

DuPage County

Community Needs Assessment

Sponsored by the DuPage Funders' Collaboration with specific contributions from the United Way of DuPage/West Cook, the Community Memorial Foundation, DuPage County, the Illinois Children's Healthcare Foundation, and the DuPage Community Foundation

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DuPage Federation on Human Services Reform

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How to Contact Us

We encourage your comments on this Community Needs Assessment.
Comments should be directed to:

Phil Smith
Program Director, Human Services Planning
DuPage Federation on Human Services Reform

146 West Roosevelt Road
Villa Park, IL 60181
psmith@dupagefederation.org

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Introduction - Goals and Approach

The mission of the DuPage Funders' Collaboration is to enhance community health and human services through research, planning, evaluation, and leadership.

About the DuPage Funders' Collaboration

The DuPage Funders' Collaboration (which is the organizational leadership behind the development of this Community Needs Assessment) was established in 2007 following the release of a publication by the Chicago Community Trust and United Way of Metropolitan Chicago, entitled A Report on the Chicago Region's Health and Human Services Sector. This report highlighted the changes in the region (including DuPage) and challenges being faced by the health and human services sector today. Demographic shifts are rapidly occurring, private and public funding streams remain flat or are declining, and board and staff leadership for non-profits is limited. Recognizing these challenges as opportunities to achieve greater impact, a local group of private and public funders convened the DuPage Funders' Collaboration to examine ways to promote efficiency in the sector through improved cross-system planning, evaluation of strategic and programmatic impacts, enhanced knowledge sharing and dissemination, and an informed resource allocation process.

The goals of the Collaboration are:

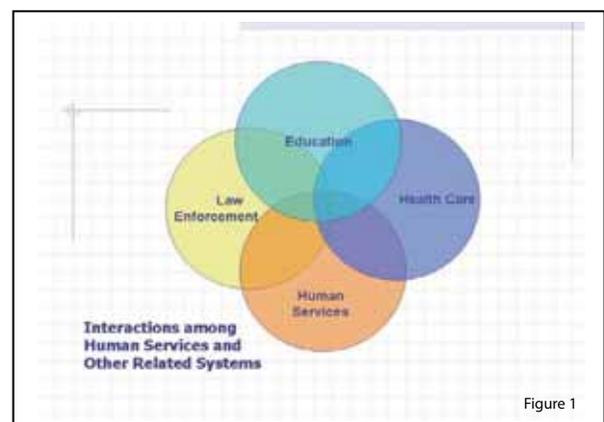
1. To improve the availability of timely and accurate research, data, and other information for health and human services planning, fund distribution, and policy development;
2. To gain acceptance as a trusted, objective, and inclusive collaboration that provides information, public policy analysis, research, and evaluation that is useful for advocacy positioning, community cooperation, and resource mobilization; and
3. To improve the efficiency of the health and human services sector in DuPage County through collaborative planning and technical assistance and training on nonprofit management.

The role played by the Collaboration in achieving these goals includes the activities of: (a) conducting research; (b) identifying needs; (c) informing the community about conditions, existing resources, gaps in services, best practices, and opportunities; (d) advocating for effective decision-making; and (e) developing pilot demonstration projects.

Target Population and the Health and Human Services Sector

Target Population This Community Assessment examines needs in the general population, but it has a targeted focus on "special" populations and minority populations. Special populations include individuals with disabilities, economically disadvantaged people, or people who for some reason such as advanced age require extraordinary support to carry out the activities of daily living. Such activities might include going to (and being successful in) school, working, keeping house, living in retirement, etc. This document also examines the needs of minority populations because (as will become clear throughout this Assessment) there are disparities in outcomes relating to certain health, education, and economic factors. Therefore, strategies need to address these disparities.

The Health and Human Services Sector The Health and Human Services sector is made up of a large group of independently managed providers of services and funders of services, and, on any given issue, the set of organizations that are addressing the issue will change and be somewhat fluid. In spite of this seemingly fragmented structure, it is useful to think of it as a system. The figure above illustrates the intersection of four community systems (health-care and human services being two) that provide services to the people of the DuPage area. Although there are other factors outside of these four systems that affect our target population (e.g., the economy, the transportation system, the housing market, etc.), we focus on these four because



of their service orientation. As figure 1 demonstrates, there is a good deal of overlap of the four systems. So, this

Needs Assessment includes issues and indicators in all four of these community systems.

Goals of the Needs Assessment

The four primary goals of this Needs Assessment were established by the Funders' Collaboration and are as follows.

1. To develop and maintain a common source of consistent and easily accessible data on health and human services needs and the resources that are addressing these needs.
2. To develop and maintain a description of the gaps and underfunded parts of the health and human services system.
3. To develop and maintain a presentation package of this information so that it can be easily understood by decision makers and the public.
4. To develop a common set of messages (used by funders as well as provider agencies) about the critical health and human service needs in the DuPage area.

The Approach Used in Developing the Needs Assessment

To address all four of the goals above required an approach that emphasized the following.

1. Limit the number of indicators: We decided to minimize the amount of data presented in order to make the issues easier to understand. Presenting too many indicators can make it more difficult for the reader to grasp the essential trends and the points being made. Also, one of our objectives is to stimulate community conversation and action to address the issues raised, and it is likely that more in-depth information will be obtained during that process.

2. Organize the document as small studies of issues: The format of this Community Assessment is to group a few indicators around an issue so that this grouping, along with the brief presentation of strategies and resources, becomes a small study of the issue. Organizationally, the Community Assessment is made up of five "chapters" as described below.

- Jobs, Income, and Financial Stability – examining the issues of poverty, self-sufficiency, employment, educational attainment, stability of people with disabilities, housing, and teen and single parenting.
- Health and Wellness – examining the issues of ill-

nesses and causes of death, infant mortality, access to health care, nutrition and obesity, mental illness, and substance abuse.

- Child Development, Youth, and Education – examining the issues of graduation and dropout rates, head start enrollment, student performance, preparing for work, and at-risk youth.
- Safety and Security – examining the issues of homelessness, hunger and food security, child safety, and domestic violence.
- Social and Cultural Wellbeing – examining the issue of residential integration.

Again, during the process of community conversation and action, it is likely that additional or more refined information will be developed. Therefore, we conclude the document with information on how to contact us to comment on this Assessment.

3. Use available data: All of the data displayed in this Community Assessment are taken from existing and available data sources. This allows for updating on a regular basis. We provide source information for all of the data so that more specialized readers can dig deeper into the information, check our facts, or provide alternative interpretations of the data.

4. Present information briefly and graphically: There is significant emphasis on presenting data in chart form, and the narrative discussion is relatively brief. The use of charts helps the reader visualize the trends and relationships in the data that form the major points being made.

5. Include observations: This Community Assessment is more than just a presentation of data. The observations in the document summarize the major points raised by the data with the idea that these points become focal points for community action. In most cases, these observations are not unique to DuPage County, and other documents are cited that come to similar conclusions. Still, community conversations on issues might follow alternative (or additional) logical paths than the ones presented in this document as actions to address these trends are developed.

6. Continually update and refine: This Community Needs Assessment is meant to undergo constant updating and refinement. Although the presentation of these issues is brief, it is important to remember that the issues they describe are complex, and we hope that this Assessment will generate significant community discussion and action on the issues presented. The data included in this document will be updated as new information becomes available, and the presentation of information will be refined in response to comments from the community. Therefore, we encour-

age reader comments and suggestions, which should be sent to psmith@dupagefederation.org.

Background – External Demographic and Economic Trends

There are five basic external demographic and economic trends that have a profound impact on the health and human services system in the DuPage area. These are:

- The rising numbers of low-income persons;
- The aging of the population;
- The growing ethnic and cultural diversity;
- The changing economy; and
- Governmental budget and other funding challenges.

All of these are background trends that affect the health and human services system, and they need to be presented briefly before assessing the system itself. The first four of these trends are considered to be external to the system because we can do little to change these trends. Although advocacy can have some modest effect on government budgets, these budgets are also considered to be external, and private funding is affected by the negative economic trends. In any event, the health and human services system must develop capacities and strategies to cope with all five trends.

Trend 1: Rising Numbers of Low-Income Persons

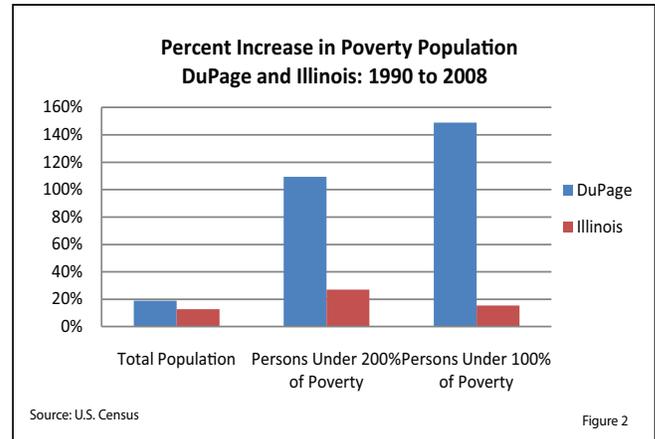
Rapid increases in persons at or near poverty are straining the health and human services system.

Figure 2 shows the increase in the numbers of persons below poverty (less than 100% of poverty level) and near poverty or what we often refer to as the working poor (less than 200% of poverty level). Although the total population of DuPage has seen only modest growth since 1990 compared to past decades (about 19%), the number of persons in poverty has grown by 149%, and the number of working poor persons has grown by 109%.

Why this Rapid Growth Trend is Important

- The capacity of the health and human services sector is struggling to keep up with increasing demands. Health and human service providers in DuPage have traditionally dealt with lower levels of poverty. Parts of this Community Assessment show that, in some cases, persons in need in DuPage will have a more difficult time finding services than in places where needs are perceived to be higher (for example, see “Stability for People with Disabilities” and “Head Start Enrollment”). Our service “infrastructure” needs to catch up. However, the challenges of limited funding due to governmental budget challenges

(see Trend Five below), and the slow economy will make this a difficult task.

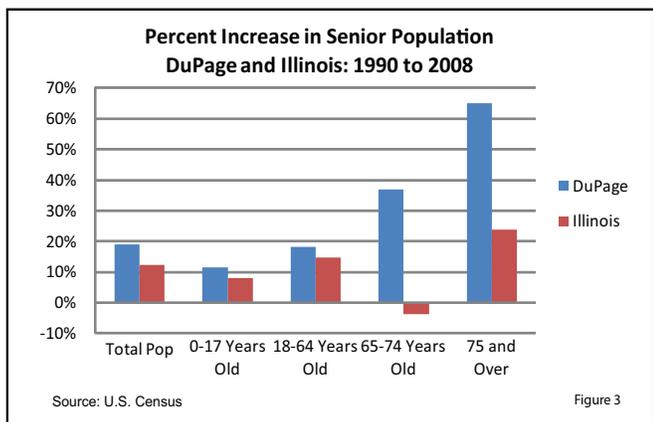


- Policy makers and the public often view DuPage as wealthy, so the needs in DuPage are often given lower priority. In reality, only 13 of the other 101 counties in Illinois have a total population that exceeds our population under 200% of poverty, and only one county (Cook) has a population under 200% of poverty that exceeds that of DuPage.

Trend Two: Aging of the Population

Senior population growth here is even outpacing the high growth rate in the State and the Nation, and this trend will require new resources to meet the needs of this population.

