Access to Care

#### **Vision**

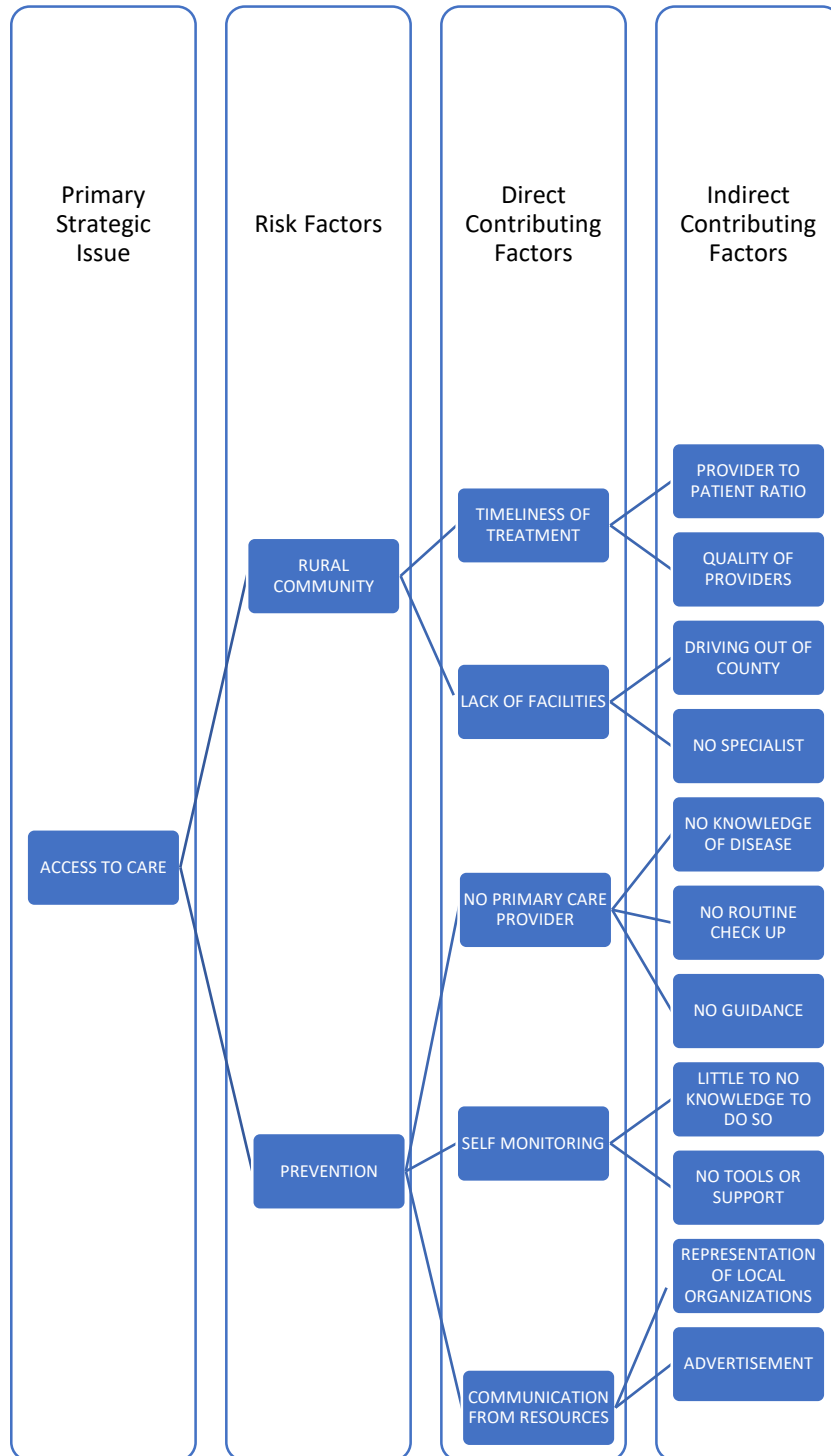
Create opportunities for quality and preventative care in Ogle County

