To comply with the Community Services Block Grant all eligible entities must complete a Community Action Plan (CAP) as a condition to receive funding through a Community Services Block Grant. Federal law mandates the Community Action Plan to include a community-needs assessment for the reporting area.

The purpose of this Community Action Plan is to identify, describe and prioritize current and future socioeconomic needs of Kendall and Grundy County residents, and to describe actions intended to address these needs. In other words, it is a road map for initiating organizational actions that promote and inspire individual and family socioeconomic stability and well-being.
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COMMUNITY ACTION PLAN

SUMMARY
Kendall-Grundy Community Action (KGCA), a division of the Kendall County Health Department (KCHD), is pleased to present its 2020 Updated Community Action Plan. The material collected and shared in this report reflects the overwhelming amount of available data, showing the ever widening divide and needs between the two counties of Kendall and Grundy. In both counties, participation of a blend of community members, area board members and other stakeholders made the 2020 Updated Community Action Plan possible.

After careful review of the many changes that have occurred between the two counties over the past three years, we are currently preparing for new developments that will likely be coming to our agency. We have consistently provided all the various stakeholders throughout our communities, updates on the data concerning the community. This has been implemented so that feedback can be gathered to enhance our work towards increasing socioeconomic stability and well-being for the residents of Kendall and Grundy County.

Our Community Action plan provides a glimpse into the workings of the agency as a whole, as well as the communities we serve. With the innumerable changes in needs as our population continues to grow, we will continue to be dedicated to the issues our residents may be facing while looking for positive and innovative ways to address them. As a Community Action Agency, we are proud of what we have accomplished in the past few years with precious, yet limited resources, and we are excited about all we hope to achieve in the future for the residents of Kendall and Grundy County.

We are committed to working with all area stakeholders, service providers, and community advocates to ensure we are providing the necessary programs to address the root effects of poverty and to move families and individuals towards a life path of socioeconomic stability and well-being.

Our 2020 Updated Community Action Plan was completed under the supervision of the Kendall County Board of Health and Community Action Tripartite Advisory Board. As a Community Action Agency, we sought the needs of our population through various methods of research; leveraging other sources of community-wide data. Key among these data sources are the Kendall County Health Department's Illinois Project for Local Assessment of Needs (IPLAN), the Kendall County Health Department’s Strategic Plan 2021, and the Grundy County Health Department Illinois Project for Local Assessment of Needs (IPLAN) encompassed much of the development of the 2020 Updated Community Action Plan.

Additionally, current and future needs of our customers are gathered through frequent administration of our Needs Assessment survey (Effectiveness Insight Instrument). This valuable customer input serves to identify the extent to which needs are being met and how to better address those needs that are not fully met.

Below are the 2019 Community Action Plan Main Priority Choices that were identified by Kendall-Grundy Community Action customers who received a Needs Assessment survey upon intake. The survey question asked the customer to identify their top three concerns that they felt the community needed to address. The results of this data, organized by county, have set the framework for the development of the Community Action Plan.

![Kendall County Community Priority Needs](chart)

For our Kendall County customers, lack of living wage jobs received the highest percentage of responses with 26% as being customer's top concern in the community. Lack of transportation with 20% and lack of affordable housing with 19% followed close behind as second and third top concerns for Kendall county customers.
For our Grundy County customers, lack of living wage jobs received the highest percentage of responses with 21% as being customer’s top concern in the community. This is also Kendall County’s customers’ number one concern. Lack of Transportation at 20% and lack of education at 19% followed close behind as second and third top concerns for Grundy County customers.

These concerns will be referenced throughout the entirety of the CAP. These concerns will assist us in analyzing the Needs Assessment for both counties. These concerns will also play a role in further shaping our services, coordination, and outreach to our low-income communities, as well as creating innovative initiatives with the goal of strengthening our ability to help the low-income community reach a higher level of socioeconomic stability and well-being.

Kendall-Grundy’s Community Action Plan provides a glimpse into the workings of the agency as a whole as well as the communities it serves. With the many changes in needs today, along with the aftermath of the foreclosure and economic crises, the constant rising and falling of unemployment rates, as well as the implications from the State of Illinois and Federal Budget crisis, we will continue to be dedicated to the issues at hand and look for positive ways to address them. As a Community Action Agency, we are proud of what we have accomplished with such a small staff and are excited about all we hope to provide for Kendall and Grundy County residents. Community Service Block Grant (CSBG) funding will be coordinated with resources within the Kendall County Health Department, including the resources received to implement the Low Income Home Energy Assistance Program and Illinois Home Weatherization Assistance Program which serve both Kendall and Grundy county.

All CSBG eligible households will be referred to other appropriate services as part of meeting each household’s individual needs. We are committed to working with community partners and area stakeholders to ensure we are providing the necessary programs to meet the socioeconomic needs of our customers.
Needs Assessment
The Needs Assessment is performed every three years. For the 2020 Updated Community Action Plan the 2019, or most recent Needs Assessment data and information, will be referred and utilized. To develop the 2020 Community Needs Assessment, we utilized a number of methods to solicit community opinions on growth, development, poverty, and service priorities in the area served. The 2020 Community Needs Assessment is the primary means to define and implement local level programs and plans that will address the specific needs of the community. Both county’s unique needs are identified, analyzed, and prioritized. Plans for implementation include coordinating with other various community organizations and agencies and utilizing a model of community assets rather than just acknowledging service gaps.

The goal of the Community Action Plan (CAP) is to serve as the primary planning tool for the Community Service Block Grant program. The CAP provides information on linkages and coordination efforts with other agencies and programs within our service area that are designed to reduce the incidences of crisis situations and stimulate the movement toward socioeconomic stability and well-being within the low-income population.

The final process of evaluation and monitoring consists of an examination of program elements in order to discover explanations for successes, failures, and changes. The scope of the process evaluation included evaluating service providers, attending quarterly Systems Improvement meetings, adopting a 2021 Strategic Plan, KGCA staff participating in monthly unit meetings, consistently going over policies and procedures, customer outreach efforts, services and the process for service provision, applicant and community linkages, use of community resources, procedures for change from the planned programs with the guidance of the Kendall County Board of Health and the Community Action Tripartite Advisory Board, analyzing critical elements of program implementation, implementation summary and replication, and dissemination efforts.

KGCA staff, using the Needs Assessment survey tool, was able to identify priority areas of needs for services. This information will be carefully analyzed and used to address the agency’s strengths and opportunities for improvement and will help with policy review and staff development. The purpose of the Needs Assessment is as follows:

1. Identify community problems using data and community perception
2. Prioritize community problems
3. Create a plan to address priority problems using measurable objectives
4. Identify key community players who should participate in the implementation plan
5. Define a workable evaluation strategy to assure implementation and outcome of the plan
6. Improve the health and quality of life in KGCA’s service area

As referenced in the chart our Needs Assessment represents a key element (Assessment) of the Results Oriented Management and Accountability cycle.

The results of the 2020 Customer Needs Assessment and 2020 Satisfaction Survey are presented on the following pages and include analysis of the following Kendall and Grundy County community characteristics: Demographics, Employment, Education, Housing, Health, Food and Nutrition, and Transportation.
For Kendall/Grundy Community Action’s Kendall County customers, lack of living wage jobs received the highest percentage of responses with 26% as being customers’ top concern in the community. Lack of Transportation with 20% and lack of affordable housing with 19% followed close behind as second and third top concerns for KGCA’s Kendall County customers. To be noted, the last needs assessment, conducted in 2016, did not have lack of transportation in the top three main concerns. Instead, high utility prices was among the top three main concerns at that time, whereas it is now further down on the priority list. This may be because the price of fuel was much higher at that time in 2016 or because individuals were still experiencing the impact of fuel hikes due to the 2014 Polar Vortex.
When customers residing in Kendall County were asked what services were needed most in their community, financial assistance with utility bills came out on top with 16% of the customers surveyed expressing this as a need. Even with programs such as LIHEAP, ComEd Cares, and Nicor Sharing customers still needed assistance with their utilities. Customers expressed the need for water bill assistance, for which there is limited assistance in Kendall County other than the Salvation Army, Township funds, and church based programs. The other two services that customers expressed a need for were finding a permanent full-time job and getting financial assistance with rent, both at 13%. This does not come as a surprise since there is limited sliding scale housing and temporary assistance for those in need in Kendall County. Not mentioned in previous needs assessments, getting financial assistance to buy car insurance garnered 12% of customer responses. Kathy Chronister, Kendall/Grundy Community Action’s Coordinator, provided some insight as to why car insurance is popping up as a new need for Kendall:

“Now that unemployment is going down (lowest in last 12 yrs for at least in Grundy) more are needing vehicles that are reliable….they have had to go out and purchase a vehicle, thus requiring insurance for the lienholder to give loan, and now they will be traveling back and forth to work and it is ILLEGAL to not have at least Liability. Many of our customers do not have this insurance, but once they have obtained employment, they know they will be on the road daily and could receive citations. Even though they have now gotten employment, they have added expenses like gasoline, daycare, etc besides auto insurance.

Also, the recent hurricanes, volcano eruptions, tornados/ floods and large forest fires have caused insurance companies to sky rocket in prices, hitting the “little people’s” pocket whether it is auto or home policies.

Customers from Kendall County were also asked to write freely about any problems or needs that they were unable to receive help with. Their answers are below.

Are there any problems or needs that you or your family faced within the last 12 months that you were unable to receive help with?

- Need better housing
- Getting basic furniture, appliances, or housewares
- Car Repairs
- Getting help with car repairs
• My landlord foreclosed on me. He did not return my security deposit. I would like to get it back. He also took an extra months payment to renew the lease but he did not renew it because he foreclosed. I would like to take him to court, my ex landlord, but I don’t want to pay a lawyer
• Transportation to Chicago or my daughters
• ComEd bill is high
• Paying my house mortgage
• Just to be able to afford rent, water, and garbage collection
• Rent and having a lack of a ride
• Didn’t know of all these programs
• Leaking roof that has a hole in it and I have raccoons in my attic
• Car repairs
• Food amount went down for three people
• Doctor for daughter and counseling for my son

These answers indicate that Kendall County customers believe that the cost of living is high. They may have jobs, but they still have trouble paying their utility bills, rent, and transportation. This could mean that the jobs they have may not be paying enough to cover the costs of living, or that they may have trouble finding permanent full-time jobs. Below is another customer's answer:

“I have no problem finding a job. I have skills and education. I have problems finding a permanent full time job. I find a job and its temporary part time or temporary full time or it’s a contract job. I am good for a little while and I get laid off. Then I go back on unemployment and the cycle continues. I just want a job I can stay at but those jobs with benefits are getting hard for me to find. Unless I want to be a fork lift driver working third shift at some warehouse. There are tons of those jobs but then who can I find to watch my kids? Or a school bus driver. Lots of those jobs but then again very low paying and temporary”.

For Kendall/Grundy Community Action’s Kendall County customers, lack of living wage jobs received the highest percentage of responses with 21% as being customers’ top concern in the community. This is very similar to Kendall County’s customers’ number one concern. Lack of Transportation with 20% and lack of education with 19% followed close behind as second and third top concerns for KGCA’s Grundy County customers.
When customers residing in Grundy County were asked what services were needed most in their community, finding a permanent full-time job came out on top with 22% of the customers surveyed expressing this as a service need. This was also Kendall County’s number one service need. The other top two services that customers expressed as a service need were finding affordable housing and having affordable health insurance.

Kendall and Grundy county customers have expressed different service needs. Grundy County customers have expressed more need for services related to their healthcare, while Kendall County customers have expressed more need for services to assist with housing and transportation. Customers from both counties have expressed a need for assistance in finding a permanent full time job, which would help relieve them of poverty and increase their socioeconomic stability and well-being.

Kim Kleinprinz, KGCA’s weatherization tech, gave some insight on these findings:

“Some of the reason for the difference is probably due to the difference in poverty levels and housing stock. Grundy is a little more impoverished than Kendall. Which makes a reliable car important but not as important than other things on the list, like food, heat and medical. They seem to be able to get a ride usually from a friend or family member. Where in Kendall the homes are a little more new as well as a little bigger making the help with heating a little more important”.

Dan Misener, KGCA’s energy conservation tech, also gave some insight on these findings:

“I feel it’s because Grundy hasn’t added many good paying jobs in recent years. These surveys are from last year and since then Grundy has been adding some decent paying jobs ($15/hr range, some with benefits) and some employers are having a hard time filling the jobs because the job market has improved quite a bit. As for housing assistance, when the market crashed 10 years ago, it became a landlords market. People with money bought up the stock of foreclosure homes, charged high rent, and now we have a problem finding affordable homes for rent. Medicaid issues… most doctors and dentists don’t take it because they never get paid from the state”.
Customers from Grundy County were also asked to write freely about any problems or needs that they were unable to receive help with. Their answers are below.

Are there any problems or needs that you or your family faced within the last 12 months that you were unable to receive help with?

- Dental
- I have been just divorced
- Water and garbage
- More dental assistance
- Internet I can afford
- Paying my bills esp. electric
- I can’t find a job during school hours or afford childcare, my ex owes me over $4,000 in child support
- I need help with dental bills
- I need help to get a vehicle to go places
- Food!
- Paying house payments
- I am almost evicted

The common theme found from these answers is that Grundy County customers, much like Kendall’s, believe there is a need for more jobs that pay enough to allow a person to live without assistance. One other theme that is consistent in Grundy County customers is that there needs to be more help for dental care.

One customer expressed, “I can’t find a dentist that takes Medicaid unless I drive really far away. My teeth hurt always and I probably need dentures. I just have more important concerns right now like getting to work and childcare paying my bills and having a roof over my kids heads. I just take pain pills and try to get through it”.

Demographics Data

**KGCA’s customer population**
Below is a demographic report from the Single Tracking Reporting Systems for KGCA customers served in 2018. Of 2018 KGCA’s customers, about 35% were a single parent female household, 58% identified as Caucasian, 37% were employed, 68% were renting, and 22% were between the ages of 25-44.
### Module 4, Section C: All Characteristics Report - Data Entry Form

**Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.**

**Name of CSBG Eligible Entity Reporting:** Kendall Grundy Community Action

#### A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2341</td>
</tr>
<tr>
<td>Female</td>
<td>3517</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,878</strong></td>
</tr>
</tbody>
</table>

#### B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained:

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic, Latino or Spanish Origin</td>
<td>1056</td>
</tr>
<tr>
<td>Not Hispanic, Latino, or Spanish Origin</td>
<td>4799</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,878</strong></td>
</tr>
</tbody>
</table>

#### C. INDIVIDUAL LEVEL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5</td>
<td>698</td>
</tr>
<tr>
<td>6 - 13</td>
<td>1213</td>
</tr>
<tr>
<td>14 - 17</td>
<td>623</td>
</tr>
<tr>
<td>18 - 24</td>
<td>518</td>
</tr>
<tr>
<td>25 - 44</td>
<td>1266</td>
</tr>
<tr>
<td>45 - 54</td>
<td>596</td>
</tr>
<tr>
<td>55 - 59</td>
<td>265</td>
</tr>
<tr>
<td>60 - 64</td>
<td>225</td>
</tr>
<tr>
<td>65 - 74</td>
<td>227</td>
</tr>
<tr>
<td>75 +</td>
<td>156</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
<td>211</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,878</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 9-12</td>
<td>256</td>
</tr>
<tr>
<td>Grades 9-12 Non-Graduate</td>
<td>335</td>
</tr>
<tr>
<td>High School Graduate/Equivalency Diploma</td>
<td>122</td>
</tr>
<tr>
<td>12 grade + Some Post-Secondary</td>
<td>223</td>
</tr>
<tr>
<td>2 or 4 years College Graduate</td>
<td>8</td>
</tr>
<tr>
<td>Graduate of other post-secondary school</td>
<td>10</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
<td>256</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,141</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disconnected Youth</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youths ages 14-19 who are neither working nor in school</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>689</td>
</tr>
<tr>
<td>No</td>
<td>4151</td>
</tr>
<tr>
<td>Unknown</td>
<td>120</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,878</strong></td>
</tr>
</tbody>
</table>

#### 7. Military Status

<table>
<thead>
<tr>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran</td>
</tr>
<tr>
<td>Active Military</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

#### 9. Work Status (males 16+)

<table>
<thead>
<tr>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Full Time</td>
</tr>
<tr>
<td>Employed Part-Time</td>
</tr>
<tr>
<td>Migrant Seasonal Farm Worker</td>
</tr>
<tr>
<td>Unemployed (Short-Term, 6 months or less)</td>
</tr>
<tr>
<td>Unemployed (Long-Term, more than 6 months)</td>
</tr>
<tr>
<td>Unemployed (Not in Labor Force)</td>
</tr>
<tr>
<td>Retired</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

*Individuals reported that they had Health Insurance please identify the source of health insurance below:

<table>
<thead>
<tr>
<th>Health Insurance</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>1360</td>
</tr>
<tr>
<td>Medicare</td>
<td>166</td>
</tr>
<tr>
<td>State Children's Health Insurance Program</td>
<td>0</td>
</tr>
<tr>
<td>State Health Insurance for Adults</td>
<td>0</td>
</tr>
<tr>
<td>Military Health Care</td>
<td>19</td>
</tr>
<tr>
<td>Direct Purchase</td>
<td>26</td>
</tr>
<tr>
<td>Employment Based</td>
<td>206</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
<td>3822</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,878</strong></td>
</tr>
</tbody>
</table>

*An individual reported that they had Health Insurance please identify the source of health insurance below.
Module 4, Section C: All Characteristics Report - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Name of CSBG Eligible Entity Reporting: Kendall Grundy Community Action

### 10. Household Size

<table>
<thead>
<tr>
<th>Number of Households</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Single Person</td>
<td>472</td>
</tr>
<tr>
<td>b. Two</td>
<td>303</td>
</tr>
<tr>
<td>c. Three</td>
<td>162</td>
</tr>
<tr>
<td>d. Four</td>
<td>397</td>
</tr>
<tr>
<td>e. Five</td>
<td>265</td>
</tr>
<tr>
<td>f. Six or More</td>
<td>268</td>
</tr>
<tr>
<td>g. Unknown/not reported</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,195</strong></td>
</tr>
</tbody>
</table>

### 11. Housing

<table>
<thead>
<tr>
<th>Number of Households</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Own</td>
<td>653</td>
</tr>
<tr>
<td>b. Rent</td>
<td>1893</td>
</tr>
<tr>
<td>c. Other permanent housing</td>
<td>0</td>
</tr>
<tr>
<td>d. Homeless</td>
<td>11</td>
</tr>
<tr>
<td>e. Other</td>
<td>42</td>
</tr>
<tr>
<td>f. Unknown/not reported</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,195</strong></td>
</tr>
</tbody>
</table>

### 12. Level of Household Income (% of NHIS Guidelines)

<table>
<thead>
<tr>
<th>Number of Households</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Up to 50%</td>
<td>1196</td>
</tr>
<tr>
<td>b. 51% to 75%</td>
<td>256</td>
</tr>
<tr>
<td>c. 76% to 100%</td>
<td>263</td>
</tr>
<tr>
<td>d. 101% to 125%</td>
<td>240</td>
</tr>
<tr>
<td>e. 126% to 150%</td>
<td>165</td>
</tr>
<tr>
<td>f. 151% to 175%</td>
<td>36</td>
</tr>
<tr>
<td>g. 176% to 200%</td>
<td>18</td>
</tr>
<tr>
<td>h. 201% to 284%</td>
<td>6</td>
</tr>
<tr>
<td>i. 285% and over</td>
<td>0</td>
</tr>
<tr>
<td>j. Unknown/not reported</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,193</strong></td>
</tr>
</tbody>
</table>

E. Number of Individuals Not Included in the Totals Above (due to data collection system integration barriers)

1. Please list the unduplicated number of INDIVIDUALS served in each program

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSGS</td>
<td>4,862</td>
</tr>
</tbody>
</table>

F. Number of Households Not Included in the Totals Above (due to data collection system integration barriers)

1. Please list the unduplicated number of HOUSEHOLDS served in each program

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Number of Households</th>
</tr>
</thead>
</table>

13 | Page
Below is a demographic report from the Single Tracking Reporting Systems for KGCA customers served in 2019. Of 2019 KGCA’s customers, about 28% were a single parent female household, 54% identified as Caucasian, 30% were employed, 69% were renting, and 21% were between the ages of 25-44. Overall, there was a 6% decrease in customers from 2018 to 2019. This was seen throughout the state and outreach has been encouraged for the next program year. One interesting piece of data to note is the number of children served has decreased while the number of customers aged 60-64 has increased. This is the “baby boomer” population. This is the largest population nationwide demographically at this time (this may change in the coming years with the millennials) and these trends are also seen not only throughout the state but nationwide as well. 

https://www.pewresearch.org/fact-tank/2018/03/01/millennials-overtake-baby-boomers/

The outcomes of our services have also devolved in the past year. The costs of what KGCA assists customers with have risen. The result is that we are helping less customers since our funding hasn’t increased to meet these upsurges in costs. For example, for program year 2019 we started a new Dental Assistance Program. We proposed in our work program that we would assist 20 individuals with dental expenses at $350 maximum. We were not receiving customers to participate in the program. After many discussions with our advisory board, we modified our program to increase the monetary amount of assistance to $500 maximum per individual, which led to a smaller outcome of assisting 10 individuals instead. We are now experiencing a greater amount of participation since increasing the amount of assistance but we do not have enough funds to assist all the individuals who are applying.
Module 4, Section C: All Characteristics Report - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Name of CSBG Eligible Entity Reporting: Kendall Grundy Community Action

A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained: 5,549
B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained: 2,132

C. INDIVIDUAL LEVEL CHARACTERISTICS

1. Gender

<table>
<thead>
<tr>
<th></th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2155</td>
</tr>
<tr>
<td>Female</td>
<td>3323</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Unknown/not reported</td>
<td>61</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,549</strong></td>
</tr>
</tbody>
</table>

2. Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5</td>
<td>604</td>
</tr>
<tr>
<td>6 - 13</td>
<td>1124</td>
</tr>
<tr>
<td>14 - 17</td>
<td>601</td>
</tr>
<tr>
<td>18 - 24</td>
<td>507</td>
</tr>
<tr>
<td>25 - 44</td>
<td>1155</td>
</tr>
<tr>
<td>45 - 54</td>
<td>553</td>
</tr>
<tr>
<td>55 - 59</td>
<td>261</td>
</tr>
<tr>
<td>60 - 64</td>
<td>249</td>
</tr>
<tr>
<td>65 - 74</td>
<td>285</td>
</tr>
<tr>
<td>75 +</td>
<td>202</td>
</tr>
<tr>
<td>Unknown/not reported</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,549</strong></td>
</tr>
</tbody>
</table>

3. Education Levels

<table>
<thead>
<tr>
<th>Education Level</th>
<th>[ages 14-24]</th>
<th>[ages 25+]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 0-8</td>
<td>264</td>
<td>54</td>
</tr>
<tr>
<td>Grades 9-12/Non-Graduate</td>
<td>385</td>
<td>277</td>
</tr>
<tr>
<td>High School Graduate/Equivalency Diploma</td>
<td>125</td>
<td>1020</td>
</tr>
<tr>
<td>12 grade + Some Post Secondary</td>
<td>140</td>
<td>701</td>
</tr>
<tr>
<td>2 or 4 years College Graduate</td>
<td>370</td>
<td>382</td>
</tr>
<tr>
<td>Graduate of other post-secondary school</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Unknown/not reported</td>
<td>175</td>
<td>230</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,188</strong></td>
<td><strong>2,718</strong></td>
</tr>
</tbody>
</table>

4. Disconnected Youth

<table>
<thead>
<tr>
<th></th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth ages 14-24 who are neither working nor in school</td>
<td>0</td>
</tr>
</tbody>
</table>

5. Health

<table>
<thead>
<tr>
<th></th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>682</td>
</tr>
<tr>
<td>No</td>
<td>3967</td>
</tr>
<tr>
<td>Unknown</td>
<td>900</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,549</strong></td>
</tr>
</tbody>
</table>

6. Ethnicity / Race

<table>
<thead>
<tr>
<th>Ethnicity / Race</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hispanic, Latino or Spanish Origins</td>
<td>1081</td>
</tr>
<tr>
<td>b. Not Hispanic, Latino, or Spanish Origins</td>
<td>4450</td>
</tr>
<tr>
<td>c. Unknown/not reported</td>
<td>16</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,549</strong></td>
</tr>
</tbody>
</table>

7. Military Status

<table>
<thead>
<tr>
<th>Military Status</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran</td>
<td>63</td>
</tr>
<tr>
<td>Active Military</td>
<td>5</td>
</tr>
<tr>
<td>Unknown/not reported</td>
<td>5481</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,549</strong></td>
</tr>
</tbody>
</table>

8. Work Status (Individuals 18+)

<table>
<thead>
<tr>
<th>Work Status</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Employed Full Time</td>
<td>375</td>
</tr>
<tr>
<td>b. Employed Part-Time</td>
<td>283</td>
</tr>
<tr>
<td>c. Migrant Seasonal Farm Worker</td>
<td>1</td>
</tr>
<tr>
<td>d. Unemployed (Short-Term, 6 months or less)</td>
<td>240</td>
</tr>
<tr>
<td>e. Unemployed (Long-Term, more than 6 months)</td>
<td>142</td>
</tr>
<tr>
<td>f. Unemployed (Not in Labor Force)</td>
<td>637</td>
</tr>
<tr>
<td>g. Retired</td>
<td>496</td>
</tr>
<tr>
<td>h. Unknown/not reported</td>
<td>1044</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,220</strong></td>
</tr>
</tbody>
</table>

"If an individual reported that they had Health Insurance please identify the source of Health Insurance below:

<table>
<thead>
<tr>
<th>Health Insurance</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>2766</td>
</tr>
<tr>
<td>Medicare</td>
<td>626</td>
</tr>
<tr>
<td>State Children’s Health Insurance Program</td>
<td>27</td>
</tr>
<tr>
<td>State Health Insurance for Adults</td>
<td>5</td>
</tr>
<tr>
<td>Military Health Care</td>
<td>12</td>
</tr>
<tr>
<td>Direct Purchase</td>
<td>33</td>
</tr>
<tr>
<td>Employment Based</td>
<td>345</td>
</tr>
<tr>
<td>Unknown/not reported</td>
<td>1738</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5543</strong></td>
</tr>
</tbody>
</table>
Module 4, Section C: All Characteristics Report - Data Entry Form
Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

**Name of CSBG Eligible Entity Reporting:** Kendall Grundy Community Action

### D. HOUSEHOLD LEVEL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Single Person</td>
<td>634</td>
</tr>
<tr>
<td>b. Two Adults NO children</td>
<td>145</td>
</tr>
<tr>
<td>c. Single Parent Female</td>
<td>757</td>
</tr>
<tr>
<td>d. Single Parent Male</td>
<td>47</td>
</tr>
<tr>
<td>e. Two Parent Household</td>
<td>300</td>
</tr>
<tr>
<td>f. Non-related Adults with Children</td>
<td>17</td>
</tr>
<tr>
<td>g. Multigenerational Household</td>
<td>8</td>
</tr>
<tr>
<td>h. Other</td>
<td>40</td>
</tr>
<tr>
<td>i. Unknown/not reported</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,132</strong></td>
</tr>
</tbody>
</table>

### 10. HOUSEHOLD SIZE

<table>
<thead>
<tr>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Single Person</td>
</tr>
<tr>
<td>b. Two</td>
</tr>
<tr>
<td>c. Three</td>
</tr>
<tr>
<td>d. Four</td>
</tr>
<tr>
<td>e. Five</td>
</tr>
<tr>
<td>f. Six or more</td>
</tr>
<tr>
<td>g. Unknown/not reported</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

### 11. HOUSING

<table>
<thead>
<tr>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Own</td>
</tr>
<tr>
<td>b. Rent</td>
</tr>
<tr>
<td>c. Other permanent housing</td>
</tr>
<tr>
<td>d. Homeless</td>
</tr>
<tr>
<td>e. Other</td>
</tr>
<tr>
<td>f. Unknown/not reported</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

### 12. Level of Household Income

<table>
<thead>
<tr>
<th>Level of Household Income</th>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Up to 50%</td>
<td>611</td>
</tr>
<tr>
<td>b. 51% to 75%</td>
<td>377</td>
</tr>
<tr>
<td>c. 76% to 100%</td>
<td>434</td>
</tr>
<tr>
<td>d. 101% to 125%</td>
<td>330</td>
</tr>
<tr>
<td>e. 126% to 150%</td>
<td>272</td>
</tr>
<tr>
<td>f. 151% to 175%</td>
<td>43</td>
</tr>
<tr>
<td>g. 176% to 200%</td>
<td>23</td>
</tr>
<tr>
<td>h. 201 to 250%</td>
<td>32</td>
</tr>
<tr>
<td>i. 251% and over</td>
<td>10</td>
</tr>
<tr>
<td>j. Unknown/not reported</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,132</strong></td>
</tr>
</tbody>
</table>

### 14. Other Income Source

<table>
<thead>
<tr>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. TANF</td>
</tr>
<tr>
<td>b. Supplemental Security Income (SSI)</td>
</tr>
<tr>
<td>c. Social Security Disability (SSDI)</td>
</tr>
<tr>
<td>d. VA Service-Connected Disability Compensation</td>
</tr>
<tr>
<td>e. VA Not-Service Connected Disability Pension</td>
</tr>
<tr>
<td>f. Private Disability insurance</td>
</tr>
<tr>
<td>g. Workers Compensation</td>
</tr>
<tr>
<td>h. Retirement Income from Social Security</td>
</tr>
<tr>
<td>i. Pension</td>
</tr>
<tr>
<td>j. Child Support</td>
</tr>
<tr>
<td>k. Alimony or other Spousal Support</td>
</tr>
<tr>
<td>l. Unemployment Insurance</td>
</tr>
<tr>
<td>m. EITC</td>
</tr>
<tr>
<td>n. Other</td>
</tr>
<tr>
<td>o. Unknown/not reported</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

### 15. Non-Cash Benefits

<table>
<thead>
<tr>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. SNAP</td>
</tr>
<tr>
<td>b. WIC</td>
</tr>
<tr>
<td>c. LIHEAP</td>
</tr>
<tr>
<td>d. Housing Choice Voucher</td>
</tr>
<tr>
<td>e. Public Housing</td>
</tr>
<tr>
<td>f. Permanent Supportive Housing</td>
</tr>
<tr>
<td>g. HUD-VASH</td>
</tr>
<tr>
<td>h. Childcare Voucher</td>
</tr>
<tr>
<td>i. Affordable Care Act Subsidy</td>
</tr>
<tr>
<td>j. Other</td>
</tr>
<tr>
<td>k. Unknown/not reported</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

E. Number of Individuals Not Included in the Totals Above (due to data collection system integration barriers)

1. Please list the unduplicated number of INDIVIDUALS served in each program.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSBG</td>
<td></td>
</tr>
</tbody>
</table>

F. Number of Households Not Included in the Totals Above (due to data collection system integration barriers)

1. Please list the unduplicated number of HOUSEHOLDS served in each program.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Kendall and Grundy county are located in the northeastern quarter of the state, approximately 50 miles southwest of Chicago’s central business district. The location of both counties in relation to the Chicago standard metropolitan area (SMSA) has important implications for the general pattern and trend of development and strongly influences their socioeconomic profiles. One such effect is the rapid growth in suburban development, particularly in the North and East of the counties where commuting times to Chicago are at their lowest. In addition, the relative location to the Aurora/Du Page and the Joliet-Shorewood/Will county growth areas further adds to commuting opportunities for county residents.
Population Change

According to the US Census Bureau, Kendall County’s population has increased by 125% since the year 2000, and forecasts show continuing growth. Grundy County’s population has increased by 34%. Both counties’ growth is far above Illinois’ increase of 3.5% since 2000. This data opposes recent media reports regarding the amount of people leaving Illinois; according to the 2017 National Movers Study by United Van Lines, more residents moved out of Illinois than into Illinois, with 63% of moves being outbound. (https://www.unitedvanlines.com/contact-united/news/movers-study-2017)

According to more recent estimates from the U.S. Census Bureau, Illinois lost about 100,000 residents overall between July 2010 and July 2018. As residents leave, so do the property, income and sales taxes they generate, putting a greater burden on the residents who remain. Despite the state-wide population decrease, Kendall County saw a population increase of 12,538, or nearly 11 percent, from July 2010 to July 2018, according to census data estimates. Since July 2014, Kendall County's population increased by 8,321 people, the data said. (https://www.kendallcountynow.com/2019/05/07/illinois-losing-population-but-kendall-county-continues-to-grow/ad95ez/)
The county with the highest population increase between 2017 and 2018 for the state was Kendall County. Second was Will County followed by Kane. http://kanecountyconnects.com/2019/04/kane-county-population-hits-534216-3rd-highest-in-illinois-population-growth/

The Chicago Tribune printed an article in March of 2018 focusing on the growth in Kendall County. In the article Oswego Village President Gail Johnson says that she is not only aware of her community's upswing, "we're touting it." "We've tried really hard to make Oswego a desirable place to live. And I'm not in any hurry to leave."

Nor is Yorkville Mayor Gary Golinski, who "is not at all surprised" Kendall County posted positive numbers, especially, he said, after watching "a lot of economic growth" last year in his community that included 290 new building permits.

According to Yorkville officials, its 2010 population stood at 16,900, but in a special census just completed in 2017 the population had risen to 19,022.

Johnson cites a recent $64 million partnership with Shodeen Group to develop luxury apartments, shops, and restaurants on an empty downtown Yorkville lot. Further, the Oswego Brewing Co. is also opening, adding to the evidence of a building "sense of community."

While the number of home starts was not as high as she would like to have seen last year, with only 41 new residential permits, Johnson is "just happy all those old subdivisions are filling in" and predicts more new ones on the horizon because "the interest is there … we get calls every day."

Both leaders point to quality of life factors pulling more people to the area; Johnson sees more young grandparents moving to Oswego in order to be closer to their grandchildren, whose own parents brought them to the area for the schools, parks, and open areas.

"The lifestyle is changing," said Johnson. "Millennials can work from anywhere … what we are seeing is that people are looking for a sense of belonging and meaning to life."

While the village is working on different ways to promote itself, such as a billboard on Interstate 88 that was up until October, Johnson is also noticing social media's impact, specifically pointing to an online "moms group," where members are often the village's biggest cheerleaders when interacting with other young parents thinking about moving to Oswego. http://www.chicagotribune.com/suburbs/aurora-beacon-news/opinion/ct-abn-crosby-kendall-growth-st-0326-20180323-column.html

Despite the fact that Kendall and Grundy are still indeed growing, the growth of both counties has slowed down since 2010, which may be a consequence of the recession’s aftermath. Many people may have moved out to Kendall and Grundy county before the recession hoping for better lives, but when the recession became a reality, it hit a lot of our new residents hard. Kendall and Grundy county have experienced first-hand the impact of the “Great Recession” when construction of new homes and people coming to purchase them came to a screeching stop, effectively halting a community's development and growth.