Advances in medical technology are increasing life spans, and the baby boom generation is reaching senior citizen status. These factors are resulting in expanding senior populations everywhere. Two other factors have intensified this trend in the DuPage area. One is the in-migration of families in past decades, and these wage-earners are now retiring and staying here. The second is the addition of aging parents who are coming to DuPage along with their foreign-born children as part of the general changing ethnic demographics of DuPage (see Trend Three below). Figure 3 shows the trend in population growth by age from 1990 to 2008 and demonstrates the more intense growth occurring in DuPage. This rapid growth trend in the senior population is expected to continue at least until 2030.



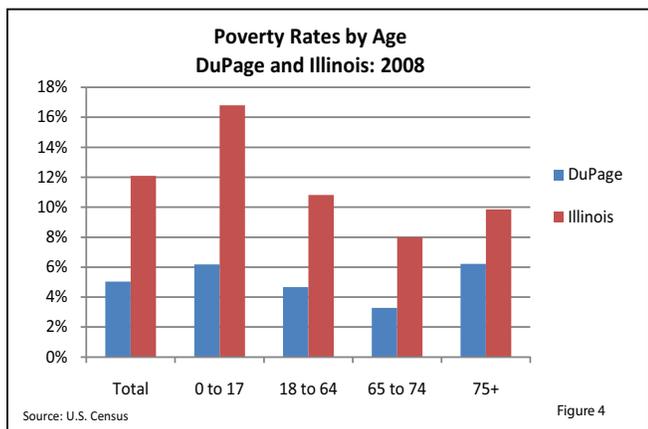
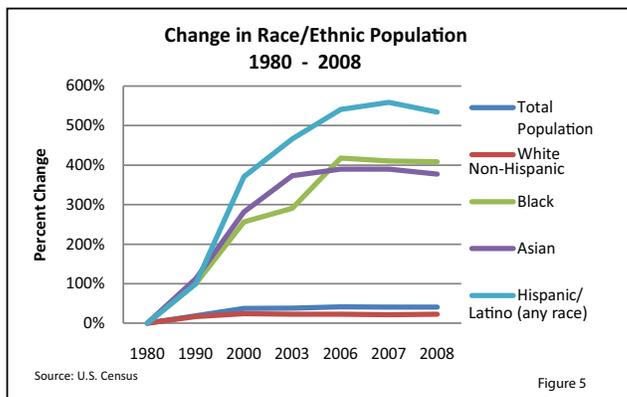
Trend Three: Growing Ethnic and Cultural Diversity

Immigration accounted for all of the population growth in DuPage since 2000. A continued strong economy depends on these “new neighbors,” and cultural competency is required to meet their needs.

Even before 2000, immigrant and minority populations accounted for a large portion of DuPage’s growth, but it is essentially all of it after 2000. This trend is consistent with other suburban areas in major metropolitan regions, and it seems to correlate with the growth in jobs (i.e., the economic opportunities) in these areas. Figure 5 demonstrates this trend in DuPage, and note the leveling off or even declining rate of increase after 2007 at the same time as the economy was slowing down. While the economy might be slowing the trend, the trend toward diversity will continue.

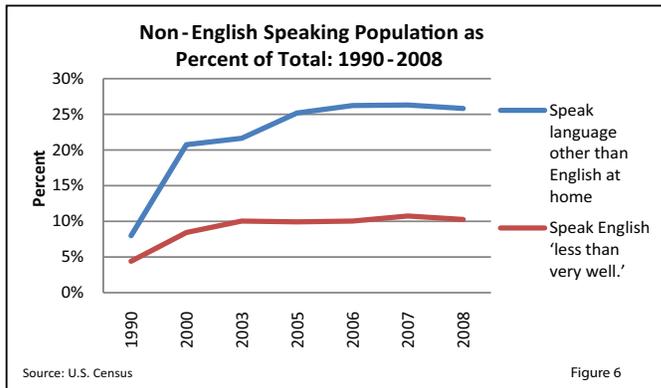
Why the Trend in Older Population Growth is Important

- Meeting health needs of an older population will put extra demands on our healthcare system. Over 80% of Americans 65 and over are living with at least one chronic condition, and the cost of care to persons in this age group is three to five times than for those under 65.
- Extra economic supports are required for this older population. Although poverty rates for the 65 to 74 age group are low, the age group with the highest poverty rate in DuPage is the 75 and over age group (see figure 4). Note that the DuPage poverty rate in the 75+ age group is closer to that of Illinois than for any other age group. Meeting housing, medical care, and basic needs all becomes more difficult as our population ages.

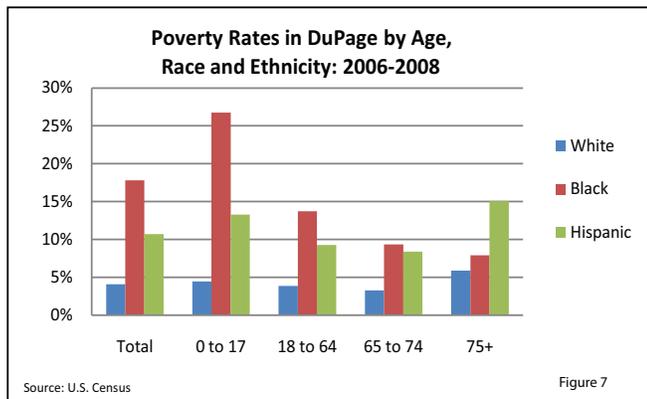


Why This Growing Diversity is Important

- Language and other training will help these new residents fully contribute to the local economy and achieve self sufficiency. Figure 6 shows that over 10% of our population does not speak English well.



- Organizations serving our population need to be culturally competent. About 20% of our population is foreign born. All organizations, and particularly those serving vulnerable populations, need to build cultural competencies in order to be fully successful.
- Ethnic and racial minorities are more likely to be poor. Figure 7 shows that, in all age ranges, the percent of per-



sons Black and Hispanic persons below poverty exceeds that of Whites. Although data show that many immigrants are well educated (actually, a slightly higher percentage of foreign born have graduate degrees), the remainder are less well educated than the native born population.

Trend Four: The Changing Economy

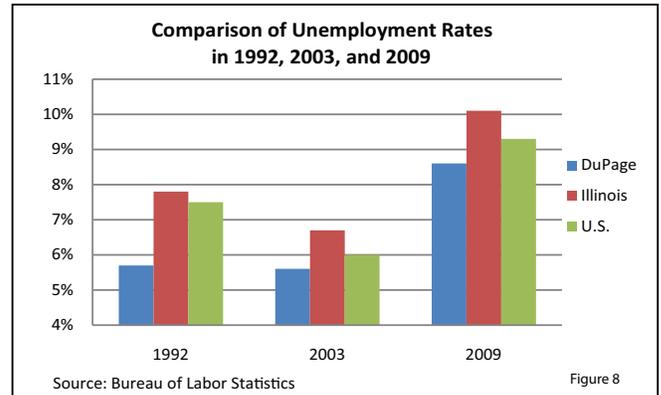
The economy of DuPage has been transforming, from 1980

The economy of DuPage continues to be stronger than the state and nation, but it has now reached the status of "mature," where it is important to emphasize sustainability and preparing our changing workforce for the next generation of jobs.

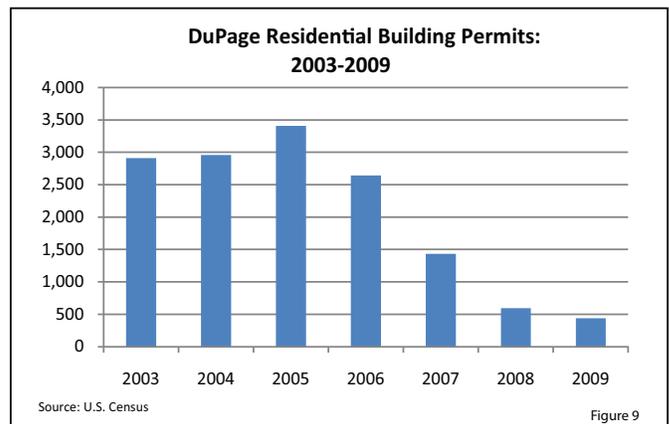
to the present, from a typically suburban community into an established economy that is tied to the regional and global economy. Its rapid growth from the mid-twentieth century into the 1990s assured a strong employment market and continued expansion of services to its population and businesses even when the surrounding economy was struggling.

However, as the rapid growth in DuPage was slowing down, the trends in the DuPage economy moved closer to those in the larger economy of which it is a part. The unemployment information in figure 8 demonstrates this closing gap in the last three economic downturns. While our unemployment was only half of the rate of the state and the region in the economic downturn of the early 1990s, this

gap was smaller in the early 2000s. DuPage fared better than the state in 2009 (8.6% unemployment rate compared to the State's 10.8% rate), but the rate was much closer to the national figure.



The housing market is another example of how the economy in DuPage is impacted by the downturn in overall market to a greater degree than in past years. Figure 9 shows that the number of residential building permits in 2009 was only 13% of its recent high in 2005 (data from Choose DuPage 4th Quarter Economic Indicators report and U.S. Census). Also, as of late March 2010, there were 3,860 homes in pre-foreclosure in DuPage and there were 2,362 bank-owned properties.



Still, with all of the negative news in the economy over the last two years, DuPage remains in a better economic position than most other areas. The unemployment rate did not go as high, housing values did not lose as much, and our retail sector was a bit stronger than most other areas. A February 20, 2010 article in the Business Ledger (by Roger Hopkins, Executive Director of Choose DuPage) states that the number of small businesses is up in DuPage, and education employment (mostly private sector) is increasing. The healthcare field is also growing. The article also notes that some sectors, particularly the social services sector

that is being affected by the State’s budget crisis, are lagging. However, manufacturing, logistics, and the construction industry are starting to pick up.

Why These Economic Trends are Important

- The key to success for our working age population is a good job with a good future. A good job takes care of most issues of meeting basic needs, housing affordability, health care, etc. A strong economy provides jobs to residents at all levels of the economic spectrum.
- More than ever, our workforce must be prepared to fill jobs that will compete in the global marketplace. The 2007 State of Working DuPage report emphasizes that, for DuPage to continue to compete in the global market, our economy needs to generate high value-added business. These businesses will create the career-ladder jobs for our work force, but these jobs will have higher requirements for employability. Our education and social services sectors need to make sure that our workforce (with its changing demographics) is prepared.

Trend 5: Governmental Budget and Other Funding Challenges

State funding is essential to the viability of the health and human services sector yet, despite the unprecedented growth in needs, State funding and other resources are decreasing in both actual and real terms.

The demographic and economic trends discussed above demonstrate why it is important to provide needed support to a vulnerable population. However, this support has been weakening. Figure 10 summarizes a 2009 analysis of State funding and key local funding to the health and human services sector. Besides showing the decline in overall funding, it also shows the importance of state-fund-

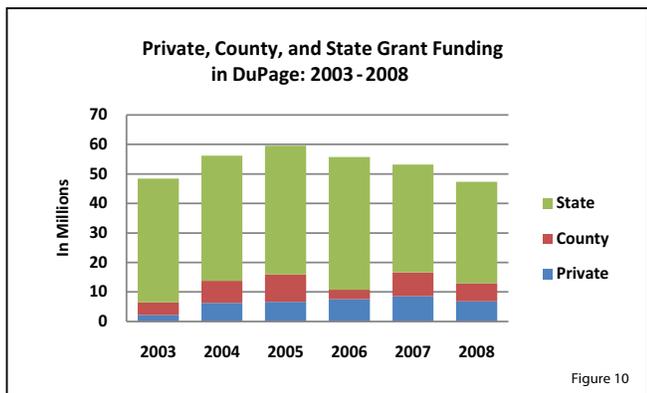


Figure 10

ed support of these services. Private and County funding has been providing some additional support, but economic factors are affecting those resources as well.