#### **Description**

As a rural community, it can be difficult to ensure access to care for all residents. While location may be impacted due to the lack of facilities available, there are other sections of access to care that can be improved and focused on. Small changes like encouraging quality care, reduced wait for service, and increasing the number of Ogle County Residents that have health insurance can positively impact access to care. In Ogle County, the ratio for primary care physicians is 1640:1, dentists 2530:1, and mental health providers 670:1. In Ogle County, 4.67% of the population are uninsured. The rate of preventable hospitalizations in Ogle County is at 4,923 per 100,000 Medicare beneficiaries. This is important to acknowledge because the impact it could have on the county. Long commutes, lengthy wait times, and no insurance can impact an individual's ability or want to seek preventative care or establish a primary care provider. This can lead to many preventable health problems to occur.



# Analysis



### Access to Care Outcome Objective 1

- By 2025, increase the proportion of people with a usual primary care provider.

#### Impact Objectives:

- By 2025, increase the number of primary care providers in Ogle County
- By 2025, work with local hospital to address provider limitations
- By 2025, increase provider and patient communication

#### Strategies:

- Find effective appointment reminders
- Address effective communication tactics
- Talk with local providers

### Access to Care Outcome Objective 2

- By 2025, increase proportion of adults who get evidence-based preventive health care.

#### Impact Objectives:

- By 2025, increase screening for preventable disease and cancers
- By 2025, address policies for using evidence-based practices
- By 2025, increase provider education on preventive care

#### Strategies:

- Increase knowledge of evidence-based practices
- Talk with local providers about practices
- Address current practices

### Access to Care Outcome Objective 3

- By 2025, increase the proportion of sexually active female adolescents and young women who get screened for chlamydia.

#### Impact Objectives:

- By 2025, increase the number of providers that suggest screening to at risk population
- By 2025, develop a screening policy to ensure common practice
- By 2025, work with local providers to further educate staff on STI screenings to ensure quality care

#### Strategies:

- Educate on the benefits of early detection
- Reduce stigma surrounding getting screened





- Have persistent reminders for those at risk

#### Collaborative Partners:

- KSB Hospital
- Rochelle Hospital
- Local Elected Officials
- Regional Health Officer (IDPH)
- Local Civic Groups
- 708 Mental Health Board
- Interested Community Members
- Health Resources and Services Administration