However, both Kendall and Grundy County have seen a change in momentum just in the past year as the housing market strengthens and new industries develop. Subdivisions are being built in the area. Farmers are selling their land. Kendall County does not have a Farm Protection Act in place. Additionally, Kendall County has more land to build in comparison to Kane and DuPage County where land is running out. As the adage goes, “if you build it, they will come,” suggesting that building upon available land will inherently bring an increase to the population.
Yorkville primed the reboot with an incentive program, funded by developers and the city, that gave checks of about $10,000 to buyers of new homes. Two-thirds of new residents surveyed said they moved to Yorkville because of it. The program, used by more than 400 people in five years, ended in December. "I'm anxious to see what happens," says Mayor Gary Golinski. "I imagine we'll see a small decline. But I feel like things are on an upswing." (http://www.chicagotribune.com/suburbs/aurora-beacon-news/opinion/ct-abn-crosby-kendall-growth-st-0326-20180323-column.html)

Age and Gender

Age and Gender Demographics

Population by gender within the report area is shown below. According to ACS 2013-2017 5 year population estimates for the report area, the female population comprised 50.54% of the report area, while the male population represented 49.46%.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>0 to 4 Male</th>
<th>0 to 4 Female</th>
<th>5 to 17 Male</th>
<th>5 to 17 Female</th>
<th>18 to 64 Male</th>
<th>18 to 64 Female</th>
<th>Over 64 Male</th>
<th>Over 64 Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>6,410</td>
<td>5,757</td>
<td>18,823</td>
<td>18,204</td>
<td>52,685</td>
<td>53,393</td>
<td>7,520</td>
<td>9,957</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>1,699</td>
<td>1,460</td>
<td>5,047</td>
<td>4,775</td>
<td>15,486</td>
<td>15,294</td>
<td>2,745</td>
<td>3,650</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>4,711</td>
<td>4,297</td>
<td>13,776</td>
<td>13,429</td>
<td>37,199</td>
<td>38,096</td>
<td>4,775</td>
<td>6,307</td>
</tr>
<tr>
<td>Illinois</td>
<td>401,526</td>
<td>384,034</td>
<td>1,108,857</td>
<td>1,065,380</td>
<td>4,004,726</td>
<td>4,042,871</td>
<td>718,388</td>
<td>1,049,641</td>
</tr>
<tr>
<td>United States</td>
<td>10,151,022</td>
<td>9,701,693</td>
<td>27,458,617</td>
<td>26,289,147</td>
<td>99,353,006</td>
<td>100,317,733</td>
<td>18,945,773</td>
<td>26,677,081</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County. **Show more details**

Looking at population by age and gender, Kendall and Grundy County have seen an increase in their senior population over the years. In 2005, the population of 64 years and older was at 7.4%, and the most current estimates have the senior population at 10.2%. There have been new senior housing developments built in the last five years, with two developments built in Yorkville just this past year, and rumors of more senior housing being in the very near future.
Race and Ethnicity

Race Demographics

Population by gender within the report area is shown below. According to ACS 2013-2017 5 year population estimates, the white population comprised 89.48% of the report area, black population represented 5.46%, and other races combined were 5.06%. Persons identifying themselves as mixed race made up 2.32% of the population.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>White Total</th>
<th>Black Total</th>
<th>American Indian Total</th>
<th>Asian Total</th>
<th>Native Hawaiian Total</th>
<th>Mixed Race Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>148,824</td>
<td>9,082</td>
<td>180</td>
<td>4,367</td>
<td>15</td>
<td>3,855</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>47,342</td>
<td>760</td>
<td>38</td>
<td>366</td>
<td>15</td>
<td>729</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>101,482</td>
<td>8,322</td>
<td>142</td>
<td>3,981</td>
<td>0</td>
<td>3,126</td>
</tr>
<tr>
<td>Illinois</td>
<td>9,236,701</td>
<td>1,833,501</td>
<td>29,696</td>
<td>671,811</td>
<td>4,275</td>
<td>311,397</td>
</tr>
<tr>
<td>United States</td>
<td>234,370,202</td>
<td>40,610,815</td>
<td>2,632,102</td>
<td>17,186,320</td>
<td>570,116</td>
<td>10,081,044</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County. → Show more details

Race Demographics

Ethnicity Demographics - Male

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Males Hispanic / Latino</th>
<th>Total Males Not Hispanic / Latino</th>
<th>Percent Males Hispanic / Latino</th>
<th>Percent Males Not Hispanic / Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>13,419</td>
<td>72,536</td>
<td>15.01%</td>
<td>84.39%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>2,476</td>
<td>22,678</td>
<td>9.04%</td>
<td>90.16%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>10,943</td>
<td>49,858</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,107,604</td>
<td>5,204,996</td>
<td>17.55%</td>
<td>82.45%</td>
</tr>
<tr>
<td>United States</td>
<td>28,563,644</td>
<td>129,455,109</td>
<td>18.08%</td>
<td>81.92%</td>
</tr>
</tbody>
</table>
Demographic analysis for Kendall County

The Census Bureau bases its new population estimates, which use administrative data and estimates for birth, deaths, and net migration, on Census 2010 population counts updated to reflect any official census corrections. In the year 2017, the population division of the U.S. Census Bureau estimated the median age in Kendall County to be 34.5 years old, less than the median age for the State of Illinois at 37.4 years old. With 28.4% of the population made up of individuals less than 18 years old, our service area can be described as having a medium-high percentage of people under 18 compared to the state percentage of 22.4%. People 65 and older make up 10.2% of the total population in the area in 2017, compared to the state percentage of 15.6%. This represents a relatively low percent of the population base.

Before the recession, Kendall County attracted many working families from Chicago and the collar counties due to all the new housing being constructed. Many families were willing to commute to work in order to live in a “nicer” area that had “good schools”. The recession however made those dreams harder to actualize. Even though there was a foreclosure crisis in Kendall County during the recession, the population remained on the rise, though not as significantly as before 2010. This hints to KGCA that people may have foreclosed on their homes but either remained living in Kendall County or moved out and other people moved into the foreclosed homes. Further analysis needs to be done to check these possibilities.

Kendall County has led all counties in growth of foreign born immigrants since the 2010 Census. See chart below.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Females Hispanic / Latino</th>
<th>Total Females Not Hispanic / Latino</th>
<th>Percent Females Hispanic / Latino</th>
<th>Percent Females Not Hispanic / Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grundy County, IL</td>
<td>12,915</td>
<td>74,396</td>
<td>14.79%</td>
<td>85.21%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>2,241</td>
<td>22,938</td>
<td>8.9%</td>
<td>91.1%</td>
</tr>
<tr>
<td>Illinois</td>
<td>10,674</td>
<td>51,458</td>
<td>17.18%</td>
<td>82.82%</td>
</tr>
<tr>
<td>United States</td>
<td>27,946,927</td>
<td>135,038,727</td>
<td>17.19%</td>
<td>82.88%</td>
</tr>
</tbody>
</table>
According to the Illinois Coalition for Immigrant and Refugee Rights, Kendall County’s Hispanic population grew by 259% since 2010 and the Asian population has grown by 385%. The Family Focus of Aurora as well as the Community Health Partnership of Illinois has outreached their programs to include immigrants from Kendall County due to the growth.

Joel Gramirez of the Community Health Partnership reports:

*What we have seen is more people in need of more things. We know how expensive things are and keep getting more and more, especially when it comes to renting a home or trying to become a homeowner. Property taxes are a big issue for many people. The people we serve, are typically low income folks who struggle with a low paying job, so sometimes getting to an appointment can be challenging for them so affordable transportation is a need. A lot of times people don’t participate in local activities or attend appointments, because they may have only one vehicle and the husband drives it to work, leaving the wife/family with no means of transportation during the day. Worst if they live out away from town. These are what we have observed as a problem from some folks, in most of the area that we serve. I am talking here about the Latino community.*

As more and more immigrants come into our service area, World Relief Dupage/Aurora, for the first time on March 16, 2019, hosted a citizen clinic at the Yorkville Congregational Church to assist in completing the application for naturalization. [https://chronicleillinois.com/news/kendall-county-news/world-relief-helps-suburban-immigrants-on-path-to-citizenship/](https://chronicleillinois.com/news/kendall-county-news/world-relief-helps-suburban-immigrants-on-path-to-citizenship/)

**Demographic analysis for Grundy County**

The Census Bureau estimated the median age in Grundy County to be 37.5 years old as of 2017. The median age in Grundy is equal to the median age for the State of Illinois which is 37.4. The area has seen a consistent pattern in the median age since 2000, when the median age was 36.4 years old.

With 25.3% of the population being comprised of individuals under the age of 18, Grundy County can be understood as having a medium-high percent of individuals under 18. In Illinois, the percentage of persons under 18 years is 22.4%. Persons 65 years and older make up 14.1% of the Grundy population. When compared to other counties throughout the U.S., this represents a medium-low proportion of the area population base. Grundy County has a much higher senior population in comparison to Kendall County, especially persons aged over 70. In Grundy County, the seniors ages 75 and above take up 5.3% of the population, whereas in Kendall the same age group takes up only 3.2%, equating to an above average total population of senior citizens living in Grundy County.

According to Grundy County Economic Development, Grundy County was ranked as the 3rd fastest growing county in Illinois in 2014. Grundy is now, for 2018, the fifth with Kane, Will, and McHenry surpassing it in terms of growth. Some of the biggest population growth in Illinois is no longer in the traditional “collar counties” that border Cook County. Instead the fastest growing counties are located in the “ring around the collar”. ([http://illinoisissues.uis.edu/archives/2011/05/spreadingout.html](http://illinoisissues.uis.edu/archives/2011/05/spreadingout.html))

It is important to pay attention to this type of growth as it comes with likely future challenges; higher enrollment due to new subdivisions and an increased number of children requires the development of more schools, and road congestion due to population growth requires the widening and construction of more roads. State Sen. Linda Holmes stresses what a “huge” issue bringing a Metra commuter rail service to Oswego has been, as well as a concern over drinking water where the area may face a “serious crisis” in the next 20 years. This is in reference to a potential water shortage in the area.

Kendall County had the highest percentage increase in population in Illinois with a growth of 9.4% since 2010, while Grundy has seen an increase of 3.2%. Between 2017 and 2018, Kendall saw a growth of 1.3% while Grundy saw a 0.7% growth in population.

89 of 102 Illinois counties have seen population loss since 2010
Population change by county, 2010-2017

Poverty
The US Census Bureau estimates that in 2017, 12.3% of Americans were living below the poverty line set at less than $24,600 annually for a family of 4. This is the third consecutive annual decline in poverty. Since 2014, the poverty rate has fallen 2.5% points from 14.8% to 12.7%. For Illinois, the poverty rate is 13.0%. Looking at the graph below, what is disturbing is that Illinois has close to the same poverty rate now as it did in 1960, which was around the time President Johnson declared a War on Poverty. The rate has decreased over time and sharply went back up after the year 2000, where it was at its lowest rate. The poverty rate is close to where it was during the Great Recession, but forecasts are estimating that the poverty rate will continue to decrease over time as the economy continues to strengthen and heal from the Great Recession.
Illinois Poverty Over Time

- 1960: 10.2%
- 1970: 11.0%
- 1980: 11.9%
- 1990: 10.7%
- 2000: 13.8%
- 2010: 13.0%
- 2016: 14.7%
When put side-by-side, while both counties can be recognized as having a low poverty rate, the sharp increase must be duly noted. Kendall County is reported to have a 5.64% poverty rate. This is a 3.64% increase since 2000 when the percentage poverty rate was 2.0%. Grundy County is reported to have a 9.38% poverty rate, which has increased by 4.08% since 2000 when the percentage poverty rate for all ages was at 5.3%.

**Poverty Rate (ACS)**

The following report section shows population estimates for all persons in poverty for report area. According to the American Community Survey 5 year estimates, an average of 6.72 percent of all persons lived in a state of poverty during the 2013 - 2017 period. The poverty rate for all persons living in the report area is less than the national average of 14.58%.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Population in Poverty</th>
<th>Percent Population in Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>171,967</td>
<td>11,558</td>
<td>6.72%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>49,787</td>
<td>4,689</td>
<td>9.38%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>122,150</td>
<td>6,889</td>
<td>5.64%</td>
</tr>
<tr>
<td>Illinois</td>
<td>12,551,822</td>
<td>1,698,613</td>
<td>13.53%</td>
</tr>
<tr>
<td>United States</td>
<td>313,048,563</td>
<td>45,650,345</td>
<td>14.58%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract — Show more details

**Seniors in Poverty**

Poverty rates for seniors (persons age 65 and over) are shown below. According to American Community Survey estimates, there were 1,218 seniors, or 6.9%, living in poverty within the report area.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Ages 65 and Up Total Population</th>
<th>Ages 65 and Up in Poverty</th>
<th>Ages 65 and Up Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>17,681</td>
<td>1,218</td>
<td>6.9%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>6,385</td>
<td>681</td>
<td>9.1%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>11,296</td>
<td>637</td>
<td>5.6%</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,762,939</td>
<td>150,455</td>
<td>8.8%</td>
</tr>
<tr>
<td>United States</td>
<td>48,424,881</td>
<td>4,317,192</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: county — Show more details

**Families in Poverty by Family Type**

- Female Householder: 43.6%
- Married Couples: 45.3%
- Male Householders: 5.1%

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: census tract — Show more details
Demographically speaking, after analyzing the poverty data, female householders are the family type who are at the highest rate of poverty in the area at 48.6%. This means that of the people in poverty in our service area, 48.6% are female householders. Female householders are the typical family type in poverty in both our service area, Illinois, and nationwide. Additionally, the Kendall and Grundy County children poverty rates are higher than the all ages poverty rate. 7.4% of the children in Kendall County are in poverty and 11.2% of the children in Grundy are in poverty, respectively. Grundy county has 9.1% of their senior population in poverty while Kendall has 5.6% of their seniors in poverty. Alarmingly, Grundy County has seen an increase of seniors in poverty since 2005. In 2005 Grundy only had 1.8% of their seniors in poverty.

Eric Fisher, Director for We Care of Grundy County gave some insights concerning the increase in seniors that are suffering from poverty in the Grundy County area:

- More baby boomers have hit retirement age than ever before
- Not many have savings/retirement benefits
- More expensive challenges nowadays – ie TV is not free anymore
- Rents, food, utilities, property taxes, medical expenses have risen
- Autos cost more to insure as you age
- Many persons are retiring as soon as they can because there are no jobs and possibly they have been unemployed for long time
- Thus, more people are having to seek financial assistance just to survive once they retire.

Deb Wyeth, from the Grundy County Health Department, believes that more lower-income seniors are moving to Grundy County to escape the violence of Will and Cook County. Many have relocated to Grundy County for the peacefulness, lower costs, and to be closer to family already in the area.

After assessment of the poverty data for the reporting area, KGCA is only assisting 48% of the poverty stricken population. We may deduce that we are missing seniors and single mom’s in our outreach efforts. The goal for KGCA is to assist all persons suffering from poverty, but with limited funds and staff available, reaching this goal has been a challenge.
Throughout the year, KGCA conducts an annual needs assessment by having customers participate in taking surveys. KGCA also conducts a similar needs assessment that the community as a whole participates in. KGCA asked community members in the reporting area what they felt was a major cause of poverty. The results are shown below.

![Major Causes of Poverty](image)

Poor quality of education and shortage of jobs were the top answers given, followed by too many jobs being low wage or part-time. It is surprising to note that a poor quality education was listed; this was not considered a top priority of concern by the customers who were suffering from poverty, instead lack of transportation was. The aforementioned causes follow the theme of priority of jobs and lack of living-wage jobs, however.

Another question asked by KGCA to the community was, “Which of the following issues do you believe low-income families and individuals need assistance with in order to achieve or maintain self-sufficiency?” The results are shown below.
Again, the theme of jobs comes out on top. Employment was the number one choice followed by job training and housing. It seems that jobs are the problem and jobs are the answer. Taking a look at what the customers reported, as well as responses from community members, there are not enough jobs to go around, nor enough jobs that pay well enough to live on. If one is not working or cannot find a job, more job training or education needs to be obtained.

**Housing**

The Customer Needs Assessment addressed the current conditions concerning housing in both counties. The survey question focusing on housing is below:

Which housing needs could you or family use help with: (Please check all that you feel apply)

- Finding affordable housing that fits my family’s needs
- Getting financial assistance with a down payment or closing costs to buy a home
- Qualifying for a loan to buy a home
- Obtaining home ownership education
- Obtaining renter/tenant rights and responsibilities education
- Learning basic home repair and property maintenance skills
- Getting financial assistance with rent payments
- Getting financial assistance with rent deposits
- Making my homes more energy efficient
- Making changes to my home for a person with disabilities
- Getting emergency shelter
Top four responses were:

- 17%: Finding affordable housing that fits my family’s needs
- 13%: Getting financial assistance with rent payments
- 12%: Learning basic home repair and property maintenance skills
- 12%: Making my home more energy efficient

10% of KGCA customers responded with qualifying for a loan to buy a home and getting financial assistance with a down payment or closing costs to buy a home. 7% was obtaining renter/tenant rights and responsibilities education, 6% was both obtaining home ownership education as well as getting financial assistance with rent deposits. 2% was getting emergency shelter, and lastly, 1% was making changes to my home for a person with disabilities.
Top four responses were:

- **17%**: Making my home more energy efficient
- **16%**: Getting financial assistance with rent payments
- **15%**: Finding affordable housing that fits my family’s needs
- **12%**: Getting financial assistance with a down payment or closing costs to buy a home and Qualifying for a loan to buy a home

At 9% KGCA had learning basic home repair and property maintenance skills, 6% was obtaining renter/tenant rights and responsibilities education, 3% was getting financial assistance with rent deposits and making changes to my home for a person with disabilities, 2% was obtaining home ownership education, and lastly, .07% was getting emergency shelter.

It is interesting to note that the Kendall County customers’ number one housing need was making my home more energy efficient. KGCA’s weatherization program is always on at least a two year waiting list for their services, and many customers express their frustrations on having to wait that long. KGCA’s IHWAP grant only covers about 23 houses a year for both Kendall and Grundy, and as the population grows in the area, so does the need.
The National Low Income Housing Coalition (NLIHC) put out a report in 2019 showing that Kendall County is the most expensive area in the state of Illinois to reside in.

<table>
<thead>
<tr>
<th>MOST EXPENSIVE AREAS</th>
<th>HOUSING WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendall County</td>
<td>$23.75</td>
</tr>
<tr>
<td>Chicago-Joliet-Naperville, IL HUD Metro FMR Area</td>
<td>$23.31</td>
</tr>
<tr>
<td>Grundy County</td>
<td>$21.60</td>
</tr>
<tr>
<td>DeKalb County</td>
<td>$18.52</td>
</tr>
<tr>
<td>St. Louis, MO-IL HUD Metro FMR Area</td>
<td>$17.77</td>
</tr>
</tbody>
</table>

MSA = Metropolitan Statistical Area; HMFA = HUD Metro FMR Area.
* Ranked from Highest to Lowest 2-Bedroom Housing Wage. Includes District of Columbia and Puerto Rico.
NLIHC broke down housing costs for each jurisdiction. Kendall and Grundy County’s information is below.

<table>
<thead>
<tr>
<th>Number of Households</th>
<th>Grundy County</th>
<th>Kendall County</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>19,006</td>
<td>19,602</td>
</tr>
<tr>
<td>RENTER</td>
<td>5,311</td>
<td>7,237</td>
</tr>
<tr>
<td>PERCENT RENTERS</td>
<td>28%</td>
<td>18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Wage</th>
<th>Grundy County</th>
<th>Kendall County</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZERO-ROOM</td>
<td>$16,21</td>
<td>$17,03</td>
</tr>
<tr>
<td>ONE-BEDROOM</td>
<td>$16,33</td>
<td>$17,96</td>
</tr>
<tr>
<td>TWO-BEDROOM</td>
<td>$22,50</td>
<td>$23,75</td>
</tr>
<tr>
<td>THREE-BEDROOM</td>
<td>$29,17</td>
<td>$34,35</td>
</tr>
<tr>
<td>FOUR-BEDROOM</td>
<td>$29,19</td>
<td>$41,50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fair Market Rent</th>
<th>Grundy County</th>
<th>Kendall County</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZERO-BEDROOM</td>
<td>$8,143</td>
<td>$9,27</td>
</tr>
<tr>
<td>ONE-BEDROOM</td>
<td>$8,40</td>
<td>$9,14</td>
</tr>
<tr>
<td>TWO-BEDROOM</td>
<td>$11,123</td>
<td>$11,35</td>
</tr>
<tr>
<td>THREE BEDROOM</td>
<td>$15,157</td>
<td>$17,76</td>
</tr>
<tr>
<td>FOUR-BEDROOM</td>
<td>$13,318</td>
<td>$21,38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Income Needed to Afford</th>
<th>Grundy County</th>
<th>Kendall County</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZERO-ROOM</td>
<td>$33,720</td>
<td>$37,080</td>
</tr>
<tr>
<td>ONE BEDROOM</td>
<td>$33,960</td>
<td>$37,360</td>
</tr>
<tr>
<td>TWO-BEDROOM</td>
<td>$44,020</td>
<td>$49,400</td>
</tr>
<tr>
<td>THREE-BEDROOM</td>
<td>$60,080</td>
<td>$71,440</td>
</tr>
<tr>
<td>FOUR-BEDROOM</td>
<td>$60,720</td>
<td>$86,320</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Wage</th>
<th>Grundy County</th>
<th>Kendall County</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINIMUM WAGE</td>
<td>$8.25</td>
<td>$8.25</td>
</tr>
<tr>
<td>RENT AFFORDABLE AT MINIMUM WAGE</td>
<td>$429</td>
<td>$429</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Hours/Week at Minimum Wage</th>
<th>Grundy County</th>
<th>Kendall County</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZERO-BEDROOM</td>
<td>79</td>
<td>86</td>
</tr>
<tr>
<td>ONE-BEDROOM</td>
<td>79</td>
<td>87</td>
</tr>
<tr>
<td>TWO-BEDROOM</td>
<td>105</td>
<td>115</td>
</tr>
<tr>
<td>THREE-BEDROOM</td>
<td>141</td>
<td>157</td>
</tr>
<tr>
<td>FOUR-BEDROOM</td>
<td>142</td>
<td>201</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renter Wage</th>
<th>Grundy County</th>
<th>Kendall County</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTIMATED MEAN RENTER WAGE</td>
<td>$10.63</td>
<td>$11.09</td>
</tr>
<tr>
<td>RENT AFFORDABLE AT MEAN RENTER WAGE</td>
<td>$1,056</td>
<td>$557</td>
</tr>
</tbody>
</table>
From the NLICH report, a person working a minimum wage job and living in Kendall County would have to work 115 hours per week to afford a two-bedroom apartment at the fair market rent of $1,235 a month. For Grundy County, a person working minimum wage would have to work 105 hours per week to afford a two-bedroom apartment at the fair market rent of $1,123 a month. It seems impossible for someone to work that many hours a week in order to afford a two-bedroom apartment. Illinois as a whole requires 35% less working hours than Kendall and Grundy county. A person working a minimum wage job and living in Illinois would have to work 85 hours per week to afford a two-bedroom apartment at the fair market rent of $1,084 a month. As already seen through the theme of this plan and the survey data collected from Kendall and Grundy county’s customers and community members, a living wage job is the key to achieving life without poverty.

**Housing Age**

**Housing Age**

Total housing units, median year built and median age in 2017 for the report area are shown below: Housing units used in housing age include only those where the year built is known.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Housing Units</th>
<th>Median Year Built</th>
<th>Median Age (from 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>62,029</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>20,566</td>
<td>1982</td>
<td>35</td>
</tr>
<tr>
<td>Illinois</td>
<td>4,146</td>
<td>2001</td>
<td>16</td>
</tr>
<tr>
<td>United States</td>
<td>5,334</td>
<td>1968</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>135,393,864</td>
<td>1977</td>
<td>40</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County. Show more details

Evidence of Kendall’s housing boom can be seen by the housing age data; the median year for which a house was built is 2001, while in Grundy it is 1982. Most homes in Kendall County are 16 years old, while in Grundy County they are 35 years old. Both counties’ median housing age is younger than that of the state, which is set at 49 years of age.
Homeowners

The number of owner occupied homes for the reporting area has increased by over 20 thousand homes since 2000. However, the percentage of owner occupied homes has decreased by 11.19%. This decrease could be a consequence of the recession. Owners may have been faced with foreclosure and, as a result, the homes may have become rental properties. According to the Pew Research Center, more households are renting than at any point in 50 years. When asked about a specific reason why individuals rent, a majority of renters, especially nonwhites, cited financial reasons. (http://www.pewresearch.org/fact-tank/2017/07/19/more-u-s-households-are-renting-than-at-any-point-in-50-years/) Census date shows that over the last decade homeownership by families have declined by 3.6 million and by contrast the number of families living in rentals rose by 1.9 million.

Vacancy Rates

The U.S. Postal Service provided information quarterly to the U.S. Department of Housing and Urban Development on addresses identified as vacant in the previous quarter. Residential and business vacancy rates for the report area in the third quarter of 2018 are reported. For this reporting period, a total of 273 residential addresses were identified as vacant in the report area, a vacancy rate of 0.6%, and 144 business addresses were also reported as vacant, a rate of 4.6.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Residential Addresses</th>
<th>Vacant Residential Addresses</th>
<th>Residential Vacancy Rate</th>
<th>Business Addresses</th>
<th>Vacant Business Addresses</th>
<th>Business Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>49,123</td>
<td>273</td>
<td>0.6%</td>
<td>3,139</td>
<td>144</td>
<td>4.6</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>12,951</td>
<td>97</td>
<td>0.7%</td>
<td>1,120</td>
<td>52</td>
<td>4.6</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>36,172</td>
<td>176</td>
<td>0.5%</td>
<td>2,019</td>
<td>92</td>
<td>4.6</td>
</tr>
<tr>
<td>Illinois</td>
<td>2,928,867</td>
<td>92,865</td>
<td>3.2%</td>
<td>275,056</td>
<td>33,080</td>
<td>12</td>
</tr>
<tr>
<td>United States</td>
<td>72,836,881</td>
<td>1,809,314</td>
<td>2.6%</td>
<td>6,777,010</td>
<td>614,841</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Kendall and Grundy Counties have a low vacancy rate in comparison to the state of Illinois and the rest of the United States.

**Number of Unsafe and Unsanitary Homes**

Despite a low vacancy rate, Grundy County has seen a relatively large increase in unsanitary homes since 2000. In the year 2000, Grundy County had 34 homes without plumbing, and that number rose to 131 in 2017. Dan Misener, KGCA staff member, gave his insight on the possible reasons for Grundy’s high number of unsafe and unsanitary homes:

“My opinion on this rise is that the water/sewer bills are high and continually being raised and people can make arrangements for showers, etc so they buy food and pay rent instead of the water bill. We have several customers monthly needing help with their water bills”.

![Number of Unsafe, Unsanitary Homes Table](image)
Evictions

The number of evictions and eviction filings within the report area is shown below. For the year 2016, the Eviction Lab reports that 257 of the 549 eviction filings ended in an eviction, for an eviction rate of 2.22%.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Renter Occupied Households</th>
<th>Eviction Filings</th>
<th>Evictions</th>
<th>Eviction Filing Rate</th>
<th>Eviction Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Area</td>
<td>11,587</td>
<td>549</td>
<td>257</td>
<td>4.74%</td>
<td>2.22%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>5,058</td>
<td>174</td>
<td>86</td>
<td>3.44%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>6,529</td>
<td>375</td>
<td>171</td>
<td>5.74%</td>
<td>2.62%</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,671,051</td>
<td>56,948</td>
<td>26,453</td>
<td>3.41%</td>
<td>1.58%</td>
</tr>
<tr>
<td>United States</td>
<td>38,372,860</td>
<td>2,350,042</td>
<td>898,479</td>
<td>6.12%</td>
<td>2.34%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared with the state average.  
Data Source: [Eviction Lab](#), 2016, Source geography: County

The reporting area has a higher eviction rate than the state and national percentage.
Foreclosure Rates

FORECLOSURE RATES FOR KENDALL COUNTY, IL
May 2018

Kendall County, IL
1 in every 818

Top 5 Cities:
Plano
1 in every 526
Yorkville
1 in every 566
Montgomery
1 in every 780
Newark
1 in every 1180
Oswego
1 in every 1748

FORECLOSURE RATES FOR KENDALL COUNTY, IL
May 2019

Kendall County, IL
1 in every 1422

Top 5 Cities:
Plano
1 in every 1101
Montgomery
1 in every 1199
Newark
1 in every 1354
Oswego
1 in every 1433
Yorkville
1 in every 2180
Recently, Kendall County was the fastest growing county in the nation, but because of the downturn of the economy, Kendall County had one of the highest foreclosure rates in Illinois in 2010. This year marked signs of a slight recovery, but Kendall County still ranks 1st in foreclosure rates for the first quarter in 2019 for the State of Illinois. Illinois ranks fifth in the nation as the state with the most foreclosure rates and Kendall ranks as the 21st county with the most foreclosure rates in the nation. Grundy County had a less significant foreclosure rate than Kendall County and has one of the lowest foreclosure rates in the state.

(https://www.thecentersquare.com/illinois/by-the-numbers-kendall-county-posts-st-highest-foreclosure-rate/article_856d492a-7746-11e9-b81a-f71198325eb2.html)

For the month of May 2019, the foreclosure rates, according to RealtyTrac, are improving especially in Grundy County. Last year Grundy County had the fourth highest foreclosure rate in the state and now they are one of the last. KGCA will keep an eye on second and third quarter reports to see if there is continued improvement. While the filing rates for foreclosures have dropped, we have seen an increase in our rental population possibly due to the displaced residents after enduring foreclosure. 68 percent of KGCA’s customers are renters in comparison to owners. According to Sperlings Best Places to Live, Kendall County’s cost of living received a score of 116.4 with housing being the biggest factor. The cost of living is based on a U.S average of 100. A cost of living index above 100 means Kendall County is more expensive than the U.S average. Statistically, due to the higher standard of living, the average single parent with a preschool-age child would have to make a salary of $49,400.00 in Kendall County and $44,920.00 in Grundy County in order to be self-sufficient.

(https://www.bestplaces.net/cost_of_living/county/illinois/kendall)

KGCA contacted the Kendall County Housing Authority to evaluate the availability and status of low-income housing stock. The agency provided the following information:

Kendall Housing Authority administers the Housing Choice Voucher (HCV) Program for Kendall County. The wait list for this program opened on March 1, 2018; and accepted 300 new applicants to the wait list. As of 7/9/2019, there are 283 applicants remaining on this wait list.

The HUD Annual Contributions Contract of vouchers for Kendall is 160 units. There are currently 143 households leased under this program with 17 households out searching for a unit. In addition, KHA is administering 155 portability households whose voucher originates with another housing authority. As a result, 315 households are typically leased in Kendall County through the Housing Choice Voucher Program.

Illinois Housing Development Authority (IHDA) provides funding to Kendall Housing Authority to operate the Rental Housing Support Program (RHSP) in Kendall and Grundy Counties. This program currently provides funding for 50 households within these two counties.

KGCA also contacted the housing authority for Grundy County. They told KGCA that they have three developments that house only seniors and the disabled. There is currently no wait list for the developments. However there is a typical wait time of six months after applying for those housing developments. The voucher program is also open however they will not pick anyone on the list who is from outside the area. They currently have 130 participants and 286 people on the waitlist.

**Homelessness**

KGCA made contact with the Homeless Liaison for the Regional Office of Education #24 Mia Jusufi. She provided us with information regarding the homeless youth count for both Kendall and Grundy counties.
The chart below shows a 10 year history of the annual counts of McKinney-Vento eligible (homeless) students for Grundy and Kendall counties as defined by the federal government: "someone who lacks a fixed, regular and adequate nighttime residence" and includes:

- individuals sharing the housing of other persons due to economic hardship; living in motels and campgrounds, transitional shelters, abandoned in hospitals, awaiting foster care placement or displaced by a natural disaster
- children and youth whose nighttime residence is not designed for sleeping accommodation for human beings
- children and youth living in cars, parks public spaces, bus or train stations or substandard housing
- migratory children who qualify because they are living in circumstances described above.

Grundy County numbers are down by 20 students from 2017 to 2018 and Kendall County numbers are down by 85 students for that same time. From 2018 to 2019 the numbers were stable with a four student decrease overall. Coal City has reported that many students that were displaced due to the tornado a couple years ago have now secured permanent housing and so their numbers have dropped.
The Kendall County PADS (Public Action to Deliver Shelter) in 26-weeks of the 2018-2019 season, assisted 44 guests - men and women over age 18. PADS had 1190 "overnight stays" bringing the total of overnight stays (since 2010) to 9,725. PADS also served approximately 3599 meals to guests last season. The number of guests increased from the 2017-2018 by 13 guests. Leaders of Kendall County PADS assume that (a) Kendall County, a
high-priced area, offers very little affordable and available housing and (b) people living in homelessness may have better opportunities for affordable housing in neighboring counties.

We Care of Grundy County reported that their PADS program served 85 guests for the 2017-2018 season. 76 of the guests were adults and 6 were children. 10 were disabled, 8 were diagnosed mentally ill, and 3 were veterans. The total number of overnight stays was 2,364 and the average stay per guest was 27.8 days.

For the 2018-2019 Grundy PADS season, Phil Wardlow reported to us over the phone that “they had about 54 guests for the year but about 10 people were found housing thanks to their Rapid Rehousing grant. There were two guests that were children but in their teen-age years. A few guests had disabilities. A disabled guest was dropped off to the shelter by a local hospital. The guest refused to go to a nursing home. Grundy County PADS had to let him go due to his needs being more than they could handle as a shelter. A few veterans stayed at the shelter as well. There were altogether about 4 guests that stayed at the shelter the entire season.”

The population and housing growth has been a real challenge due to the limited resources that are available for both counties. The atmosphere of community meetings, community action advisory board meetings, staff meetings, systems improvement meetings, and customer surveys reverberates the growth issue focusing on the rapid change in both counties culture. Both counties went through growth, the Great Recession, its consequences, and now the area is growing again although the growth seems to include an increase in how the county is “out of reach” for a lot of our low-income population to reach self-sufficiency.

**Employment**

The Customer Needs Assessment addressed the current conditions concerning employment in both counties. The survey question, which focused on employment issues, was given to KGCA’s reporting area customers and is reported below:

Which employment needs could you use help with: (Please check all that you feel apply)

- Getting training for the job that I want
- Getting an education for the job that I want
- Finding a permanent full-time job that will support me or my family
- Knowing what jobs are available
- Learning how to interview for a job
- Learning how to write a resume
- Learning how to fill out job applications
- Learning computer skills to apply for jobs
- Obtaining appropriate clothing for my job
- Obtaining equipment (e.g. tools) for my job
Top four responses were:

- 26%: Finding a permanent full-time job that will support me or my family
- 13%: Knowing what jobs are available
- 12%: Getting training for the job I want
- 11%: Obtaining appropriate clothing for my job

Also noted were the following:

10% of KGCA Grundy customers reported getting an education for the job I want as an employment need. 9% was learning computer skills to apply for jobs. 7% was learning how to write a resume and obtaining equipment (e.g. tools) for my job. 3% was learning how to fill out job applications and 2% was learning how to interview for a job.
Top four responses were:

- 20%: Finding a permanent full-time job that will support me or my family
- 16%: Getting an education for the job that I want
- 12%: Getting training for the job that I want
- 12%: Knowing what jobs are available

Also noted were the following:

11% of KGCA Kendall customers reported that learning how to write a resume was an employment need most needed. 9% was learning computer skills to apply for jobs. 7% was learning how to interview for a job. 5% was obtaining appropriate clothing for my job and obtaining equipment (e.g. tools) for my job. 3% was learning how to fill out job applications.
KGCA staff also asked questions community wide in our Community Wide Needs Assessment regarding the employment climate in our service area. Survey participants included board members, partners, and members of the community, and anyone who may not have an opportunity to visit our agency but still resides in the reporting area. Two of the questions concerning employment issues in the community is shown below.