The Center for Tax and Budget Accountability (CTBA) released a report in February 2010 that analyzed Illinois human services budgeting from 2002 to 2010 (for aging, children and family services, and human services). This analysis compared actual appropriations for this period with what these appropriations should be just to keep up with inflation and with population growth (a conservative approach given the demographic trends discussed above that, in DuPage, are far outpacing general population growth). Figure 11 demonstrates the growing shortfall based on this analysis. By 2010, this shortfall is over \$687 million.

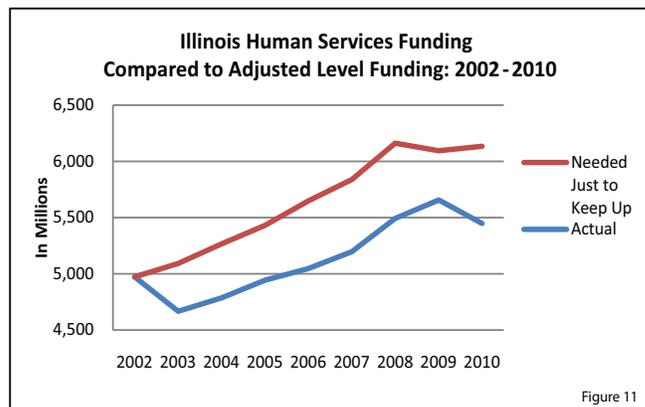


Figure 11

Another factor, not accounted for in figure 11, is the lag time between human services expenditures by the provider agencies and when the State actually pays the bill. In July 2010, the State budget director reported that vouchers submitted in January 2010 were in the process of being paid. These long lag times place an additional heavy financial burden on provider agencies. A recent statewide United Way survey of agencies found that, for those serving DuPage County, most (78%) were owed money by the State and that a substantial portion of this is over three months past due. Agencies reported having to reduce staff and borrow funds to assure that operating expenses are covered.

Regarding private giving, a December 2008 “Briefing on the Economy and Charitable Giving” by the Center for Philanthropy at Indiana University reported a 27% decline in their Philanthropic Giving Index (PGI), which gages fundraisers’ confidence in the current climate for fundraising. This is the worst-ever decline in the PGI since it began in 1998 and much larger than the previous largest decline of 9% in 2001. Nearly 94% of fundraisers reported that the economy has had a negative or very negative effect on fundraising. Still, many funders reported that they intended

to maintain their giving levels in 2008.

Discussion with local fundraisers and funders suggest that these national trends are much the same in DuPage. Fundraisers are finding it difficult to raise funds because of the economy, and funders are, for at least the current year, keeping giving levels at near pre-recession levels. However, maintaining this level of giving will be a challenge if the economy continues to lag.

Why the Governmental Budget and Other Funding Challenges are Important

- State funding makes up a large majority of all the funding going to human services in DuPage, and local and private funding cannot make up for significant State cuts.

It is obvious that the viability of the health and human services system is tied to the support that is provided by the State. Further, the State has historically been responsible for this support and should be held accountable for that support.

- The health and human services sector must demonstrate that adequate financial support from the State is fiscally responsible. It will be important to demonstrate that an investment in providing efficient and effective human services now will reduce government expenditures on more costly interventions later on. For example, mental illness and addictions interventions are known to reduce criminal behavior, and they are much less costly than the impacts of crime. Further, social service programs that improve self sufficiency have been shown to increase earning power and, consequently, the revenue (in the form of taxes) that these individuals provide to government.

- A substantial future challenge will be to find new resources to support the health and human services sector.

The current climate suggests that the health and human services sector cannot expect significant increases in support from the State's budget in the near term. Also, many economists are predicting a slow recovery in the economy, which means that charitable giving could be sluggish for a while. Therefore, new resources should be cultivated. Although this issue is beyond the scope of this Assessment, a few options are listed below.

- **Local Options:** This could be in the form of increased local government support, based on the rationale that such support is an investment improving the income and self-sufficiency of the local population thereby improving the local economy and enhancing revenue. Support from local employers is another form of local support that could be based on the need to improve

the local work force and the local economic climate for business.

- **Entrepreneurial Options:** Some non-profits have been able to develop income streams from programs and investments that provide some support for the organization.
- **Efficiency Improvement Options:** Organizations providing health and human services are not only enhancing their own efficiency, but many are also recognizing the value of looking outside their organization for efficiencies that can be created by collaborations or even consolidation with other agencies.

All of the above (and more) should be considered as the health and human services sector explores new resources. Many non-profits are already developing new resources, and perhaps the information in this Community Assessment can be used to assist in these efforts.

Summary - Conclusions and Recommendations

Conclusions – The Major Trends

To summarize the findings in this Community Assessment, we have selected four major trends that form a general description of the health and human services challenges in DuPage County.

Trend One: Demographic changes (larger numbers of economically disadvantaged persons, increased racial and ethnic diversity, and more senior citizens) are occurring very rapidly in DuPage. There has been a major change in the demographic profile of DuPage County since 1990. Poverty numbers are up by 149%, and there are over 145,000 people living with incomes less than 200% of poverty. Racial and ethnic diversity has increased (Black population up 155%, Asian population up 125%, and Hispanic population up 217%). In fact, the increase in our immigrant and minority population has accounted for more than 100% of the county's growth since 1990. That means that these new residents are now major contributors to the economy of DuPage. The poor national economy appears to have slowed the rate of demographic change in DuPage (particularly related to international immigration), and it is uncertain if the pace of change will pick up again in better economic times. Regardless of future trends, the new residents are here, and they make up a large part of our population. The number of senior citizens in DuPage is also increasing rapidly, and that trend is discussed separately below.

• ***Where to search this document for information.***

Demographic changes are primarily discussed in the Introduction, Summary, and Background in the section on "External Demographic and Economic Trends." However, the impacts of the changing demographics are discussed in most sections throughout the document.

• ***Why these trends are important.*** There are two overarching reasons why these changes are important. First, the health and human services sector (in general) has been unable to keep up with this change. Some parts of the sector are doing better than others, but all struggle with capacity, language, and cultural competency issues. Second, these new residents are now a substantial part of our population base, so their success is critical to DuPage County's long term economic future. It is important that all residents of DuPage have the opportunity to prosper. Therefore, our systems and institutions need to be skilled at working with individuals with a variety of backgrounds.

Trend Two: A growing segment of the DuPage population is not sharing in the general health and prosperity of the

county, and these disparities are often related to racial and ethnic factors. Even though averages show a relatively strong economy and a population that is well off, educated, and healthy, significant disparities affecting minority populations need to be addressed. This Community Assessment documents significant disparities in health (particularly mortality from leading causes of death and infant mortality), births to teens, single parents, educational attainment, poverty rates, performance in school and dropout rates, work readiness, and youth risk factors. Comparisons to other areas (i.e., benchmarking) show that similar disparities exist virtually everywhere, and the numbers in DuPage are sometimes a little better and sometimes worse.

• ***Where to search this document for information.***

Disparities are documented throughout this Community Assessment. However, the reader should particularly note: (a) in the Jobs, Income and Financial Stability chapter, the sections on "Poverty and Self Sufficiency" and "Educational Attainment;" (b) in the Health and Wellness chapter, the sections on "Impacts of Leading Causes of Death" and "Infant Mortality;" and (c) in the Child Development, Youth, and Education chapter, the sections on "Elementary School Student Performance," "High School Student Performance," "Preparing for Work (WorkKeys)," and "At Risk Youth."

• ***Why these trends are important.*** Because of the large role that immigrants and minorities are playing in the growth of DuPage (see Trend One), it is important that these disparities be addressed. A community-wide effort, taking advantage of the assets that exist in DuPage, will be necessary to reduce these disparities.

Trend Three: The DuPage human service sector seems to be under-funded in many areas and, consequently, is lagging behind the more urban parts of the region in meeting critical needs. This Community Assessment presents evidence regarding lags in meeting three types of needs. We note that low income persons needing early childhood education (the Head Start program), substance abuse services, or developmental disability services are less likely to these receive services if they reside in DuPage than if they reside in traditionally high need areas like Chicago or Cook County. It is likely that there are lags for other types of services, but we have evidence for the shortfalls in these three areas. This situation is likely a result of the high growth in need in the suburbs. The resources and programs to address these needs were allocated a long time ago, before the growth of need in the suburbs. Now, budget constraints make it unlikely that any substantial reallocation of these resources will occur, which means that it will be difficult for

DuPage to catch up to demand.

• **Where to search this document for information.**

Information can be found in: (a) the Jobs, Income, and Financial Stability chapter in the section on “Stability for Persons with Disabilities;” (b) the Health and Wellness chapter in the section on “Substance Abuse;” and (c) the Child Development, Youth, and Education chapter in the section on “Head Start Enrollment.”

• **Why these trends are important.** Because the numbers of persons with needs for services for people with disabilities, substance abuse services, and early childhood education have been larger in the urban parts of the region than in the suburbs, it is easy to lose sight of the fact that the fastest growth is occurring in the suburbs. If DuPage and other suburban areas are ever to catch up to this growing demand, the State and other funders must, first, recognize this growth. Second, suburban areas will also need to develop new innovative models for service delivery and develop new resources where necessary.

Trend Four: The growth of the senior population in DuPage is already having impacts, but the most substantial impacts are still to come. The first wave of the baby boom generation has already reached senior citizen status. Projections to 2030 show that the rate of growth of the older population in DuPage will outpace even the high state and national growth rates. The initial impacts of this growth are softened somewhat in DuPage because younger seniors here (age 60 to 74) are better off financially than elsewhere, so their demands are lower. However, this Community Assessment indicates that older seniors (age 75 and older) are much more likely to be poor and have higher levels of need than their younger counterparts. Therefore, as the wave of the baby boom generation gets older, the demands on caregivers, the health system, and other services will grow correspondingly greater.

• **Where to search this document for information.**

Information can be found in: (a) the Introduction, Summary, and Background in the section on “External Demographic and Economic Trends;” (b) the Jobs, Income, and Financial Stability chapter in the section on “Stability for Persons with Disabilities” (specifically referring to difficulties in living alone); (c) the Health and Wellness chapter in the section on “Mental Illness;” and (d) the Safety and Security chapter in the section on “Domestic Violence” specifically referring to elder abuse).

• **Why these trends are important.** Meeting the needs of the senior population is a special part of the health and human services system. It will take time to build the

community-wide capacity to meet these growth challenges, so that means starting now and continuing to place a priority on these efforts for the next several years.

Recommendations – A Call to Action

The DuPage Funders’ Collaboration, through this Community Assessment, is emphasizing the goal of providing straight-forward information to the public and policy makers to raise awareness, not just of health and human services needs, but also the importance of addressing them. The Collaboration is also emphasizing the goal of working with health and human service providers, the community, and government to improve the efficiency and effectiveness of the system.

Based on these goals, and the findings of this Community Assessment, four specific strategies are proposed. These are all very general strategies, and each of them will require the development of specific strategic actions. In addition, all of these strategies will require the involvement and collaboration of a number of community partners to develop and implement these specific actions.