#### Health Priority 2- Chronic Disease

##### **Vision**

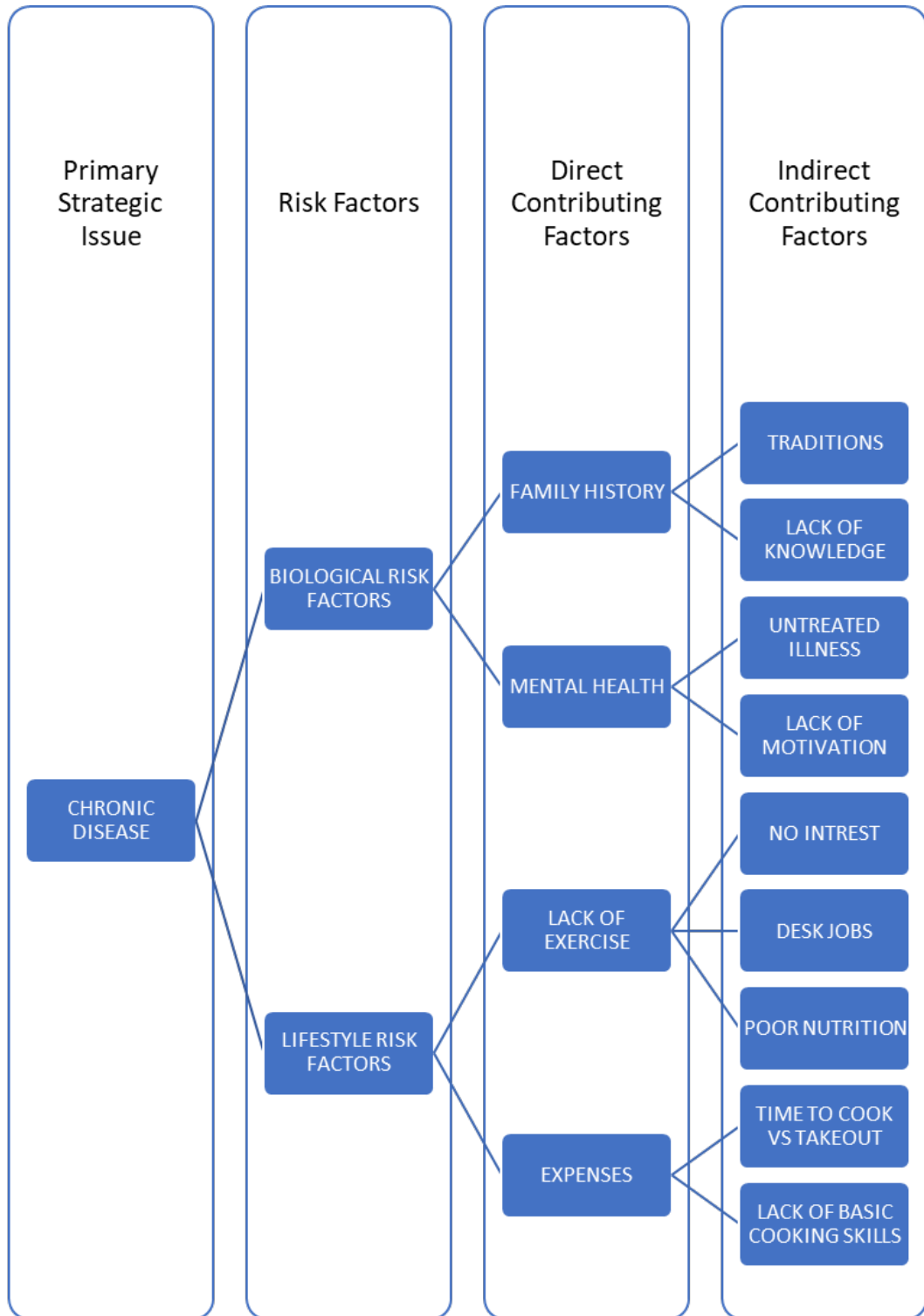
To create healthier lives for Ogle County residents to reduce risk of developing chronic diseases

##### **Description**

Chronic Disease impacts many people and includes various types of diseases that impact day to day life. Chronic diseases like diabetes, heart disease, and cancer can lead to death and are responsible for a few of the leading causes of death in Ogle County. Cancer and heart disease are the highest causes of death from 2016 to 2020. The cancer mortality rate in Ogle County is higher than both the state and nation at 169.1 per 100,000 populations. By addressing chronic diseases, we can ensure healthier living for the Ogle County residents.



**Analysis**



### Chronic Disease Outcome Objective 1

- By 2025, reduce the proportion of adults that are obese.

#### **Impact Objectives:**

- By 2025, begin to address policy related to nutrition in Ogle County
- By 2025, Improve access to nutritionally dense foods
- By 2025, increase the servings of fruits and veggies adults eat daily.
- By 2025, increase opportunity for leisure time physical activity.

#### **Strategies:**

- Address policies that would encourage a healthy lifestyle
- Work with local health care providers to ensure nutrition education and physical activity are discussed during routine visits
- Work with local partners to identify and encourage physical activity opportunities
- Encourage farmer's market participation

### Chronic Disease Outcome Objective 2

- By 2025, reduce coronary heart disease deaths in Ogle County.