Are there full-time living wage employment ($15 per hour or higher) opportunities available in your community?:

- There are insufficient number of opportunities
- There are sufficient number of opportunities
- There are not any opportunities
- Unsure
- There are excessive number of opportunities

The five responses were:

- 42%: There are insufficient number of opportunities
- 27%: Unsure
- 19%: There are sufficient number of opportunities
- 6%: There are not any opportunities
- 5%: There are an excessive number of opportunities
Why do you believe people have problems getting or keeping a full-time living wage job? (Select all that apply)

- Jobs are not available
- Language Barriers
- Lack of Education
- Physical or Mental Disabilities
- Need better technical job skills
- Transportation
- Need better communication, people/customer job skills
- Health issues
- Substance abuse issues
- Need Child Care
- Other

Top four responses were:

- **14%**: Lack of Education, and Transportation
- **12%**: Jobs are not available, and Need Child Care
- **10%**: Need better technical job skills
- **8%**: Need better communication, people/customer job skills

Also noted were the following:

- 7% of the community members surveyed felt that language barriers and physical or mental disabilities may be an issue for people trying to obtain full time employment.
- 6% reported health issues and 5% reported “other” and substance abuse issues.

Looking at this data, KGCA customers want to work. If they already are working, they either want to work more hours or have an increase in pay. One of the barriers customers have expressed is that too many people are competing for the good-paying jobs; the reporting area needs more livable wage jobs.

One community member wrote:

_I think the wages of jobs are starting to increase slowly in some places. The workforce is changing. But every job needs experience of some years, or a certificate, or a degree or really where are the entry level jobs where they trained you on the job? Instead these jobs want you all trained up at some fancy for profit school before you even start and that costs money. No one can just walk in and apply for a job anymore._
A situation that many of our customers are now facing is that even as the economy recovers, high-paying and full-time work is still dwindling. Many of KGCA customers work multiple shifts at a variety of low-wage, part-time positions in an attempt to earn enough to survive. This is a systemic problem that is plaguing the entire country. ([http://www.businessinsider.com/more-americans-working-more-than-one-job-to-make-ends-meet-2017-8](http://www.businessinsider.com/more-americans-working-more-than-one-job-to-make-ends-meet-2017-8)) The Labor Department reports that 7.8 million workers held multiple jobs in May 2019. That is 5 percent of Americans with jobs. This number has been steady since the recession and could possibly go up if the minimum wage goes up. Over 4.3 million Americans were working part-time even though they wanted full-time jobs in May of 2019. Some sources suggest that higher minimum wages may increase the number of part-time workers as employers aim to trim labor costs. ([http://www.businessinsider.com/minimum-wage-leads-to-job-losses-2017-3](http://www.businessinsider.com/minimum-wage-leads-to-job-losses-2017-3), [https://www.usatoday.com/story/money/2019/04/05/jobs-report-number-part-time-workers-who-want-full-time-has-fallen/3368760002/]).

**Unemployment**

![Illinois Unemployment Rate by County](https://www.ides.illinois.gov/)

In examination of the unemployment rates by county, Grundy County is at 4.1%. This is above the National but not the State rates. Kendall County’s unemployment rate is 3.1%. This is below the National and State rates.
Looking at the data above, the five year unemployment rate for the area has decreased 4.3%. Even with the unemployment rates reportedly declining in the past five years, these numbers do not take into account people who may have maxed out their unemployment benefits, those who are underemployed, including people who went from a living wage full-time job with benefits to part-time work after the recession, or seniors who have been out of work for a long period of time.

Grundy County outpaced the nation with 16.5% in job growth from 2013 to 2018. This is higher than the nation’s job growth at 8.2%.  

Transportation, Distribution, and Logistics (TDL) is the growing industry in the area. The employers are seeing a shortage of reliable, hardworking individuals to fill the positions. Many of these jobs have low-level entry requirements, however, the industry does require education and training after high school, but not necessarily a four-year degree. (http://www.jjc.edu/community/workforce-development/grundy-workforce-services). The average starting hourly wage in this industry is $10.36. This is way below Kendall and Grundy County’s housing wage. Kendall’s is $23.75 and Grundy’s is $21.60. Even though the unemployment rate is lower than it has been since the Great Recession, it does not mean that everything is wonderful. KGCA are seeing clients who are working these
TDL jobs, some more than one, but still unable to afford rent, utilities, food, and some of the most basic needs like toilet paper. The average hourly wage with experience for an area (TDL) job is $34.37. Some of these jobs may require an associate’s degree or a certificate, however, this may cost money that our clients just do not have. The need for more assistance in paying for education is growing, and KGCA has seen a dramatic increase in scholarship applicants.

The national unemployment rates are continuing to decrease but Illinois is increasing. In March of 2019, Illinois lost 2,300 jobs mostly in the professional and business sector. The unemployment rate in Illinois is higher for African Americans (8.8%) than that of any other state in the nation (6.5%). Experts say an unequal education system bears a lot of the blame for why Illinois fares so poorly in comparison. (https://www.publicnewsservice.org/2019-04-05/livable-wages-working-families/black-unemployment-rate-an-issue-for-illinois/a66073-1).

Despite the significant decrease in the official US Bureau of Labor Statistics unemployment rate, U-3, the national U-6 unemployment rate for 2019 is 7.2%, and for the state of Illinois the U-6 rate is 8.1%. These percentages include the “marginally attached to the labor force” and those “employed part-time for economic reasons”. The “marginally attached” are individuals who have exhausted their unemployment benefits or individuals who are not currently in the labor force but are available and want to work. The official U-3 rate only includes the proportion of the civilian labor force that is unemployed but actively seeking employment. (https://www.bls.gov/lau/stalt.htm)

**Employers and Commutes**

Below is a list of the estimated major employers for Kendall County.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caterpillar</td>
<td>2,000</td>
</tr>
<tr>
<td>Oswego CUSD 308</td>
<td>1,554</td>
</tr>
<tr>
<td>Yorkville CUSD 115</td>
<td>623</td>
</tr>
<tr>
<td>Walmart</td>
<td>500</td>
</tr>
<tr>
<td>Performance Food</td>
<td>435</td>
</tr>
<tr>
<td>Menards</td>
<td>400</td>
</tr>
<tr>
<td>Wrigley</td>
<td>355</td>
</tr>
<tr>
<td>Kendall County</td>
<td>225</td>
</tr>
<tr>
<td>Hormann LLC</td>
<td>240</td>
</tr>
<tr>
<td>CUSD 88</td>
<td>161</td>
</tr>
<tr>
<td>City of Yorkville</td>
<td>155</td>
</tr>
<tr>
<td>Fox Valley Molding, Inc.</td>
<td>150</td>
</tr>
<tr>
<td>Radiac Abrasives, Inc.</td>
<td>150</td>
</tr>
<tr>
<td>Village of Oswego</td>
<td>125</td>
</tr>
<tr>
<td>Newby Weds Foods</td>
<td>115</td>
</tr>
</tbody>
</table>

**Employee Totals for Oswego School District 308:**

- 2012-13 - 1,811
- 2013-14 - 1,052
- 2014-15 - 1,881
- 2015-16 - 2,035
- 2016-17 - 2,443
Kendall’s largest employer is Caterpillar, but they very recently laid off many of their employees (800 of the 2500) in June of 2018. Butterball, not shown on the above list, closed their plant, resulting in 600 newly laid off people. This means that Oswego CUSD 308 will be in the largest employer, but this is a taxing body and is service based. When your largest employer is a taxing body and service based this leads to more tax burdens for the county’s citizens like property taxes. This could also lead to higher rents. However, most of the county’s highest earners work elsewhere. Many of these high earners moved to Kendall in the past ten years because of lower home prices. Today, buyers can easily find newer large homes, with five bedrooms, three baths, and a two-car garage on the market for under $350,000. This may change over time as more for-profit industries leave the area of Kendall like Caterpillar and Butterball.

Below is a page from the Kendall County Record regarding Kendall County’s workforce.

**Worker Commute Patterns**  
U.S. Census 2006-2010 5-Year Survey – Released March 2013

<table>
<thead>
<tr>
<th>Where do Kendall County workers live?</th>
<th>Where do Kendall County residents work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendall County</td>
<td>Kendall County</td>
</tr>
<tr>
<td>Kane County</td>
<td>DuPage County</td>
</tr>
<tr>
<td>Will County</td>
<td>Kane County</td>
</tr>
<tr>
<td>LaSalle County</td>
<td>Cook County</td>
</tr>
<tr>
<td>DuPage County</td>
<td>Will County</td>
</tr>
<tr>
<td>DeKalb County</td>
<td>DeKalb County</td>
</tr>
<tr>
<td>Cook County</td>
<td>Grundy County</td>
</tr>
<tr>
<td>Grundy County</td>
<td>Lake County</td>
</tr>
<tr>
<td>Lee County</td>
<td>LaSalle County</td>
</tr>
<tr>
<td>Lake County</td>
<td>McHenry County</td>
</tr>
<tr>
<td>Other IL County</td>
<td>Other IL County</td>
</tr>
<tr>
<td>Out of State</td>
<td>Out of State</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>14,583</td>
<td>14,583</td>
</tr>
<tr>
<td>3,926</td>
<td>13,626</td>
</tr>
<tr>
<td>2,271</td>
<td>10,242</td>
</tr>
<tr>
<td>2,029</td>
<td>6,429</td>
</tr>
<tr>
<td>1,296</td>
<td>4,687</td>
</tr>
<tr>
<td>1,272</td>
<td>777</td>
</tr>
<tr>
<td>830</td>
<td>394</td>
</tr>
<tr>
<td>396</td>
<td>222</td>
</tr>
<tr>
<td>74</td>
<td>205</td>
</tr>
<tr>
<td>50</td>
<td>186</td>
</tr>
<tr>
<td>193</td>
<td>168</td>
</tr>
<tr>
<td>138</td>
<td>355</td>
</tr>
<tr>
<td>27,058</td>
<td>51,874</td>
</tr>
</tbody>
</table>

• **54% of Kendall County workers also live in Kendall County**  
• **28% of Kendall County residents work in Kendall County**
Below is a list of Grundy County’s major employers. Grundy County’s largest employer is Morris Hospital.

<table>
<thead>
<tr>
<th>Company</th>
<th>Products/Services</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris Hospital</td>
<td>Medical</td>
<td>1350</td>
</tr>
<tr>
<td>Exelon - Dresden Station</td>
<td>Electricity Generation</td>
<td>900</td>
</tr>
<tr>
<td>“D” Construction</td>
<td>Construction</td>
<td>550</td>
</tr>
<tr>
<td>Trader Joe’s</td>
<td>Distribution Facility</td>
<td>450</td>
</tr>
<tr>
<td>Grainger</td>
<td>Distribution Facility</td>
<td>450</td>
</tr>
<tr>
<td>Costco</td>
<td>Distribution Center</td>
<td>415</td>
</tr>
<tr>
<td>Wal-Mart</td>
<td>Retail</td>
<td>350</td>
</tr>
<tr>
<td>LyondellBasell</td>
<td>Polymer Resins</td>
<td>320</td>
</tr>
<tr>
<td>Jewel-Osco</td>
<td>Retail</td>
<td>250</td>
</tr>
<tr>
<td>Chicago Aerosol</td>
<td>Manufacturing</td>
<td>241</td>
</tr>
<tr>
<td>NFI</td>
<td>Distribution Facility</td>
<td>218</td>
</tr>
<tr>
<td>U.S. Cold Storage</td>
<td>Distribution Facility</td>
<td>190</td>
</tr>
<tr>
<td>Aux Sable Liquid Products</td>
<td>Natural Gas Fractiona</td>
<td>179</td>
</tr>
<tr>
<td>Menards</td>
<td>Retail</td>
<td>140</td>
</tr>
<tr>
<td>Mondelou/Ryder</td>
<td>Distribution Facility</td>
<td>125</td>
</tr>
<tr>
<td>Northfield Foods</td>
<td>Manufacturing</td>
<td>124</td>
</tr>
<tr>
<td>Utility Concrete Products</td>
<td>Manufacturing</td>
<td>110</td>
</tr>
<tr>
<td>Aico Nobel</td>
<td>Specialty chemicals</td>
<td>100</td>
</tr>
<tr>
<td>A &amp; R Distribution</td>
<td>Intermodal Distribution</td>
<td>83</td>
</tr>
<tr>
<td>ALDI, Inc.</td>
<td>Distribution Facility</td>
<td>75</td>
</tr>
<tr>
<td>Primus Electronics</td>
<td>Distribution Facility</td>
<td>72</td>
</tr>
<tr>
<td>Reichhold Chemicals</td>
<td>Manufacturing</td>
<td>71</td>
</tr>
<tr>
<td>Sponge Cushion</td>
<td>Manufacturing</td>
<td>70</td>
</tr>
<tr>
<td>Ritchie Brothers</td>
<td>Equipment auction</td>
<td>67</td>
</tr>
<tr>
<td>BMW</td>
<td>Distribution Facility</td>
<td>65</td>
</tr>
<tr>
<td>Dibble Trucking</td>
<td>Transportation services</td>
<td>55</td>
</tr>
<tr>
<td>Resin Orthopedics</td>
<td>Medical</td>
<td>50</td>
</tr>
<tr>
<td>Metalstamp</td>
<td>Manufacturing</td>
<td>50</td>
</tr>
</tbody>
</table>
Below is information regarding Grundy County’s workforce from Grundy County Economic Development.

**TABLE 7. Where Grundy County Residents Work (2014)**

<table>
<thead>
<tr>
<th>Location</th>
<th>COUNT</th>
<th>SHARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris city, IL</td>
<td>2,956</td>
<td>12.50%</td>
</tr>
<tr>
<td>Joliet city, IL</td>
<td>2,222</td>
<td>9.40%</td>
</tr>
<tr>
<td>Chicago city, IL</td>
<td>1,931</td>
<td>8.10%</td>
</tr>
<tr>
<td>Minooka village, IL</td>
<td>802</td>
<td>3.40%</td>
</tr>
<tr>
<td>Coal City village, IL</td>
<td>743</td>
<td>3.10%</td>
</tr>
<tr>
<td>Channahon village, IL</td>
<td>522</td>
<td>2.20%</td>
</tr>
<tr>
<td>Aurora city, IL</td>
<td>403</td>
<td>1.70%</td>
</tr>
<tr>
<td>Bolingbrook village, IL</td>
<td>391</td>
<td>1.60%</td>
</tr>
<tr>
<td>Naperville city, IL</td>
<td>390</td>
<td>1.60%</td>
</tr>
<tr>
<td>Plainfield village, IL</td>
<td>292</td>
<td>1.20%</td>
</tr>
<tr>
<td>All Other Locations</td>
<td>13,048</td>
<td>55.10%</td>
</tr>
</tbody>
</table>
Commuter Travel Patterns

This table shows the method of transportation workers used to travel to work for the report area. Of the 86,407 workers in the report area, 84.6% drove to work alone while 7% carpooled. 2.4% of all workers reported that they used some form of public transportation, while others used some optional means including 0.7% walking or riding bicycles, and 0.8% used taxicabs to travel to work.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Workers 16 and Up</th>
<th>Percent Drive Alone</th>
<th>Percent Carpool</th>
<th>Percent Public Transportation</th>
<th>Percent Bicycle or Walk</th>
<th>Percent Taxi or Other</th>
<th>Percent Work at Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>86,407</td>
<td>84.6%</td>
<td>7%</td>
<td>2.4%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>24,139</td>
<td>87.6%</td>
<td>6.4%</td>
<td>0.6%</td>
<td>0.7%</td>
<td>0.9%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>62,268</td>
<td>83.4%</td>
<td>7.2%</td>
<td>3.1%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Illinois</td>
<td>6,080,262</td>
<td>73.3%</td>
<td>8%</td>
<td>9.4%</td>
<td>3.7%</td>
<td>1.1%</td>
<td>4.5%</td>
</tr>
<tr>
<td>United States</td>
<td>148,432,042</td>
<td>76.4%</td>
<td>9.2%</td>
<td>5.1%</td>
<td>3.3%</td>
<td>12%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey: 2013-17. Source geography: County. --- Show more details
When the recession hit, many people lost their jobs in both Kendall and Grundy County. Because of this, many were forced to take lower-paying jobs in attempts to support their families. Even with the unemployment rate much lower after the recession and more jobs becoming available, many suffer more due to a higher standard of living. For decades housing costs alone have risen faster than incomes; since 1960, renters’ median earnings have gone up 5% while rents have spiked 61%. Homeowners earn 50% more while home prices have gone up 112%. KGCA theorizes that the unemployment rate has gone down for both counties because people either exhausted their unemployment benefits and are left with zero income or they took jobs at a lesser pay than before they became unemployed. KGCA also believes that the unemployment rate will rise soon due to all the very recent plant closures, including Caterpillar and Butterball. Businesses claim that they have ‘help wanted’ signs up and no one is applying for the jobs. This lack in job inquiries may be because these job opportunities barely pay above minimum wage per hour. The Staffing Network Manager in North Aurora talked to the Chicago Tribune and reported that, “[he’s] had as many as 200 jobs to recruit for and people say they are desperate for work but not willing to do it for $10 an hour. Many people just chose to stay on welfare.” (Hegarty, Guerrero, Sharos May 15, 2017: Chicago Tribune http://www.chicagotribune.com/suburbs/naperville-sun/news/).

About 22.6% of Americans are suffering from long term unemployment, and many of KGCA customers fall into this category. Many of our customers that were pushed out of jobs during the Great Recession were permanently displaced from the job market, especially if they were over the age of 50. Hiring discrimination may be one of the issues that these people face. Many employers may feel that job seekers with a gap in their employment history may
have rusty or outdated skills or unable to handle new technology. One study from the Federal Reserve Bank of Boston says a job seeker’s chances of finding work drops dramatically after six months of unemployment. More job training, employment support, and partnership among KGCA and the local Workforce Innovation and Opportunity Act (WIOA) offices are this service areas’ best fighting chance to help customers combat the many barriers they face when trying to obtain permanent full-time work. (http://time.com/money/4758109/unemployment-is-really-low-so-why-cant-these-people-find-jobs/).

Cheryl Weiler, WIOA Career Specialist, says that the average person she sees looking for career resources is in their thirties, and one of the biggest obstacles is lack of education, or more importantly, lack of formal education and certifications. The older customers may need to get recertified in many positions that they may be interested in applying for. They may have the experience, but not the most recent certifications. Access to child care is another big obstacle for people who are looking for work because it is very expensive and may not offer service hours during all working hours within a job shift.

Dan Misener, KGCA employee gave his thoughts concerning employment in Grundy County.

Grundy County, population just over 50,000, is made up of a diverse group of people. Occupations and incomes of these residents are as diverse as the people themselves. I have been researching statistics regarding Grundy County and comparing 2000 statistics to those from 2015. Most of them involve slight changes up or down as most areas normally see in other parts of the state with the exception of one that stands out as a significant change. It is the number of working individuals over the age of 16. In 2010, Grundy had 25,834 employed people. In 2015, even though Grundy had gained 104 people and poverty was down by two tenths of a percent, the number of working people dropped to 23887. In that five year span, for whatever reason, 1,947 people in Grundy County exited the workforce. Could it be that the jobs left the county? Maybe. Could it be that they retired? Possibly, but if that’s the case then their jobs were not filled after they left. Could it be that they became disabled and unable to work? Also a possibility that would lead to positions not being filled after they left them. With the population staying relatively steady, poverty declining by two tenths of a percent, but 1947 less people working, it’s most likely a combination of retirement, disability, and death, but also to be figured into that equation is the number of people who have a better lifestyle on assistance programs than working a minimum wage job and who choose not to be employed. Grundy County has residents that do enjoy a higher and more stable existence on assistance programs than they did working a minimum wage job and they have withdrawn from the workforce. There is no one cause of the lower number of employed residents in Grundy County, rather a combination of the mentioned reasons along with other possibilities.
There is a stark $7,825 difference in the average wage per job between the two counties. Kendall’s median salary per job is $32,224 annually while Grundy’s salary is $40,049 for 2019. This shows more evidence that there are is a lack of not just high paying jobs in Kendall county but even living wage jobs. (http://www.ides.illinois.gov/LMI/Pages/Occupational_Employment_Statistics.aspx)

The bankruptcy rate for Kendall County as of July 2017 is 2.207 per 1,000 persons for Chapter 7 and 1.144 per 1,000 persons for Chapter 13. The bankruptcy rate for Grundy County as of July 2017 is 2.649 per 1,000 persons for Chapter 7 and 0.949 per 1,000 persons for Chapter 13.

Kendall County has the highest median income in the state of Illinois, yet the wages in Kendall County are not even close to that. KGCA suggests that the people who live in Kendall County and are the highest wage earners may not work in Kendall County, but rather in surrounding counties. According to the Illinois Department of Employment Security and the U.S. Census, 26.2% of Kendall County’s residents work in DuPage County. Kendall County also is home to over a dozen retired professional sports players, politicians, farmers, and philanthropists, as well as some newly retired people who are collecting pensions well over $100,000 per year. (https://www.forbes.com/sites/adamandrzejewski/2016/04/22/mapping-the-100000-illinois-teacher-pensions-costing-taxpayers-nearly-1-0-billion/#30b644cb237e).

In Kendall County, African American households made $96,146 compared to the $89,236 of whites. Kendall County has the highest income for African Americans in the nation. This may be because the college graduation and marriage rates are high in Kendall County for both African Americans and Whites along with the core proximity to Chicago. Andrez Beltran, the economic development coordinator for Kendall County, suggests that is the case. “Affluent African-American families move out of Chicago or the near suburbs to Kendall County but retain their jobs close to the city,” Beltran said. (https://www.pbs.org/newshour/nation/black-households-make-money-white-ones-seven-counties).
Education

The Customer Needs Assessment addressed the current conditions concerning education in both counties. The survey question focusing on education given to KGCA’s reporting area customers is below, as well as the results:

Which Education needs could you or a family member use help with: (Please check all that you feel apply)

- Obtaining a high school diploma or GED/HSED
- Obtaining a two-year college degree
- Obtaining a four-year college or university degree
- Choosing a career
- Choosing a technical school program
- Learning how to use a computer
- Learning or improving communications or language skills
- Learning English (as a second language)
- Getting financial assistance to complete my education
- Completing college aid forms (including FAFSA)

Top four responses were:
- 16%: Obtaining a four year college or university degree
- 15%: Getting financial assistance to complete my education
- 13%: Obtaining a high school diploma or GED/HSED, Obtaining a two-year college degree, and Choosing a career
- 9%: Choosing a technical program, learning how to use a computer

8% chose learning or improving communication or language skills. 4% of Grundy County customers surveyed felt completing college aid forms (including the FAFSA) was an educational need they could use. 0% reported learning English as a second language.
Top four responses were:

- **23%**: Getting financial assistance to complete my education
- **15%**: Learning how to use a computer
- **13%**: Obtaining a four-year college or university degree
- **11%**: Obtaining a two-year college degree

Also noted were the following:

9% of Kendall County customers reported that obtaining a high school diploma or GED/HSED is an education need for the area. 8% reported choosing a technical program. 7% reported choosing a career and completing college aid forms (including FAFSA forms). 4% reported learning or improving communication or language skills, and 3% reported learning English as a second language.

KGCA found it surprising that the customer data for Kendall County showed that learning how to use a computer was second as an educational need. Getting financial assistance to complete education was high for both counties. One of the top concerns reported at the beginning of this needs assessment was the lack of living wage jobs in the reporting area. The emphasis on needing jobs to alleviate themselves from poverty was a prevalent theme throughout the needs assessment. However, most living wage jobs require a college education. Even as people are spending more to earn college level education, this does not always result in graduates who are ready with the skills they need for the jobs that are available. Shockingly, nearly 32% of people aged 16 to 29 have no work related computer experience. This means that even though the youth have grown up with the internet, some have not developed the skills needed in today’s workplace. (http://blog.indeed.com/2016/04/05/millennials-lack-work-related-computer-skills/)
A college education is becoming much more of a requirement than it was in 1970. In 1973, 72% of jobs available for workers in the United States required only a high school diploma or less. In 2010, that number dropped to 41%. Future projections show it dropping further to 36%. (https://cew.georgetown.edu/cew-reports/recovery-job-growth-and-education-requirements-through-2020/)

The graph below shows the educational attainment for both counties.

**Educational Attainment**

Educational Attainment shows the distribution of educational attainment levels in the report area. Educational attainment is calculated for persons over 25, and is an estimated average for the period from 2013 to 2017.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Percent No High School Diploma</th>
<th>Percent High School Only</th>
<th>Percent Some College</th>
<th>Percent Associates Degree</th>
<th>Percent Bachelors Degree</th>
<th>Percent Graduate or Professional Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>7.58%</td>
<td>26.01%</td>
<td>25.52%</td>
<td>9.77%</td>
<td>20.2%</td>
<td>10.93%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>6.71%</td>
<td>34.4%</td>
<td>27.3%</td>
<td>9.1%</td>
<td>14.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>7.96%</td>
<td>22.4%</td>
<td>24.8%</td>
<td>10.1%</td>
<td>22.5%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>11.44%</td>
<td>26.3%</td>
<td>20.9%</td>
<td>7.9%</td>
<td>20.5%</td>
<td>13%</td>
</tr>
<tr>
<td>United States</td>
<td>12.69%</td>
<td>27.3%</td>
<td>20.8%</td>
<td>8.3%</td>
<td>19.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared to the state average.

Date Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County — Show more details
Kendall County

**Education**

<table>
<thead>
<tr>
<th>Measure</th>
<th>County Value</th>
<th>IL Value</th>
<th>County Change</th>
<th>IL Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduation Rate for Low-Income Students, 2016-2017 academic year</td>
<td>91.7%</td>
<td>83.6%</td>
<td>-0.5 pts</td>
<td>6.9 pts</td>
</tr>
<tr>
<td>Funded Head Start Enrollment, 2017 fiscal year</td>
<td>20</td>
<td>31,558</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Head Start Sites, 2017 fiscal year</td>
<td>1</td>
<td>646</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Average ACT Composite Score, 2016-2017 academic year</td>
<td>22.7</td>
<td>21</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC English Language Arts, 2016-2017 academic year</td>
<td>54.2%</td>
<td>34.2%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC Math, 2016-2017 academic year</td>
<td>48.4%</td>
<td>37.7%</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Grundy County

**Education**

<table>
<thead>
<tr>
<th>Measure</th>
<th>County Value</th>
<th>IL Value</th>
<th>County Change</th>
<th>IL Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduation Rate for Low-Income Students, 2016-2017 academic year</td>
<td>91.2%</td>
<td>83.6%</td>
<td>5.3 pts</td>
<td>6.9 pts</td>
</tr>
<tr>
<td>Funded Head Start Enrollment, 2017 fiscal year</td>
<td>20</td>
<td>31,558</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Head Start Sites, 2017 fiscal year</td>
<td>1</td>
<td>646</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Average ACT Composite Score, 2016-2017 academic year</td>
<td>22.1</td>
<td>21</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC English Language Arts, 2016-2017 academic year</td>
<td>38%</td>
<td>34.2%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Percentage of 3rd Graders Meeting or Exceeding Standards on the PARCC Math, 2016-2017 academic year</td>
<td>39.8%</td>
<td>37.7%</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>
Both Kendall and Grundy County have exemplary high school graduation rates when compared to state and nationwide rates. The counties have only a .05 percentage point difference between them, and Kendall County ranks as the 5th county in the state of Illinois with the highest percentage of persons with at least a high school diploma; Grundy is ranked 9th.

Kendall County and Grundy County differ greatly when it comes to higher education. Kendall County has a 22.5% population with at least a bachelor’s degree and 12.3% with at least a master’s degree. Kendall ranks 7th in the state for the amount of people with higher education degrees. Grundy’s population with at least a bachelor’s degree is low compared to Kendall, the state, and the nation (14.9%). Grundy ranks 32nd in the state with the amount of people with higher education degrees, though there has been gradual improvement in the area’s higher education rate through the years. This is in line with both the general increase in education nationwide and Grundy County’s increasing participation in the more urban Chicago-area economy. However, Grundy’s educational profile still largely fits that of a rural area, but changes can be anticipated as the growth of the Chicago market continues to make the population centers of the county more accessible to the expanding job centers in the region.

Grundy’s educational profile indicates that there is a significant demand for more educational opportunities in the region. This is especially apparent considering the unusually high number of people in Grundy County with either some college and no degree or an associate’s degree. This group makes up over 34% of the population over 25 years old, while less than half that number, just over 14%, has moved on to a bachelor’s degree or higher (see above table). This indicates an unmet appetite for further education.

This disparity can be attributed to a few different issues facing the county today. First, a very high majority of the jobs available in Grundy County do not require an advanced education. The recent history of the area has seen burgeoning employment opportunities in the trades, manufacturing and production, and the chemical and utility sectors. This type of employment is typically well-compensated. Each of these industries has traditionally required formal education through high school, in addition to highly specialized on-the-job training with minimal need for formal higher education. Without doubt, Grundy County employs a very skilled workforce within their particular fields, though this fact is difficult to quantify through educational attainment figures.

Of those jobs that do require degrees beyond high school, many are well served by a two-year degree, including advanced manufacturing, nursing, and energy. Grundy County lies within Illinois Community College District 525, serviced by Joliet Junior College, which maintains a physical presence at their Morris Education Center in Grundy County. However, the lack of proximity of a public four-year institution likely creates a barrier to continuing education without a significant commitment of either finances or time. Currently, the nearest 4-year institution options include private universities in Joliet and Romeoville in Will County. The nearest public universities are Governor’s State in University Park and Northern Illinois University in DeKalb, both of which are in excess of an hour’s drive from most of the county. Kendall County is less than an hour away from Northern Illinois University, Aurora University, and North Central University.

Many college students are leaving Illinois to attend college elsewhere. Illinois had the second greatest net loss of residents to other states colleges in 2016. Many out-of-state tuition rates are lower than Illinois in-state tuition rates due to the state budget cuts. Many of the students who leave Illinois for college don’t come back. This could cause Illinois to suffer a “brain drain” and economic issues in the future. (http://www.newstrib.com/free/our-college-students-are-leaving-illinois-in-big-numbers/article_4446d8c6-2dc1-11e8-82eb-23c5de90ddef.html)
Health

The Customer Needs Assessment addressed the current conditions concerning health care in both counties. The survey question focusing on health care issues given to KGCA's reporting area customers is below, as well as the results:

Which health needs could you or a family member use help with: (Please check all that you feel apply)

- Having affordable health insurance
- Having affordable dental insurance
- Having health care available in my community
- Having dental care available in my community
- Getting my health insurance questions answered
- Finding a doctor willing to accept Medicaid (Title XIX)
- Finding a dentist willing to accept Medicaid (Title XIX)
- Getting financial assistance for regular medical checkups
- Getting financial assistance for regular dental checkups
- Getting financial assistance for medicine and prescriptions
- Getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc.
- Getting financial assistance for long-term care
- Obtaining family planning or birth control education and assistance
- Getting good medical care before my baby is born
- Getting regular check-ups, developmental screens, or physicals for my children
- Getting my children tested for lead poisoning
- Getting immunizations for my children
- Getting treatment for a drug or alcohol problem
- Getting treatment and services for mental health
- Dealing with stress, depression, or anxiety
- Dealing with problems related to physical, emotional, or sexual abuse

Grundy County Health Care Needs Assessment (customers)

- 13%: Having affordable dental insurance
- 13%: Finding a dentist willing to accept Medicaid (Title XIX)
- 12%: Finding a doctor willing to accept Medicaid (Title XIX), having affordable health insurance
- 8%: Having dental care in my community
- 6%: Getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc., getting financial assistance for regular dental checkups

Top four responses were:
13%: Having affordable dental insurance, finding a dentist willing to accept Medicaid (Title XIX)
12%: Finding a doctor willing to accept Medicaid (Title XIX), having affordable health insurance
8%: Having dental care in my community
6%: Getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc., getting financial assistance for regular dental checkups
Also noted were the following:
5% of Grundy County customers reported dealing with stress, depression, or anxiety as a health need that they need help with. 4% reported having health care available in my community and getting financial assistance for medicine and prescriptions. 3% reported getting financial assistance for regular medical checkups and getting treatment and services for mental health. 2% reported getting financial assistance for long-term care, getting regular checkups, developmental screens, or physicals for my children, and dealing with problems related to physical, emotional, or sexual abuse. 1% reported getting my health insurance questions answered, obtaining family planning or birth control education and assistance, getting good medical care before my baby is born, getting immunizations for my children, getting treatment for drug or alcohol problems, and getting my children tested for lead poisoning.

Top four responses were:
13%: Dealing with stress, depression, anxiety
12%: Having affordable dental insurance, finding a doctor willing to accept Medicaid (Title XIX)
11%: Finding a dentist willing to accept Medicaid (Title XIX)
10%: Having affordable health insurance

7% of Kendall County customers believe that having dental care in my community and getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc. is a health need for the area, while 5% expressed that there is a need for getting financial assistance for regular dental checkups. 3% reported that having affordable health care in my community, getting regular checkups, developmental screens, or physical for my children, and dealing with problems related to physical, emotional, or sexual abuse. 2% reported getting financial assistance for long term health care, getting treatment for mental health and getting my children tested for lead poisoning, while 1% reported getting my health insurance questions answered, getting financial assistance for regular medical checkups, getting financial assistance for medicine and prescriptions, getting immunizations for my children, and getting treatment for a drug or alcohol problem. 0% reported on getting good medical care before my baby is born.

KGCA staff members reflected on why dealing with stress, depression, and anxiety was chosen as the top response:
The world seems to be changing to a very unsettling place. You have allot more uncertainty now than in the past and this may create stress. With the school shootings, dreamers, changing tariffs, health care, race issues, it’s been a rough couple of years. I googled increased anxiety and allot of articles came up pointing to this. Not sure why one county would feel this way over another?? Unless maybe you have more of a mixed diverse customer base in Kendall, that would be more effected by the new policies.

Increasing unrest across what appears to be our dividing nation

Stress, depression, and anxiety is talked about more and feels less stigmatized. Also nothing feels safe or stable. I feel like I am waiting for another shoe to drop at all times

Raising kids is scary with the uncertain future.

Two ideas came to my mind. The first is that funding and availability of so many of the services on your list have all been cut back or eliminated and without these services, one is left feeling anxious, depressed and hopeless/frustrated. Second, I believe our society has made an extreme shift in the last few years to a culture that believes one should never have to experience any sadness or discomfort an that when one does experience that day to day aches/pains and stressors common to us all, “there must be something wrong with me”, leading to anxiety and depression. No easy/simple answers.

The state of our current federal government. Don’t know what the truth is anymore, peoples rights may be taken away at the drop of a tweet, poor future outlook for our children, poor financial stability, no jobs that can pay enough to not live paycheck to paycheck…… I’d pick Dealing with stress as well. Not enough time in the day to even begin to deal with the stress and furthermore, we are taught to suck it up, we aren’t shown coping mechanisms to deal with the stress when it comes. Maybe here in Kendall, the pot is finally too full to worry about the details (dental work, etc) and all folks can think about is the over-arching stress bubble we are living under.