Strategy One: Inform the community and policy-makers about the Community Assessment’s key findings and recommended strategies. The goal of this set of strategies is to build a level of community understanding that can translate into community support for developing and implementing effective programs and strategies to address critical issues. In order for these programs and strategies to be successful, it is important to make progress toward: (a) raising awareness of, and an understanding of, the issues; (b) developing a community-wide understanding of why we should address the issues, thereby building support for taking action; and (c) creating confidence that we can improve outcomes because we have the needed assets (strong local institutions, collaborative experience in solving hard problems, etc.).

Strategy Two: Build a cross-sector organizational structure that emphasizes education from birth to career. In Trend Two above, we describe “disparities in health and prosperity” as one of the major themes of this Community Assessment. In the past, the DuPage community has (for example) come together, drawing on its assets and spirit of collaboration, to create Access DuPage and DuPage Health Coalition to take on the health issues of the underserved and to address health disparities. A successful community-wide collaborative effort to take on the issue of achieving educational goals for disadvantaged children and underachieving youth would, similarly, address prosperity disparities. Some groundwork has begun, so the emphasis would be on further organizing, refining, and building on

these efforts, focusing on three primary goals.

1. To enter kindergarten ready to learn: The first goal is for each child to enter kindergarten with the basic cognitive and social skills to be successful. These skills need to be developed in the critical years of early childhood.
2. To succeed in elementary school and be ready for high school: The second goal is to enter high school ready for the coursework that will build basic career skills. This means that each child must make adequate progress from kindergarten through eighth grade and maintain an attitude that values education.
3. To graduate high school ready for college or career: The third goal is for each young person to graduate high school ready for college or for other post-secondary education and training that will develop into a career. Successfully completing the rigorous coursework that focuses on readiness is a major part of this goal, but it also includes continuing to maintain an attitude that values education as necessary for career success. In addition, each graduate needs to have developed adequate “soft skills” to become a good employee (dependability, ability to work with others, etc.).

Reaching these three goals for disadvantaged children and underachieving youth will require cross-sector collaboration involving government, health care, child development, social services, education, and business professionals. On the positive side, all of these sectors are already interested in this issue. Momentum is building on these issues as evidenced by national policies in the Department of Education (including some possible resources), initiatives started at the DuPage Workforce Board and the Regional Office of Education, and the interest of many funding organizations (see the “Head Start Enrollment” and “Preparing for Work (WorkKeys)” sections of this Community Assessment for more about some of these efforts).

Strategy Three: Prepare for an older population. Steps should be taken to prepare for providing care to an older population that will be much larger in numbers, and lower in assets, than the current group of seniors (see Trend Four above). This process can start with an assessment of the current ability and capacity of the community to meet senior needs. The Illinois Association of Area Agencies on Aging has developed a self assessment tool that any local jurisdiction can use to complete such an assessment (“Maturing of Illinois: Getting Communities on Track for an Aging Population – Community Assessment Tool”). This tool can be used by local government to assess its senior friendliness in the areas of health and human services, land use,

housing, transportation, public safety, workforce/economic development, recreation, lifelong education, civic engagement, and emergency preparedness.

Strategy Four: Find new resources and new methods of addressing health and human services needs. Trend Three outlined above suggests that traditional funding resources will be limited. Therefore, innovation will be the key to success in finding new resources. Specific strategies might include: (a) finding new (non-traditional) partners to support the health and human services sector that could become organizational or collaborative partners, and/or they might become funding partners; (b) cultivating more local government support by demonstrating the public value of health and human services programs to the local community (in other words, offering a benefit to local government or taking some of the burden off of local government); and (c) enhancing grassroots efforts including expanded and more efficient use of volunteers for a wider variety of functions.

Jobs, Income, and Financial Stability

Poverty and Self Sufficiency

Unemployment Rates

Educational Attainment

Affordable Housing

Teen and Single Parents

Stability for People with Disabilities

Poverty and Self Sufficiency

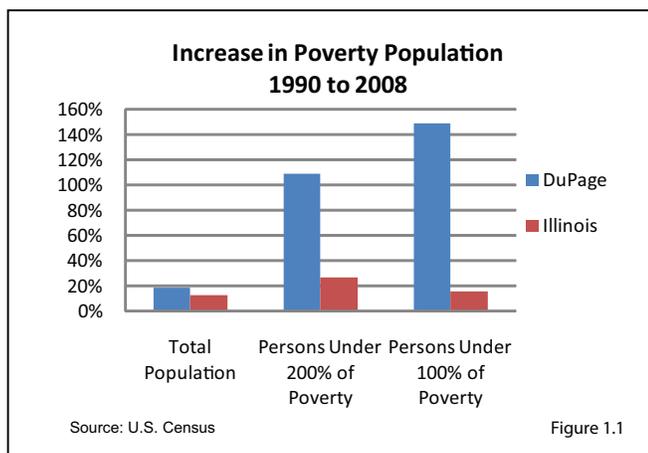
Poverty is growing in DuPage, and it is not evenly distributed. Women are affected more than men, racial and ethnic minorities are disproportionately impacted, and the growth in child poverty exceeds the growth rate in other age groups. But, an income above poverty is still far from achieving self-sufficiency, and measures of what it takes to be self-sufficient show DuPage as the most expensive part of the region to live in.

Why We Measure This

The number of persons living below the poverty line in DuPage is an indicator of the changing economic profile of the county. Persons below, or near, poverty require substantial supports to meet basic needs.

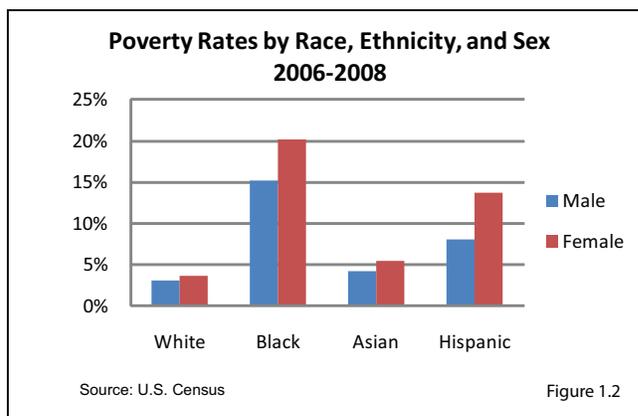
Observations

1. Figure 1.1 demonstrates the high rate of growth of the number of persons in DuPage living below the poverty level. This growth is much faster than the growth of our overall population. DuPage's population grew by 18.9% during this period, but the poverty population grew by 148.9%. In Illinois, the poverty population only increased by 15.5%, and all of this growth took place outside of Chicago. In fact,

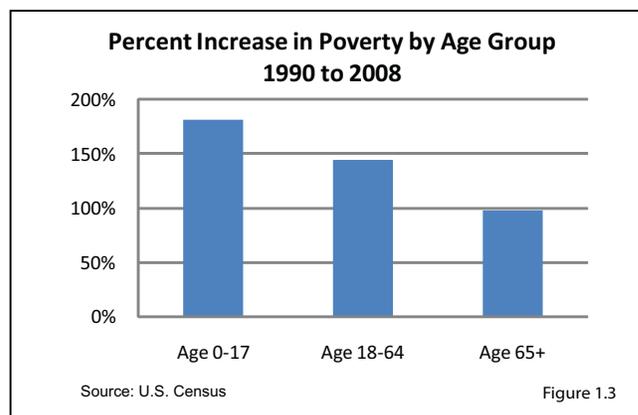


Chicago's poverty population actually decreased by 6.2% during this eighteen-year period. This type of economic shift of poverty toward the suburbs is consistent with trends in other metropolitan areas.

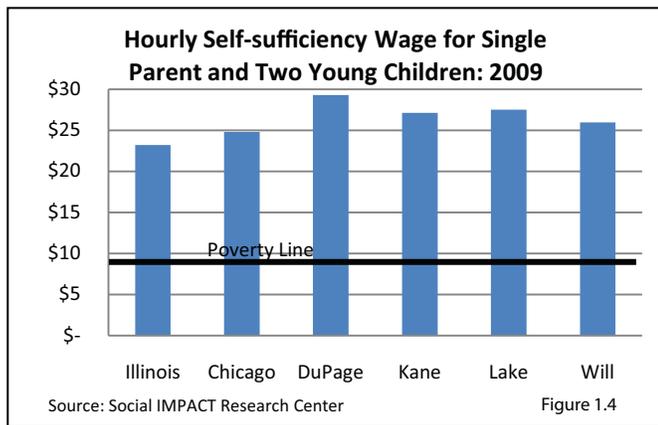
2. Poverty is not equally distributed in DuPage. Figure 1.2 demonstrates that females are more likely to be living in poverty than males, and this disparity is most pronounced with Hispanic females. The difference is also significant in African American females. These gender differences in poverty are compounded by the overall high poverty rates for African American and Hispanic residents.



3. The number of children in poverty is growing faster than the overall growth in poverty in DuPage. The number of children in poverty grew by 181.1% from 1990 to 2008, while the overall poverty growth was 148.9% (figure 1.3).



4. Another way to view income is in terms of what it takes to be self-sufficient, that is, to meet all basic needs without assistance. In DuPage, that figure is an hourly wage of \$29.31 as shown in the figure 1.4. Self-sufficiency accounts for housing costs, child care, transportation, medical costs, food, and so forth for in the area in which it is calculated. This chart also shows how far the poverty level is below the self-sufficiency level and how much more difficult it is to live at the poverty level in DuPage. For added perspective, the lowest self-sufficiency standard in Illinois is in Edgar County at \$12.78.



Challenges, Strategies, and Resources

Many observers predict that, when the 2009 Census poverty estimates are released in September 2010 (2009 estimates from the American Community Survey), we will see a sharp increase in the number of persons living below the poverty level in the United States. A Pew Charitable Trust article in July 2010, predicted an increase of 5.7 million persons to a total of 45 million persons below poverty. This is a percentage increase from 13.2% of the population to 15% in one year. Indicators in DuPage (such as requests for public assistance, food pantry usage, and demand surges at Access DuPage) suggest that this sharp increase is also occurring here.

There are two sets of strategies for addressing poverty and low incomes. The first set includes short time frame strategies that deal with the immediate impacts of poverty, and the second set includes long time frame strategies that focus on long-term solutions.

1. Short time frame strategies: The top priority for those living with inadequate income is to meet basic needs, and the most pressing needs include food, housing, childcare, health care, and other essentials. There are many organizations in DuPage that address immediate needs including: (a) nearly 70 food pantries supported by the Northern Illinois Food Bank; (b) the DuPage Homeless Continuum of Care that coordinates housing and services for the homeless; (c) several housing organizations working to provide affordable housing; (d) federal and state childcare subsidies and childcare resources coordinated by the YWCA; (e) the DuPage Health Coalition (including Access DuPage) that focuses on organizing public and private resources to provide health care; and (f) several other organizations providing basic needs, support, and case management services. All of these organizations are

financially struggling to keep up with the expanding demand. Details about these services can be obtained at www.dupagecris.org or by calling the DuPage County Information and Referral line at (630) 407-6500 or (800) 942-9412.

2. Long time frame strategies: Long-term solutions to poverty require many and varied approaches. For a particular individual or family, the strategy begins with the establishment of stability in the household by meeting basic needs of housing, food, basic health care, etc. (essentially, implementing the short time frame strategies described above). Certain individuals, like seniors and many people with disabilities, will not be entering the workforce or otherwise earning a sufficient income, and programs need to be available for their support. For others, barriers to self sufficiency that can be removed need to be removed. These barriers might include a disability that can be treated, other health or nutritional concerns, legal barriers, or technical issues like access to needed technology. Education, training, and employment make up a major part of the equation, and once an income is coming in, financial literacy and building of assets are critical to long-term success. A few examples of organizations that provide a range of services to promote long-term solutions include transitional housing organizations like Bridge Communities, Catholic Charities' Daybreak program, and programs of DuPage PADS; Outreach Community Ministries; Metropolitan Family Services of DuPage; and the Family Self Sufficiency program of the DuPage County Community Services Department.