#### **Impact Objectives:**

- By 2025, increase patients that receive information on heart health.
- By 2025, increase access to preventative heart care
- By 2025, increase people who can self-assess their own blood pressure
- By 2025, increase the number of people who have received a heart health check

#### **Strategies:**

- Work with local health care providers to ensure nutrition education and physical activity are discussed during routine visits
- Education on reducing preventable risk factors of heart disease
- Create informational social media posts and brochures
- Encourage providers to talk with patients about the importance of heart health
- Educate the public on how to their own measure blood pressure

### Chronic Disease Outcome Objective 3

- By 2025, increase the proportion of adolescents in Ogle County who participate in daily physical education.

#### **Impact Objectives:**

- By 2023, increase number of teacher that have continued their education in physical education
- by 2024, increase number of classrooms that participate in classroom physical activity

#### **Strategies:**

- Encourage the use of CDC's Whole School, Whole Community, Whole Child Model
- Encourage schools to adopt wellness policies that address nutrition and physical activity



- Collect BMI data from local school's certification of child health exam

#### Collaborative Partners:

- Regional Office of Education
- Byron CUSD #226
- Creston CCSD #161
- Eswood CCSD #269
- Forrestville Valley CUSD #221
- Kings CSD #144
- Meridian CUSD #223
- Oregon CUSD #220
- Polo CSD #222
- Rochelle CCD #231
- Rochelle Township High School District #212

### Health Priority 3- Mental Health

#### **Vision**

Encourage Ogle County residents to seek professional help to reduce burden of mental illness