Uninsured Population

The uninsured population is calculated by estimating the number of persons eligible for insurance (generally those under 65) minus the estimated number of insured persons.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Insurance Population (2017 Estimate)</th>
<th>Number Insured</th>
<th>Number Uninsured</th>
<th>Percent Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>173,266</td>
<td>149,319</td>
<td>8,165</td>
<td>4.71%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
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<td>41,460</td>
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<tr>
<td>Kendall County, IL</td>
<td>122,933</td>
<td>107,869</td>
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<tr>
<td>Illinois</td>
<td>12,854,526</td>
<td>9,783,739</td>
<td>3,070,787</td>
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<tr>
<td>United States</td>
<td>317,787,650</td>
<td>238,424,195</td>
<td>79,363,455</td>
<td>25%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, US Census Bureau, Small Area Health Insurance Estimates, 2016. Source geography: County → Show more details
**Insurance - Population Receiving Medicaid**

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>171,243</td>
<td>162,582</td>
<td>20,932</td>
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</tr>
<tr>
<td>Grundy County, IL</td>
<td>50,076</td>
<td>47,328</td>
<td>7,404</td>
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<td>Kendall County, IL</td>
<td>121,157</td>
<td>115,254</td>
<td>13,528</td>
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<tr>
<td>Illinois</td>
<td>12,671,738</td>
<td>11,438,252</td>
<td>2,403,066</td>
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<tr>
<td>United States</td>
<td>319,576,137</td>
<td>275,675,891</td>
<td>59,874,221</td>
<td>21.62%</td>
</tr>
</tbody>
</table>

*Note: This indicator is compared with the state average.*
*Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract*

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**Medicare and Medicaid Providers**

Total institutional Medicare and Medicaid providers, including hospitals, nursing facilities, Federally qualified health centers, rural health clinics and community mental health centers for the report area are shown. According to the U.S. Department of Health and Human Services, there were 17 active Medicare and Medicaid institutional service providers in the report area in the fourth quarter of 2018.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Institutional Providers</th>
<th>Hospitals</th>
<th>Nursing Facilities</th>
<th>Federally Qualified Health Centers</th>
<th>Rural Health Clinics</th>
<th>Community Mental Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>17</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>10</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Illinois</td>
<td>3,148</td>
<td>243</td>
<td>731</td>
<td>381</td>
<td>235</td>
<td>2</td>
</tr>
<tr>
<td>United States</td>
<td>74,192</td>
<td>7,120</td>
<td>15,581</td>
<td>8,789</td>
<td>4,386</td>
<td>144</td>
</tr>
</tbody>
</table>

*Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, December 2018. Source geography: County*
 KGCA customers report that lack of dental care is an issue in the area. Medicaid is very limited as to what it covers as regarding dental care and this is expressed as a need. The Kendall County Health Department has recognized dental care in the area as a priority for their 2016-2021 IPLAN. A summary of the priority is below.

**PRIORITY: INCREASE COMMUNITY POPULATION OPPORTUNITIES FOR ACCESS TO ORAL HEALTH CARE.**

The Kendall County Health Department’s (KCHD) Community Health Services division is committed to protecting the community’s health and well-being through, among other efforts, inspiring healthy lifestyle choices and preventing disease. This includes certain healthy behaviors, and access to affordable oral health care, capable of promoting and maintaining one’s good oral health, while at the same time minimizing if not preventing a number of chronic diseases known to be associated with poor oral health. KCHD intends to implement both direct customer services and population based interventions in an effort to increase community population opportunities for access to oral health care for the residents of Kendall County.
To increase our community’s opportunities for access to oral health care, KCHD intends to collaborate with Kendall County dental offices, health centers and other local public health system partners to promote engagement in increasing access to oral health care for Kendall County’s uninsured adult population and/or co-create participatory access to good oral health for the county’s population. To accomplish this, KCHD aims to establish and make accessible to its community, a free dental clinic to Kendall County adults lacking insurance.

Additionally, KCHD will strive to advance the Kendall County community’s knowledge on ways in which to achieve and maintain good oral health through educational presentations on good dental health habits (annually) to school-age children, and by providing the Kendall County community with web-accessible information linking them to oral health care and oral hygiene education which includes tools and support aimed at promoting enrollment in dental insurance.

Combined, the above initiatives provide a thoughtful and well-rounded combination of population based work and direct customer assistance. Our intended population based work, involving raising our public’s awareness of the real and extended health impacts of poor oral health, and ways in which they can improve their own oral health, is considered a form of knowledge production; knowledge that is intended to encourage, inspire and equip one to pursue and maintain good oral health-producing behaviors and in essence achieve good oral health. This education, or knowledge production, is in itself a form of access to good oral health.

We continue to communicate with local dentists willing to volunteer their time, skills, and expertise to treat our community’s uninsured adults at no cost. We have set aside two clinic rooms to serve as dental operatories furnished with donated dental equipment; one to accommodate a dentist and the other a hygienist—to provide oral health care and promote disease prevention. KCHD has been reaching out to new moms and their children via the Women, Infants, and Children program to provide dental care kits; education tools on Fluoride and brushing teeth have been provided to the local schools.

The Grundy County Health Department replied to our questions concerning oral care for persons with Medicaid or no insurance by letting KGCA know that there are no providers in the county and that the closest providers are in Will County. Grundy County Health Department lists Access to Care as one of their priorities in their 2016-2021 IPLAN. This includes better access to dental care. Their intervention strategies are below:

**Intervention Strategies**

To address Access to Care, Grundy County Health Department will:

- **Continue to credential with private insurance companies.**
- **Work with local partners and area agencies to provide services that are not easily accessible in this area to Grundy County residents.**
- **Work with public transportation provides (i.e. Grundy Transit System (GTS)) to provide reliable transportation to and from appointments for those in need.

- **Collaborate with Morris Hospital and their transportation component to address transportation barriers in county and health department services.**
- **Begin to develop resources to offer health care services at various locations throughout Grundy County.**
- **Partner with local medical professionals to provide their services at primary care clinics.**
- **Seek out resources to provide better access to dental care in Grundy County (i.e. Smile Illinois).**
- **Partner with local schools to educate administrators on the need for access to dental care; in turn reaching students and parents in the district.**
Starting in the summer of 2019 the Grundy County Health Department will be offering a free mobile dental clinic that will be open to anyone 1 year of age and older. There is no cost to any of the patients, no insurance is necessary although they will accept most insurance. Any remaining balance or co-pays will be covered by the Grundy County Health Department. The Mobile Dental Clinic is through the Will County Community Health Center in partnership with the Grundy County Health Department and United Way.

**Opioids**

In January of 2018, Kendall County Coroner penned a letter to the local media regarding opioid induced overdose deaths in Kendall County. In 2017 there were 13 drug-related overdose deaths in Kendall County. In 2018 there were 11 drug-related overdose deaths in Kendall County. In April of 2018, Kendall County joined Kane, DuPage, Lake, Will and McHenry counties in a lawsuit that named several pharmaceutical companies as defendants who they claim are responsible for fraudulent marketing campaigns using opioids for pain management which they say has led to a “corporate-caused drug epidemic”. Grundy County did not join the lawsuit. The Grundy County board felt that it would be cost prohibited for them to participate given that court costs and legal fees will have to be paid as well as staff to provide the necessary information stated in the contract.

The Kendall County Coroner and the Kendall County Health Department has worked to create an Opioid Study Group to manage the different approaches to the opioid crisis. The Coroner with the Kendall County Health Department has facilitated a grief support group specifically for family and friends who have been impacted by an overdose related death called “Lights of Hope”

The Kendall County Health Department offers two different support groups that are designed for families who have loved ones who may be victims of opioid substance misuse. The groups are called Family Centered Prevention and The Family to Family Recovery group both which focus on supporting families with loved ones who struggle with addiction. The Kendall County Health Department also offers Assertive Care Coordination which allows for someone who calls and wishes for full inpatient treatment to be assisted and advocated for by the Health Department. The Executive Director has been attending meeting in Ohio with the Chicago High Intensity Drug Trafficking Area organization and has been coordinating with the local fire chiefs in regards to Narcan training. The local sheriff office and Rush Copley Hospital already have been participating in Narcan training with the Kendall County Health Department.

In April of 2018, the Kendall County Health Department created an addiction and opioid praxis in practice document. See below:
Prevention:

- **Community Engagement**: We take a multifaceted and proactive approach to engaging the residents and visitors of our community to communicate risk and protective factors, and to inspire healthy behaviors. We meet people where they live, work and recreate in order to ensure equal access to our knowledge and resources.

- **Community Partnerships**: Allow us to share unique and precious resources and leverage our collective talents to enhance opportunities and likelihood for achieving positive health outcomes. We actively encourage local school officials to increase and/or maintain participation of public schools in the Illinois Youth Survey, and to analyze data and consider opportunities for praxis.

- **Cultural Equity**: By actively working to understand cultural differences and respond to them in a sensitive and relevant manner, we strive to make all persons feel respected, understood, and empowered to achieve mental wellbeing. We work to establish treatment relationships that help all persons expect fair and just treatment in relationship to all other cultures.

- **Epidemiological Surveillance**: We perform a contextualized situational assessment, or epidemiological examination of the occurrence of opioid misuse in a specific population, studying influential behavioral and social determinants, to guide and ensure efficacious prevention efforts.

- **Illinois Educational/Action Forums**: We participate in state level educational discussions and policy-shaping testimony. We work to take an active role in legislative processes – involvement in testimony and state panels promoting safe policy on opioid prescription and effective treatment.

- **Local Educational/Action Forums**: We participate in community level educational discussions and community presentations. We gather members of our community interested in tackling issues of addiction, offering a platform for open dialogue to establish/enhance coordination among the public and ourselves in identifying, communicating and promoting addiction risk and protective factors.
• **Situational Assessment**: We analyze informatics on opioid addiction and overdose for trends around age, gender, education level and socio-economic status to help shape and inform our targeted prevention efforts. All aspects of mental, physical, spiritual, and social wellbeing are considered in our strategy development.

• **Universal and Primary Prevention**: We actively utilize the KCHD website, newsletter, and social media, as well as local radio and television, to raise awareness of the risk factors associated with opioid usage and the protective factors to avoid overdose and abuse. This education also seeks to prevent addiction before it happens. We have assisted in conducting a community drug take back events and promote local locations for safe medication disposal.

• **Targeted and Secondary Prevention**: Psycho-education regarding safe medication storage in the home is provided during the initial assessment process. We deliver an eight-week course in our local schools aimed at reducing the non-medical use of prescription drugs among 8th-12th grader and adults.

• **Indicated and Tertiary Prevention**: Family systems work is actively utilized to support the family system’s movement towards wellness and support of recovery. Our governance supports indicated and tertiary prevention.

**Treatment:**

• **Accredited Treatment**: We are committed to providing assurance to persons served that we conform to internationally accepted standards for best practices in behavioral health care. This results in accountability to our funding sources, referral agencies and community.

• **Adult Treatment**: During the treatment process, we promote development of emotional regulation, distress tolerance, and repair of moral injury. We work to develop the ability to cope with impulsive thinking and behavior to avoid relapse, as well as active relapse planning.

• **Youth Treatment**: Intervention strategies are used to address early indicators of addictive behavior and thinking as a way to prevent further abuse or dependency problems. Protective factors, designed to reduce risk of continued addictive behavior, are promoted in the treatment process and include academic responsibility, healthy social refrain from delinquent behavior, and domestic responsibility.

• **Care Coordination**: We are committed to effectively treating substance abuse, and immediately helping those who require an inpatient or detoxification level of care access those services. In response to the continued devastation caused by heroin, opioid, and prescription medication abuse we will actively strive to ensure that there are no gaps in service for those who are seeking help.
• **Culturally Relevant Treatment:** We value diversity in that we treat persons with consideration to their age/agedness, ethnicity/race, gender/orientation, language/literacy, mental health, physical ability, socioeconomic status, and spiritual beliefs.

• **Early Intervention:** To promote early intervention and access to treatment, we are actively credentialing ourselves with diverse insurance panels. This includes commercial insurances panels and Medicaid Managed Care programs.

• **Family Systems:** We believe that an individual’s wellbeing is not inseparable from their family network relationship. During the treatment process, we actively work to promote family connectivity and wellbeing as a way to help mitigate mental health and substance abuse problems.

• **Integrated Treatment:** We are an accredited integrated mental health and substance abuse treatment provider. All persons served are treated for both mental health and substance abuse treatment simultaneously so that persons with multiple diagnostic features experience a seamless and effective treatment process.

• **Person Centered Treatment:** Providing an atmosphere of empathy and respect we work closely with the person served to discover unhealthy behaviors that lead to poor health outcomes; listening to them communicate and express their individualized desires for health and wellbeing, supporting the person in working towards and achieving meaningful growth and development.

• **Psychiatric Treatment:** We offer psychiatric treatment to those individuals who are actively engaged in the treatment process. Psychiatric treatment is provided in a purposeful and careful manner that is very mindful of addiction history.

**Recovery:**

• **Adverse Life Experiences-Informed:** We work to promote long lasting recovery by helping those served in treatment to reduce and avoid adverse life experiences. Additionally, those adverse life experiences and trauma exposures experience in life are addressed in treatment to ensure healthy perspective, transformation in thinking, and effective coping strategies.

• **Trauma-Informed Approach:** We purposefully work to help persons served recognize signs and symptoms of trauma including substance abuse and poor mental health. We work to assist the person to develop a balanced perspective on trauma experience and address those trauma reactions which could negatively affect recovery.

• **Consumer Insight Instrument:** We utilize an annual consumer insight instrument to obtain valuable consumer insight on our treatment effectiveness and life changes that will support the recovery process after treatment completion. We purposefully incorporate insight and education as a part of recovery.
For 2017, Grundy County had 3 opioid related overdose deaths. This number may seem low, however in 2016 there were 12. The reason for this number potentially going down is that increase of Narcan use and education. The numbers for 2018 show a different story however. Grundy County had 17 opioid related overdose deaths. The Grundy County Coroner didn’t have any data on preventive measures concerning the opioid crisis.

- **Criminal Justice-Involved**: We work very closely with law enforcement as both a recipient of referrals and a participant in promoting community wellbeing. We provide off-site services at Plano Police Department and will soon also provide treatment at Oswego Police Department.

- **Drug Court**: We are a member of the Kendall County Drug Court team and outpatient treatment provider for those individuals in the program. Additionally, we actively work to coordinate ancillary health and wellness supports for those receiving treatment services.

- **Post-Treatment Surveillance**: Three months post discharge we reach out to our substance abuse clients to perform a Post Treatment Survey to express interest in our clients’ continued wellbeing and to explore and address any relapse potential. We are further working to develop an alumni association of former clients who made completed treatment and maintained their recovery to speak to those clients in active treatment.

- **Protective Factors**: To promote long lasting recovery, we purposely work to promote development of protective factors to help persons served effectively deal with life stressors and to reduce risk of relapse. This includes helping the individual to access increased education, meaningful employment, healthy social connectedness, and pro-social community engagement.

- **Risk Factors**: We work to support recovery by proactively working to help persons served identify and address risk factors that could lead to relapse or poor mental health outcomes for themselves or their families. This includes providing parent education, addressing unhealthy relationships, changing of unhealthy coping strategies, and efforts to promote resilience.

- **Stages of Change**: To support movement from pre-contemplation to contemplation, preparation to action, and maintenance; we have family education nights as part of the treatment process to support healthy systems for continued wellbeing. We also incorporate both Alcoholics Anonymous and Narcotic Anonymous speakers into our treatment groups as a way to promote early engagement in healthy support networks.

- **Veteran Support**: We are a member of the Kendall County Veterans Court and work very closely with the Kendall County Veterans Assistance Commission. These commitments results in a seamless progression from treatment to sustained health behaviors.
The Grundy County Health Department had addressed the opioid epidemic in their 2016-2021 IPLAN. See below:

- To address the opioid epidemic Grundy County Health Department’s (GCHD) Community Health Improvement Plan includes the promotion of sound mental health and substance abuse prevention as key priorities. GCHD intends to decrease the percent of adults with poor mental health status from 13.4% to 10%, increase awareness of mental health and substance abuse resources in their county, and reduce barriers to accessing those resources, by 2021.

- In order to meet these objectives GCHD will provide individual counseling for ages 7 and up, substance abuse treatment, psychiatric and psychotropic medication, hoarding therapy, Drug Court and Mental Health Court, DUI services, crisis stabilization, and Group Therapy for problems including substance abuse, anxiety, fear, anger, depression, and meditation. GCHD will collaborate with Grundy County Behavioral Health Alliance, a local organization network that discusses issues of behavioral health. The GCHD Board of Health will serve to direct policies and procedures, perform budget management, and lead strategic planning. The Mental Health Advisory Committee will be utilized to gather responses to program services and look at barriers and suggest improvement strategies. GCHD will work with the local judicial system for Drug Court and Mental Health Court. Collaboration will occur with the Substance Abuse and Mental Health Service Administration until funding ends for the youth Mental Health First Aid grant. To increase the standard of care and practice, GCHD will remain accredited through the Commission on the Accreditation of Rehabilitation Facilities (CARF). GCHD will engage in audits conducted by County auditors, Medicaid, Illinois Department of Human Services’ Division of Substance Use, Prevention and Recovery (SUPR), CARF, and other entities as appropriate. And finally, public training on the administration of Naloxone is provided to increase overdose response preparedness and to reduce overdose death rates.

- GCHD will coordinate with the following community resources throughout these actions: Health Alliance, Community Foundation, County Coroner, Gundry County Health Department Board of Health, Illinois Department of Human Services, Illinois Department of Public Health, Mental Health Advisory Committee, Schools, State’s Attorney, Substance Abuse and Mental Health Service Administration, and other public health system partners in the county that support and promote mental health/substance abuse services.

- In Grundy County, populations mostly affected by mental health and substance abuse disorders are teens and young adults, the homeless, the underinsured and uninsured, families with children, and seniors.

- 21.4% of adults reported they had a poor mental health status 1-7 days in the past month, 13.4% reported poor mental health 8-30 days in the last month. Regarding youth, 33% of 10th graders reported feelings of sadness and helplessness while 21% of youth reported serious suicide consideration.

- GCHD is the only Medicaid provider in the area for mental health and substance abuse services. Individuals with mental health and/or substance abuse problems arrive at the Morris Hospital emergency room, but there are no inpatient services for mental health and substance abuse in Grundy County.
Nutrition

The Customer Needs Assessment addressed the current conditions concerning food and nutrition needs in both counties. The results are as followed:

Which food and nutrition needs could you or your family use help with: (Please check all that you feel apply)

Getting food from food pantries, food banks, or food shelves
Having enough food at home
Learning how to shop and cook for healthy eating
Getting emergency food assistance
Getting meals delivered to my home
Learning how to model healthy eating for my children
Obtaining breastfeeding education and assistance

Enrolling in the Food Assistance Program
Getting nutritious food during pregnancy

![Grundy County Nutrition Needs Assessment](chart)

Top four responses were:
- 21%: Learning how to stretch my food dollar
- 19%: Getting food from food pantries, food banks, or food shelves
- 16%: Having enough food at home
- 14%: Learning how to shop and cook for healthy eating

Also noted were the following:
9% said that getting emergency food assistance, enrolling in the Food Assistance Program, and learning how to model healthy eating for my children were nutritional needs that Grundy customers needed help with. 2% reported getting meals delivered to my home and 0% reported getting nutritious foods during pregnancy and obtaining breastfeeding education and assistance.
Top four responses were:

- 24%: Getting food from food pantries, food banks, or food shelves
- 20%: Learning how to stretch my food dollar
- 18%: Having enough food at home
- 16%: Learning how to shop and cook for healthy eating

Also noted were the following:

10% of Kendall County customers reported that they needed help enrolling in the Food Assistance Program. 7% reported that they needed help with learning how to model healthy eating for their children. 4% reported that they needed help getting emergency food assistance, and 1% reported that they needed help getting nutritious foods during pregnancy. 0% reported needing help with getting meals delivered to their home and/or obtaining breastfeeding education and assistance.
Just as the poverty rate for both counties has gone up over the years, so has the percentage of children eligible for free lunch. Even though the previous data indicates that Kendall may have a low overall poverty rate, high household median income, and a low unemployment rate, the amount of children receiving free school lunches is noteworthy and not to be ignored. Fred Kreinbrink, board member of the Kendall County Community Food Pantry, informed KGCA that the schools in Plano have announced that 60% of the families registered in the school district qualify for Federal Free Lunch.

Kendall County has three local food pantries. The Kendall County Community Food Pantry distributes food once a week from 12pm to 6pm. The Catholic Church in Plano was funding a mobile food pantry, but funding stopped, so there has not been food getting to those who are unable to come to the Kendall Community Food Pantry. Coordination with the Plano School District, St. Mary’s Catholic Church and the Kendall County Community Food Pantry has now created a satellite food pantry in the P. H. Miller School. In only five short months, the Plano location served 1446 customers. The demographics were mainly Hispanic Plano residents whom were unable to get to the Yorkville location due to work schedules or lack of transportation. The Helmar Food Pantry, located in Newark Illinois, distributes food once a month to whomever needs it. The Harvest Baptist Food Pantry in Oswego distributes food once a month as well. Not all of our agency’s customers qualify for food stamps, and if they do, many customers still express that what they receive is not enough to feed their families. This tells KGCA that looking at all the numbers and data sets are important. Kendall still, despite other pieces of data, has a population in poverty that is in need of help.

Grundy County has six food pantries and 2 mobile food pantries. They are the Channahon Living Manna Food Ministry in Channahon, Coal City Food Pantry in Coal City, Community Care Center in Braidwood, Gardner Food pantry in Gardner, Mazon Food Pantry in Mazon, Minooka Food Pantry in Minooka, and Morris Food Pantry, who also facilitates one of the mobile food pantries, in Morris located at the We Care Building. The Northern Illinois Food Bank opened a distribution center in May of 2018. This will bring more food to the local food pantries in Kendall and Grundy counties. A KGCA customer wrote in the Needs Assessment the following:

I need to get food for me and my kids but I work and can never get to the food pantries in time. Sometimes I have my mom stand in line for me until I can get there but it sometimes doesn’t work out. I wish they would give food out on weekends or more than one day. Sometimes the food they give I really don’t know what to do with. I get three heads of lettuce and some cauliflower. What am I supposed to do with that? They give me some herbs but what the hell am I supposed to do with these herbs?
Households Receiving SNAP by Poverty Status (ACS)

The below table shows that according to the American Community Survey (ACS), 5,030 households (or 8.5%) received SNAP payments during 2017. During this same period there were 1,970 households with income levels below the poverty level that were not receiving SNAP payments.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Households Receiving SNAP Total</th>
<th>Households Receiving SNAP Percent</th>
<th>Households Receiving SNAP Income Below Poverty</th>
<th>Households Receiving SNAP Income Above Poverty</th>
<th>Households Not Receiving SNAP Total</th>
<th>Households Not Receiving SNAP Percent</th>
<th>Households Not Receiving SNAP Income Below Poverty</th>
<th>Households Not Receiving SNAP Income Above Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Location</td>
<td>5,030</td>
<td>8.5%</td>
<td>1,753</td>
<td>3,277</td>
<td>53,858</td>
<td>91.5%</td>
<td>1,979</td>
<td>51,888</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>1,986</td>
<td>10.45%</td>
<td>779</td>
<td>1,207</td>
<td>17,020</td>
<td>89.55%</td>
<td>1,053</td>
<td>15,967</td>
</tr>
<tr>
<td>Kendall County, IL</td>
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<td>7.63%</td>
<td>974</td>
<td>2,070</td>
<td>36,838</td>
<td>92.37%</td>
<td>917</td>
<td>35,921</td>
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<tr>
<td>Illinois</td>
<td>638,654</td>
<td>13.25%</td>
<td>306,504</td>
<td>332,150</td>
<td>4,179,798</td>
<td>86.75%</td>
<td>321,648</td>
<td>3,858,150</td>
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<td>United States</td>
<td>15,029,486</td>
<td>12.65%</td>
<td>7,420,846</td>
<td>7,608,652</td>
<td>103,796,423</td>
<td>87.35%</td>
<td>8,969,163</td>
<td>94,827,260</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: County. Show more details

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Food Insecure Population, Total</th>
<th>Food Insecurity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Area</td>
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</tr>
<tr>
<td>Grundy County, IL</td>
<td>50,173</td>
<td>5,310</td>
<td>10.58%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>118,194</td>
<td>8,010</td>
<td>6.78%</td>
</tr>
<tr>
<td>Illinois</td>
<td>12,880,580</td>
<td>1,658,280</td>
<td>12.9%</td>
</tr>
<tr>
<td>United States</td>
<td>318,198,163</td>
<td>47,448,890</td>
<td>14.91%</td>
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</tbody>
</table>

Note: This indicator is compared with the state average.
Data Source: Feeding America, 2014. Source geography: County.
Obesity

32.4% 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.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population Age 20+</th>
<th>Adults with BMI &gt; 30.0 (Obese)</th>
<th>Percent Adults with BMI &gt; 30.0 (Obese)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Area</td>
<td>115,546</td>
<td>38,092</td>
<td>32.4%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>35,872</td>
<td>10,905</td>
<td>29.9%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>80,674</td>
<td>27,187</td>
<td>33.5%</td>
</tr>
<tr>
<td>Illinois</td>
<td>9,511,847</td>
<td>2,600,939</td>
<td>27%</td>
</tr>
<tr>
<td>United States</td>
<td>234,188,203</td>
<td>64,884,915</td>
<td>27.5%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2013. Source geography: County

Overweight

42.3% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Survey Population (Adults Age 18+)</th>
<th>Total Adults Overweight</th>
<th>Percent Adults Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Area</td>
<td>115,556</td>
<td>48,868</td>
<td>42.3%</td>
</tr>
<tr>
<td>Grundy County, IL</td>
<td>31,772</td>
<td>15,862</td>
<td>49.9%</td>
</tr>
<tr>
<td>Kendall County, IL</td>
<td>83,784</td>
<td>33,006</td>
<td>39.4%</td>
</tr>
<tr>
<td>Illinois</td>
<td>9,476,490</td>
<td>3,448,247</td>
<td>36.4%</td>
</tr>
<tr>
<td>United States</td>
<td>224,991,207</td>
<td>80,499,532</td>
<td>35.8%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2011-12. Source geography: County
Both counties have a high rate of people being overweight and obese compared to the state of Illinois and the country as a whole although they have a low food insecurity rate. This may indicate that both counties have access to ample food, just not healthy nutritious food which can be expensive and harder to find. Below is a KCHD customer comment on food:

*When you are in the store, look at the fruit and the chips. Your fruit is the better snack but it’s too expensive and chips will fill up my kids better and longer. Fast food is cheaper and faster. My kids like sausage sandwiches which are cheaper at McDonalds. A four pack of those sandwiches at Wal-Mart are like eight bucks.*

The Kendall County Health Department addressed the above nutrition needs of the community by planning a “Commit to Be Fit” program. In the first year there were 75 individuals who participated in the program.

Below is a summary of the plan.

Our goal at KCHD is to provide population based programs that serve to promote physical, mental and environmental health, protect the community's health, prevent disease, and promote family socio-economic stability.

The lack of access to care and nutritional based educational programs is often found within many clients served at the KCHD. We are committed to developing an educational program that meets this emerging trend for our low-income clients and assisting in the fight against obesity and other diseases. Parents or guardians who do not instill healthy habits within their children at early ages place their children at risk for long term health consequences.

Commit to Be Fit is designed to provide a nutrition and whole wellness based educational program that also addresses lack of access to care with an eight-week cycled course. Since good nutrition is but one aspect of a family’s whole health and well-being, albeit one of the most important, Commit to be fit also incorporates group activities, gardening skills, fitness and nutrition education, cooking demos, mental wellness, oral health education, and assistance with access to care and socioeconomic needs.

Our team of health care professionals at KCHD along with our strategic partners have the necessary staffing and facilities to instill healthy nutritional habits at an early age, assist with social determinants of health such as stress and depression, provide social support, assist with managing affordable meals and locating food sources within the community, transportation, assist with job searches, and educate our community on environmental risk factors such as smoking and UV rays. Our proposed project will illustrate a forward movement on the implementation the PH 3.0 concepts.

KCHD WIC numbers have been decreasing over the years. The present allocated WIC caseload for FY 2020 is 686. (A decrease from 760 for this year) Last month (June 2019) the actual caseload (# clients issued benefits) was 539. While this current caseload represents a modest trending increase over the prior three months, KCHD is working very hard at increasing the caseload to achieve the allocated amount of participants. Outreach has been increased in the community to include new and diverse target populations, such as the staff and patients in our local hospital labor and delivery departments. Challenges include customers who consider the WIC program too time consuming and an added hassle especially when they can use food stamps to receive the food they need. They comment that they are too busy to make their appointments, much like the previous comments made concerning making it to the local food pantries. One client, taking our Community Action Services survey, stated: *I can use my food stamps when I need and want things for me and my baby. I don’t have time to get to WIC appointments and sit through education stuff. It costs me money in gas to get there and their hours suck. It’s a burden.*

Conversely, many survey comments were positive.
Kendall County Health Departments WIC Coordinator shared their 2019 participant satisfaction survey with actual client comments and it shows that most customers that do receive WIC benefits, truly appreciate the services provided. Below is results from last year’s participation survey:

What else would you like to share about your experience with the WIC program?

Everybody is nice
Y’all are awesome
Awesome service
Everybody is nice
Everybody is nice
Low employee turnover love seeing familiar faces
Great service provided
Excellent program
WIC encourages me to give her more variety of foods and how many servings of each food group
Very good program
Always helpful because I have little ones
Women at facility are caring and awesome
They helped me figure out my insurance situation
None right keep up the good job
Everyone is great and very helpful. I never had a problem.
None
I really like the service they give out here and they are really friendly
People are always friendly and greet me
Always a friendly experience
Excellent staff very understanding wouldn't change a thing
They are very attentive and friendly
You have a great nutritionist very friendly easy to talk to. Thank you.

To address the aforementioned challenges revealed, KCHD has had to think outside the box, offering new and different initiatives designed to ignite renewed or new interest. For example, the Kendall County WIC program staff just began offering a new program to their customers: The Farmer’s Market Nutrition Program. WIC customers are eligible to receive an additional $20.00 per family for use at local farmer’s markets and roadside stands for the purchase of nutritious and healthy, locally grown fruits and vegetables. Response to this program has been fantastic. In the 1st week of distribution, over 60 families have picked up their Farmer’s Market checks. I see this as a great opportunity to increase participation on the WIC program.
Grundy County’s health department addressed obesity rates in their most recent IPLAN. Below is a list of Community input concerning obesity in Grundy County that was published in Grundy County’s Community Health Needs Assessment and their outcome and intervention strategies addressing health education.

Community Input – Overweight and Obesity
Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity:

- Nationwide, there is pretty good evidence we aren’t making a lot of progress in addressing obesity. It is becoming more common and can lead to diabetes and cardiac problems. Morris is trying to get a YMCA off the ground with help from Joliet YMCA, not sure they have any other programs that address that. Some provide health clubs throughout region, coaching, but other than YMCA or park district cost may be a barrier as well.
- We eat a lot of fast food and processed food. People are ingesting things we didn’t ingest 30 years ago.
- We are doing more to promote healthy eating and exercise at schools and we are starting to see a difference.
- There are plenty of exercise facilities in the area: YMCA, 24-Hour Fitness, yoga studios. We have access to places to exercise, walking, running, and tennis clubs.
- Our sedentary lifestyles, large portions, behavioral management increase obesity. And in winter it is not as easy to exercise.
- Everyone sits in front of a computer all day. Kids especially don’t get enough exercise. People need to move.
- On TV all we see are food advertisements. We just need to eat right and exercise and maintain a healthy weight.
- There is a lack of activities for people and numerous taverns and bars. People sit around and eat and drink. People say I can’t wait until the kids graduate so I can leave here.
- This issues leads back to lack of education and proper diet and nutrition. Some local resources like the YMCA and the Diabetes Center offer classes on nutrition.
- Grundy County is not very walkable. Not very friendly in terms of getting exercise. There is lot of obesity in Grundy County. There is a lack of access to exercise, or don’t have time, working a lot, have children, it’s not convenient, general apathetic attitude to living healthy. Fast food is celebrating – you cap off your work week with a pizza. Widespread public education is needed.
- We don’t have community based programs. We have a YMCA but you must pay to join and that is a stopping point in communities where people don’t have jobs. There is only one grocery store in Dwight, and none in Gardner. They are forced to buy from family restaurant or Subway-type restaurant. Food pantries and hospital help coordinate the food pantry drop off and outreach programs.
• People who want to make meaningful changes in their life want to be refreshed and want to go to things that are inspiring. People want to go where others ready to make the same changes.
• Farmer markets are really for the upper middle classes. Usually people in their 20s and 60s cannot afford that.

Outcome Objective
• By 2021, increase the percentage of Grundy County adults by 10% who receive health education and prevention information and services.

Impact Objectives
• By 2021, increase Grundy County residents’ awareness of health education and preventive services available in the community.
• By 2021, reduce barriers in the community to access needed health education resources and preventive services.

Intervention Strategies
To address Prevention and Education needs, Grundy County Health Department will:
• Utilize existing funding and seek new funding to hire a Health Educator whose main role will be to implement and monitor Prevention and Education activities.
• Participate in health education and wellness events throughout the county
• Promote Prevention and Education during our monthly radio spot. A new topic will be discussed monthly.
• Participate in community activities by attending and providing prevention information on relevant health topics (i.e. substance abuse, obesity, etc.).
• Continue to work with community stakeholders to provide messages about Prevention and Education.
• Provide Prevention and Education health topics during appointments with clients.
• Continue to provide WIC services in Grundy County and incorporate a Prevention and Education component.
• Work with local care providers to offer Prevention and Education clinics (i.e. blood pressure checks, blood sugar level checks, nutrition course, etc.)
• Continue to provide educational opportunities including, but not limited to:
  o Food Service Sanitation Managers Certification Course
  o Youth Mental Health First Aid
  o Nutrition
  o CPR, First Aid and AED

Community Resources
• Morris Hospital
• Behavioral Health Alliance
• Community Foundation
• County Coroner
• Grundy County Health Department Board of Health
• Grundy County Interagency Council (GCIC)
• Grundy County Chamber of Commerce
• Illinois Department of Human Services (IDHS)
• Illinois Department of Public Health (IDPH)
• Mental Health Advisory Committee
• Schools
• State’s Attorney
• Substance Abuse and Mental health Service Administration (SAMHSA)
• Other organizations within the county that support Prevention and Education.

Estimated Funding needed for Implementation
The most critical component for the Health Department to fund is a full time health educator. This person will be responsible for all Grundy County Health Department prevention and education activities. Additional funding will be needed to participate in health education and wellness events as well as provide education materials. The Grundy County Health Department will team up with local partners and seek grant opportunities that best support a prevention and education component, filling in the gaps of identified needs without duplicating services.
Below are Grundy County’s WIC numbers from their last annual report.