The DuPage community contains the essential assets and programs to address conditions of poverty and inadequate income. However, there is a shortage of capacity to address growing needs and an expanding low-income population. Finding new resources is critical, but developing effective strategies will also require innovation and high levels of collaboration to make the most of the available resources.

Unemployment Rates

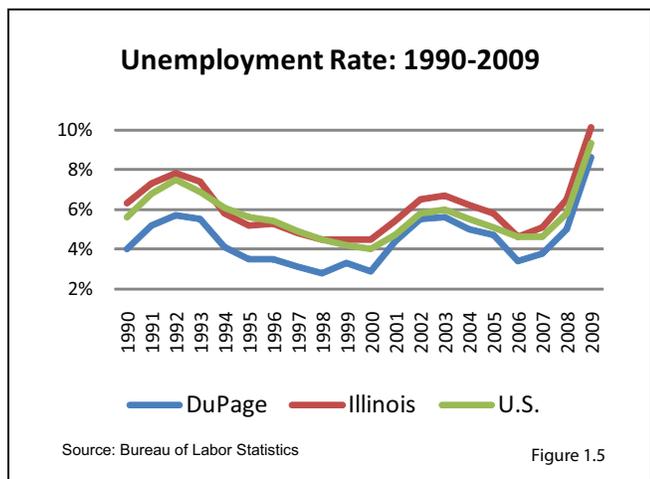
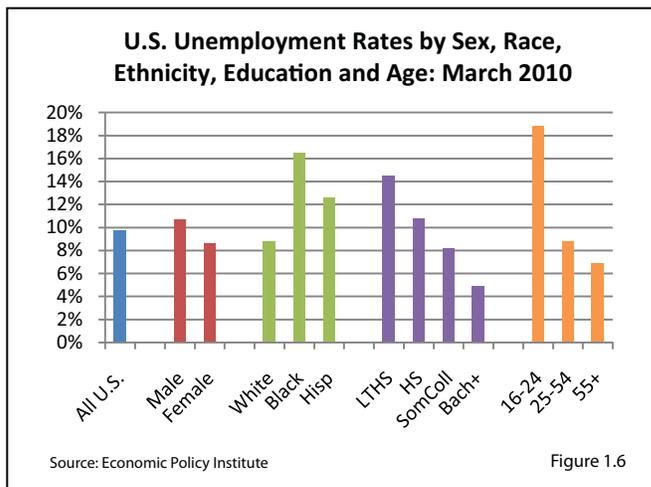
Unemployment rates are lower in DuPage than in Illinois and the nation, but unemployment is affecting DuPage more now than in economic downturns in the past. Further, unemployment is significantly higher for younger persons, minorities, and those with less education.

Why We Measure This

The unemployment rate indicates a level of vulnerability that can lead to financial instability and household stress.

Observations

1. DuPage unemployment rates are historically below those of the state and the nation, and that remains true today. However, the 2009 DuPage rate of 8.6% unemployment was much closer to the national figure of 9.3% than in 1992, when the DuPage rate was 5.7% and the national rate was 7.5%. This is an indicator DuPage’s job growth has slowed, and we are less insulated from national trends. (See figure 1.5)



Challenges, Strategies, and Resources

From the perspective of the human service system, the challenge (regardless of the condition of the larger economy) is to maintain maximum level of employment for vulnerable persons. The goal is to achieve self sufficiency, and, in DuPage a self-sufficiency wage for a family consisting of a single parent and two young children is \$29.31 per hour (see the “Poverty and Self Sufficiency” section of this document for more about living wage). Many jobs do not pay at this level. In fact, a recent analysis of IDES data shows that there are virtually no in-demand jobs in the Chicago metropolitan area that pay a self-sufficiency wage and require only short on-the-job training. This is not surprising, and it means that education and/or training is needed to secure a well-paying job. Two general approaches to improving the job prospects of low-income persons are summarized below.

2. Further, unemployment rates are not the same for all groups as shown by the national data in figure 1.6. Although DuPage data are not available in all categories, 2008 unemployment by race and ethnicity shows a similar disparity. Note that unemployment for younger persons is nearly twice the national figure. Persons with at least some college are less likely to be unemployed, and persons with less than a high school education are nearly 50% more likely to be unemployed.

1. Training and job seeker services: The most inclusive of such organizations in DuPage is the workNet DuPage Career Center. This organization is more than just a job seekers service. They provide training, and they work with businesses and employers to match prospective workers with the requirements of the workforce, including assistance in training for specific occupations. In other words, they help businesses strengthen their workforce while helping job seekers enhance skills and find a good fit in the job market. The services of workNet DuPage are available to any-

one and are not limited to low-income persons. More about workNet DuPage and their services can be found at www.worknetdupage.org.

2. Employment services as part of broader case management services: Many job seekers require more intensive services to improve their job prospects. Case management services that work with low-income persons on job issues often also need to address a variety of other concerns related to employment. These might include basic education (obtaining a GED or basic college level courses), enrolling other forms of specific training, addressing health or mental health issues, counseling on social or behavioral concerns, or arranging for child care issues. There are many organizations in DuPage that provide case management services that would include employment related services including Metropolitan Family Services of DuPage, Catholic Charities, Outreach Community Ministries, DuPage County Community Services, DuPage PADS, Bridge Communities, and others. Also, it should be noted that most of these organizations use workNet DuPage as part of the “team” that is working with the individual on many issues, including employment.

Educational Attainment

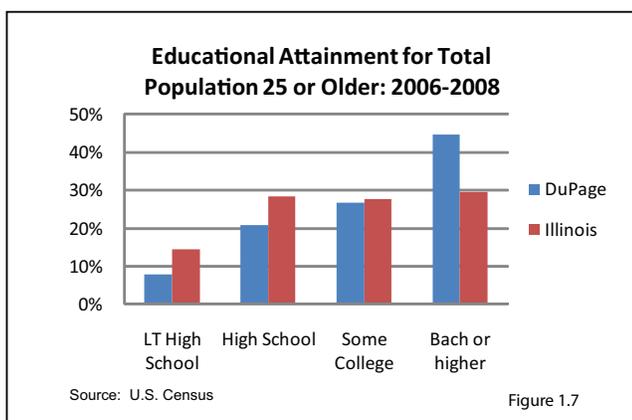
DuPage adults in general have achieved higher levels of education than adults in other parts of the state, and racial and ethnic minorities are more educated than their counterparts elsewhere. However, Hispanics, even in DuPage, lag substantially in educational achievement.

Why We Measure This

The educational attainment of the adult population is an indicator of the ability to find employment (see unemployment rates by educational level) and earn an adequate income.

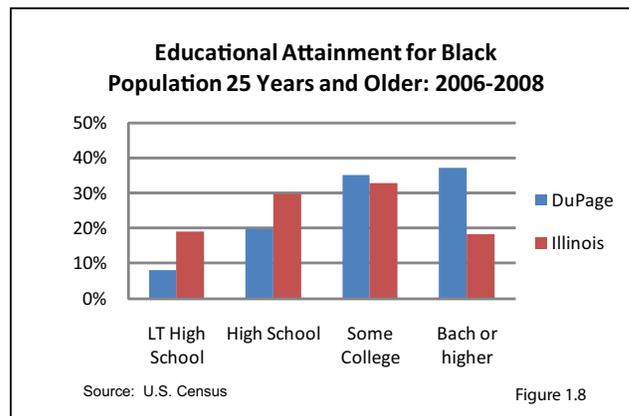
Observations

1. The DuPage adult population (25 years old and over) is significantly more educated than the Illinois population in general. Figure 1.7 shows that 44.6% of DuPage adults have a Bachelor's degree or higher, but only 29.5% of Illi-



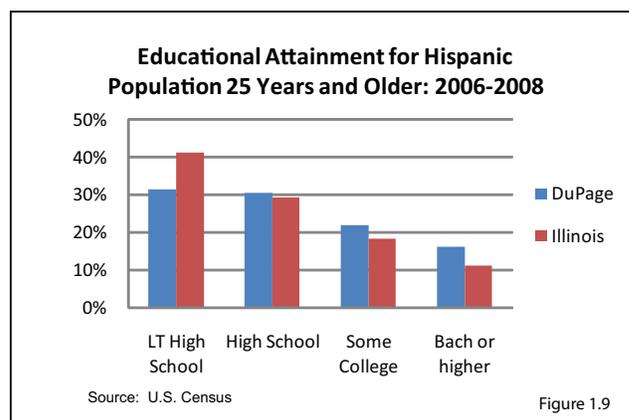
nois residents have achieved this level of education. Fewer of DuPage residents terminated their education before receiving a high school degree (7.9% compared to 14.4% statewide).

2. African American adults in DuPage are much more educated than for the rest of Illinois. In DuPage, 37.1% have a Bachelor's degree or higher, which is over twice the rate for Blacks in the rest of Illinois. In fact, the percent of Black adults in DuPage that continued their education beyond high school is very similar to Whites (72.2% and 73.8% respectively). The difference is that significantly fewer finished the Bachelor's degree. (See figure 1.8)



3. Figure 1.9 presents a different picture for Hispanic adults. Although DuPage Hispanics have attained somewhat higher levels of education, these adults are over six times more likely than Whites to not have a high school degree, and Whites are almost three times more likely to have a college degree.

Challenges, Strategies, and Resources



A 2010 Brookings Institute report ("The State of Metropolitan America," the Educational Attainment Chapter by Alan Berube, May 2010) states that the percent of the U.S. population over 18 with college degrees increased from 24% to 28% from 2000 to 2008. Likewise, in DuPage (with generally higher numbers with college educations) this percentage increased from 37.1% to 39.2%. However, this upward trend is slowing. In fact, the Brookings report noted that fewer young adults (age 25-34) than middle-aged adults (age 35-44) had college degrees in 2008 – a finding that is the reverse of the 2000 numbers. This trend was

also present in DuPage. However, there were significant increases in the percent of young adults that are enrolled in higher education from 2000 to 2008, suggesting that trends may again change direction. Additionally, the Brookings document reported that the kind of educational attainment disparities for racial and ethnic groups, as seen in the three DuPage-specific charts above, existed in all large metropolitan areas of the country although it is important to note that the Disparities in DuPage are a bit smaller than statewide. The Brookings report also noted that educational attainment in older suburbs of metropolitan areas tended to be higher than other parts of the region, which is also the case in DuPage. Therefore, the trends in educational attainment in DuPage appear to be consistent with national trends.

lege level work or for other post-secondary education or training that will lead to careers.

Educational attainment is clearly related to success and earnings potential throughout an individual's lifetime. Elsewhere in this Community Assessment we discuss strategies for success in school.

1. Early success in school: The first step in attaining an education is to be ready to learn when starting school. In the "Head Start Enrollment" section of this Community Assessment, we outline an initiative in West Chicago (Educare of Western DuPage), an initiative of the DuPage Community Foundation (part of their CommunityWorks initiative), and the work of Positive Parenting DuPage. All of these efforts are designed to promote general physical and mental health as well as the verbal and social skills that will prepare a child for school. And, it should be noted that these three organizations work collaboratively on these initiatives. Strategies presented by the United Way also emphasize readiness to learn in early childhood, and they further promote early school success and preparation for success in high school. They are outlined in the section on "Elementary School Student Performance (the ISATs)."