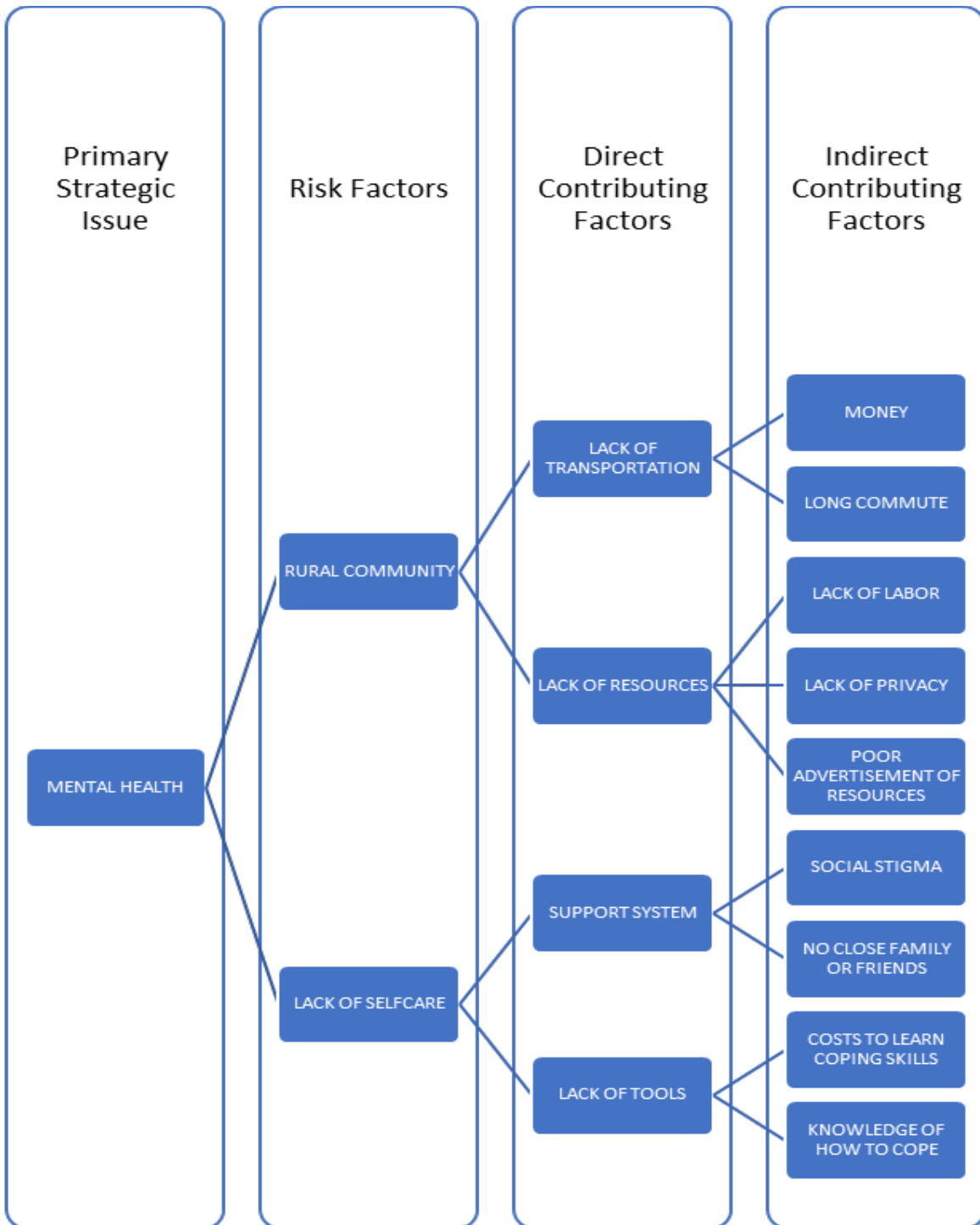
#### **Description**

Mental health can impact anyone regardless their background or current situation. Mental Illness is hard to understand for most because it does not appear in the same way a physical ailment does. However, mental illnesses are becoming more and more common everyday impacting many people all over the United States. In Ogle County, the suicide rate at a 12.9 rate per every 100,000 people. According to County Health Rankings, Ogle County has reported an average of 4.4 poor mental health days in the last 30 days. Mental health can be impacted by many factors and events in an individual's life. It is important to give residents of Ogle County an opportunity to seek help and establish coping mechanisms early on. Giving the community helpful resources and encouragement can help prevent suicide and other negative outcomes of poor mental health from rising.

Serious mental illness — like depression, schizophrenia, and bipolar disorder — can limit people's daily activities. There's evidence that medication and talk therapy can help adults get the care they need.



**Analysis**



### Mental Health Outcome Objective 1

- By 2025, identify expertise to address mental health.

#### **MH1 Impact Objectives:**

- By 2022, a coalition to address mental health needs in Ogle County will be formed.

#### **MH1 Strategies:**

- Conduct initial meeting for Ogle County coalition
- Invite 708, ogle county cares coalition, project open, and other mental health professionals

### Mental Health Outcome Objective 2

- By 2025, increase the proportion of adults with serious mental illness who get treatment.

#### **MH2 Impact Objectives:**

- By 2025, increase number of mental health providers in Ogle County
- By 2025, work with local law enforcement to create crisis response teams
- By 2025, work with the Ogle County court system to address mental health issues

#### **MH2 Strategies:**

- Offer mental health first aid classes to increase the number of people who have access
- Partner with 708 mental health board, Ogle County Care Coalition and Project Open to refine referral practices
- Address mental health stigma
- Encourage collaborative care for mental health and substance use
- Offer mental health first aid classes to increase the number of people who have access

### Mental Health Outcome Objective 3

- By 2025, increase the proportion of women in Ogle County that are screened for postpartum depression.