<table>
<thead>
<tr>
<th>NURSING</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable Disease Investigation</td>
<td>213</td>
<td>165</td>
<td>162</td>
</tr>
<tr>
<td>Immunizations Administered, Child</td>
<td>895</td>
<td>910</td>
<td>1235</td>
</tr>
<tr>
<td>Immunizations Administered, Adult</td>
<td>414</td>
<td>296</td>
<td>230</td>
</tr>
<tr>
<td>Tuberculosis Tests</td>
<td>256</td>
<td>235</td>
<td>150</td>
</tr>
<tr>
<td>WIC Certified</td>
<td>569</td>
<td>601</td>
<td>594</td>
</tr>
<tr>
<td>Fluoride Varnish Application</td>
<td>31</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Fecal Immunochemical Test (FIT)</td>
<td>5</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Lead Case Management</td>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Vision Screenings</td>
<td>461</td>
<td>300</td>
<td>291</td>
</tr>
<tr>
<td>Hearing Screenings</td>
<td>549</td>
<td>412</td>
<td>397</td>
</tr>
</tbody>
</table>

**Transportation**

The Customer Needs Assessment addressed the current conditions concerning transportation in both counties. The survey question focusing on transportation needs given to KGCA’s reporting area customers is below, as well as the results:

Which transportation needs could you or your family use help with: (Please check all that you feel apply)

- Having access to public transportation
- Having dependable transportation to and from work
- Getting financial assistance to buy a dependable car
- Getting financial assistance to make car repairs
- Getting myself to and from school
- Getting financial assistance to buy car insurance
- Getting financial assistance to pay car registration or license fees
- Getting a drivers license
- Getting to and from medical or dental appointments
- Getting my children to and from child care
- Getting my children to and from school
- Getting my children to and from school or club activities
- Going shopping and doing errands
Top four responses were:
- 17%: Getting financial assistance to make car repairs
- 14%: Getting financial assistance to buy a dependable car
- 13%: Getting financial assistance to buy car insurance
- 11%: Having dependable transportation to and from work

9% reported needing financial assistance to pay for car registration or license fees. 8% reported needing access to public transportation. 7% reported needing assistance in obtaining a driver’s license. 6% reported needing help with going shopping and doing errands. 3% reported needing assistance with getting to and from medical and dental appointments and getting their children to and from school, getting themselves to school, and getting their children to and from school or club activities. 2% reported needing assistance with getting their children to and from child care.
• 18%: Getting financial assistance to buy car insurance
• 15%: Getting financial assistance to buy a dependable car
• 13%: Getting financial assistance to pay car registration or license fees

Also noted were the following:

6% of Kendall County customers reported that they needed assistance in having dependable transportation to and from work while 5% reported that they needed assistance getting their children to and from school. 4% reported that they needed access to public transportation and needed help getting a drivers license. 3% needed help getting to and from medical or dental appointments, getting their children to and from school or club activities, and going shopping and doing errands. 2% reported that they needed help getting themselves to and from school and getting their children to and from child care.

Public transportation in both counties is in high demand. Kendall County has Kendall Area Transit (KAT), a bus service that began in early 2010. Since then, they have provided over 180,000 trips to Kendall County residents. Residents have to call ahead no later than one day before their ride, so while the service is helpful, the scheduling can be burdensome. KAT recognizes the increased need and is trying to find additional ways to address it. KAT has implemented new scheduling systems and processes, increased service, and adjusted to become more customer friendly to users.

Below are key data points from the past seven fiscal years. There has been an increase in ridership over the past year with medical related rides being the biggest factor in the increase. Nutrition trips saw an increase since they added a route to the Kendall County Food Pantry, and PADS, Kendall County’s homeless shelter program, related trips have doubled. KAT reports they restored ride service to Waubonsee Community College’s main campus in Sugar Grove in the last 12 months, a service that had been previously cut in FY 2016.
2019 KAT Totals:

Disabled: 10,056
Senior: 15,625
General Public: 6,633
Total: 32,314

Education: 1,969
Employment: 14,967
Nutrition: 11,201
Medical: 566
Shopping: 940
Social: 1,428
Other: 1,243
Total: 32,314

Grundy County has a similar version of public transportation; the service is called the Grundy Transit System (GTS). It has been in service since 1999 with limited run-days, but it is helping to fill transportation voids. Morris has a hospital bus that will deliver low-income individuals and seniors to their doctor’s appointments, but many people, due to the need for transportation, tend to misuse this system. They may ask to be dropped off at the doctor’s office and then walk instead to the grocery store in order to fulfill other needs. Sherry Zerbian, director of Grundy Transit, reports that in FY 16 GTS gave 16,450 rides, but for FY 17 there were only 15,716 rides. She reports that the decline in rides is due to contract transitions that the service is currently still going through.

These services are a push in the right direction, but the increased number of people needing rides and the limited buses make it difficult to insure that people are making it to school, work, or even a job interview on time. Neither service operates on the weekends, early mornings, or late afternoons all of which are a low priority based on the financial constraints and lack of vehicles for both services at this time.

**Results of the Kendall-Grundy Community Action Consumer Insight Instrument:**

Surveys = 110

1.) What services are you looking to receive today?

LIHEAP/PIPP (Utility Bill Assistance): 105
Employment Support: 1
Homeless Prevention: 1
Drive to Success: 5
Helping Hands: 1
Scholarship: 3
Weatherization: 7
Other Emergency/Disaster: 3

2.) To what extent were you treated with respect by all staff? (440/110) = 4

(110*4) Very Respectful __ Moderately Respectful __ Somewhat Respectful __ Very Disrespectful

3.) Please rate the effectiveness/helpfulness of service you received. (439/110) = 3.9

(109*4) Very Effective (1*3) Moderately Effective __ Somewhat Ineffective __ Very Ineffective

4.) If you received assistance from Community Action, to what extent are we helping you to understand the reasoning behind and importance of energy conservation? (429/110) = 3.9

(106*4) Very Helpful (1*3) Moderately Helpful (1*2) Slightly Helpful __ Not Helpful

Average Overall Rating = 3.9/4

Client Comments:

Very nice to be treated with respect and consideration. Employee was very respectful and helpful. Need to be like this at all centers.

***** gave great customer service. She explains everything very well

She was wonderful

Very thankful for services as well as the friendly helpful staff

Appreciated Service

Very informative
Very Professional, very comfortable environment

***** was very friendly and comfortable to be around. She made my first experience here a very pleasant one.

***** has a great personality
Much appreciated and needed.

Very wonderful experience. Info, personable, caring, uplifting person

Great services

Extend the service though out the summer months

First time here. Nice People

I have been coming here for three years and it has been nothing but helpful. I love the service and the friendly staff. I always tell friends and family about LIHEAP. Thank you all so much.

Great Help

Just thanks for being there for me

Thanks! It helps the receive the LIHEAP assistance

Need more free programs

Great Help

I am glad they have this service

*** was very helpful to quickly schedule an appointment and very helpful and courteous during the appointment.

***** helped me with such compassion and kindness. She is a very loving woman

Very great help

Keep up the good work

***** did Great!

Thank you!


**** is awesome. Very Helpful and informative

Excellent service all the way around!

***** was very nice and treated us well. She was great.

**** was very kind and helpful and I am happy someone like her was able to help

Thank you very much and very helpful staff

Great and timely service

Very Helpful

A score of 3.5 or below may be cause for concern if KGCA should ever receive a score of that value. A value of 3.5 or below begs a careful review and consideration of what staff is or isn’t doing to create an environment that is helpful for our customers. The Consumer Insight Instrument is an efficacy measurement tool done by “experts”, those we serve. KGCA seeks more than client satisfaction; we seek their insights and input. This tool lets us know how things are working and reveals areas for improvement as well as allowing us to recognize and celebrate our achievements.
Description of the Service Delivery System
The Kendall County Health Department’s first annual report, referred to as the Kendall County Nurse Report, was completed in 1965. In November of 1972, the voters of Kendall County passed a referendum which established the Board of Health’s current governing structure. In 1996, Community Action, the Health Department, and Human Services merged into one health services organization governed by the Board of Health. In 2007, the Kendall County Health Department became accredited. In 2010, we received specific governance accreditation.

The Kendall County Health Department has four units, each offering essential services and core functions in public health. The four units are titled; Community Actions Services, Mental Health Services, Community Health Services, and Environmental Health Services. Emergency Response, Health Education, and Systems Improvement are integrated across the Health Department. Administrative/Support is integrated into Community Action, Mental Health, Environmental Health, Community Health, Emergency Response, Health Education, and Systems Improvement. Administrative/Support functions exist in order to serve every staff endeavor in the aforementioned areas so that staff may most effectively serve the health and well-being needs of our community.

Being a CAA located in what was one of the fastest growing areas in the nation, as well as having negative community impact due to high foreclosure rates, we are committed to meeting the needs of our customers. With the recession, the aftermath, the growth, and our statistics comes a demand for new services and the need to be aware of new priorities. Throughout the past year, we have spent a considerable amount of time discussing the flux in population demographics, as well as the aftermath of the foreclosure crisis. Thanks to our involvement and impaction of the IPLAN, as well as constant surveillance, we have been researching ways to combat the multi-faceted challenges our population is currently facing.

As we worked on Kendall-Grundy Community Action’s Community Action Plan (CAP), we were able to come together as a cohesive group to prioritize the needs of our community. As we continue to move forward, our priority as a community action agency is to address the continual growth of both Kendall and Grundy County, as well as the aftermath of the foreclosure issue facing Kendall County. KGCA is helping the community keep on the right path to self-sufficiency despite some of the obstacles that may come their way.

KCHD is the chief provider and/or referral source for both personal and mental health promotion. KGCA is a unit of KCHD serving Kendall and Grundy counties with Low Income Home Energy Assistance Program (LIHEAP), Illinois Home Weatherization Assistance Program (IHWAP), and Community Services Block Grant (CSBG). KGCA proposes to address all of the principal needs identified in the Community Action Plan. Agency projects, as well as outside resources, will continue to be coordinated in order to service many of the principal needs of the community.
**Needs:** Throughout the agency's area, only a small percentage of all housing is subsidized. The average rental cost for a two-bedroom apartment in Grundy County is $1123 and for Kendall it is $1235. The high cost of rent in the area can make it very difficult for low-income households to maintain adequate housing.

**Services:** Low Income Home Energy Assistance Program (LIHEAP) funds are used to assist eligible households in meeting the costs of home energy. Customers may also be eligible to enroll in the Percentage of Income Payment Plan (PIPP). PIPP is a law enacted to keep customers’ utility costs at a maximum of 6% of their overall income. The Illinois Home Weatherization Assistance Program (IHWAP) assists low income households by helping/guiding them on ways to save fuel and money while increasing the comfort level of their home. Information, referrals, and housing-related counseling are provided. Many customers call KGCA for assistance in paying their monthly rent or mortgage. KGCA facilitates the local board for the Emergency Food and Shelter program. This board allocates funds to other local agencies to provide emergency food and shelter to people in need within the community. One of the agencies in Kendall County, Community Benefits, provides rental assistance and KGCA customers can pick up and drop off an application at our office. A Community Benefits volunteer picks up the finished applications at our office on a weekly basis. In Grundy County, KGCA refers clients in need with rental or mortgage assistance to We Care of Grundy County, Help for Hope, and St. Vincent De Paul, and Catholic Charities. All clients are also referred to their local townships for general assistance if funds are available.

**Needs:** Low-income households cannot afford to eat adequately and lack the knowledge to purchase and prepare well-balanced meals. Food pantries in the area are serving more families who are above the poverty level but are struggling to meet basic needs. The SNAP program has changed their eligibility requirements so that more families and individuals are able to qualify, however, the allocation of assistance to each family has been decreasing. Kendall County area and the Grundy County area are without a local SNAP office.

**Services:** KGCA refers customers to public aid offices and local food pantries. KGCA offices have emergency food pantries (food and supplies provided by the local food pantries) located right in office for any customers that express a need. The Salvation Army also gives KGCA ALDI and Jewel gift cards to give to customers who need emergency food and supplies on a regular basis. KGCA also refers customers to the Women, Infants, and Children (WIC) program if the customer is a new mother. The WIC program is facilitated through the Community Health Division, a division of the Kendall County Health Department. The Community Health Division has most recently begun to provide cooking and exercise classes for WIC customers and a garden has been planted on health department grounds. The Grundy County Health Department also provides WIC services in their nursing division and has a garden planted on their grounds.

**Needs:** Low-income people need supplemental funds to continue their education, resulting in greater self-stability.

**Services:** KGCA operates a scholarship program for economically disadvantaged students in cooperation with Illinois businesses, industries, and community colleges. This program is funded through CSBG to aid in the acquisition of training and higher education. KGCA also refers customers seeking education assistance to the local Workforce Innovation and Opportunity Act (WIOA) offices.

**Needs:** While information is reflective of unemployment as an improving issue in our community, customers still express a need for more jobs and more jobs that are permanent full-time living wage jobs.

**Services:** KGCA implemented an Employment Support Program that serves persons in the community who are looking for work or starting a new job but may need assistance with items or bills during that time. KGCA also offers internship opportunities in office for low-income persons who are in need of fulfilling an internship for accomplishing their degrees. KGCA has partnered with Northern Illinois University and Aurora University to recruit interns that may be interested. KGCA has a Drive To Success program that is for low-income persons who are employed and need repairs done on their vehicles so that they can continue to have transportation to and from work. KGCA also refers customers to the WIOA office and has a current
memorandum of understanding with the local WIOA offices to insure that both agencies are working together to assist customers who are in need of employment.

**Needs:** Current evidence shows a growing homeless and poverty population in both Kendall and Grundy counties. With homelessness and poverty comes a demand for emergency food, shelter, and other crisis assistance. Yet funding cutbacks made it difficult for community organizations to meet increasing emergency needs.

**Services:** KGCA refers persons in crisis to Community Benefits, Kendall County food pantries, and We Care of Grundy County, as well as Catholic Charities for emergency assistance. Both providers receive funding from Federal Emergency Food and Shelter funds. Kendall and Grundy County opened a PADS shelter in recent years. KGCA receives funds from the Salvation Army to assist customers in general emergency situations like water shut offs, medicine, home repairs, and pest control. Kendall has recently coordinated a Continuum of Care group and is active with the Will County Continuum of Care who is the lead agency for KGCA’s service area. KGCA facilitates the ComEd Hardship program and Nicor Sharing program for clients experiencing emergency shut-offs when the LIHEAP assistance is out of funds, the client reached their maximum benefits from LIHEAP, or if the client is over-income for the LIHEAP program.

**Needs:** Kendall and Grundy county update their information and referral system annually. Every customer that comes in for assistance receives information and referral packets, and each intake specialist assesses a customer’s needs to make sure that they are aware of all programs that would be of benefit.

**Services:** Through CSBG, the agency provides an Information and Referral service, which places low-income individuals in contact with other services available within the KGCA agency and throughout the community. KGCA has an Information & Referral Directory for both counties. In addition to identifying appropriate agencies, included are location, phone numbers, and hours of operation for each provider. The directories of Community Resources were developed with information on services, eligibility, funding, fees, etc. An update is done on an annual basis.

**Needs:** Low income families who are not able to provide eyeglasses for their children can lead to poor self-esteem, failure in the classroom, developmental delays, and learning disabilities. Worse yet, these uncorrected vision problems make it more difficult to climb out of poverty as a child grows older.

**Services:** KGCA will assist qualified parents to purchase prescription glasses and necessary items for school for their children. KGCA staff will distribute vouchers in order to ease the financial burden on low-income parents when enrolling their children in school.

**Needs:** Access to care in regards to dental has been a growing need throughout Kendall and Grundy counties. Twenty percent of Grundy County’s population report that they are experiencing poor dental health and lack of dentists who accept Medicaid.

**Services:** KGCA has responded to their needs assessment data and surveys by implementing a new dental expense assistance program. This program is intended to assist eligible clients with the expense of oral health care treatment. KGCA is also partnering with Grundy County Health Department’s mobile dental clinic to assist any clients who may be on their waiting list for care since registration is limited for their program at this time. This is due to the overwhelming need and amount of families that have registered in such a short time resulting in the clinic reaching maximum capacity.
PERFORMANCE OUTCOMES MANAGEMENT PLAN
The Kendall County Health Department’s Performance Outcomes Management Plan is created annually to educate stakeholders about the efficacy, efficiency, and ethics of the organization. Efficacy refers to the relationship between outcomes and change. Efficiency refers to the pragmatic and prudent acquisition and distribution of fiscal, material, and personnel resources. Ethics refers to the more abstract aspects of outcomes such as communication of outcomes, intent of outcomes, and the integrity of the outcomes.

KGCA’s Performance Outcomes for 2017

Kendall's population has grown 125.3% since 2000. The poverty rate of Kendall County has increased by 3.8% since 2000. Grundy's population has grown 34% since 2000 and the poverty rate has increased by 5.8%. KGCA would like to insure that outreach efforts are reaching all persons needing assistance who may be experiencing poverty. KGCA will realize a minimum of a 5% increase in first-time customers.

PY 2015= 2494 customers
PY 2016= 2293 customers
PY 2017= 2200 customers

The data shows that each year for the past year the amount of KGCA clients has decreased. This is more likely a staffing/funding issue. KGCA does not have enough persons employed or funding to take on the demand of customers needing services. This can be seen in the KGCA appointment waitlist calendar. Weatherization is on a three-year waitlist and LIHEAP appointments are two months out, and there may not be enough funding to cover all those clients by the time staff gets to them. Every year funding decreases and the demand increases. The data shows that Kendall County specifically has a significant amount of customers (16%) surveying that they have lived in Kendall County less than one year and were participating in KGCA services for the first time. In both Kendall and Grundy County 33% of customers migrated from Kane County.

KGCA’s Performance Outcomes for 2018

KGCA will diligently increase energy conservation education to all clients who seek energy assistance. This energy conservation education will decrease energy usage among our customers, thereby increasing their overall financial well-being. This will be a two-year outcome project. FY 18 will be baseline energy usage before energy conservation education, and FY 19 will show energy usage after energy education. KGCA will collect data on energy usage of all customers seeking energy assistance. KGCA will see a 5% decrease in energy usage one year after customers receive energy assistance and energy conservation education.

2018 first quarter: Avg Therms = 188.3/Avg Kwh’s= 901
2018 second quarter: Avg Therms = 139.39/Avg Kwh’s= 790.87
2018 third quarter: Avg Therms = 27.9/Avg Kwh’s= 898.5
2018 fourth quarter: Avg Therms = 28.81/Avg Kwh’s= 597.76
2019 first quarter: Avg Therms = 359.34/Avg Kwh’s= 791
2018 second quarter: Avg Therms = 94.97/Avg Kwh’s= 361
2018’s energy usage data is setting a baseline for comparison for 2019’s data. KGCA must note that about 19.3% of homes are all electric which creates a larger kwh usage for homes in the winter since their heat is provided by kwh's. Also the average temperature for each quarter is being recorded in case there is a significant difference in weather between 2018 and 2019.

**ACCESSIBILITY PLAN -2018 Update**

The Kendall County Health Department Accessibility Plan is created in consideration of persons served, personnel, and stakeholders. To ensure best practices, the Kendall County Health Department Accessibility Plan may consider accessibility to be inclusive of architecture, environment, attitudes, finances, employment, communication, and transportation.

**.ARCHITECTURE**
The health department will create and maintain an atmosphere of openness and equal opportunity which requires a physical environment designed to eliminate potential barriers. Annually, facilities management staff conduct health department inspections for ADA compliance. In the event of a finding, the implementation of necessary corrections will be made and documented.

**.EXTERNAL ENVIRONMENT**
The health department works diligently to enhance accessibility to health and wellbeing information and advocacy with particular reference to vulnerable groups and those most in need. Vulnerable groups in society are often most in need of health and social services but may have great difficulty in accessing them. Identifying barriers to access and putting initiatives in place to combat them is central to the work of the health department.

**.ATTITUDES**
The health department views persons served as vital community partners. Health department staff understands the importance of each individual’s diverse needs and the necessity to utilize person-centered thinking when providing culturally competent and culturally equitable assistance.

**.FINANCES**
The health department maintains modest fees for services. These fees are set at or below comparable services of analogous counties. Also, the mental health unit utilizes a sliding fee scale fee structure for all services. To further increase access to care, health department also accepts several types of insurances for most mental health and community health services.

**.EMPLOYMENT**
When a position is made available at the health department, the position is advertised internally and when necessary, externally. The hiring procedure follows an ethical and culturally competent and culturally equitable process to ensure that the most qualified candidate is hired.

**.COMMUNICATION**
The health department hosts internal Spanish interpreter availability and access to over 200 other languages through an offsite interpreter translation service. Additional assets to linguistic access at the health department include: translated paperwork, accessing brail, enlarged font, and TTY calls.

**.TRANSPORTATION**
When personal transportation is not available, local resources such as a cab service or Kendall Area Transit (KAT) are available to assist in transportation efforts for consumers of the health department at their expense.

Accessibility Plan Goal: In order to ensure accessible community information and informatics, the health department will maintain an up to date website that will be reviewed annually through the year 2020.

Accessibility Plan Update: Accessibility remains a top priority for the Kendall County Health Department. In order to ensure our community has access to the latest health information the health department hosts a user-friendly website that is monitored and updated weekly with significant health topics and trends that may affect our residents.
The section of the health department website hosts health articles that are relevant to current Wellness Alerts conditions that may affect our residents. The articles include:

- Kendall County Warming Centers - KCHD
- Illinois Marketplace for the ACA Enrollment now open
- Flood Preparedness for the Press and Public – KCHD
- American Red Cross International Reconnecting Families – ARC
- University of IL Cancer Survey Opportunities – UIC
- Asthma and Its Environmental Triggers – National Institute of Environmental Health Sciences
- Electronics Recycling Event – KCHD
- Tick Identification – KCHD
- Breast Cancer and the Environment – National Academy of Sciences
- Spring Vacation: Zika Update for Travelers – KCHD
- Seoul Virus FAQ’s – CDC
- Planning a Vacation? – Zika and Travel – CDC
- Tapeworm Found in Alaskan Salmon – CDC
- Seoul Virus Infection in Rats – IDPH

To view a sample of Wellness Alerts, please go to www.kendallhealth.org/alerts/ The section of the health department website hosts valuable health and community Featured News information pertaining to; recent health research, recognition of prominent community members and other agencies/departments that excel in the area of health, legislative testimonies about health issues and concerns, immunization schedules for our clinics and vaccination recommendations due to regional outbreaks that may affect our residents or their families. The articles include: Featured News

- Protection Against the Rising Waters – Federal Emergency Management Agency (FEMA)
- Drug Resistant Tuberculosis, A Survival Guide for Clinicians
- University of IL Cancer Survey Opportunities – University of Illinois-Chicago (UIC)
- When Food Consumes You: Taking Easting to Extremes – National Institute of Health (NIH)
- Chlamydia in Kendall County – Kendall County Health Department (KCHD)
- Antibiotics – You don’t always need them – IL. Department of Public Health (IDPH)
- Health Body, happy Heart: Improve your Heart Health – National Institute of Health (NIH)
.ON TO 2050 Plan Preview – Chicago Metropolitan Agency for Planning (CMAP)

.12 Ways to Have a Healthy Holiday Season – Centers for Disease Control and Prevention (CDC)

.Carbon Monoxide (CO) Poisoning Prevention – CDC

.Say NO to raw Dough – CDC

.Those who Excel: Chris Cooper – KCHD

.NIEHS/EPA Children’s Environmental Health and Disease Prevention Research Centers Impact Report

.IDPH Communicable Disease in IL Newsletter

.Flame Retardant Chemicals – National Institute of Environmental Health Sciences

.National Institutes of Health Video and Podcasting

.Respiratory Syncytial Virus Mortality Among Young Children – The Lancet

.Groundwater Depletion in Chicago’s Southwestern Suburbs –

.Funds Available for Energy Assistance – KCHD

.Mosquito Bite Prevention – CDC

.Get is Straight: Improve your Posture for Better Health – NIH

.Zika in the US: The Growing Public Health Threat and the Critical Role of Local Response - CDC

.Vaccines save lives and are safe - IDPH

.Updated Interim Guidance for Pregnant Women with Possible Zika Virus Exposure – CDC

.Ozone Basics – Environmental Protection Agency (EPA)

.Kendall County Recycling Event – KCHD

.The Opioid Epidemic: An Overview of the Problem and Treatment Approaches – KCHD

.Faith-based groups making climate health a priority: Public Health joins faith groups on food access, sustainability – American Public Health Association (APHA)

.Scholarships Awards to Local Students – KCHD


.Pebbles in Your Plumbing; Flushing Kidney Stones – NIH

.A Special Thank you – KCHD
Exploring Associations between prenatal solvent exposures and teenage drug and alcohol use: a retrospective cohort study – Environmental Health, Research Open Access

II Rural Cancer Survivor and Caregiver Assessment Newsletter

Understanding Depression – Substance Abuse and Mental Health Services Administration (SAMHSA)

USDA Has taken Actions to Reduce Risks but Needs a plan to Evaluate its efforts – US Government Accountability Office

Preparing your pets for Emergencies – Ready.gov

Keep your voice sound. How to prevent and avoid voice problems – NIH

Painful joints? Early treatment for Rheumatoid Arthritis is Key – NIH

March 24 is World TB Day – CDC

Pets; Purr-fect health additions to your life – APHA

Cozy Vale Raw Milk Hit with E. Coli Again – Bill Marler

Time for Tick Bite Prevention – KCHD

Rising Suicide Among adults aged 40-64 years – American Journal of Preventive Medicine

Managing Disasters at the County Level: A Focus on Flooding – National Association of Counties

Protecting Your health from Climate Change Impact – KCHD

The Power of your Pancreas: Keep you digestive Juice Flowing – NIH


Seoul Virus Outbreak with Pet Rats – Video, Dr. Julia Whittington

Facing Addition in America – Surgeon General’s Report, United States Health and Human Services (USDHHS)

Call the Right Play for the Super Bowl, Don’t Drink and Drive – Illinois Department of Transportation (IDOT)

Pregnancy and Beyond: Make Healthy Choices for Yourself and Your Baby – NIH

Making a Healthier Home: Cast Toxins from your living Space – NIH

Fight Misuse and Make Antibiotics Matter – IDPH
Dangers of Radon Exposure in your Home – KCHD

Illinois Zika Virus Action Plan – IIDPH

Healthcare Access Issues Seen in US, Other Rich Countries – Medscape.com

Children’s Connected Toys: Data Security and Privacy Concerns – Committee on Commerce, Science and Transportation

Kendall County Sheriff’s Office Receives grant for Drug Collection Unit – Kendall County Sheriff’s Office

Find Your Real Solutions for a Healthy New Year – United States Department of Agriculture (USDA)

Companeros en Salud’s Mission Awards Breakfast – Companeros en Salud

Description of 13 Infants Born During October 2015 – Jan 2016 with Congenital Zika Virus Infection without Microcephaly at Birth – Brazil – MMWR

To view a sample of Featured News, please go to www.kendallhealth.org/news/aging-well-with-a-physical-disability/

The section Upcoming Events of the health department website hosts information about; speaking engagements, health fairs, community education presentations, and family activities that are happening either at the health department, or hosted by external stakeholders. To view a sample of Upcoming Events, please go to www.kendallhealth.org/wp-content/uploads/2018/01/Year-of-You-January-2018.pdf

Some of the important health topics that were shared through social media (Facebook and Twitter) include; sodium reduction in children, flood preparedness and proper clean-up, flu shots, colon health, Zika and West Nile virus, youth substance abuse prevention, senior support groups, water and energy conservation, opioid abuse, portion control, Quitline for tobacco use, preparing nutritious food, lead poisoning, food-borne pathogens, source reduction, emergency communication and shelter plans, social isolation in elders, weatherizing homes, prescription drug take-back sites, electronics recycling events and the importance of breastfeeding.

The website is host to Kendall County Resource Directory, Green Pages, Strategic Plan, Community Action Plan, Community Health Plan, and programmatic detailed information about our services. It provides access to health data, community informatics, and other health information that is valuable for community well being.
Description of Linkages and Coordination Efforts
The Kendall County Health Department shall be the core provider of services, resources, or planning as well as the larger community, and they shall be viewed as a set of assets, which include governments, organizations, and individuals. We are unique in that we have many services under one roof. This allows customers to have access to many departments and a whole-health experience during one visit.

We have a no wrong door design. The goal is to provide services that promote self-sufficiency and stabilization. We are committed to assisting customers in obtaining entitlements and successfully linking them to sets of services that promote self-determination with regard to the unique needs of each individual/family that comes to us for help.

The description of linkages emphasizes the goals and objectives of KGCA. The first is to encourage self-sufficiency, while recognizing the need for transitional, direct services for those faced with poverty and crisis. The second is to maintain an up to date Information and Referral program. KGCA/KCHD programs are tied effectively together and staff members from all programs cooperate and work together for the benefit of the customer. On the local level, KGCA/KCHD provides long range planning by tracking requests for services, as well as identifying gaps and duplications in services. This allows us to keep an updated list of service providers. KGCA/KCHD serves Kendall and Grundy Counties with Low Income Home Energy Assistance Program LIHEAP, Illinois Home Weatherization Assistance Program (IHWAP), and Community Services Block Grant (CSBG).

All CSBG eligible households will be referred to other appropriate services as part of meeting the household’s individual needs. The coordination of resources will be continued with other agency programs. We will also continue to join forces with community members and agencies to address the needs and opinions on health and health care, housing, utilities, income, transportation, social activities, and other issues related to daily life.

The staff is familiar with and cross-trained in all agency programs. All CSBG eligible households are referred to other appropriate agency programs as part of linking the household’s needs to programs providing services.

We are committed to working with area stakeholders to ensure we are providing the necessary programs to meet the needs of our customers. The intent is to afford residents and customers one-stop access to county health and social services. This is especially important in an area with limited public transportation. The Department also houses CASA (Court Appointed Special Advocate), Kendall County Housing Authority, Veterans Assistance, and the Workforce Development Division. To date, the one-stop concept has worked well.

Public relations and marketing efforts are on-going. Monthly media releases are sent to local newspapers, radio stations, and television. We post informational flyers and make presentations to community businesses and clubs and other agencies. Targeted outreach sites are senior centers, housing complexes, church groups, employment agencies, schools, and other social service agencies. We are an active member of the National Association of Community Action Agencies, the National Association of Housing and Redevelopment, Coalitions of Citizens with Disabilities, the National Association of Energy Engineer, the Association of Information and Referral Services, the Coalition to End Homelessness, the Illinois Ventures for Community Action, and the Illinois Community Action Association.

Other efforts to maintain effective delivery of coordination and linkages include the development and implementation of the Strategic Plan and Systems Improvement Plan. We also have a lead role in the Community Health Plan which discovers strengths and opportunities in the local community regarding public health. These discovered opportunities help develop goals for us to address in a five-year span including goals for improvement on the community’s social well-being.

KGCA conducts survey research that is reviewed annually to identify gaps in services. A survey is given to each customer who seeks assistance. The survey covers characteristics such as demographics, housing,
education, employment, and nutrition. The survey asks the customer to speak of any issues that they feel the reporting area may be experiencing or that they may personally be experiencing in regards to those characteristics.

A separate survey is also given to board members, stakeholders, and other community members that may not have a chance to visit the office. This separate survey also addresses the same socioeconomic characteristics.

The outcomes of referrals, case management, and follow-up consults also affect how we continue to perform the programs. If customers are not reaching a higher level of self-sufficiency and continuously keep seeking assistance year after year, we reflect on what may be the cause of this behavior and strive to create linkages and innovative programs to alleviate these reoccurrences.

This data from the surveys and outcomes of programs and performance assists us in identifying the needs of the community and what service gaps may exist. This in turn helps develop a plan with goals and outcomes that serve to address these needs and gaps. This system is a process of management and accountability practices better known as Results-Oriented Management and Accountability, or ROMA. ROMA is the way we incorporate the use of our program outcomes and results into evaluating whether or not we are assisting our customers in the best possible way with the resources that are available. As of February 2017, KGCA has had a ROMA implementer on staff, our Program Administrator.

Cultural Equity Plan

This cultural equity plan has been set forth in order to respond to the diversity of stakeholders with respect to; age/agedness, ethnicity/race, gender/orientation, language/literacy, mental health, physical ability, socioeconomic status, and spiritual beliefs. Cultural diversity also includes concepts of status, dress/modesty, family traditions, health values, help-seeking behaviors, matters of privacy, personal boundaries and spiritual identity. Efforts to reduce population health disparity is more likely to succeed if it is part of a broader culture of equity. Fostering a culture of equity can have significant benefits for an organization. When an organization values a culture of equity, the staff shares an understanding of equitable care and places high value on its delivery. Similar to a culture of quality, a culture of equity will be essential to the success of quality improvement that seeks to reduce population health disparities.

Partner Participation

Persons served are vital community partners. Such clients often experience community barriers due to educational, linguistic, or socioeconomic disparities. Client input into services may occur in any of the following ways; Effectiveness Insight Instrument, individual service/treatment planning, governance participation, community health assessment, community health planning, strategic planning, or other spontaneously rendered insight. Another way that client participation input into their own services are achieved, is by asking them about the usefulness of services following the rendering of those services. Client centered services are influenced by abilities, culture, needs, strengths, and desires/preferences of the person served.

Community Engagement

Engagement with community groups that reflect community diversity may contribute to an understanding of cultural trends free of a deficit discourse. These community engagement efforts include outreach to community action, environmental health, mental health, and physical health networks, community resource team, community churches, community schools, senior centers, outreach efforts to community members having difficulty accessing services, and enhanced engagement with current clientele of direct services. The health department is committed to utilizing diverse forms of social media in order to access diverse populations, keeping in mind that electronically prepared vehicles of communication are also accessible to those with mobility impairments. Community engagement also occurs through these vehicles of health information:

- Annual Report
INTERPRETER AVAILABILITY
Internal Spanish interpreter availability will be available through the health department. Translation of additional materials is also available as needed. Other language interpreter availability will be posted for access to any other language interpretation as needed. All forms are verbally explained to clients in order to ensure their understanding. Standard forms will be reviewed for possible translation needs. Additional assets to linguistic access include:
- Accessing brail
- Enlarged font
- Interpretation support
- Translation support
- TTY calls

RECRUITMENT & RETENTION
Professional development related to culture, diversity, and cultural competence is strongly supported. Existing organizational training should carefully embed relevant diversity topics within the training. The intent of embedding cultural competence into training or in developing any training around cultural competence is to promote the ethics and efficacy with regard to serving diverse populations. That is to say that cultural competence will be a part of ongoing training. Assertive efforts will be made to recruit diversity that is representative of cultural competence for leadership positions, management positions, support positions, and direct service positions through both the employment posting and the interview process
ASSESSING ACCESS
An awareness of organizational diversity will be demonstrated in the personnel report. Culturally competent accessibility will be demonstrated through a culturally competent recruitment process, through professional development opportunities, through sound delivery design, and through an environment that promotes comfort, trust, and cultural relevance. Specific characteristics/barriers of the population served will be reflected in the community health assessment and partnership engagement in order to increase access to health care services. Community members are welcome to contact the health department for educational information about specific health/services access issues.

EQUAL OPPORTUNITY
The Kendall County Health Department (hereafter KCHD) will comply fully with the non-discrimination regulations set forth in relevant State and Federal law and Executive Orders. KCHD has always offered equal opportunities in employment and, by the very nature of its experience, equal services to all the residents of Kendall County. It is the intent of KCHD to provide equality and respect to all individuals in matters of service and employment.

STATEMENT OF COMMITMENT
It is of great benefit to all employees as well as all those we serve to show professional responsibility and commitment towards continuous growth in cultural competence.

HIRING PRACTICES
All persons will have equal opportunity for advancement and promotion

COMPLAINT PROCEDURE
Complaints will be directed to the Executive Director of KCHD who will direct them as necessary to the Board of Health. The complainant will be advised of ensuing steps which will be taken. The Illinois Department of Human Rights brochure is posted in areas of key visibility throughout the health department.

ANNUAL REVIEW
A review of this plan and CLAS Standards will occur annually.

PROFESSIONAL DEVELOPMENT
Professional development opportunities related to cultural competence will continue to be made available to staff. Special emphasis will be placed upon embedding a commitment to cultural competence within the units of the health department. To this end, professional development opportunities will be planned for the following core competency; Ensures that there are strategies for interacting with persons from diverse backgrounds, as a part of unit meeting professional development discussions.
Coordinated Partnerships

KGCA/KCHD is committed to working with area stakeholders to ensure we are providing the necessary programs to meet the needs of our customers. The intent is to afford residents and customers one-stop access to county health and social services. This is especially important in an area with limited public transportation. To date, the one-stop concept has worked well.