2. High school success and graduation: The next critical step in education is entering high school with the educational prerequisites to be successful. The section "High School Student Performance (the PSAEs)" describes the importance of this phase of education and the strategies promoted by the United Way for achieving success in the critical pre-high school years. In addition, the section on "Dropout and Graduation Rates" describes strategies for dropout prevention.

3. Post-secondary education: Educational attainment after high school is also important, and the section on "Preparing for Work (WorkKeys)" refers to the DuPage Workforce Board's "Pathways to the Workforce" report. This document recommends several strategies for improving the readiness of high school students for col-

Affordable Housing

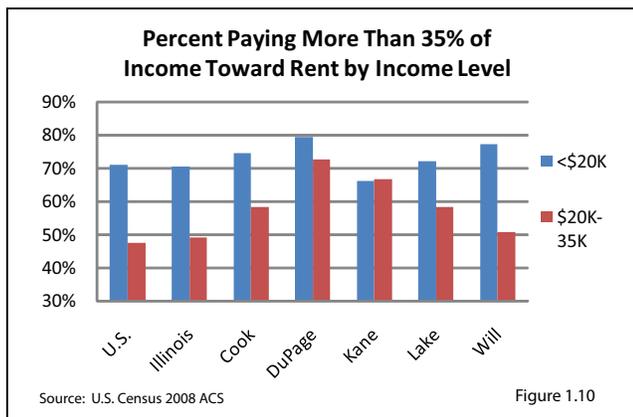
Finding and maintaining housing that is affordable is a struggle for many low-income households in DuPage, and the data suggest that it will be a growing concern due to the growth our lower-income population. Also, the mortgage crisis seems to disproportionately be affecting lower income and minority homeowners.

Why We Measure This

Living in housing that is affordable is a critical part of economic self sufficiency. We are particularly interested in the impacts on lower income households because, for these households, spending a high proportion of income on housing means having less available to spend on other critical needs.

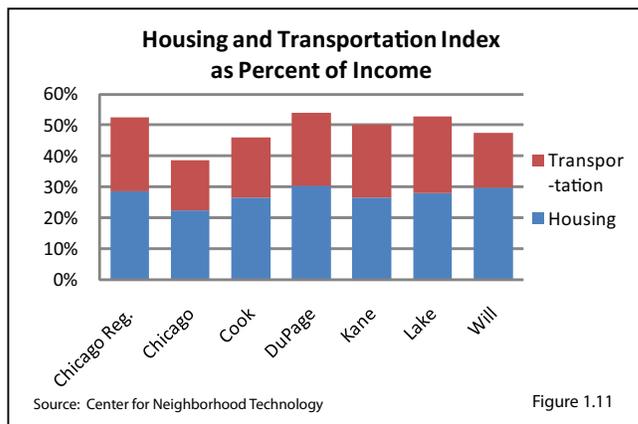
Observations

1. Figure 1.10 shows affordability trends for households at lower income ranges. According to HUD standards, households paying more than 30% of income on housing costs are considered cost burdened. The chart shows the percent of households paying over 35%. Note that house-

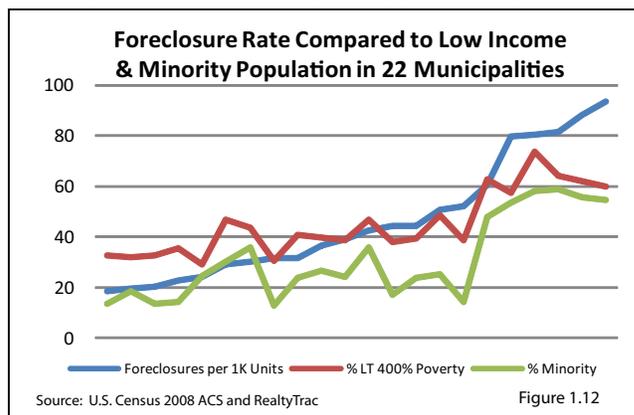


holds earning less than \$20,000 per year have a difficult time affording housing everywhere, and DuPage has only a slightly higher percent paying over 35%. However, the differences are more significant at a slightly higher level of income, suggesting that, in DuPage, this somewhat higher income is still not enough to find housing that is affordable.

2. Figure 1.11 includes transportation costs with housing costs in a combined index that is calculated by the Center for neighborhood Technology (see <http://htaindex.cnt.org/>). This index uses HUD's 30% of income standard for housing but uses a 45% threshold for combined housing and transportation costs to define cost burden. Although nine municipalities in DuPage have a housing-only index under 30%, only one has a combined index under 45%.



3. One of the most talked-about topics in housing today that of foreclosures. The DuPage foreclosure rate (at 36 per 1,000 owner units) is the lowest of the counties in the region. Cook is at 61 per 1,000, Kane is 67, Lake is 54, and Will is 51. However, foreclosures are not evenly distributed in DuPage. Figure 1.12 presents data on foreclosures by municipality. The foreclosure rates for 22 municipalities in DuPage are represented by the blue line in this chart, ranging from the lowest rate (19 foreclosures per 1,000 owner units) to the highest (93 foreclosures per 1,000 owner units). The other lines present information about the percent of lower income residents in these communities (less than 400% of poverty) and the percent of



minority population (non-White and/or Hispanic). For most of these municipalities, there appears to be no noticeable relationship between foreclosure rates and the percentages of lower-income and minority residents. However, it does appear that the municipalities with the highest foreclosure

rates are also those with the highest in percentages of lower-income and minority residents.

Challenges, Strategies, and Resources

Making affordable housing available to persons with lower incomes has long been a challenge in DuPage. The 2010-2014 DuPage County Consortium Consolidated Plan for Housing and Community Development (ConPlan) lists five barriers to affordable housing, which include: (a) market conditions (basic supply and demand factors pushing up the cost of housing); (b) local plans as well as zoning and subdivision ordinances (restricting available land and densities and adding costs for design, infrastructure, and amenities); (c) building codes (adding to the cost of construction); (d) fragmented local government structure (confusion and denial about who should be addressing the issue of affordable housing); and (e) community resistance to affordable housing (creating political difficulties for local leaders when affordable housing issues, or proposals, arise). The ConPlan is also the primary source of information about local strategies, resources, and agencies that are working to improve the availability of affordable housing. This document should be consulted for in-depth information. Below is a summary of short term strategies to address current needs and strategies to address long term institutional issues that affect housing costs.

1. Short term strategies – addressing current needs: Addressing current needs for affordable housing requires two types of short term strategies. First are those strategies that focus on meeting the needs of the individual households. Examples include: (a) rental assistance provided by the DuPage Housing Authority; (b) lower cost or subsidized rental housing such as that provided by the Community Housing Association of DuPage or by other private developers; and (c) homeowner assistance including programs of the DuPage Homeownership Center and DuPage Habitat for Humanity. A second type of short term strategy is increase the supply of affordable housing using financing that will bring down the cost. This financing could include: (a) Federal sources like HOME Investment Partnerships funding, Community Development Block Grants, or Low Income Housing Tax Credits; (b) State sources like the Low Income Housing Trust Fund or State Donation Tax Credits; (c) private resources like bank financing and the Federal Home Loan Bank; and (d) philanthropic sources such as donated time as well as materials to Habitat for Humanity.
2. Long term strategies – changing attitudes about residential development: Meeting needs for affordable

housing over the long run will also require approaches that address the cost impacts of local planning, zoning, and building codes and will reduce community resistance to affordable housing. A community-wide initiative to address these issues began in 2006, lead by the DuPage Homeownership Center. Known as the Affordable Housing Symposium, participation in this initiative includes leaders from government, business, and the housing development field. It takes a multi-faceted approach that seeks to change the perceptions of the public and elected officials regarding affordable housing; energize employers to get involved in affordable housing efforts; and engage government to create solutions to land use, zoning, building code, and land cost issues.

As the population of DuPage has become more economically diverse, there has been an increasing need for lower cost housing options. Many residents and businesses are seeing the availability of a wider range of housing options as necessary to the ongoing economic strength of the county because it provides options to a diverse labor pool. Additionally, the growing senior population in DuPage (now predominantly housed in single family homes) will be seeking other alternatives in the coming years.

Teen and Single Parents

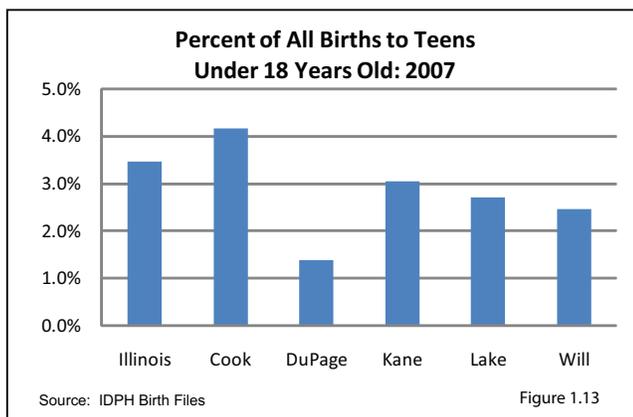
Teen birth rates are very low in DuPage when compared to the nation, the state, and surrounding counties. The rate of births to single mothers is also lower in DuPage, but certain groups (most notably, African Americans) have disproportionately high rates for single mothers, and this will affect current and future financial stability.

Why We Measure This

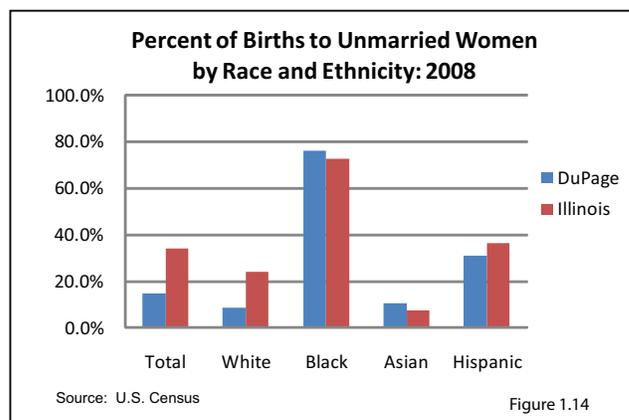
While infants born to teen parents (particularly under 15) are more likely to have health concerns, we are including these measures in the Financial Stability section because of the association of these factors with other financial stability factors like educational attainment and poverty (for mothers) and risk of child abuse, neglect, and educational problems for the children.

Observations

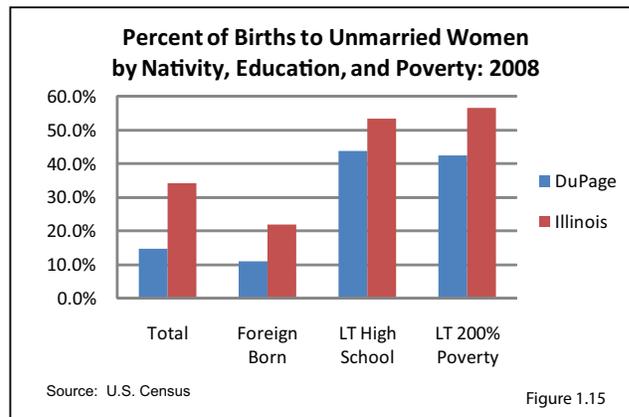
1. The teen birth rate in DuPage (at 1.4% of all births in the county) is substantially below the rate for all of Illinois and for surrounding counties. National rates are also very similar to the Illinois rate. The U.S. Census estimated that, in 2008, only 0.4% of females age 15 to 19 gave birth in the prior year. This rate for Illinois was 2.9%, and the national rate was 2.7%. (See figure 1.13)



2. The percent of births to unmarried women is also an indicator that is negatively associated with financial stability. Figure 1.14 shows that DuPage fares relatively well for most of its population. The percent of births to single Black women is striking, and the percent in DuPage for this group is actually higher than the state figure. The percent of births to single Hispanic women is also high but comparable to the state figure.