#### **MH3 Impact Objectives:**

- By 2025, work with providers to ensure comprehensive postpartum check-ups including depression screenings
- By 2025, develop policy to ensure help with referral to outside services
- By 2025, increase understanding and connection with local services
- By 2025, develop policy for follow-ups after testing for postpartum depression
- By 2025, work with local providers to develop a universal policy for providers and screening

#### **MH3 Strategies:**



- Create bonds with local services
- Ensure open and frequent communication
- Create a system to help with referral process
- Help connect personnel with educational resources

#### Mental Health Outcome Objective 4

- By 2025, increase the proportion of children and adolescents with symptoms of trauma who get treatment

#### **MH4 Impact Objectives:**

- By 2025, introduce local public entities to being trauma informed.
- By 2025, encourage schools to create policy that implements trauma-informed care
- By 2025, introduce the concept of trauma-informed to the broader community

#### **MH4 Strategies:**

- Link schools with trauma informed resources
- Share key concepts of being trauma informed
- Use the movie “Paper Tigers” as a tool to introduce trauma informed
- Introduce Adverse Childhood experiences ACEs to the broader community

#### Mental Health Outcome Objective 5

- Reduce Emergency department visits related to nonmedical use of prescription opioids

#### **MH5 Impact Objectives:**

- By 2025, complete academic detailing for opioid prescribers in Ogle County
- By 2025, increase the number of Narcan trainings and Narcan accessibility in Ogle County
- By 2025, improve the system of treatment, prevention, intervention, and recovery

#### **MH5 Strategies:**

- Work with Project Open on academic detailing and reducing opioid average daily supply
- Offer Narcan training to schools, county offices, libraries, other entities, and the general public
- Work with Ogle County 708 Board, Ogle County Cares Coalition, and Project Open to improve the system of treatment, prevention, intervention, and recovery

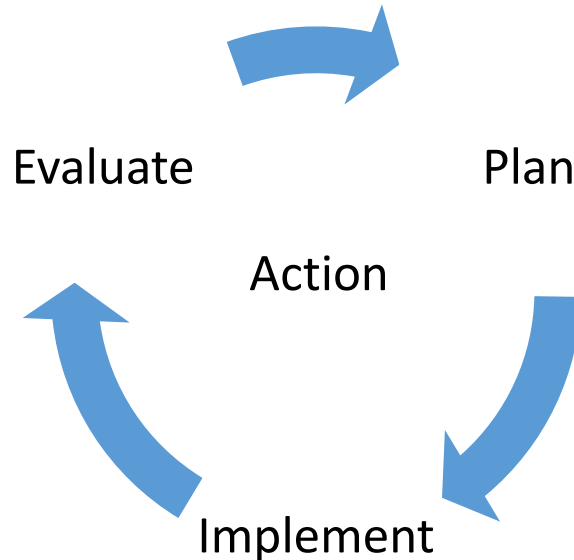
#### Collaborative Partners:

- 708 Mental Health Board
- Ogle County Cares Coalition
- Project Open
- Sinnissippi Centers
- Oregon Public Library
- Byron Public Library



- Rochelle Public Library

## Phase 6: Action Cycle



The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner. While the Action Cycle is the final phase of the CHA/CHIP, it is by no means the "end" of the process.

During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives. This is also one of the most challenging phases, as it may be difficult to sustain the process and continue implementation over time.

### Overview of the Steps for the Action Cycle Phase

#### Planning

1. Organize for action by convening the necessary participants, establishing an oversight committee for implementation activities, and preparing for implementation.
2. Develop realistic and measurable objectives related to each strategic goal and establish accountability by identifying responsible parties.
3. Develop action plans aimed at achieving the outcome objectives and addressing the selected strategies.





## **Implementation**

1. Review action plans looking for opportunities to coordinate and combine resources for maximum efficiency and effectiveness.
2. Implement and monitor the progress of the action plans.

## **Evaluation**

1. Prepare for evaluation by engaging stakeholders and describing the activities to be evaluated.
2. Focus the evaluation design by selecting evaluation questions, the process for answering these questions, the methodology and plan for carrying out the evaluation, and a strategy for reporting results.
3. Gather credible evidence that answers the evaluation questions. Justify the conclusions.
4. Ensure that the results of the evaluation are used and shared with others. Celebrate the successes of the process.



## APPENDIX

Prioritization Presentation for health priorities

Prioritization Survey to the Board of Health