Other groups and agencies with which this objective will be coordinated are listed below:

- Employment: Kendall County and Grundy County Workforce Development Services, Open Door Rehabilitation, JTPA, Department of Rehabilitation Services, and Private Employment Services. We are a participating member of Illinois Workforce Innovation Areas (LWIA) 5 and 11, providing and receiving direct linkages between our services and those of the LWIA-associated American Job Centers.

- Nutrition: Kendall County Health Department’s Women, Infants, and Children Program, Grundy County Health Department’s Women, Infants, and Children Program, Kendall County Community Food Pantry, Helmar Food Pantry, Northern Illinois Food Bank, Harvest Baptist Food Pantry, Northern Illinois Food Bank, Food Stamp Programs, Meals on Wheels, School Lunch Programs, Red Cross, Salvation Army, We Care of Grundy County, and Township Supervisors. Participating in/with the Illinois’ Farmers Market Nutrition Program

- Housing: Kendall County Housing Authority, Grundy County Housing Authority, Community Benefits, Catholic Charities, Continuum of Care, and Rural Development.

- Health: Kendall County Health Department Mental Health and Substance Abuse Treatment Programs, Grundy County Health Department’s Mental Health Treatment, Kendall County Health Department’s Immunizations Programs, Grundy County Health Department’s Community Health Clinic, Rush Copley Medical Center, Edward Hospital, Mercy Provena Hospital, Morris Hospital, Valley West Hospital, Aunt Martha’s Federally Qualified Health Center, Visiting Nurse’s Association’s Federally Qualified Health Center, Hine’s Veteran’s Hospital, Mercy Mental Health Impatient Treatment Center, Elgin Mental Health Center, Tinley Park Mental Health Center, Kendall County’s Health Department’s 24/7 Crisis Line, Crisis Line of Grundy County, Kendall County Free Health Clinic, and Morris Hospital Transportation Service. Haymarket Place (substance use disorder inpatient treatment program)

- Education: Joliet Community College, Wabunsee Community College, Illinois Valley Vocational Center, Kendall Grundy Regional Office of Education, Aurora University, Community Colleges, Northern Illinois University, Kendall County Public Schools, Grundy County Public Schools, and Vocational Centers

- Miscellaneous: Kendall County Health Department’s Community Outreach Case Management, Kendall County Health Department’s Elder Care, Kendall County and Grundy County Interagency, Kendall County Veteran’s Assistance Commission, Grundy County Veteran’s Assistance Commission, Kendall Senior Services, Fox Valley Older Adults, Grundy Senior Service, Kendall County Township, Grundy County Township, Prairie State Legal Services, Three River’s Head Start, Cross Lutheran Social Services, Yorkville Optimist Club, Grundy Community Foundation, Childcare Resources and Referral, Grundy County Expanded Area Transit, Northeast Area on Aging, Coal City Library, Retired Senior Volunteer Program, Illinois Department of Veterans Affairs, IDEA Offices, Regional SST Offices, Regional VA Offices, Illinois Migrant Council, and Illinois Child Support Enforcement office Joliet Region
KGCA/KCHD is committed to enhancing the health and economic well-being of the community and will strive to look for continued ways in which we can interact. We intend to be more in communication with each other and to reach out to work towards healthier lifestyles for residents. KGCA/KCHD’s diverse network of stakeholders, community groups, agencies, and other care-givers help ensure that we are aware of what services are available. It also helps in determining the gaps in services that may exist in the community.

Programs we coordinate with are:

- **KCHD** *Professional Seminar Series* – delivers state-of-the-art continuing education programs for professionals in the health & human services and education fields. CEU and CPDU credits are available for Licensed Social Worker, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Clinical Professional Counselors, Licensed Marriage and Family Therapists, and school personnel.
- **KGCA** *Staff fills out vouchers for customers to receive free merchandise from local resale shops.*
- **KGCA** *Is the local outreach site for the Salvation Army in Kendall County. In Grundy County, the office is the intake site for the Salvation Army’s Nicor Sharing program.*
- **KGCA** *Morris and Yorkville are both intake sites for ComEd Care Programs.*
- **KGCA** *In 2014, Kendall and Grundy County are now members of the Will County Continuum of Care.*
- **KGCA** *Member of The Grundy County Interagency Council since 1983 / Member of The Kendall County Interagency Council since 2017 - Members are all social service agencies and non-profits who serve Grundy County. Keeps agencies updated on programs, staff, funding, collaborations, events. Discuss broad, county-wide issues such as housing, seniors, etc;*
- **KGCA** *Served Grundy County after flooding and tornadoes in 2013. KGCA also served Grundy County after the 2015 tornado. In both incidents, we worked with other service agencies to provide shelter, food, clothing, and other necessities. We assisted with small grants, the goal of which was to help families get back into their homes. It helped to have a central location for donations and a process for distributing services. The combined partnerships of We Care, Operation St. Nick, and United Way as well as 30 other surrounding area agencies worked to assist over 200 families.*
- **KCHD** *Staff and other community members actively seek donations from many sources, mostly individuals, to provide Christmas gifts for low-income children under the title of “Share Your Blessings”.*
- **KGCA** *Provides financial assistance to persons in need of temporary shelter, meals, gasoline, Rx drugs, etc.*
- **KGCA** *Staff assists customers with Ameritech Lifeline & Link-up.*
- **KGCA** *Coordinate with local food pantry and churches to assist families at holidays and back to school events.*
- **KCHD** *Public Health Emergency Planning and Preparedness - Drills and exercises: Regional Partners’ Strategic National Stockpile (SNS) Policy Table Exercise, KCHD Table Top Exercise, Kendall County SNS Distribution/Dispensing Functional Drill.*
- **KCHD** *Health Education Tasks – Educational Bulletin Boards are constructed, newspaper articles are written for both counties, updates made to KCHD website and FaceBook with educational and health posts, presentation made to local boards, committees, and service providers. Attendance at several community and school health fairs.*
- **KGCA** *IHWAP team air seals and insulates drafty windows, doors, air conditioners, Ashrae 62.1 fans, and added insulation. This was to help lower utility bills for low-income families and individuals. All IHWAP staff members are QCI/BPI certified*
- **KGCA** *Staff goes out to other agencies to take LIHEAP applications*
- **KGCA** *Emergency Food and Shelter Program- Staff serves as the local chair and contact for the Local Board who acts as the decision making local body in distributing funding to other agencies in the county who serve the community in providing emergency food and shelter to local families in need.*
- **KCHD** *Building Resilience Against Climate Effects (BRACE)- Staff participates in developing strategies and programs to help the community prepare for the effects of climate change*
• KCHD* Staff received Incident Command System 300 training
• KGCA/KCHD* Participation in ALICE training and Active Shooter Drills
• KGCA/KCHD* Participation in Kendall County Health Department’s “Sense-sational Garden”, a fruit and produce garden established in 2017 as an expansion to its Serenity Garden—both of which are shared with clients.
• KGCA *Participation in the LIKE program with the UIC Energy Resources Center
• KGCA/KCHD* Participation in Kendall and Grundy County’s Senior Providers Groups
• KCHD* Staff member receive ROMA Implementer certification
• KGCA* Participation in Grundy County We Care Resource Days monthly
• KGCA/KCHD* HIPPA trained
• KGCA/KCHD/*Devil On The Run dispensing drill participation in partnership with Grundy County (6/15/16).
• KGCA/KCHD* All staff have participated in quarterly call down drill
• KGCA* MOU established between all local WIOA offices.
• KGCA* Participation in utility vendor weatherization program
• KGCA/KCHD* lead the coordination and response efforts between local agencies in 2019 when a local apartment complex burned down leaving all of the residents homeless
• KGCA initiated partnerships among local senior centers and the Citizen Utility Board
• KGCA initiated partnerships among the local senior centers, the Red Cross, Home Depot and the local fire departments to coordinate a smoke alarm program
• KGCA partnered with the Grundy County Health Department to assist individuals who are in need of dental care

KENDALL COUNTY HEALTH DEPARTMENT IS A MEMBER OF THE FOLLOWING PROFESSIONAL ORGANIZATIONS

✓ ACHMAI (Association of Community Mental Health Authorities of Illinois)
✓ CAP (Community Action Partnership)
✓ Community Behavioral Healthcare Association
✓ Companeros en Salud
✓ Grundy County Interagency Council
✓ IAPHA (Illinois Association of Public Health Administrators)
✓ ICAA (Illinois Community Action Agencies)
✓ ICAF (Illinois Community Action Foundation)
✓ ILCSWMA (Illinois Counties Solid Waste Management Association)
✓ IPHA (Illinois Public Health Association)
✓ Illinois Ventures for Community Action
✓ NACCHO (National Association of County & City Health Officials)
Kendall County Health Department (KCHD) is the county public health department. We are the lead agency for public and mental health services, providing input into community planning to enhance the quality of life for county residents.

KCHD offers service coordination and referrals internally and to other agencies. In addition, we provide home energy assistance, weatherization services and the community action block grant provides funding for family socioeconomic self-stability.

A wide variety of professional public health, mental health and community services personnel are employed by the department, bringing many valuable years of experience to the community. Teamwork is a critical component for delivering holistic services to the residents of Kendall County. This is achieved through both staff and program coordination, and includes collaboration with other agencies within and throughout our Local Public Health System.

KCHD constantly strives to meet the changing demands and needs of the growing community. KCHD works with county agencies and municipalities on emergency planning and preparedness using an all hazards model.
Local Public Health System

Description of Innovative Community and Neighborhood-Based Initiatives
Kendall-Grundy Community Action Services, a division of the Kendall County Health Department, is one of 37 Community Action Agencies which, together, serve the entire state of Illinois; and is a member of the National Organization, Community Action Partnership. The promise of Community Action is “Helping People / Changing Lives,” carrying out its mission through a variety of means, including: Low-Income Home Energy Assistance Program (LIHEAP), Illinois Home Weatherization Assistance Program (IHWAP), Community Service Block Grant (CSBG) and several other self-sufficiency programs offered to the two-county area.

The structure of Community Action is unique in that federal dollars are used locally to offer specialized programs in communities. Coordination is the bedrock of Community Action, using resources of all kinds, in combination, to solve community problems. It is a coordinated effort to address the root effects of poverty and to move families and individuals towards a life path of self-sufficiency.

Kendall-Grundy Community Action serviced Kendall and Grundy Counties with the following innovative community and neighborhood based initiatives:

**Kendall County Interagency Council**

In alignment with the goals of Kendall-Grundy Community Action, the idea for the Kendall County Interagency Council (KCIC) was presented in early March 2017. KCIC held its first formal meeting on April 11, 2017.

*The mission of the Kendall County Interagency Council is to provide a forum for professional collaboration to nurture and support partnerships among local agencies to maximize resources and to better enable providers to serve customers and the community.*

Modeled after the Grundy County Interagency Council, KCIC is composed of a myriad of service providers throughout several industries to include assisted living facilities, home care, equine therapy, education, veterans’ services, emergency preparedness, child care, legal services, and several other social service agencies.

The intent of KCIC, in addition to providing a professional forum for collaboration, is to minimize the duplication of work involved with providing similar or identical services to clientele.

Since its inception, KCIC has been meeting once a month. The main concentration of each meeting is to have one person/organization present their product/service in order to build understanding and awareness with the other participating individuals/organizations. Before the conclusion of each meeting, all individuals/organizations give a brief synopsis of current or upcoming events.

KCIC, even still in its infancy, is proving to be a valuable asset to providers in the area and to the people of Kendall and Grundy Counties.
Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has. **Margaret Mead**

Kendall-Grundy Community Action participated in the Kendall County Health Department’s IPLAN process for 2016-2021. The following paragraphs describe the most updated planning process that has taken place to formulate three priority health problems. The outcomes of the planning process will influence potential new innovative programs that KGCA intends to develop in the next year.

**Assessment Methods / Community Health Plan Process**

The Kendall County Health Department implemented the community-driven Mobilizing for Action through Planning and Partnership (MAPP) process for its ability to promote strong community connections that would foster and produce the collective wisdom of our community partners - essential to identifying, and eventually addressing, community health concerns by consensus. We took our community and community partners, collectively referred to as our community IPLAN Committee, on a journey through community health improvement planning using concepts that included visioning, an environmental scan, the identification of strategic issues, and the formulation of strategies. This was accomplished through the vehicle of MAPP’s four unique and progressive assessments. The community members, partners and sectors making up our IPLAN Committee remained relatively consistent throughout the duration of our journey. The public at large, through the use of mainstream and social media, was kept informed of our progress, their input and in-person participation encouraged, with each assessment performed. Some new Committee members were gladly welcomed along the way.

In our first assessment, the *Local Public Health System Assessment*, our Committee collaborated to measure the capacity of our local public health system to conduct essential public health services. This lead to our *Community Themes and Strengths Assessment*, during which our Committee received a great deal of information shared by members of our community unable to join us at the table, identifying public health themes that interest and engage our community, their perceptions about quality of life, and that which they believed to be community assets. Our Committee then enjoyed the results of a comprehensive, data-driven *Community Health Status Assessment*, during which they were made privy to analyzed data about our community’s health status, quality of life, a broad and diverse cross section of public health risk factors, and associated health assets. In our fourth and final assessment, the *Forces of Change Assessment*, our Committee worked closely to identify forces that are occurring or will occur that will affect our community or our local public health system. Pulling it all together, our Committee applied their cumulative experiential and data-driven knowledge gained through all four assessments to create by consensus, meaningful public health priorities intended to positively impact the health and well-being of our community.

**Prioritization of Results**

Three health priorities have been selected. Chosen though community partner consensus, these three health priorities represent health and well-being initiatives unduplicated by efforts already established in the local public health system, and can be distinguished by innovation from efforts yet established in the public health system. The three health priorities proudly represent the World Health Organization definition of health in their diversity as well as their reflection of community driven health priorities. The World Health Organization asserts that public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease (World Health Organization, 2016).
The three health priorities are on the health and well-being topics of:

- Increasing community population opportunities for access to oral health care.
- Decreasing community population potential exposure to Lyme disease.
- Connecting seniors to assets that reduce socio-economic duress and support mental health.

KGCA will be working with KCHD’s mental health division with connecting seniors to assets that reduce socio-economic duress and support mental health.

**Priority: Connect Seniors To Assets That Reduce Socio-Economic Duress & Support Mental Health**

The Kendall County Health Department’s (KCHD) Mental Health Services and Community Action Services will endeavor to promote and preserve the socio-economic well-being and mental health needs of, in addition to others, our community’s senior population. Kendall County seniors, defined as persons over the age of 60, represent a demographic within our community, thoughtfully chosen by our community partners, who may benefit greatly from efforts intended to address such needs. KCHD will do so using a combination of extensive community engagement, intentional care coordination, and the delivery of person-based services in an effort to raise individual and community awareness of and promote access to services which address mental health and substance abuse, social isolation and connectedness, and financial instability.

**Importance of Priority Health Need**

The world’s population is aging rapidly. Between 2015 and 2050, the proportion of the world's seniors is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60. Seniors face special physical and mental health challenges which need to be recognized ("Mental Health Older Adults," 2016, para. 2). This fact highlights the importance of mental health and well-being services that are both effective and meaningful for this specific population.

According to the National Social Life, Health, and Aging Project (NSHAP), a constant effort to maintain social roles and activity in the face of later life transitions is crucial in maintaining older adults’ mental, physical and social well-being. Social gerontologists view social integration as a key component of “successful aging” (Cornwell, Laumann, & Schumm, 2008). Mental and socio-economic supports are designed to explore and address risk factors that appear to be related to possible barriers to an increase in social cohesion and to assist individuals in recognizing the harmful consequences of lack of access and/or engagement to these crucial services. KCHD Mental Health Services and Community Action Services seek to proactively identify and address the barriers that contribute to lack of social cohesion or connectedness in the senior population. The American Association of Retired Persons (AARP) has gathered information about risk factors, experiences, and processes that are related to the development of isolation in later life including having psychological vulnerabilities, and limiting socio-economic resources. The AARP research points to the importance of having access to supports and opportunities for social engagement as a protective factor for decreasing social isolation for older adults. It has been identified that there is a relationship between social isolation and poorer health for seniors. The AARP also suggests that there is a relationship between lower income and poorer health. The AARP research signifies that current interventions that incorporate technology linking seniors to information about socio-economic and mental health well-being supports have been used and proven effective in increasing social connectedness (Elder & Retrum, 2012).
The percentage of seniors in Kendall County who receive Medicare that have been diagnosed with a mental illness is on the rise from 10.6% in 2007 to 15.1% in 2014 (Centers for Medicare and Medicaid Services, 2016). The data from the Kendall County Health Department’s electronic health record system shows that participation in Mental Health Services have been on the decline for participants over the age of 60 however, alcohol abuse and depression are the top two diagnosis. The percentage of seniors in Kendall County who are in poverty is on the rise from 0.9% in 2000 to 5.4% in 2014 (US Census Bureau, 2010-2014). The data from the Kendall County Health Department’s electronic health record system shows that participation in Community Action Services has increased for persons over the age of 60 by 21% in just the past three years. The Community Action Services intake data that is tracked every quarter shows that in the last year an overwhelming percentage of persons over the age of 60 who live in Kendall County and participate in services have lived in the county less than 10 years (65%) and have moved to Kendall County from Kane County (28%).

With the incoming population of seniors already seeking socio-economic well-being supports within the Community Action Services division, this will be key in educating those seniors and the community on other resources that are available to them in the community. The Kendall County Health Department is committed to working with other community resources and partners that will work to create opportunities for education and environments that will support senior social connectedness and access to health and well-being supports.

It is well understood that healthy social connectedness, to both family and community, is an important protective factor for overall health and well-being. According to the American Association of Retired Persons, a person’s lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual’s physical, social, and psychological health; ability and motivation to access adequate support for themselves; and the quality of the environment and community in which they live. The primary risk factors associated with isolation are: living alone, mobility or sensory impairment, major life transitions, socioeconomic status (low income, limited resources), being a caregiver for someone with severe impairment, psychological or cognitive vulnerabilities, location: rural, unsafe or inaccessible neighborhood/community, small social network and/or inadequate social support, language (non-English speaking); and membership in a vulnerable group (American Association of Retired Persons [AARP], 2012, p. 2).

Social capital is defined as the resources available to individuals and groups through social connections and social relations with others. Access to social capital enables older citizens to maintain productive, independent, and fulfilling lives (Cannuscio et al., 2003, p. 1). Researchers at Brigham Young University and the University of North Carolina at Chapel Hill pooled data from 148 studies on health outcomes and social relationships — every research paper on the topic they could find, involving more than 300,000 men and women across the developed world — and found that those with poor social connections had on average 50% higher odds of death in the study's follow-up period (an average of 7.5 years) than people with more robust social ties (Blue, 2010). Healthy social connectedness is comprised of access to friends, family, and meaningful health and well-being resources.
Inherent to the identified health need of connecting seniors to assets that reduce social-economic duress and support mental health is the concept of health socialization and connectedness. As a result, KCHD is committed to promoting senior citizen access to these vital services that are also inclusive of family. KCHD staff will work to identify and engage family members of those senior citizens who are receiving socio-economic support and mental health services and/or education to promote their involvement in the process. This will help to promote and support meaningful connection to family members and allow those family members to have increased perspective on the unique needs and/or stressors of their loved one.

KCHD will also work to provide intervention to support on-going and regular connection between the senior citizen and family member(s). Additionally, KCHD will work to engage and mobilize local community and senior groups to promote engagement, support, and social cohesion for Kendall County seniors. It is believed that this will result in meaningful change and improved health and well-being.

Financial duress is a significant risk factor that negatively impacts the health and well-being of senior citizens. While the Census Bureau’s official poverty measure shows 9% of seniors nationally live in poverty, the share climbs to about one in seven seniors (15%) under the Bureau’s alternative Supplemental Poverty Measure, which takes into account out-of-pocket health expenses and geographic differences in the cost of living ("Old and poor: America’s forgotten," 2014, p. 1). The Supplemental Poverty Measure differs from the official poverty measure in a number of ways to reflect available financial resources, including liabilities (such as taxes), the value of in-kind benefits (such as food stamps), out-of-pocket medical spending (which is generally higher among older seniors), geographic variations in housing expenses, and other factors. Senior citizens often times face increased financial stressors due to having fixed incomes and disproportionate exposure to financial or medical needs. Close to half (45%) of adults ages 65 and older had incomes below twice the poverty thresholds under the SPM in 2013, compared to 33% of seniors under the official measure. Below is the 2007 Elder Economic Security Standard Index for Kendall County (Russell & Bruce, 2008, p. 32).
This table below shows the monthly expenses for selected household types who are seniors in Kendall County. It shows that a senior would need to at least have an annual income of $20,785 to be an owner of a home without a mortgage in 2007 to live in Kendall County and be financially stable while the federal poverty guideline for one person was $10,210. The table also shows how adding any long term care costs can add up to over $7,000 extra a year to almost $40,000 more a year depending on the circumstances.

As illustrated below, according to the Health Communities Institute (January 2016), the overall poverty rate for all persons living in Kendall County was 5.4% and 11.2% of these individuals were over the age of 65. This is of critical importance, as seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Senior patients with symptoms of depression have roughly 50% higher healthcare costs than non-depressed seniors ("Depression in older adults," n.d., p. 1). Seniors often live on a fixed income from pensions or other retirement plans and social security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income. Retirement plans may be vulnerable to fluctuations in the stock market as well; the increasing reliance of retirees on stock market based retirement plans may explain why more seniors nationwide are now slipping into poverty.

Unlike traditional measures of poverty (e.g. the Federal Poverty Guideline), the Senior Financial Stability Index (SFSI) recognizes that economic well-being is multifaceted and cannot be adequately measured by a single aspect of a household’s resources. The SFSI incorporates five key factors that impact economic security: retirement assets, household budget, healthcare expenses, home equity, and housing costs. The number of seniors at risk of outliving their financial resources remains unacceptably high. Utilizing the Senior Financial Stability Index (SFSI), just over one-in-four senior Americans was found to be insecure in 2004, and that number increased to more than one-in-three by 2008. As of 2010, just over one-third of all senior Americans remained economically insecure, indicating no significant improvement over the previous two years (Meschede, Bercaw, Sullivan, & Cronin, 2015, p. 1).
The SFSI indicated that while one-in-three American seniors were overall economically insecure, another 40% of seniors were economically vulnerable, this means they did not have enough financial resources to be fully secure as measured by the SFSI. In total, 75% of all 2010 senior households lacked sufficient resources to withstand financial shocks—such as medical or other personal crises—and this finding has remained unchanged since 2008 (Meschede et al., 2015, p. 1).

According to Mental Health America, more than two million of the 34 million Americans age 65 and older suffer from some form of depression. Symptoms of clinical depression can be triggered by other chronic illnesses common in later life, such as Alzheimer’s disease, Parkinson’s Disease, heart disease, cancer and arthritis. One-third of widows/widowers meet criteria for depression in the first month after the death of their spouse, and half of these individuals remain clinically depressed after one year. Depression is a significant predictor of suicide in senior Americans. Comprising only 13% of the U.S. population, individuals aged 65 and older account for 20% of all suicide deaths, with white males being particularly vulnerable. Suicide among white males aged 85 and older (65.3 deaths per 100,000 persons) is nearly six times the suicide rate (10.8 per 100,000) in the U.S ("Depression in Older Adults," n.d., p. 1).

The need for meaningful and accessible mental health for senior citizens is critical. Mental health problems are under-identified by health-care professionals and seniors themselves, and the stigma surrounding mental illness makes people reluctant to seek help ("Mental Health Older Adults," 2016, para. 4). It is important that active engagement and education on available mental health resources and services are directly presented to seniors. The number of seniors with substance abuse problems is expected to double to five million by 2020 and untreated substance abuse and mental health problems among seniors are associated with poor health outcomes, higher health care utilization, increased complexity of the course and prognosis of many illnesses, increased disability and impairment, compromised quality of life, increased caregiver stress, increased mortality, and higher risk of suicide ("Healthy Aging Facts," n.d., p. 1). Additionally, services should address the multiple risk factors inherent to the senior population, including social isolation or disconnect.

KCHD will work to connect seniors to assets that reduce socio-economic duress and support mental health. As indicated, there are significant health and well-being risks associated with socio-economic duress and untreated mental health for the senior citizen population. By 2021, KCHD will strive to increase the number of mental health and socioeconomic supports facilitated for seniors, age 60 and above, by a minimum of 10%. These services will serve to increase social cohesion in the senior population and will also be inclusive of family.

**ANALYSIS TO IDENTIFY POPULATION GROUPS AT RISK**

KCHD utilized a multi-modal process to determine population groups at risk. Through the use of MAPP (Mobilizing Action for through Planning and Partnerships), the KCHD completed the Community Health Status Assessment, Local Public Health System Assessment, Community Themes and Strengths Assessment, and Forces of Change Assessment. Healthy People 2020, State Health Improvement Plan, Kendall/Grundy Community Action Plan, and IPLAN Data Systems were also included during the analysis. KCHD partnered with Rush Copley Medical Center to create Community Health Data that is now available on the KCHD website (Community Health Data, 2016). This data is a one-stop source of non-biased data and information about the community health and well-being in Kendall County and healthy communities in general. These assessments, in addition to other relevant data, helped to identify population groups at risk for the IPLAN priority of connecting seniors to assets that reduce socio-economic duress and support mental health.

The Community Health Status Assessment provided a comprehensive overview of demographic trends, key risks, and key strengths of Kendall County. Kendall County population has grown 116.69% from 2000 to 2014, while IL
and the U.S. experienced less than 15% growth (US Census Bureau, 2010-2014). Unprecedented growth presented unique challenges and opportunities for Kendall County residents.

The table below is provided by: US Census Bureau (2010-2014). *American Community Survey* [Decennial Census]. Retrieved from http://www.census.gov/programs-surveys/acs/. The table highlights Kendall County’s population change from 2000-2014 which has grown upwards of over 116%. The table also shows the population change from 2000-2014 for Illinois and the United States. Illinois has experienced a population growth of 3.62% while the United States has experienced a population growth of 11.61%.


<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Kendall County, IL</td>
<td>118,194</td>
<td>54,544</td>
<td>63,650</td>
<td>116.69%</td>
</tr>
<tr>
<td>Illinois</td>
<td>12,863,747</td>
<td>12,419,295</td>
<td>449,454</td>
<td>3.62%</td>
</tr>
<tr>
<td>United States</td>
<td>314,107,083</td>
<td>281,421,906</td>
<td>32,685,177</td>
<td>11.61%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey, US Census Bureau, Decennial Census, 2010-14. Source geography: County

Most cities located in Kendall County experienced positive growth between 2010 and 2015 with the exception of Newark (-1.9%, - 61 residents) (US Census Bureau, 2010-2014).

Kendall County’s population that is aged over 65 in 2014 is 7.53% of the entire population. In 2005, Kendall County’s population that is aged over 65 in 2005 was 7.4% while in 2000 it was 8.5% (US Census Bureau, 2010-2014).
The table below is provided by: US Census Bureau (2010-2014). *American Community Survey* [Decennial Census]. Retrieved from http://www.census.gov/programs-surveys/acs/. The table below illustrates the age and gender demographics for Kendall County.

![Age and Gender Demographics](image)

The table below is provided by: US Census Bureau (2010-2014). *American Community Survey* [Decennial Census]. Retrieved from http://www.census.gov/programs-surveys/acs. The table highlights the population over 60 for Kendall and surrounding counties.

![Population aged 60+](image)

*Sources: 2000 Decennial census. 2014 estimates, both from the U.S. Census Bureau*
Kendall County, with its population growth, has also seen its senior population grow to over 144% since 2000 (US Census Bureau, 2010-2014).

Kendall County has led all counties in growth of foreign born immigrants since the 2010 Census. See the table below.


According to the Illinois Coalition for Immigrant and Refugee Rights, Kendall County’s Hispanic population grew by 259% since 2010 and the Asian population has grown by 385%. The Family Focus of Aurora has outreached their programs to include immigrants from Kendall County due to the growth (Tsao, n.d.). 6.86% of seniors in Kendall County are Hispanic according to the Census Bureau estimates for 2014 which has grown from 2.2% in 2000 (US Census Bureau, 2010-2014).

The table below is provided by US Census Bureau (2010-2014). American Community Survey [Decennial Census]. Retrieved from http://www.census.gov/programs-surveys/acs/. The table below highlights the minority population aged over 60 in Kendall and surrounding counties for 2014.
The Local Public Health System assessment highlighted perceived strengths and opportunities/needs of the local public health system. Strengths of the local public health system identified KCHD as having strong community partnerships, coalitions, and organizations that all work together toward common goals and share plans for planning, decision making and responses. Opportunities of the local public health system included: whether or not community education was effective and meeting the needs of the county residents and if KCHD is targeting the right audience.

The results of the Local Public Health System Assessment clearly highlight the fact that KCHD is seen by the community as being highly effective in creating strong partnerships in the community to work together towards a common goal and the opportunity identified in community education and whether it is effective and targeting the right audience speaks directly to the need for the proposed IPLAN priority of connecting seniors to assets that reduce socio-economic duress and support mental health. KCHD will work to provide community education with our community partners. With the growing population in Kendall County, including that of the senior population (+145%) and the minority senior population (+4.6%), Kendall County can be seen as a community with community health and well-being education needs for our area’s seniors.

Below is a listing of Illinois counties that have the highest household median income. Kendall County ranks as number one (Oberman, 2014). According to the U.S. Census, the village of Oswego has the highest median income of the zip codes in Kendall County while the village of Bristol and Plano have the lowest.


### Illinois counties with the highest median incomes

1. **Kendall County**  
   Median household income: $83,835
2. **Lake County**  
   Median household income: $79,055
3. **DuPage County**  
   Median household income: $76,568
4. **McHenry County**  
   Median household income: $73,325
5. **Will County**  
   Median household income: $76,352
6. **Monroe County**  
   Median household income: $71,033
7. **Kane County**  
   Median household income: $68,674
8. **Woodford County**  
   Median household income: $68,352
9. **Grundy County**  
   Median household income: $63,840
The table below is provided by: US Census Bureau (2010-2014). American Community Survey [Decennial Census]. Retrieved from http://www.census.gov/programs-surveys/acs/. This chart shows the median household estimates for 2015 for the municipalities in Kendall County. The village of Oswego has the highest median income followed by the village of Yorkville. The village of Bristol has the lowest median income in Kendall County.

<table>
<thead>
<tr>
<th>BRISTOL, MONTGOMERY, NEWARK, OSWEGO</th>
<th>MEDIAN HOUSEHOLD INCOME: 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol</td>
<td>$50,000</td>
</tr>
<tr>
<td>Montgomery</td>
<td>$75,096</td>
</tr>
<tr>
<td>Newark</td>
<td>$68,805</td>
</tr>
<tr>
<td>Oswego</td>
<td>$87,331</td>
</tr>
<tr>
<td>Plano</td>
<td>$76,601</td>
</tr>
<tr>
<td>Yorkville</td>
<td>$80,430</td>
</tr>
<tr>
<td>Kendall County</td>
<td>$81,045</td>
</tr>
</tbody>
</table>

As seen in the table below, even while Kendall County has the highest median income, the poverty rate has increased since the 2000 Census.

The table below is provided by: US Census Bureau (2010-2014). American Community Survey [Decennial Census]. Retrieved from http://www.census.gov/programs-surveys/acs/. This table shows the poverty rate change for Kendall County from 2000 to 2014. Kendall County’s poverty rate has gone up by 2% from 3.4% in 2000 to 5.4% in 2014.

### Poverty Rate Change

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Kendall County, IL</td>
<td>1,987</td>
<td>3.4%</td>
<td>6,477</td>
<td>5.4%</td>
<td>2%</td>
</tr>
<tr>
<td>Illinois</td>
<td>2,485,770</td>
<td>10.01%</td>
<td>3,604,674</td>
<td>14.31%</td>
<td>4.31%</td>
</tr>
<tr>
<td>United States</td>
<td>31,581,086</td>
<td>11.3%</td>
<td>48,208,387</td>
<td>15.5%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Note: This indicator is compared with the state average.


The poverty rate for seniors in Kendall County is shown below in Table N for 2014 at 5.4% according to the U.S. Census. It is important to note that the poverty rate for seniors in Kendall County was at 1.8% in the 2005 estimates and in the 2000 U.S. Census the rate for seniors in Kendall County in poverty was at 4.5% (U.S. Census Bureau, 2010-2014). Community Action Services reports that in their customer tracking records, Single Tracking and Reporting System (STARS), in 2015, 32.5% of their customers were seniors seeking socio-economic assistance. This is an increase over previous years with Community Action Services assisting on average about 25% of their customers being seniors (Kendall Grundy Community Action [Kendall Office], n.d).
The table below is provided by: US Census Bureau (2010-2014). *American Community Survey* [Decennial Census]. Retrieved from http://www.census.gov/programs-surveys/acs/. This table shows how many and the percentage of seniors that are living in poverty in Kendall County. These are estimates for 2014 based on the 2010 Census.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Ages 65 and Up Total Population</th>
<th>Ages 65 and Up In Poverty</th>
<th>Ages 65 and Up Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendall County, IL</td>
<td>8,989</td>
<td>486</td>
<td>5.4%</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,631,867</td>
<td>141,153</td>
<td>8.6%</td>
</tr>
<tr>
<td>United States</td>
<td>41,871,248</td>
<td>3,926,219</td>
<td>9.4%</td>
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</table>

*Note: This indicator is compared with the state average.*


There is an estimated 5.4% of seniors living in poverty in Kendall County.

The Community Themes and Strengths Assessment utilized an ethnographic method which rendered ethnographic emergent themes as prominent findings. Twenty-two percent of the voices rendered from the assessment were over the age of sixty. Important social and mental health well-being needs and strengths identified included: community connectedness as a need, socioeconomic stability as essential to well-being, access to care as a need for mental health, and community education as a need. There is a clear consensus for the need of community education to connect community members to assets that reduce socio-economic duress and support mental health in Kendall County. Mental Health issues are a serious concern among the senior population. Senior Americans are more likely to commit suicide than any other group. Most at risk for completion of suicide are 80+ year old men (American Foundation for Suicide Prevention, 2016). Over 20% of adults aged 60 and older suffer from a mental or neurological disorder, depression being the most common (World Health Organization, 2016). The older adult population in Kendall County shows significant exposure to risk factors. According to the Centers for Medicare and Medicaid Services, depression rates in Kendall County’s seniors have been on the rise since 2007. In 2007, the percentage of persons over the age of 65 who received Medicare that had been diagnosed with depression was at 9.3%. In 2014, that number rose to 13.0%. That reveals a 3.7% increase in seven years. Also, in 2007, the percentage of persons over the age of 65 who received Medicare that had been diagnosed with Schizophrenia or other Psychotic Disorders was at 1.3% but in 2014 it rose up to 2.1%. That is a 0.8% increase in seven years (Centers for Medicare and Medicaid Services, 2016, table 1). It doesn’t occur frequently but schizophrenia can be diagnosed later in life. Women over the age of 65 are among those who are more likely to become diagnosed later in life and this diagnosis may be associated with dementia in some patients (Wetherell & Jeste, n.d.).