3. Figure 1.15 demonstrates the relationship between single parentage and other factors. The rate of not completing high school for single mothers is almost three times that of the general population in DuPage. Single mothers are also nearly three times more likely to be below 200% of poverty. Interestingly, single mothers are less likely than the general population to be foreign born.



Challenges, Strategies, and Resources

A 2004 study (Zill, N., & O'Donnell, K. (2004), Child Poverty Rates by Maternal Risk Factors: An Update. Unpublished manuscript, WESTAT, Rockville, MD) evaluates the impacts of the factors of: (a) a mother giving birth as a teen; (b) the parents being unmarried when the child is born; and (c) the mother not receiving a high school

diploma or GED. If one of these factors is present, there is a 27% likelihood that the child will grow up in poverty. If two of these factors are present, there is a 42% chance, and if all three are present, there is a 64% chance. But, if none are present, there is only a 7% chance of the child growing up in poverty. There are a number of impacts of teen and single parenting including higher incidences of premature births and low birth weights, higher likelihood of poverty and use of the welfare system, higher incidences of abuse and neglect, and a greater likelihood that the child will also parent a child in the teen years. Based on national figures, and even with the low teen birth rate in DuPage, the public costs associated with teen births in DuPage could be estimated at a minimum of \$5 million per year.

One agency in DuPage that began in 1985 to specifically address the issues surrounding teen pregnancy is Teen Parent Connection. A substantial part of their mission is to work with teen parents (female and male) to avoid the negative impacts often associated with teen parenting, but they also include a prevention emphasis as part of their mission. The services they offer fall into five categories, summarized below.

1. Healthy Families DuPage: Teen Parent Connection (TPC) offers intensive individualized home visit services for young parents for the purpose of getting the young family off to a healthy start. Issues addressed include stress management, child development, family health, and discipline. They also help young parents connect with other needed resources in the community.

2. Group services: In addition to the individualized services of Healthy Families, TPC conducts groups that include both established curricula as well as the opportunity to discuss the individualized needs of the group members on a variety of topics.

3. Doula: A doula is an experienced woman who provides emotional support, information and instruction, and physical comfort measures to the childbearing teen before, during, and after birth. This program is offered as a compliment to prenatal classes and other resources at TPC.

4. Prevention: The prevention component includes information for students, teachers, and parents that can be accessed through their website or by contacting them. Also, a variety of prevention programs are delivered to middle, junior high, and high school students in school and community settings.

5. Parents Pantry: This pantry provides needed supplies to teen parents.

For more information about Teen Parent Connection, visit www.teenparentconnection.org.

Stability for People with Disabilities

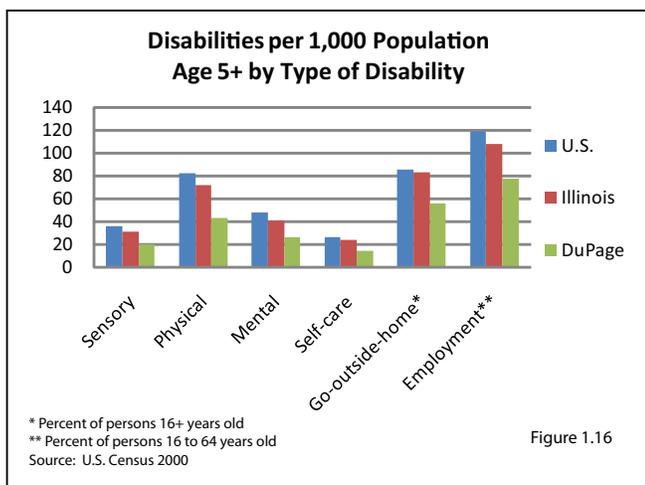
Incidences of disabilities in DuPage are lower than national and state figures but similar to other suburbs. People with disabilities in DuPage are more successful than elsewhere in gaining employment but still not as successful as those without disabilities. However, our oldest residents (75+) are just as likely to have a disability and have needs similar to anywhere else. Our population with developmental disabilities appears to be underserved by the State.

Why We Measure This

It is important that people with disabilities live as independent and productive lives as possible. It is good for individuals to know they are contributing to the community and the economy, and their contributions are good for the community.

Observations

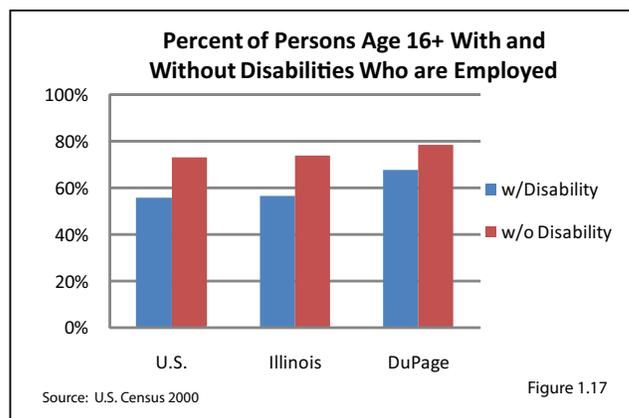
1. Figure 1.16 shows that the incidence rates of disabilities of all types are lower in DuPage when compared to national and state figures. The term “go-outside-the-home”



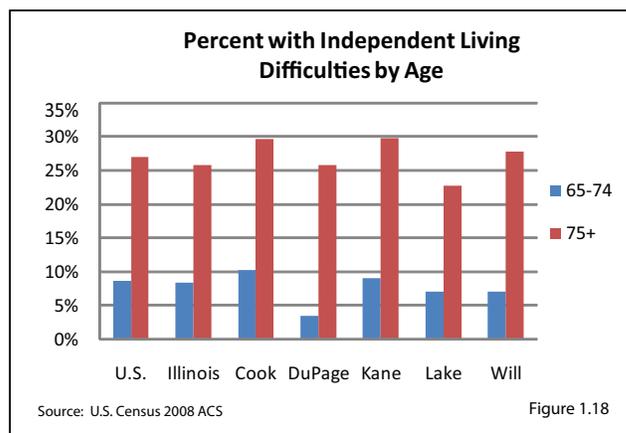
disability is any disability that makes it difficult to go outside the home to shop or go to the doctor’s office, and an “employment” disability makes it difficult to work at a job or business. It should be noted (although not shown in this chart) that other collar counties have disability rates similar to DuPage.

2. Nationally, persons with disabilities are 24% less likely to be employed than persons without disabilities, and that ratio also holds for the State of Illinois (as shown in the second chart). Also, in December 2009, the unemployment rate for people with disabilities (meaning unemployed and actively seeking work) was 13.8%, which was 45% higher than the 9.5% rate for people without disabilities. Although people with disabilities in DuPage are also less likely to be employed, figure 1.17 shows

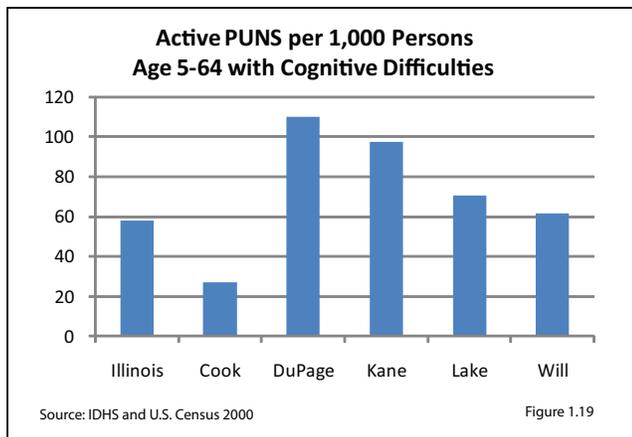
that the disparity is smaller in DuPage (14% difference compared to the 24% difference in the national and state figures).



3. The independence of the older population is presented in the third chart. Of note in this chart is that younger seniors in DuPage (age 65 to 74) appear to be more independent as a group than in other areas, which might be related to their relative affluence. However, older seniors (75 and over) seem to have the same levels of difficulty with independent living than anywhere else (figure 1.18).



4. Figure 1.19 displays information on the level of services available to people with developmental disabilities. PUNS stands for Priority for Urgency of Need for Services, and “Active PUNS” is a list of persons who are actively seeking services from the State of Illinois. It could be



considered as an indicator of unmet need (Although, for a variety of reasons, there are likely to be ten or more people who need services and not on this list for every one that is on the list.). The relatively high number of persons on this list, when compared to another indicator of the level of demand (persons with cognitive difficulties), suggests that DuPage is less well served by State resources than elsewhere in Illinois. This is of heightened concern when considering that a 2008 study by David Braddock and Richard Hemp determined that Illinois ranked well below national averages regarding its support for persons with developmental disabilities, and it is last of the 50 states in out-of-home placements in small residential settings (“Services and Funding for People with Developmental Disabilities in Illinois: A Multi-State Comparative Analysis,” David Braddock and Richard Hemp, June 4, 2008).

Challenges, Strategies, and Resources

The information above highlights three different populations of people with disabilities and the three major challenges they face.

1. Finding employment: People with disabilities are less likely to be employed than persons without disabilities and, when they are employed, they often earn lower wages. Two resources available to directly address these challenges are AbilityLinks and Parents Alliance Employment Project. AbilityLinks is a free nation-wide website (www.abilitylinks.org) for persons with disabilities and inclusive employers. This resource was created by the Marianjoy Rehabilitation Hospital in Wheaton, Illinois. This website facilitates connections between job seek-

ers with disabilities and employers who are looking for qualified applicants with disabilities. Parents Alliance Employment Project (PAEP) is one of the partners at the workNet DuPage Career Center. They provide individualized employment services for people with disabilities in the DuPage area, and their goal is to assist these individuals in finding community based employment. More information about their services can be obtained at www.parents-alliance.org. Another valuable national resource of information is the Job Accommodation Network (<http://askjan.org>). This organization provides information to employers and to job seekers and employees about accommodations for people with disabilities. This information includes the requirements of the Americans with Disabilities Act (ADA) as well as a considerable amount of advice on implementing specific accommodations.

2. Services for an aging population: The needs of seniors who have developed disabilities due to age are quite different than the working population. Data described above shows that, as seniors age, they are more likely to need supports. The Senior Services Division of the DuPage County Community Services Department (<http://www.co.dupage.il.us/seniorsvcs/>) is a central place to go for support services. Such services include: (a) assistance in making decisions about long term care; (b) the Community Care Program that offers affordable help with the activities of daily living that seniors can no longer manage on their own; (c) a Family Caregiver Resource Center that offers access to many supports for individuals (family members and others) who are caring for a senior; and (d) home delivered meal assistance. Information and Assistance available at the Senior Services Division offers access to these, and many other services.