The Forces of Change Assessment identified community threats and opportunities. One of the forces seen was the stigma related to mental health which leads people to not always seek help. This leads to the well-being of people who need mental health care to become diminished if they do not step forth when they need care. A threat associated with this assessment is the risk seniors may have in becoming socially isolated. This leads to opportunities for increasing community connectivity by focusing on Kendall County seniors through mobilizing meaningful partnerships throughout the community. Another potential threat highlighted through the assessment was the increase in the poverty rate in Kendall County, especially in the senior population. A related threat was a lack of awareness of services. An opportunity identified was to increase awareness of mental health and social well-being supports that are available to the senior population. The Forces of Change Assessment clearly identified the senior population as being at risk. This is precisely the group that the KCHD will target through the proposed IPLAN priority of connecting seniors to assets that reduce socio-economic duress and support mental health.
The senior population in Kendall County is seen as having a disproportionate exposure to risk factors over other groups in Kendall County. The KCHD has a strong working relationship with senior centers located within county lines. The KCHD regularly provides leadership in the areas of mental health/substance abuse treatment, crisis/suicide intervention, social well-being supports, and community based prevention and diversion efforts. The Beecher Senior Center and the Oswego Senior Center as well as the Fox Valley Older Adults Center have all demonstrated a commitment to senior and community wellness. These partnerships between the KCHD and the three local senior centers will be key to increasing community connectivity and social and mental wellness supports for the Kendall County senior population.

Data from the 2014 National Survey on Drug Use and Health highlights that the prevalence of heavy alcohol use in 2014 was lower among adults ages 65 and up (2.2%) (Substance Abuse and Mental Health Services Administration, 2014). However, a study published in the Journal of General Internal Medicine found that more than a third of drinkers 60 years old and older consume amounts of alcohol that are excessive or that are potentially harmful in combination with certain diseases they have or medications they are taking (Barnes et al., 2010). County Health Rankings 2016 reported that Kendall County had a 22% rate of excessive drinking compared with the national benchmark of 12% and the Illinois rate of 21%. Kendall County also showed that 43% of motor vehicle crash deaths are alcohol related compared with the national benchmark rate of 14% and the Illinois rate of 36%. Kendall County showed an inadequate social support rate of 5.4 per 10,000 in the population compared with the national benchmark of 22.1 and the Illinois rate of 9.9 (University of Wisconsin Population Health Institute, 2016). In looking up demographic data in the KCHD’s electronic health record system, 12% of the persons diagnosed with alcohol abuse are over the age of 60. This is the most prevalent diagnosis for seniors in our Mental Health Services Division. Alcohol abuse, drunk driving, and inadequate social supports are significant risk factors that face the senior population in Kendall County.

According to a 2010 report by the Substance Abuse and Mental Health Services Administration, the need for substance abuse treatment among Americans over age 50 is projected to double by 2020. Although marijuana use was more common than nonmedical use of prescription drugs for adults age 50-59, among those aged 65 and older, nonmedical use of prescription drugs was more common than marijuana (Substance Abuse and Mental Health Services Administration, 2014). The precise rate of seniors with drug problems is difficult to assess. One reason is that many of the signs and symptoms of misuse and abuse mirror common signs of aging in general. Recently released statistics present clear hints at a growing epidemic of drug abuse. According to the Prevention Tactics report, prescription drug abuse is present in 12% to 15% of senior individuals who seek medical attention (Basca, 2008). What’s more, a document from the John Hopkins Medical School notes that the number of Americans over age 50 abusing prescription drugs is projected to rise to 2.7 million in 2020 – a 190% increase from the 2001 figure of 910,000 (Anderson, 2014). The KCHD will work to reduce the senior population’s alcohol and drug abuse through increasing social connectedness and access to important health and well-being supports.

**THE RELATIONSHIP OF PRIORITY TO HEALTHY PEOPLE 2020**

KCHD’s priority health need of connecting seniors to assets that reduce socio-economic duress and support mental health is in line with Healthy People 2020 which, in part, seeks to improve the health, function, and quality of life of seniors (Office of Disease Prevention and Health Promotion, 2014). KCHD will work to increase the number of mental health and socioeconomic supports facilitated for seniors, age 60 and above, by a minimum of 10%. The American Hospital Association reports that seniors are the fastest growing age group, and the first “baby boomers” (adults born between 1946 and 1964) will turn 65 in 2011. Also, more than 37 million people in this group (60%) will manage more than one chronic condition by 2030 (American Hospital Association; First Consulting Group, 2007, p. 23). One of these chronic conditions that has seen an increase for seniors is depression.
Healthy People 2020 also seeks to reduce the proportion of adults ages eighteen years and older who experience major depressive episodes. KCHD will utilize strategies to promote mental health awareness for Kendall County seniors. Antidepressant use among seniors has nearly doubled from 1995-2003 (Kramarow, Lubitz, Lentzner, & Gorina, 2007, p. 1417). Approximately 68% of adults aged over 65 know little or almost nothing about depression and 38% in this age group believe that depression is not a “health problem” (National Mental Health Association, 1996). Effective education and awareness strategies in mental health and socioeconomic supports in the community are needed to promote engagement and support of Kendall County seniors. KCHD staff will work to reduce stigma and increase understanding of symptoms and treatment associated with depression.

Healthy People 2020 reported another objective to increase the proportion of adults who self-report good or better mental health. 79.1% of adults self-reported good or better mental health in 2010 and the goal is to increase this figure to 80.1%. The Centers for Disease Control has advocated the promotion of well-being, emphasizing a person’s physical, mental, and social resources and enhancing protective factors and conditions that foster health (Centers for Disease Control, 2016). The health priority of connecting seniors to assets that reduce socio-economic duress and support mental health is of critical importance with respect to increasing quality of life and well-being.

KCHD mental and socioeconomic services will raise awareness of mental health and socioeconomic supports availability to the community and the senior population. KCHD’s priority health need, connecting seniors to assets that reduce socio-economic duress and support mental health, is also in alignment with two of Illinois’ 2010 State Health Improvement Plan’s (SHIP) Public Health System Priorities, improving access to health services, and addressing social determinants of health and health disparities. Our priority also captures the SHIP’s priority health concern addressing mental health, with both KCHD and the State considering sound mental health as fundamentally important to one’s overall health.

**RISK FACTORS, DIRECT CONTRIBUTING FACTORS, INDIRECT CONTRIBUTING FACTORS**

Drawing on the Health Problem Analysis Worksheet below, KCHD concentrated on what may be the risk, direct contributing and indirect contributing factors to the health problem of mental health and socio-duress in the senior population. Three significant risk factors associated with this health problem were established, they being selected as poor mental health and substance abuse, social isolation, and financial instability.

When contemplating the first risk factor of poor mental health and substance abuse, three direct contributing factors emerged; untreated mental health problems, personal loss, and chronic health problems. Indirect contributing factors leading to untreated mental health problems included problems accessing mental health treatment, lack of awareness of mental health resources, and the stigma that may be associated with mental health. Considerations to the direct contributing factor of personal loss include indirect contributing factors such as experiencing loss of a spouse and a decrease in a feeling of a sense of purpose. The third direct contributing factor, chronic health problems, brought attention to two indirect factors; an over reliance to prescription medications and pain and/or mobility issues.

Direct contributing factors were discussed as having an impact on the second of the three risk factors, social isolation. They include lack of community involvement, family disconnect, and generational divide. Indirect contributing factors that may advance a lack of community involvement are the disappearance of the “front porch” (i.e., neighbors outdoors socializing), a lack of community engagement opportunities, and a lack of public transportation. Indirect factors pertinent to family disconnect are the spreading out of family members further away from each other, and once again, the lack of public transportation. When focusing on generational divide, the proliferation of technology with notable trends of a senior vs. youth attitude or ideology were revealed.

Reflecting on the third risk factor of financial instability, direct contributing factors include the high cost of living, having a fixed income and employment barriers. Indirect contributing factors that fall under high cost of living include high property taxes, utility bills, and lack of affordable housing. The indirect contributing factors associated with having a fixed income are having insufficient savings, the amount of jobs available that do not pay a living wage, and the reliance on social security and pensions. Employment barriers became the final direct contributing factor associated with the risk factor of financial instability. Assigned as indirect factors were age discrimination and lack of transportation.
**Measurable Outcome Objective**

• By 2021, assess 100% of the seniors utilizing KCHD for their needs as related to mental health and substance abuse, social isolation, and financial instability.

**Measurable Impact Objective**

• By 2021, conduct a minimum of four presentations annually to seniors, at local senior living facilities, senior centers, senior clubs and social gatherings, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability.

• By 2021, engage a minimum of four local public health system partners annually, including health care providers, staff of senior living facilities and senior centers, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability.

• By 2021, leverage the 24/7 accessibility of the internet (to include a webpage and corresponding social messaging, and KCHD’s electronic newsletter) to prepare, promote and provide a senior-friendly community-wide resource for mental health and financial stability-related information and resources that may be informed in part by local public health system partners.

**Proven Intervention Strategy**

• KCHD will endeavor to connect seniors to assets that reduce financial instability and support mental health through a combination of extensive community engagement, seamless care coordination, and the delivery of person-based services.

KCHD possesses a great deal of experience in each of the aforementioned processes, including the delivery of person-based services using a people-centered approach to care (World Health Organization, 2016).

Community engagement will be performed through traditional public outreach and through the use of technology. Under public outreach, KCHD will provide a number of in-person presentations annually to seniors, at local senior living facilities, senior centers, senior clubs and social gatherings, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability. KCHD will also be engaging a minimum number of local public health system partners annually, including health care providers, staff of senior living facilities and senior centers, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability. With consideration to the use of technology, KCHD will leverage the 24/7 accessibility of the internet to prepare, provide and promote a senior-friendly community-wide resource for mental health and financial stability-related information and related community resources. KCHD’s local public health system partners will be encouraged to inform and/or contribute to this community-wide offering of information. The availability of and access to this information will be actively promoted; the information routinely updated, and also communicated through social media messages (KCHD’s Facebook and Twitter), and KCHD’s quarterly electronic newsletter – made available to KCHD’s local public health system partners, including partner organizations who serve our senior population, and the Kendall County population as a whole.

KCHD’s efforts to engage and educate the senior community and senior care providers, is intended to lead seniors to community supports and services capable of addressing their needs as they relate to mental health and substance abuse, social isolation, and financial instability. KCHD is one of Kendall County’s leading providers of these services.
Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help (World Health Organization, 2016). KCHD will endeavor to raise awareness of mental health problems among both Kendall County’s senior population, and our local public health systems partners – in particular, our local health care and senior-provider professionals.

In an effort to educate and wrap around needed services around our seniors, KCHD will create and provide to all seniors seeking through KCHD socioeconomic supports, information describing what mental health is; how to recognize mental health issues and illness; and where to receive help. This information will serve more than the possible needs of the direct recipients of this information. There may very well be a family member, friend, or acquaintance of the recipients of this information in need of mental health supports. Our information will be designed to be easily shared.

Concurrently, KCHD will strive to identify possible socio-economic duress among those seeking mental health treatment and supports, for all, but with an emphasis on our seniors.

In a holistic effort to educate and wrap needed services around seniors, KCHD will create and provide to all seniors seeking through KCHD mental health treatment and supports, information describing the risk factors leading to socio-economic duress (also described as financial instability and economic insecurity), and more importantly, protective factors intended to secure and maintain one’s financial stability and economic security. This information will serve more than the possible needs of the direct recipients of this information. Again, there may be a family member, friend, or acquaintance of the recipients of this information, in need of socio-economic supports. This information also will be designed to be easily shared by the recipient with others. KCHD will track and measure the number of seniors around which the aforementioned serviced have been wrapped. Additionally, KCHD will measure the impact that these services have had or our having on our seniors’ mental health (documented in KCHD’s psychosocial assessments), and financial stability and economic security (documented in KCHD’s Single Tracking and Reporting System).

In following the World Health Organization’s vision of person-centered care, in part, KCHD will serve seniors - and their families - in a manner that builds trust and addresses their needs in culturally competent, dignified and holistic ways. Seniors and their families will be encouraged and enabled to collaborate with KCHD in identifying and addressing the best approaches to meeting their individual mental health and socioeconomic needs. Seniors will be informed and involved in decision-making, and will have choices. They will be invested and active participants in achieving their individual needs.

Combined, these strategies will serve to minimize if not prevent poor mental health, social isolation, and financial instability among those in need representing the community’s senior population.
HEALTH PROBLEM ANALYSIS WORKSHEET

HEALTH PROBLEM
Mental Health & Socio-Economic Duress in the Senior Population

RISK FACTORS
Poor Mental Health & Substance Abuse

Social Isolation

Direct Contributing Factors
Un treated Mental Health Problems
Personal Loss
Chronic Health Problems
Lack of Community Involvement
Family Disconnect
Generational Divide
High Cost of Living
Fixed Income
Employment Barriers

问题 Accessing Mental Health Treatment
Lack of Awareness of Mental Health Resources
Widowhood
Decreased Sense of Purpose
Over-Reliance on Prescription Medications
Pain & Mobility Issues
Disappearance of the Front Porch
Lack of Community Engagement Opportunities
Lack of Transportation
Family Spread Out
Lack of Public Transportation
Proliferation of Technology
Senior vs Youth Attitudes/Ideologies
High Property Taxes
Utility Bills
Lack of Affordable Housing
Cost of Health Care
Insufficient Savings
Lack of Living Wage Jobs
Reliance on SSN & Pensions
Lack of Public Transportation
Age Discrimination

Financial Instability

Health Problem Analysis Worksheet
**COMMUNITY HEALTH PLAN WORK SHEET**

<table>
<thead>
<tr>
<th>HEALTH PROBLEM:</th>
<th>OUTCOME OBJECTIVE(S)</th>
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</thead>
<tbody>
<tr>
<td>Mental Health and Socio-Economic Duress in the Senior Population.</td>
<td>• By 2021, assess 100% of the seniors utilizing KCHD for their needs as related to mental health and substance abuse, social isolation, and financial instability.</td>
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<tr>
<th>RISK FACTOR(S) (MAY BE MANY)</th>
<th>IMPACT OBJECTIVE(S):</th>
</tr>
</thead>
</table>
| • Poor mental health and substance abuse  
• Social Isolation  
• Financial instability | • By 2021, conduct a minimum of four presentations annually to seniors, at local senior living facilities, senior centers, senior clubs and social gatherings, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability  
• By 2021, engage a minimum of four local public health system partners annually, including health care providers, staff of senior living facilities and senior centers, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability  
• By 2021, leverage the 24/7 accessibility of the internet (to include a webpage and corresponding social media messaging, and KCHD’s electronic newsletter) to prepare, promote and provide a senior-friendly community-wide resource for mental health and financial stability-related information and resources that may be informed in part by local public health system partners. |

<table>
<thead>
<tr>
<th>CONTRIBUTING FACTORS  (DIRECT/INDIRECT; MAY BE MANY)</th>
<th>PROVEN INTERVENTION STRATEGY(IES)</th>
</tr>
</thead>
</table>
| • Untreated Behavioral Health Problems  
• Problems accessing Behavioral Health treatment  
• Lack of awareness of Behavioral Health resources  
• Stigma  
• Personal Loss  
• Widowhood  
• Decrease sense of purpose  
• Chronic Health Problems  
• Over-reliance on prescription medication  
• Pain and mobility issues  
• Lack of Community Involvement  
• Disappearance of the front porch  
• Lack of community engagement opportunities  
• Lack of public transport  
• Family Isolation  
• Family spread out  
• Lack of public transit  
• Generational Divide  
• Proliferation of technology | • KCHD will implement a combination of extensive community engagement, seamless care coordination, and the delivery of person-based services using the person-centered care approach.  
• Presentations annually to seniors, at local senior living facilities, senior centers, senior clubs and social gatherings, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability.  
• Engaging a minimum number of local public health system partners annually, including health care providers, staff of senior living facilities and senior centers, to raise awareness of and promote access to services which address mental health and substance abuse, social isolation, and financial instability.  
• Leverage the 24/7 accessibility of the internet to prepare, provide and promote a senior-friendly community-wide resource for mental health and financial stability-related information and related community resources. KCHD’s local public health system partners will be encouraged to inform and/or contribute to this community-wide
- Senior vs. youth/ideologies
- High cost of living
- High Property Taxes
- Cost of Health Care
- Utility Bills
- Lack of Affordable Housing
- Fixed Income
- Insufficient Savings
- Low paying jobs
- Reliance on social security and pensions
- Employment Barriers
- Lack of Public Transit
- Age Discrimination

- Offering of information. The availability of and access to this information will be actively promoted; the information routinely updated, and also communicated through social media messages (KCHD’s Face book and Twitter), and KCHD’s quarterly electronic newsletter.
- Person-centered care, in part, serving seniors - and their families - in a manner that builds trust and addresses their needs in culturally competent, dignified and holistic ways. Seniors and their families will be encouraged and enabled to collaborate with KCHD in identifying and addressing the best approaches to meeting their individual mental health and socioeconomic needs. Seniors will be informed and involved in decision-making, and will have choices.
- Identification and provision of wrap-around services.

<table>
<thead>
<tr>
<th>Resources Available (Government &amp; Non-Governmental)</th>
<th>Barriers</th>
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</thead>
<tbody>
<tr>
<td>• Kendall County Health Department Mental Health and Community Action Divisions</td>
<td>• Funding</td>
</tr>
<tr>
<td>• Senior Services Associates</td>
<td>• Lack of adequate staff</td>
</tr>
<tr>
<td>• Oswego Senior Center</td>
<td>• Lack of public awareness</td>
</tr>
<tr>
<td>• Kendall Area Transit</td>
<td>• Transportation</td>
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<tr>
<td>• Local Park Districts</td>
<td>• Language/ESL</td>
</tr>
<tr>
<td>• Local High Schools</td>
<td>• Reluctance to access services/Stigma</td>
</tr>
<tr>
<td>• Kendall County Senior Providers</td>
<td>• Perceptions/attitudes towards services</td>
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<tr>
<td>• Rush Copley</td>
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<td>• Workforce Development</td>
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<td>• Churches</td>
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<td>• YMCA</td>
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<tr>
<td>• Kendall County VAC</td>
<td></td>
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<tr>
<td>• Kendall County youth organizations</td>
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DESCRIPTION OF HEALTH PROBLEMS, RISK FACTORS AND CONTRIBUTING FACTORS (INCLUDING HIGH RISK POPULATIONS, AND CURRENT AND PROJECTED STATISTICAL TRENDS):

KCHD and its community partners have identified the health problem of mental health and socio-economic duress in the senior population. Risk factors include mental health and substance abuse, social isolation, and socio-economic duress. While there are many identified direct contributing factors, significant areas include untreated behavioral health problems, personal loss, chronic health problems, lack of community involvement, family disconnect, generational divide, high cost of living, fixed income, cost of health care, and employment barriers. The senior population is certainly seen as being at risk, however, those seniors experiencing high exposure to poverty, transportation/language barriers, residential isolation, and mental/physical disabilities are seen as being particularly vulnerable.

CORRECTIVE ACTIONS TO REDUCE THE LEVEL OF THE INDIRECT CONTRIBUTING FACTORS:

• The creation and dissemination of information describing what mental health is; how to recognize mental health issues and illness; and where to receive help.
• The creation and dissemination of information describing the risk factors leading to socio-economic duress (also described as financial instability and economic insecurity), and more importantly, protective factors intended to secure and maintain one’s financial stability and economic security.
• Provision of mental health and socio-economic supports facilitated for seniors that are inclusive of family.

<table>
<thead>
<tr>
<th>Direct</th>
<th>Indirect</th>
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<tr>
<td>• Untreated behavioral health problems</td>
<td>• Lack of awareness of mental health and socio-economic resources.</td>
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<tr>
<td>• Personal loss</td>
<td>• Widowhood</td>
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<tr>
<td>• Chronic health problems</td>
<td>• Pain and mobility issues</td>
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<tr>
<td>• Lack of community involvement</td>
<td>• Lack of community engagement opportunities</td>
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<tr>
<td>• Family disconnect</td>
<td>• Lack of transportation barriers</td>
</tr>
<tr>
<td>• Generational divide</td>
<td>• High cost of living/fixed incomes</td>
</tr>
<tr>
<td>• High cost of living</td>
<td>• Medical costs</td>
</tr>
<tr>
<td>• Fixed income</td>
<td>• Age discrimination</td>
</tr>
<tr>
<td>• Cost of health care</td>
<td>• Family disconnect</td>
</tr>
<tr>
<td>• Employment barriers</td>
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PROPOSED COMMUNITY ORGANIZATION(S) TO PROVIDE AND COORDINATE THE ACTIVITIES:

• KCHD Mental Health & Community Action Divisions
• Senior Services Associates
• Oswego Senior Center
• Kendall Area Transit
• Local Health Care Providers
• Local Senior Living Facilities
• Local Park Districts
• KCHD Mental Health & Community Action Divisions
• Local High Schools • Kendall County Senior Providers
• Rush Copley
• Workforce Development
• Churches
• YMCA
• Kendall County VAC
• Kendall County youth organizations

EVALUATION PLAN TO MEASURE PROGRESS TOWARD REACHING OBJECTIVES:

• Number of presentations made to senior groups
• Number of senior-serving local public health system partners engaged
• Increased number of mental health and socio-economic supports facilitated for seniors, age 60 and above, by a minimum of 10%. This will be measured and tracked using KCHD’s Footholds relational database, and Single Tracking and Reporting System (STARS) data base.
IPLAN Progress update for 2019

KGCA initiated and lead in the forming of two community service coalitions. The Kendall County Interagency Council was formed as well as a Kendall County Continuum of Care group. Grundy County has had an Interagency Council since 1983 and KGCA felt that a similar group in Kendall County would increase communication and partnerships among the agencies that serve the Kendall County area. The council has been a huge success with increasing involvement and coordination of services being offered including the senior providers in the area. This group connected KGCA, The Red Cross, the local senior centers, and the local fire departments to establish a smoke alarm program for our area seniors. A directory was established among the members of the group for cases that may come up so that multiple agencies can assist with in a more efficient manner than ever before. These monthly meetings encourage area agencies to inform, partner, and collaborate so that each customer can be wrapped holistically with services.

The Kendall County Continuum of Care group was also formed in 2017. This is a group, headed by the Will County Continuum of Care, meets quarterly to combat homelessness in Kendall County. The group includes KGCA, the housing authority, St. Vincent De Paul, Catholic Charities, PADS, Community Benefits, Prairie State Legal, and other various community members. KGCA staff has begun training on the HMIS system and has coordinated Point in Time events that will occur in Kendall County on an annual basis. The Kendall County homeless count has been notoriously ignored for years and this can affect services available for person’s suffering from homelessness or who are in threat of becoming homeless. This coalition will continue to work in ways so that this population will be recognized and assisted in an increasingly more efficient manner.

Since 2017 KGCA has provided 40 presentations to seniors and senior serving community groups resulting in 1997 low income seniors served with both home energy assistance and furnished with mental health service program information. Energy Conservation kits were given to all participants. The list of presentation locations is provided below:

- KCHD All Staff Meeting
- Senior Housing (2) in Plano
- Senior Housing (3) in Yorkville
- Senior Housing (3) in Oswego
- Senior Housing (1) in Newark
- Senior Housing (2) in Morris
- Senior Housing (1) in Mazon
- Senior Housing (1) in Coal City
- Kendall County Community Food Pantry
- Helmar Food Pantry
- Oswego Food Pantry
- Kendall County Senior Providers Group
- Kendall County Interagency Council
- Grundy County Interagency Council
- Oswego Senior Center

KCHD’s mental health service division (MHS) provided 485 seniors who received counseling with socio-economic support information. This has led 22 seniors to receive both counseling and socio-economic supports for the year 2017 and 2018. MHS provided 11 presentations to seniors and senior serving community groups. The list of presentation locations is provided below:

- Oswego Senior Center Health Fair
- Senior Services
- Senior Housing (1) in Newark
There are two care-giver support groups that are offered in the community. They are offered at the Oswego Senior Center and the Kendall County Health Department. For the year of 2017, there have been 13 participants receiving this support.

Other miscellaneous projects that were established in 2017 were the Kendall Healthcast, and exploring ways to create a more user-friendly web presence for our area seniors. The Kendall Healthcast is a local podcast the KCHD has available on their website that provides information concerning seniors and the community. So far, two have been uploaded with the topics of Emergency Preparedness and the effects of Sodium on the body. Currently, work is being done to explore a potential Kendall County Senior general page of events, activities, and news in one place. KGCA has also began to participate in the Grundy County Senior Network Group that meets quarterly. This group is similar to the Kendall County Senior Providers group.

KGCA initiated a partnership between the Red Cross, the local senior centers, local fire departments, and Home Depot to facilitate a smoke alarm program for our local senior community. KGCA also initiated a partnership between the Citizen Utility Board and the local senior centers to provide our local senior community with education regarding their utility bills. This includes a utility bill clinic where the citizen utility board will look at seniors utility bills and provide tips and options on how they can save money on their bills as well as KGCA providing energy conservation education.
Youth Programming
Kendall County and Grundy County continue to grow and change. We recognize the need to reach out to the youth population. Our Mental Health Services staff are involved in community outreach to courts, schools, hospitals, and other referral sources. Most of the increases in referrals in intake this past year were for youth under age eighteen for investigative alcohol/drug evaluations. KCHD goal is to continue to assist customers in lessening or preventing acute family crisis, reducing social isolation and substance abuse issues, and assist youth in improving daily functioning and progress toward independence.

MENTAL HEALTH SERVICES PROGRAM DESCRIPTION
Mental Health Services provides comprehensive and holistic services designed to meet diverse needs of the child, adolescent, and adult populations. Services are client focused, recovery driven, and vary in intensity depending on individual need. KCHD takes an integrated approach to all service endeavors, so that individuals with multiple diagnostic features may be served. Services include, but are not limited to, individual, group, and family counseling, as well as psycho education. KCHD strives to deliver preventative and emergency crisis services designed for the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. These services are designed to provide thorough assessment, intervention, and closure strategies to suicidal and crisis episodes. Prevention and diversion services deliver proactive services designed to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness.

COUNSELING SERVICES
We provide individual, family, group, and marital/couples counseling services to promote growth, development, and optimal functioning.

SCHOOL BASED COUNSELING SERVICES
We offer Kendall County schools the option of having a Mental Health and Substance Abuse Treatment Clinician present in the school for a two-hour time period one day per week. These services are offered to Kendall County public and private schools as a way to promote access to treatment and help to remove any potential barriers from the treatment process.

PSYCHOLOGICAL TESTING
Psychological testing services are available for diagnostic clarification and for treatment support. Psychological testing is also available for fitness to stand trial, pre-employment, and fitness for duty.

PSYCHIATRIC TREATMENT
Psychiatric treatment services are available, when indicated, to support treatment and wellbeing.

SUBSTANCE ABUSE TREATMENT
We provide comprehensive outpatient services for the adolescent and adult individual addressing substance misuse problems. Individuals are supported as they learn to live their lives without the harmful consequences of substance use.

ANGER EVALUATIONS
We provide comprehensive anger evaluations to provide insight and, if necessary, treatment recommendations when there is a pattern of unhealthy emotional coping.

FITNESS RESTORATION
Court ordered education for individuals who have been found unfit to stand trial. Services are provided to increase mental stability, understanding of court/legal process, and to be an effective participant during trial.

TRAUMA FOCUSED SERVICES
Staff have also been increasing their knowledge of and focus on the provision of trauma-induced stress and related treatments; a cornerstone to fostering community resilience. Mental Health Services has expanded trauma focused questions on the psychosocial assessment to ensure that those individuals who have experienced or witnessed trauma have specific interventions that are both effective and meaningful.
CRISIS & SUICIDE INTERVENTION SERVICES
Services are provided on Kendall County campus sites to promote a low rumination plan, amelioration of psychiatric distress, meaningful support, and follow-up services. Services are available in English and Spanish and 24/7 support is available through the emergency crisis line.

YOUTH BEHAVIORAL HEALTH COALITION
We will launch a community based coalition focused on mental health, substance abuse, and the overall wellbeing of youth and families in Kendall County. This coalition will be comprised of diverse community partners including schools, youth serving organizations, and health care providers. The intent of this coalition will be to share resources for comprehensive mental health wellbeing and to identify any trends or gaps in service. This coalition will also help to promote connection between Kendall County school social workers and counselors, who will no longer be working together in a county wide collaborative manner due to the dissolving of the Kendall County Special Education Cooperative.

FORENSIC INTERVIEWING
We work closely with the Kendall County Child Advocacy Center in serving and supporting victims of child abuse in a sensitive, respectful manner. Our skilled forensic professional interviewers perform interviews of child-victims in a neutral, non-suggestive atmosphere, following a uniformed protocol. Post-interview counseling services are made accessible to each child and family.

TRANSITIONS PROGRAM
The Transitions Program assists clients in maintaining their highest level of functioning, health, and independence. We provide psychosocial education/intervention, care coordination, senior counseling, and family system support. We not only work to foster a sense of well-being to survive and thrive, but also develop increased well-being and social connectedness. This is often a challenge for seniors experiencing economic stress, isolation, or lacking information on resources and opportunities that address such concerns. We raise individual and community awareness and promote access to services addressing mental health and substance abuse, social isolation, and financial instability. To foster and inspire our seniors' highest level of functioning, we advocate local resources improving one’s ability to interact with others, encourage healthy habits, and provide one-on-one care management.

Helping Hands for School
In 2016 KGCA included assisting low income families with school aged children in purchasing prescription eyeglasses and shoes for school and other various needs. For children, not having glasses when they are needed can lead to poor self-esteem, failure in the classroom, developmental delays, and learning disabilities. Worse yet, these uncorrected vision problems make it more difficult as a child grows older to climb out of poverty. This program has become widely popular in both Kendall and Grundy solidifying the need. Since the program started in October 2016 KGCA has assisted 69 families in the purchasing of pairs of glasses for school aged children in the Kendall and Grundy counties.
Outcomes
As part of the Community Action Plan process, hawse have reviewed and identified appropriate indicators based off the current needs assessment. KGCA has developed projections/goals and strategies based on these indicators.

**CSBG WORK PROGRAM DETAIL SHEET**

<table>
<thead>
<tr>
<th>Title</th>
<th>01.051 Employment Supplies (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Category</td>
<td>Employment</td>
</tr>
<tr>
<td>Glossary Number</td>
<td>01.051</td>
</tr>
<tr>
<td>Total Persons Served</td>
<td>0</td>
</tr>
<tr>
<td>Total Outcome Target</td>
<td>8</td>
</tr>
</tbody>
</table>

**Summary**

Employment Support program will provide assistance to CSBG eligible clients with short-term financial assistance for transportation, direct vendor payments to assist with past due household bills, and work required materials to enable clients to secure and maintain permanent employment. Temporary or seasonal employment may not qualify if the job is not expected to last more than 90 days. People who work less than 20 hours a week also will not be eligible for this program. People receiving unemployment may be eligible.

**Objective**

The program will provide assistance to CSBG eligible clients who will obtain and maintain employment of 20 hours or more per week. Employment is expected to last a minimum of 90 days due to assistance provided through this program and is offered once to clients and their household. People receiving unemployment may also be eligible.
Assistance will cover needs such as transportation, work supplies, and direct vendor payments to help recover from the loss of income with past due household bills and work required materials. Client assistance will be provided though direct vendor payment.

Quarterly Goals:
First = 2  
Second = 2  
Third = 2  
Fourth = 2  
Total = 8

Agency Activities

1. Staff will solicit referrals from the Department of Human Services (DHS), Department of Employment Security, Department Employment and Education, WIOA, and other local agencies.
2. Staff will contact potential clients to be enrolled in the program.
3. Staff will assess the client's application and interview the client to verify eligibility and determine client's individual needs.
4. Staff will notify service provider or vendor and secure service arrangements and billing documentation from provider or vendor. The assistance will average $2,000.00 per client.
5. Staff will do a 90 day or end of year, whichever comes first, follow-up survey with the employer or client to verify the client’s employment status.

Customer Steps

1. The client will obtain an application.
2. The client must have obtained employment, secured an offer of employment, or be on unemployment. The client must provide CAA with statement of employment with the place of employment, supervisor's name and contact number, start date, hours of work per week, and hourly wage or unemployment documentation.
3. The client will submit a completed application with all required documentation to CAA. Documentation includes proof of residency, past 90 day income for the household, employment/unemployment verification, statement of need, vehicle registration, proof of insurance, valid driver's license, and household bills.
4. The client will be interview by CAA staff to assess their financial needs.
5. The client will maintain employment.
Outcome Measure(s):  
<table>
<thead>
<tr>
<th>Persons Served</th>
<th>Outcome Target Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Unemployed adults who obtained employment (up to a living wage)

CSBG GOAL NUMBER  
01

CSBG GOAL

Individuals and Families with low incomes are stable and achieve economic security.

Method Of Tracking

CAA staff will retain client's case file with application, case notes, and copies for paid bills. The client will be tracked by doing a 90 day or end of year follow up, whichever comes first, with the employer or client to verify client maintaining employment or receiving employment.

Other Funding Sources

There are no other funding sources.

Program Support  
Client Assistance  
Administration  
Special  
Total

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>$ 16,828.00</td>
<td>$ 16,202.00</td>
<td>$ 6,379.00</td>
<td>$ 0.00</td>
<td>$ 39,409.00</td>
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<tr>
<td>Title</td>
<td>02.021 School Supplies (1)</td>
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<td></td>
<td></td>
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<tr>
<td>---------------</td>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Program Category</td>
<td>Education and Cognitive Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glossary Number</td>
<td>02.021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons Served</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Outcome Target</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

Helping Hand for School program will assist 10 1st to 8th grade children and 10 9th to 12th grade school age children with prescription glasses, shoes, and general school supplies.

**Objective**

CAA will assist qualified parents to purchase prescription glasses for their children and necessary items for school. CAA staff will distribute vouchers in order to ease the financial burden on low-income parents when enrolling their children in school.
1. Staff will coordinate with various agencies and schools to determine the needs of children in each county as well as network with local social services to advertise available services.
2. Staff will create and maintain a file for each student receiving services, which will include itemized records of amounts of services provided.
3. Staff will establish a shoe voucher system with vendors.
4. Staff will authorize directly to the vendor for Kids See Free program for glasses and KGCA will pay directly to the vendor maximum amount of $150.00 per child.
5. Vouchers will be created to assigned vendors to purchase clothing, supplies, and miscellaneous items needed by the child for school.

Customer Steps

1. Client will contact KGCA staff to complete a CSBG application and provide all necessary program documentation for Helping Hand for School program.
2. The client will receive a voucher to purchase clothing, supplies, and shoes for school.
3. Parents will get their child’s eye exam to ensure the child will need glasses after KGCA staff has approved the child’s eligibility for prescription glasses.
4. Parents can assist their child to pick out a frame and lenses once it has been determined that prescription glasses are needed. KGCA will be contacted to make payment on behalf of the client.

<table>
<thead>
<tr>
<th>Outcome Measure(s):</th>
<th>Persons Served</th>
<th>Outcome Target Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (1st-8th grade) who demonstrated improved positive approaches toward learning including improved attention skills</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Youth (9th-12th grade) who demonstrated improved positive approaches toward learning including improved attention skills</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

CSBG GOAL NUMBER

CSBG GOAL
Individuals and Families with low incomes are stable and achieve economic security.

Method Of Tracking

CAA will retain the client's application and invoices from all service vendors.

Other Funding Sources

There are no other funding sources.

<table>
<thead>
<tr>
<th>Program Support</th>
<th>Client Assistance</th>
<th>Administration</th>
<th>Special</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 10,456.00</td>
<td>$ 4,000.00</td>
<td>$ 2,514.00</td>
<td>$ 0.00</td>
<td>$ 16,970.00</td>
</tr>
</tbody>
</table>
## Title
02.051 Post-Secondary Education Supports (1)

## Program Category
Education and Cognitive Development

## Glossary Number
02.051

## Total Persons Served
0

## Total Outcome Target
8

### Summary
Scholarship program will provide scholarships for CSBG eligible persons for post-secondary education or occupational training.

### Objective
The scholarship program will be made available with CSBG 5% discretionary funding. The scholarship program is designed to provide financial assistance to low-income and disadvantaged persons of high academic attainment. CAA will assure that:

1. The scholarship provides formal education or occupational training at an accredited Illinois institution to CSBG eligible clients with particular consideration given to fields of study in high technology areas or other growth occupations.
2. The education and training made possible through the scholarship includes either general education to achieve functional literacy skills, short-term training (2 years or less) in growth occupation skills, or general post-secondary education. The agency should assist recipients of post-secondary scholarships in obtaining other educational grants and
aid in order to complete their education.
3. Documented fairness exists in the scholarship recipient selection process.
4. The scholarship program generates documented publicity for the participating agency, the CSBG program and the Department. For example, all program notices and publicity releases will include the names of KGCA and the Department of Commerce & Economic Opportunity, and reference the Community Services Block Grant funding source.
5. Where occupational training is involved, there is formal coordination with the local Workforce Investment Act program.

Quarterly Goals:
First = 0
Second = 0
Third = 8
Fourth = 0
Total = 8

Agency Activities

A written report will be submitted to DCEO within 30 days after the award of the scholarship indicating the method of conducting this program and how the general guidelines were addressed. The report will include:

1. The scholarship recipient's name and home mailing address.
2. The amount of the scholarship, what it pays for (i.e., tuition, fees, room, board, day care, transportation, etc), how the funds are disbursed (by agency directly to client, to school or training center in client's name, to school or training center in lump sum, etc.), and the school or training center the scholarship recipient will attend.
3. The type of education or training (course of study) that will be provided. (When occupational training is provided, there must be a statement of how the grantee coordinates this training with similar training provided through WIOA.)
4. The method used to select scholarship recipients.
5. Documented publicity of the program that will include the names of KGCA, DCEO, and the CSBG program.

Customer Steps

1. The client will call or write CAA to obtain a scholarship application.
2. The client will complete application including all requested documentation and submit it to CAA.
3. The client will attend an interview with CAA scholarship committee.
4. If selected, the client will provide CSBG required information and proof of enrollment.
5. Recipients of the scholarship will attend an awards dinner ceremony and will receive a gift basket that will include items that will assist the recipient during their educational journey (flash drives, gift cards, etc).

<table>
<thead>
<tr>
<th>Outcome Measure(s):</th>
<th>Persons Served</th>
<th>Outcome Target Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

**CSBG GOAL NUMBER**

<table>
<thead>
<tr>
<th>CSBG GOAL NUMBER</th>
<th>CSBG GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Individuals and Families with low incomes are stable and achieve economic security.</td>
</tr>
</tbody>
</table>

**Method Of Tracking**

CAA will retain client's applications and copy of payment to school or training center. CAA will also maintain case notes and contact the schools to verify enrollment.

**Other Funding Sources**

There are no other funding sources.

<table>
<thead>
<tr>
<th>Program Support</th>
<th>Client Assistance</th>
<th>Administration</th>
<th>Special</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 10,815.00</td>
<td>$ 8,000.00</td>
<td>$ 3,347.00</td>
<td>$ 0.00</td>
<td>$ 22,162.00</td>
</tr>
</tbody>
</table>
# CSBG WORK PROGRAM DETAIL SHEET

## Title

| 07.011 Case Management (1) |

## Program Category

Services Supporting Multiple Domains

## Glossary Number

07.011

## Total Persons Served

0

## Total Outcome Target

75

## Summary

The Case Management program will provide general assistance for crisis intervention. Assistance includes counseling, referrals, provision of food, transportation, shelter, rent, mortgage, utilities, and medical assistance.

## Objective

The Case Management program will provide financial assistance for crisis intervention to meet shelter, medical, dental, and utility needs. CAA will also use a number of different funding sources.

1. Salvation Army funding provides assistance for food, health care, lodging, rent, transportation, and utilities. Also, CAA will purchase certificates for items at local grocery stores. This is only given once a year not to exceed $200.00 per Service Extension check.
2. ComEd Care program and Nicor Sharing program assist Grundy and Kendall families with energy assistance.
3. Continuum of Care - Homeless Prevention program provides rental assistance and supportive services directly related to the prevention of homelessness.
4. Kendall County Food Pantry will supply food for clients.

Quarterly Goals
First=30  
Second=30  
Third=10  
Fourth=15  
Total=75

Agency Activities

1. Staff will coordinate with other service providers, community groups, and government agencies to provide resources for general assistance for crisis intervention.
2. Staff will provide direct monetary assistance for solutions to crisis situation. On all rental applications property ownership will be verified.
3. Staff will fill medical prescriptions through local pharmacies. Medical, dental and optical services will be coordinated with local providers as needed.
4. Staff will create and maintain a file on each household's emergency services showing itemized record of the amount, purpose, date, and to whom dollars were dispersed. File will also indicate any other programmatic services provided as well as any referrals.
5. Staff will refer clients to additional services as needed.

Customer Steps

1. The client will complete an application.
2. The client will meet with staff and provide all requested documentation.
3. If approved, the client will cooperate with CAA to verify amount to payment vendor for services.

<table>
<thead>
<tr>
<th>Outcome Measure(s):</th>
<th>Persons Served</th>
<th>Outcome Target Success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains (Individuals) | 0 | 75

<table>
<thead>
<tr>
<th>CSBG GOAL NUMBER</th>
<th>CSBG GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Individuals and Families with low incomes are stable and achieve economic security.</td>
</tr>
</tbody>
</table>

**Method Of Tracking**

CAA will retain client's application of services and copy of payment to vendors.
Follow up with client will occur after 90 days of service and case notes will be put on record.

**Other Funding Sources**

- Salvation Army funds: unknown
- Continuum of Care - Homeless Prevention Grant funds $14,598.00.
- ComEd Residential Hardship program and Nicor Sharing program assist Grundy and Kendall families with energy assistance.
- Kendall County Food Pantry will supply food.

<table>
<thead>
<tr>
<th>Program Support</th>
<th>Client Assistance</th>
<th>Administration</th>
<th>Special</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>$ 8,493.00</td>
<td>$ 5,419.00</td>
<td>$ 2,206.00</td>
<td>$ 0.00</td>
<td>$ 16,118.00</td>
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<tr>
<td><strong>Title</strong></td>
<td>07.031 Referrals (1)</td>
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<tr>
<td>-------------------</td>
<td>----------------------</td>
<td></td>
<td></td>
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<tr>
<td><strong>Program Category</strong></td>
<td>Services Supporting Multiple Domains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Glossary Number</strong></td>
<td>07.031</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons Served</strong></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Outcome Target</strong></td>
<td>2500</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

KGCA will provide information to resources through an outreach, information, and referral service to CSBG households as necessary by phone or walk-in consultation.

**Objective**

CAA will field all inquirers about available services and make referrals to community programs to provide an outreach, information, and referral unit. KGCA will refer CSBG eligible households to needed resources through KGCA Community Outreach, Information, and Referral Unit.

**Quarterly Goals:**
- First = 625
- Second = 625
- Third = 625
- Fourth = 625
Agency Activities

1. Staff will complete an intake form for each household seeking services to determine basic household demographic information, preliminary eligibility, and make preliminary assessment of need.
2. KGCA staff shall maintain promotional pamphlets describing the services of Kendall County Health Department and distributed throughout services area.
3. Staff will participate in community networking meeting, fairs, and seek other opportunities to exchange information on available services.
4. CAA will provide ongoing training for staff and keep staff informed on most current services and available services.
5. CAA will conduct a planning survey regarding the needs and availability of services for the residents of Kendall and Grundy counties.
6. All referrals will be tracked on the back of the client’s intake form to substantiate services received.
7. All single parent families not currently collecting child support will be referred to the child support office for possible services.
8. KGCA staff shall establish and use a system of collecting data for appropriate referral and to identify gaps in services.
9. KGCA staff shall offer advocacy on behalf of an individual or group of individuals when needed services are not being adequately provided by an organization within the community's service delivery system.

Customer Steps

1. The client will call or visit CAA to inquire about available community resources.

<table>
<thead>
<tr>
<th>Outcome Measure(s):</th>
<th>Persons Served</th>
<th>Outcome Target Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Action program participants who gained other skills, knowledge and abilities to enhance their ability to engage</td>
<td>0</td>
<td>2500</td>
</tr>
</tbody>
</table>
CSBG GOAL NUMBER  |  CSBG GOAL
---|---
01 | Individuals and Families with low incomes are stable and achieve economic security.

### Method Of Tracking

CAA will retain client's applications

### Other Funding Sources

There are no other funding sources.

<table>
<thead>
<tr>
<th>Program Support</th>
<th>Client Assistance</th>
<th>Administration</th>
<th>Special</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 12,055.00</td>
<td>$ 8,154.00</td>
<td>$ 0.00</td>
<td>$ 20,209.00</td>
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</tbody>
</table>
Title: 07.041  Transportation Services (1)

Program Category: Services Supporting Multiple Domains

Glossary Number: 07.041

Total Persons Served: 0

Total Outcome Target: 35

Summary

Drive to Success (DTS) program will provide CSBG eligible individuals or households with assistance for repairs to their vehicle to maintain employment.

Objective

DTS program is designed to provide working clients with affordable and working transportation. DTS will cover the transportation needs of clients such as repairs on vehicle, insurance, license, and title assistance.

Quarterly Goals:
First = 9
Second = 9
Third = 9
Fourth = 8
Total = 35
Agency Activities

1. CAA will do various marketing efforts will be made to advertise DTS program.
2. CAA will conduct an assessment and intake on clients verify eligible.

Customer Steps

1. Client will complete application including all requested documentation and submit to CAA.
2. The client if eligible for DTS will provide CAA with estimate of repair cost and copy of car insurance.
3. If authorized for repairs, it is the client’s responsibility to arrange time and date to drop off the vehicle to vendor for repairs.
4. Once repair is completed, client is required to contact CAA staff of completion of repairs and schedule the pickup of the vehicle from the auto shop.
5. The client will pick up car at CAA if receiving a donated car.

<table>
<thead>
<tr>
<th>Outcome Measure(s):</th>
<th>Persons Served</th>
<th>Outcome Target Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals engaged with the Community Action Agency who report improved financial well-being</td>
<td>0</td>
<td>35</td>
</tr>
</tbody>
</table>

CSBG GOAL NUMBER | CSBG GOAL
---|---
01 | Individuals and Families with low incomes are stable and achieve economic security.

Method Of Tracking

CAA will retain the DTS client’s application and all paid bills from vendors.
Other Funding Sources

There are no other funding sources.

<table>
<thead>
<tr>
<th>Program Support</th>
<th>Client Assistance</th>
<th>Administration</th>
<th>Special</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 11,073.00</td>
<td>$ 20,000.00</td>
<td>$ 3,180.00</td>
<td>$ 0.00</td>
<td>$ 34,253.00</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>05.061 Dental Services, Screenings and Exams (1)</td>
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<tr>
<td>-----------</td>
<td>------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program Category</strong></td>
<td>Health and Social/Behavioral Development (includes nutrition)</td>
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<td></td>
</tr>
<tr>
<td><strong>Glossary Number</strong></td>
<td>05.061</td>
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<tr>
<td><strong>Total Persons Served</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Outcome Target</strong></td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

KGCA will provide financial assistance for dental hygiene and dental treatment fees for CSBG eligible clients who are uninsured or lack comprehensive insurance coverage.

**Objective**

KGCA will provide income eligible households with an average of $500 in financial assistance for dental hygiene and dental treatment fees.

**Quarterly Goals**
- First=5
- Second=5
- Third=5
- Fourth=5
- Total=20
Agency Activities

1. KGCA will conduct initial phone screening to determine eligibility and set up appointment.
2. KGCA will complete CSBG intake, verify 90 day income eligibility, proof of residency in Kendall or Grundy County, and medical need.
3. KGCA will contact dentist for medical need and medical fees.
4. Staff will verify and document insurance coverage or lack of insurance coverage for the procedure.
5. Staff will maintain client's file.

Customer Steps

1. The client will request assistance.
2. The client will complete intake and assessment.
3. The client will provide 90 day income and documentation of residency in Kendall or Grundy County.

<table>
<thead>
<tr>
<th>Outcome Measure(s):</th>
<th>Persons Served</th>
<th>Outcome Target Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who demonstrated improved physical health and well-being</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

CSBG GOAL NUMBER

01

CSBG GOAL

Individuals and Families with low incomes are stable and achieve economic security.

Method Of Tracking

The client will be tracked by doing a 90 day or end of year follow up, whichever comes first.
Other Funding Sources

There are no other funding sources.

<table>
<thead>
<tr>
<th>Program Support</th>
<th>Client Assistance</th>
<th>Administration</th>
<th>Special</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 8,493.00</td>
<td>$ 6,000.00</td>
<td>$ 2,014.00</td>
<td>$ 0.00</td>
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# CSBG WORK PROGRAM DETAIL SHEET

<table>
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<tr>
<td>Program Category</td>
<td>Agency Capacity Building</td>
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<tr>
<td>Glossary Number</td>
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<tr>
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<tr>
<td>Total Outcome Target</td>
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## Summary

KGCA will increase capacity to achieve results.

## Objective

KGCA will participate in activities that increase the agency's capacity such as Annual Reports, Community Needs Assessment, GATA, ROMA, and Leadership/Management.

## Agency Activities

KGCA will request trainings during the 2019 program year as necessary. Some of the trainings will be provided by IACCA and DCEO mandated by CSBG.
Customer Steps

There are no customer steps.

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<tr>
<th>Outcome Measure(s):</th>
<th>Persons Served</th>
<th>Outcome Target Success</th>
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<tr>
<td>Hours of Agency Staff in capacity building activities</td>
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CSBG GOAL NUMBER

00 CSBG GOAL

CSBG Eligible Entity Capacity Building

Method Of Tracking

Employees will provide documents from trainings.

Other Funding Sources

No Other Funding Source.

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<tr>
<th>Program Support</th>
<th>Client Assistance</th>
<th>Administration</th>
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ILLINOIS COMMUNITY ACTION AGENCIES
Needs Assessment Survey
(Community Stakeholders)

Illinois’s community action agencies are conducting a study of the needs of low-income people. Results from the study will be considered by Illinois’s community action agencies for planning, developing, and delivering agency activities, services, and initiatives.

INSTRUCTIONS:

Please answer each question by checking the appropriate box or boxes. If a question does not apply to you, please leave it blank.

“Community” is defined as the neighborhood and/or city in which you live.

1. What county do you live in? 

2. What community stakeholder group do you belong to? Select the one that best describes your group:
   - County government
   - Educational institution
   - Service organization
   - Police
   - Other
   - City government
   - Health care provider
   - Public/private housing
   - Judicial
   - Board of Supervisors
   - Faith based
   - Neighborhood association
   - Private business

3. Are there full-time living wage employment ($15 per hour or higher) opportunities available in your community?
   - There are an insufficient number of opportunities
   - There are a sufficient number of opportunities
   - There are not any opportunities
   - Unsure

4. Why do you believe people have problems getting or keeping a full-time living wage job? Select all that apply:
   - Jobs are not available
   - Physical or mental disabilities
   - Need better communication, people/customer job skills
   - Language barriers
   - Need better technical job skills
   - Health issues
   - Need child care
   - Lack of education
   - Transportation
   - Substance abuse issues
   - Other

5. Are child care programs (during the day, Monday through Friday) for low-income families available in your community?
   - There are an insufficient number available
   - There are a sufficient number available
   - There are not any available
   - Unsure

6. Are child care programs (evenings, nights, and weekends) for low-income families available in your community?
   - There are an insufficient number available
   - There are a sufficient number available
   - There are not any available
   - Unsure

7. Are pre-school programs (including Head Start programs) for low-income families available in your community?
   - There are an insufficient number available
   - There are a sufficient number available
   - There are not any available
   - Unsure

8. Are affordable child and youth (ages 5 to 17) activities or after school programs available in your community?
   - There are an insufficient number available
   - There are a sufficient number available
   - There are not any available
   - Unsure

9. In your community, in which areas do you believe youth (ages 12 to 17) need information, education, guidance, and/or assistance? Select all that apply:
   - After school supervision
   - School attendance
   - Birth control
   - Affordable school/community activities
   - Learning disabilities
   - Behavior disorders
   - Tutoring
   - Mentoring/leadership/volunteering
   - Finding employment
   - Gang participation
   - Obesity
   - Sexually transmitted diseases
   - Substance abuse/tobacco
   - Teen parenting
   - Mental health
   - Physical health and dental issues
   - Other

10. Are there adequate levels of non-medical emergency services available in your community? 
   - Yes
   - No
   - Unsure

11. Are there a sufficient number of emergency shelters available in your community? 
   - Yes
   - No
   - Unsure

12. Are there adequate levels of medical services available for low-income people in your community? 
   - Yes
   - No
   - Unsure

13. Are there adequate levels of dental services available for low-income people in your community? 
   - Yes
   - No
   - Unsure
14. Are there adequate levels of wellness (nutrition, exercise, etc.) programs available for low-income people in your community?
   ☐ YES ☐ NO ☐ unsure

15. Are there adequate levels of public transportation options (cabs, taxis, buses, trolleys, etc.) available in your community?
   ☐ YES ☐ NO ☐ unsure

16. Are the homes in your community in good repair? ☐ most are ☐ some are ☐ few are ☐ none are ☐ unsure

17. Which of the following issues do you believe are the greatest challenges low-income families and individuals are currently facing? select all that apply:
   ☐ education ☐ child care ☐ living wage employment ☐ mental health services
   ☐ job training ☐ teen pregnancy ☐ family/child abuse ☐ medical care access
   ☐ housing ☐ substance abuse ☐ language barriers ☐ dental care access
   ☐ budgeting ☐ transportation ☐ health food selection ☐ health care costs
   ☐ parenting ☐ family violence ☐ special needs children ☐ credit card debt ☐ child support
   ☐ chronic illness ☐ energy/utility costs ☐ financial literacy/planning ☐ legal issues/services ☐ none apply

18. Which of the following areas do you believe low-income families and individuals need assistance with in order to achieve or maintain self-sufficiency? select all that apply:
   ☐ employment ☐ mental health ☐ substance abuse treatment ☐ medical care
   ☐ job training ☐ literacy ☐ financial literacy/planning ☐ family/child abuse
   ☐ housing ☐ transportation ☐ energy/utility costs ☐ language barriers
   ☐ child care ☐ legal issues/services ☐ family planning ☐ none apply

19. Which of the following areas do you believe the elderly (seniors) in your community need assistance with in order to remain in their home? select all that apply:
   ☐ housework ☐ yard work/snow removal ☐ home repairs ☐ energy/utility costs
   ☐ managing medications ☐ grocery shopping ☐ preparing meals ☐ laundry
   ☐ financial assistance ☐ tax preparation/legal issues ☐ access to transportation ☐ none apply

20. Of the following, which of these do you believe low-income families and individuals need information, education, guidance, and/or assistance:
   ☐ checking and savings accounts ...................................... ☐ YES ☐ NO ☐ unsure
   ☐ credit card debt ............................................................. ☐ YES ☐ NO ☐ unsure
   ☐ credit repair ................................................................. ☐ YES ☐ NO ☐ unsure
   ☐ payday loans ............................................................... ☐ YES ☐ NO ☐ unsure
   ☐ car title loans (not a car purchase loan)........................... ☐ YES ☐ NO ☐ unsure
   ☐ budgeting or money management issues ....................... ☐ YES ☐ NO ☐ unsure
   ☐ filing tax returns (Earned Income Tax Credit) ................. ☐ YES ☐ NO ☐ unsure
   ☐ obtaining loans ........................................................... ☐ YES ☐ NO ☐ unsure
   ☐ property tax exemptions ............................................... ☐ YES ☐ NO ☐ unsure
   ☐ rent reimbursement claims .......................................... ☐ YES ☐ NO ☐ unsure
   ☐ energy/utility cost issues .............................................. ☐ YES ☐ NO ☐ unsure
   ☐ landlord/tenant issues ............................................... ☐ YES ☐ NO ☐ unsure

21. On a scale of 1 to 5 (1=poor/poorly, 3=adequate/decent, 5=excellent), please rate the following:

   How would you rate your relationship with the community action agency in your community?
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ no relationship

   How well is the community action agency in your community meeting the needs of low-income families and individuals?
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ unsure

22. What do you believe causes poverty? [please provide answer on separate sheet]

23. What community improvement initiative would you like your community to address? [please provide answer on separate sheet]

24. If you had $1,000,000 to solve a community issue, what would you solve? [please provide answer on separate sheet]

25. Any other comments? [please provide answer on separate sheet]
Needs Assessment Survey

Illinois's community action agencies are conducting a study of the needs of low-income people. Results from the study will be considered by Illinois's community action agencies for planning, developing, and delivering agency activities, services, and initiatives.

INSTRUCTIONS:

Please answer each question by checking the appropriate box or boxes. If a question does not apply to you, please leave it blank. "Community" is defined as the neighborhood and/or city in which you live.

1. What county do you live in? ____________________________

2. What is your position with the community action agency? select all that apply:
   - board member
   - staff person
   - Head Start Policy Council
   - advisory committee

   2a. How many years have you served in this capacity?
   - 0-2
   - 3-5
   - 6-10
   - 11-15
   - 16-20
   - 21-25
   - 26-30
   - over 30

3. Are there full-time living wage employment opportunities available in your community?
   - there are many opportunities
   - there are some opportunities
   - there are few opportunities
   - there are no opportunities
   - unsure

3a. Why do you believe people have problems getting or keeping a job? select all that apply:
   - jobs are not available
   - physical or mental disabilities
   - health issues
   - language barriers
   - need better technical job skills
   - substance abuse issues
   - lack of education
   - transportation
   - other
   - need child care
   - need better communication, people/customer job skills

4. Are there child care programs for low-income families available in your community?
   - there are many programs
   - there are some programs
   - there are few programs
   - there are no programs
   - unsure

5. Are pre-school programs (including Head Start programs) for low-income families available in your community?
   - there are many programs
   - there are some programs
   - there are few programs
   - there are no programs
   - unsure

6. Are affordable youth (ages 5 to 17) activities or after school programs available in your community?
   - there are many activities/programs
   - there are some activities/programs
   - there are few activities/programs
   - there are no activities/programs
   - unsure

7. In your community, in which areas do you believe youth (ages 12 to 17) need assistance? select all that apply:
   - after school supervision
   - school attendance
   - birth control
   - teen parenting
   - obesity
   - learning disabilities
   - behavior disorders
   - tutoring
   - mentoring and leadership
   - finding employment
   - gang participation
   - volunteering
   - sexually transmitted diseases
   - substance abuse/tobacco
   - affordable school/community activities
   - none of these apply

8. Do you believe the schools in your community meet the educational needs of the children they serve?
   - in almost all cases
   - in most cases
   - in some cases
   - in a few cases
   - not at all
   - unsure

- 1 -
9. Are non-medical emergency services available in your community? □ YES □ NO □ unsure

10. Are emergency shelters available in your community? □ YES □ NO □ unsure

11. Are medical services available for low-income people in your community? □ YES □ NO □ unsure

12. Are dental services available for low-income people in your community? □ YES □ NO □ unsure

13. Are wellness (nutrition, exercise, etc.) programs available for low-income people in your community? □ YES □ NO □ unsure

14. Are the homes in your community in good repair? select one:
   □ most of them are □ some of them are □ few of them are □ none are □ unsure

15. What public transportation options are available in your community? select all that apply:
   □ cab or taxi □ regional transit bus □ municipal bus □ trolley □ none □ other

16. Which of the following issues do you believe are the greatest challenges low-income households are currently facing? select all that apply:
   □ education □ child care □ living wage employment □ mental health services
   □ job training □ teen pregnancy □ family/child abuse □ medical care access
   □ housing □ substance abuse □ language barriers □ dental care access
   □ budgeting □ transportation □ health food selection □ health care costs
   □ parenting □ family violence □ special needs children □ credit card debt
   □ chronic illness □ energy/utility costs □ none apply

17. Which of the following areas do you believe low-income households need assistance with in order to achieve or maintain self-sufficiency? select all that apply:
   □ employment □ mental health □ medical care □ substance abuse treatment
   □ job training □ education □ family/child abuse □ financial planning
   □ housing □ transportation □ language barriers □ parenting education
   □ child care □ legal issues □ family planning □ energy/utility costs □ none apply

18. Which of the following areas do you believe the elderly (seniors) in your community need assistance with in order to remain in their home? select all that apply:
   □ housework □ yard work/snow removal □ home repairs □ energy/utility costs
   □ managing medications □ grocery shopping □ preparing meals □ laundry
   □ financial assistance □ tax preparation/legal issues □ access to transportation

19. Of the following, with which of these do you believe low-income families need information, education, guidance, and/or assistance?
   checking and savings accounts ................................................. □ YES □ NO □ unsure
   credit cards ............................................................................ □ YES □ NO □ unsure
   payday loans ........................................................................... □ YES □ NO □ unsure
   car title loans (not a car purchase loan) .................................... □ YES □ NO □ unsure
   budgeting or money management issues .......................... □ YES □ NO □ unsure
   financial credit issues .............................................................. □ YES □ NO □ unsure
   filing tax returns (EITC) ............................................................ □ YES □ NO □ unsure
   obtaining loans ........................................................................ □ YES □ NO □ unsure
   property tax exemptions ........................................................... □ YES □ NO □ unsure
   rent reimbursement claims ...................................................... □ YES □ NO □ unsure
   home energy/utility cost issues .............................................. □ YES □ NO □ unsure

*** THANK YOU FOR YOUR PARTICIPATION ***
ILLINOIS COMMUNITY ACTION AGENCIES
Client Needs Assessment

Illinois's community action agencies are conducting a study of the needs individuals and families may be experiencing in their lives. Results from the study will be considered by the community action agencies for planning, developing, and delivering agency programs, services, and activities.

INSTRUCTIONS: Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it where you received it.

All surveys will be kept confidential. Thank you for participating.

1. What county do you live in? ______________________ 2. What is your household's zip code? ______________________

3. Are you a male or female? □ Male □ Female □ Other
4. Are you aged 55 or over? □ YES □ NO
5. Are you married or living with a partner? □ YES □ NO

6. EMPLOYMENT: Which employment needs could you use help with (select all that apply):

   □ Getting training for the job that I want
   □ Getting an education for the job that I want
   □ Finding a permanent full-time job that will support me or my family
   □ Knowing what jobs are available
   □ Learning how to interview for a job
   □ Learning how to write a resume
   □ Learning how to fill out job applications
   □ Learning computer skills to apply for jobs
   □ Obtaining appropriate clothing for my job
   □ Obtaining equipment (e.g. tools) for my job

7. EDUCATION: Which education needs could you or a family member use help with (select all that apply):

   □ Obtaining a high school diploma or GED/HSED
   □ Obtaining a two-year college degree
   □ Obtaining a four-year college or university degree
   □ Choosing a career
   □ Choosing a technical school program
   □ Learning how to use a computer
   □ Learning or improving communication or language skills
   □ Learning English (as a second language)
   □ Getting financial assistance to complete my education
   □ Completing college aid forms (including FAFSA forms)

8. FINANCIAL AND LEGAL ISSUES: Which financial and/or legal needs could you or your family use help with (select all that apply):

   □ Budgeting and managing money
   □ Opening a checking or savings account
   □ Filling out tax forms
   □ Understanding credit scores
   □ Solving problems with a credit card or loan company
   □ Solving problems with utility or telephone company
   □ Solving problems with payday loans
   □ Solving bankruptcy/repossession problems or issues
   □ Solving divorce problems or issues
   □ Solving child custody problems or issues
   □ Solving child support problems or issues
   □ Solving restraining order problems or issues
   □ Getting protection in domestic violence situations
   □ Getting legal assistance with deportation or immigration issues
   □ Getting legal assistance when denied services
9. HOUSING:  Which housing needs could you or your family use help with (select all that apply).  
- Finding affordable housing that fits my family’s needs
- Getting financial assistance with a down payment or closing costs to buy a home
- Qualifying for a loan to buy a home
- Obtaining home ownership education
- Obtaining renter/tenant rights and responsibilities education
- Learning basic home repair and property maintenance skills
- Getting financial assistance with rent payments
- Getting financial assistance with rent deposits
- Making my home more energy efficient
- Making changes to my home for a person with disabilities
- Getting emergency shelter

10. FOOD AND NUTRITION:  Which food and nutrition needs could you or your family use help with (select all that apply).  
- Getting food from food pantries, food banks, or food shelves
- Having enough food at home
- Learning how to shop and cook for healthy eating
- Learning how to stretch my food dollar
- Getting emergency food assistance
- Getting meals delivered to my home
- Enrolling in the Food Assistance Program
- Learning how to model healthy eating for my children
- Getting nutritious foods during pregnancy
- Obtaining breastfeeding education and assistance

11. Do you have children (under the age of 18) living with you?  
- YES  
- NO  (If NO, skip questions 12 and 13)

12. CHILD CARE AND CHILD DEVELOPMENT:  If you have children (under the age of 18) living with you, which child care and/or child development needs could you or your family use help with (select all that apply).  
- Finding child care in a convenient location
- Finding quality licensed child care
- Finding affordable child care
- Finding child care for babies
- Finding child care for toddlers
- Finding child care for preschoolers
- Finding evening or nighttime child care
- Finding weekend child care
- Finding a quality preschool
- Finding a before/after school program
- Preparing my preschool child for public school
- Getting financial assistance with child care costs
- Getting financial assistance with school supplies
- Getting financial assistance with school fees
- Getting financial assistance with school or club activities

13. PARENTING AND FAMILY SUPPORT:  If you have children (under the age of 18) living with you, which parenting and/or family support needs could you or your family use help with (select all that apply).  
- Learning how to discipline my children more effectively
- Learning how to communicate and deal with my teenage children
- Learning how to deal with my children who have displayed bullying or violent behavior
- Learning how to deal with the bullying or violent behavior of my children’s friends
- Learning how to talk to my children about drugs and alcohol
- Learning how to talk to my children about sex, AIDS, STDs, etc.
- Learning how to help my children cope with stress, depression, or emotional issues
- Learning how to set goals and plan for my family
- Communicating better with my children’s care provider or teachers
14. TRANSPORTATION: Which transportation needs could you or your family use help with (select all that apply)...

☐ Having access to public transportation
☐ Having dependable transportation to and from work
☐ Getting financial assistance to buy a dependable car
☐ Getting financial assistance to make car repairs
☐ Getting financial assistance to pay car registration or license fees
☐ Getting a driver’s license
☐ Getting to and from medical or dental appointments
☐ Getting myself to and from school
☐ Getting my children to and from child care
☐ Getting my children to and from school
☐ Getting my children to and from school or club activities
☐ Going shopping and doing errands

15. HEALTH: Which health needs could you or a family member use help with (select all that apply)...

☐ Having affordable health insurance
☐ Having affordable dental insurance
☐ Having health care available in my community
☐ Having dental care available in my community
☐ Getting my health insurance questions answered
☐ Finding a doctor willing to accept Medicaid (Title XIX)
☐ Finding a dentist willing to accept Medicaid (Title XIX)
☐ Getting financial assistance for regular medical checkups
☐ Getting financial assistance for regular dental checkups
☐ Getting financial assistance for medicine and prescriptions
☐ Getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc.
☐ Getting financial assistance for long-term health care
☐ Obtaining family planning or birth control education and assistance
☐ Getting good medical care before my baby is born
☐ Getting regular check-ups, developmental screens, or physicals for my children
☐ Getting my children tested for lead poisoning
☐ Getting immunizations for my children
☐ Getting treatment for a drug or alcohol problem
☐ Getting treatment and services for mental health
☐ Dealing with stress, depression, or anxiety
☐ Dealing with problems related to physical, emotional, or sexual abuse

16. BASIC NEEDS: Which basic needs could you or your family use help with (select all that apply)...

☐ Getting basic furniture, appliances, or house wares
☐ Getting personal care items such as soap, diapers, toilet paper, etc.
☐ Getting clothing and shoes
☐ Doing yard work or snow removal
☐ Doing house work or laundry
☐ Managing medications
☐ Having a reliable phone
☐ Having access to the Internet
☐ Getting financial assistance with my utility bills (heating, electric, and/or water)

17. Are there any problems or needs that you or your family faced within the last 12 months that you were unable to get help with?
☐ YES ☐ NO If YES, please list those problems or needs:

18. What is ONE thing you would like to see improved in your neighborhood?

__________________________________________________________
19. How did you learn about our agency? Select all that apply:
- Family or friend
- Current or former agency client
- The household I grew up in had received agency services
- Health care provider
- A state agency
- Other social service agency
- Brochure or flyer
- Websites/Internet
- Newspaper
- Phone book
- A mailing
- Television
- Social media (Facebook, Twitter, etc.)
- Local Church
- Billboard
- Radio
- Other

20. What are your sources of household income? Select all that apply:
- No income
- TANF
- Employment income
- Social Security
- SSI
- Other
- Child support or alimony
- General Assistance
- Unemployment insurance
- Self-employed
- Pension

21. In the last 12 months, how has your household’s income situation changed? □ Increased □ Decreased □ No change

22. What time of day would you prefer to come to one of our locations (offices) for assistance? Select one:
- Weekday hours of 8:00 am - 4:30 pm
- Saturday hours from 9:00 am - 12:00 pm
- Weekday evening hours from 5:00 pm - 7:00 pm
- I am not able to come to any of your locations

23. What services has your household received from our agency within the last 12 months? Select all that apply:
- Energy Assistance (LIHEAP)
- Weatherization
- Head Start/Early Head Start
- □ Other
- □ Other
- □ Other

24. If you know anyone with an incarcerated adult in their family, do they ever talk about particular concerns that could be addressed through our programs? Select all that apply:
- Transportation assistance
- Child care assistance
- Job skills training
- Medical bill assistance
- Mentor or after school programs for children
- Financial assistance
- Stress relief
- Other

25. When you think about your adult family, friends and neighbors, how many of them might say something like “there’s too much month at the end of my money?” or “where am I going to find money to pay for that”? Select one:
- Almost none (0 to 5%)
- Some (6 to 33%)
- Quite a few (34 to 66%)
- Most (67 to 95%)
- Almost everyone (96 to 100%)

26. When you think about your family, friends and neighbors, how many of them may have difficulties finding or buying enough quality food to provide at least three meals per day? Select one:
- Almost none (0 to 5%)
- Some (6 to 33%)
- Quite a few (34 to 66%)
- Most (67 to 95%)
- Almost everyone (96 to 100%)

27. When you have time to rest or are ready to sleep, what kind of issues in your family or neighborhood keep you up?

28. If given the opportunity, would you be willing to serve on a local board or committee that represents and makes decisions for families with low incomes? □ YES □ NO □ Unsure. If YES, please provide your name and phone number:

FIRST NAME: ___________________________ LAST NAME: ___________________________

PHONE NUMBER (999-999-9999): ___________________________

Customer Satisfaction Survey

1. I was helped in a timely manner. □ YES □ NO □ N/A (not applicable)
2. I was treated with respect. □ YES □ NO □ N/A
3. The staff were friendly and helpful. □ YES □ NO □ N/A
4. I got the information and/or the services I needed. □ YES □ NO □ N/A
5. I was informed about other agency or community services. □ YES □ NO □ N/A
6. I would recommend your agency to family and friends. □ YES □ NO □ N/A
7. What is ONE thing you would change about the services you received from our agency?

________________________________________
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