3. Services for people with developmental disabilities: PACT, Inc. (<http://www.pactinc.net/>) particularly focuses on services to people with developmental disabilities and to the families of these individuals. PACT provides three types of services. First, their Life Management Services division assists families (as well the attorneys, trust officers, etc. of these families) in developing the structural assurances of long term care for a family member with developmental disabilities. Second, the Community Services program assists persons with disabilities and their families access services provided by the State. The PUNS data reported above, showing a shortage of these services in DuPage, is related to this activity of PACT. Third, the Child and Family Connections program works with families who have children under age three who have developmental delays or disabilities.

Health and Wellness

Impact of Leading Causes of Death

Infant Mortality

Access to Healthcare

Mental Illness

Substance Abuse

Nutrition and Obesity

Impact of Leading Causes of Death

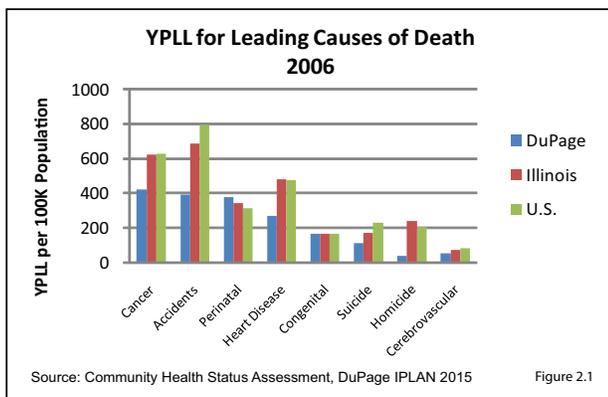
An analysis of deaths from leading causes suggests that the DuPage population, on average, is less susceptible to premature death from these leading causes, but there are disparities for racial and ethnic minorities; and, some of these disparities are greater in DuPage than for the rest of Illinois.

Why We Measure This

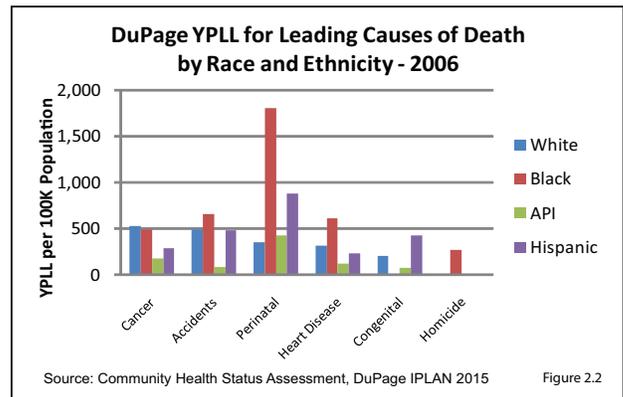
We evaluate the impact of leading causes of death with a measure called Years of Potential Life Lost (YPLL). This measure tells us about diseases or conditions in the community that are most likely to result in deaths at earlier ages. So, it is one measure of the relative health of the population relating to these diseases and conditions. The measure YPLL defines any death that occurs before age 65 as premature, and the number of years the death occurs before 65 is the YPLL figure for that particular death. For example, a death from heart disease at age 55 has a YPLL of ten. Total YPLL just adds up all of the individual YPLLs, and in the first two charts, total YPLL is provided per 100,000 persons.

Observations

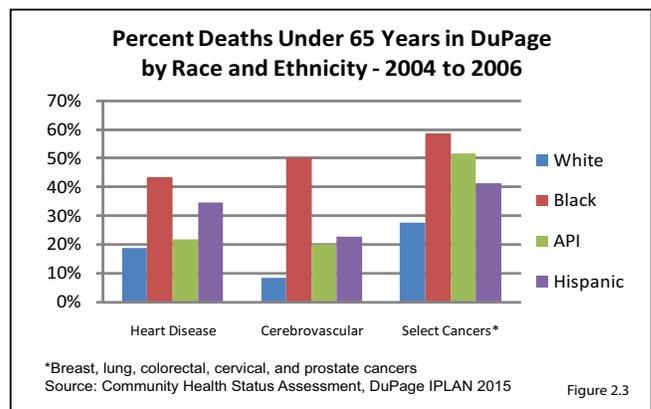
1. Figure 2.1 shows that, for most of the leading causes of death, DuPage fares better than the state and nation in terms of YPLL. The exceptions are perinatal conditions and congenital anomalies, both of which are related to infant mortality.



2. Figure 2.2 shows disparities in YPLL when considering race and ethnicity. The high figure for perinatal YPLL for African Americans is actually 133% higher than for all African Americans in Illinois. It's 68% higher for Asians (API), and 60% higher for Hispanics. Congenital anomalies for Hispanics in DuPage are also 63% higher than for the Illinois Hispanic population. Other disparities seen in this chart are important, but they are similar, or smaller, than statewide figures.



3. Figure 2.3 displays another way to look at disparities. However, it shows that, for persons with certain diseases or conditions, African Americans, Asians, and Hispanics are more likely to die before age 65.



Challenges, Strategies, and Resources

The leading causes of death are described above in terms of years of potential life lost. In other words, these incidents, conditions, and diseases are viewed for their potential to cut life short. Infant mortality, though relatively rare when compared to chronic diseases, has a severe impact on the amount of life that is lost. It is related to the perinatal and congenital conditions in the above charts, and we discuss infant mortality in a separate section of this Community Assessment.

The challenges associated with chronic disease in DuPage are much the same as in other parts of the country, and,

also like other parts of the country, there are disparities in the impacts of these leading causes based on race and ethnicity. The information below comes from the U.S. Department of Health and Human Services' Office of Minority Health and focuses on heart disease, stroke, and cancer.

1. African Americans: African Americans are 30% less likely to be diagnosed with heart disease than Whites, but are more likely to die from it (30% more likely in men). African Americans are 1.5 times more likely to have high blood pressure, and African American women are 1.7 times more likely to be obese. Adult Blacks are 70% more likely to have a stroke than Whites, and Black men are 60% more likely to die from a stroke. African American stroke survivors are more often disabled than their White counterparts. For cancer, Black men are 30% more likely than Whites to have new cases of prostate cancer and are twice as likely to be diagnosed with stomach cancer. Their 5-year survival rates are lower for lung and pancreatic cancer, and they are 2.4 times as likely to die from prostate cancer. Black women are 10% less likely to be diagnosed with breast cancer than Whites, but they are 34% more likely to die from it. Black women are twice as likely to be diagnosed with stomach cancer and are 2.4 times more likely to die.

2. Hispanics: In general, Hispanics are relatively less likely to suffer a stroke, have coronary heart disease, or to have cancer than the non-Hispanic White population. They have lower rates of hypertension and high cholesterol than non-Hispanic Whites. Mexican American women are 30% more likely to be obese, but are less likely to be smokers. Cancer rates are generally lower in Hispanics. Hispanic men have 16% less prostate cancer, and women have 33% less breast cancer. However, Hispanic men and women are twice as likely to develop, and die from, liver cancer. Hispanic women are 2.7 times as likely to have stomach cancer and twice as likely to have cervical cancer as non-Hispanic White women. They are also 50% more likely to die from cervical cancer.

Reducing the negative outcomes of chronic diseases depends on strategies that will promote a healthy lifestyle (to help prevent the disease) and will provide for regular medical care (to increase the likelihood of early detection and management of the disease). Promoting a healthy lifestyle is part of the discussion in other sections of this Community Assessment including "Nutrition and Obesity," "Substance Abuse," and "At Risk Youth." Providing regular medical care is the major focus of the section on "Access to Healthcare." Of special note is the emphasis on disease management services in the Community Health Plan of the

DuPage County Health Department's IPLAN 2015. This Plan notes that Access DuPage and the DuPage Community Clinics have begun disease management protocols and that these protocols should continue to be developed. The Community Health Plan establishes a target of increasing the number of Access DuPage patients who are receiving disease management services by 5% by the end of 2013.

Infant Mortality

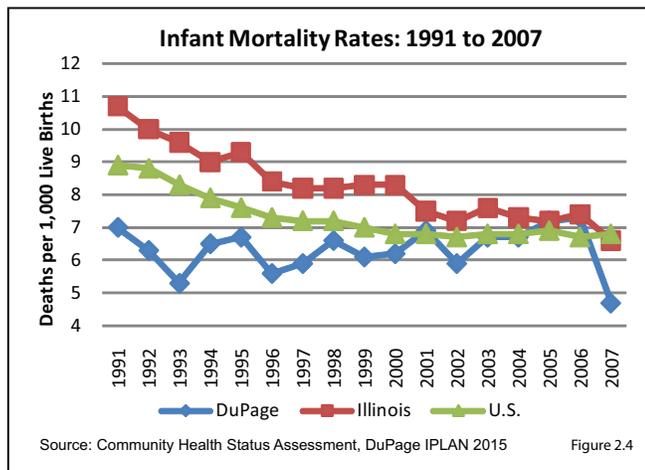
Infant mortality in DuPage is historically below that of the state and nation although statewide and national figures are catching up. Birth outcomes for the Black population in DuPage are of particular concern. Interestingly, Hispanics achieve relatively high birth outcomes with lower measured levels of prenatal care.

Why We Measure This

The infant mortality rate is an indicator of the levels of prenatal and perinatal care for mothers and children. It is also an indicator of the health system's ability to respond to health problems in infants.

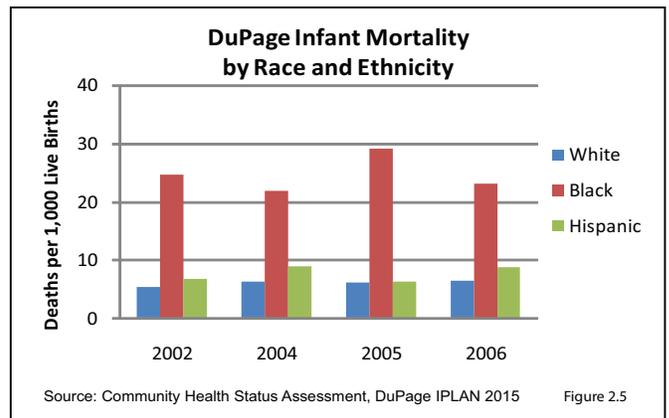
Observations

1. In our analysis of Years of Potential Life Lost (YPLL), we noted that two types of conditions (perinatal conditions and congenital anomalies) showed YPLL numbers in DuPage that were similar to state and national figures. These were exceptions to the general trend for other diseases and conditions where DuPage fared better. Figure 2.4 shows that the infant mortality rate in DuPage has remained at

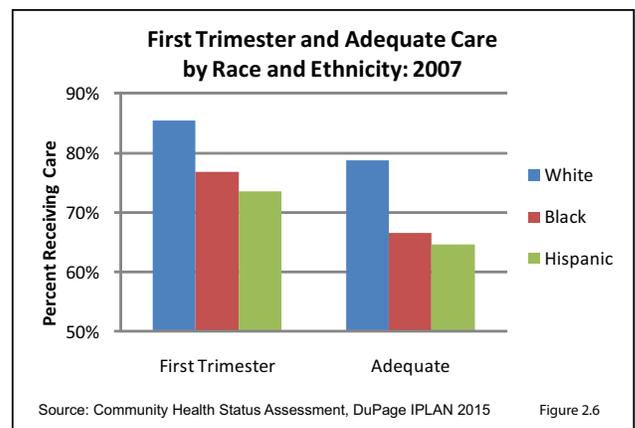


a relatively consistent level since 1991 and that state and national rates have improved. DuPage, at 4.7 infant deaths per 1,000 live births in 2007, is still higher than the Healthy People 2010 target of 4.5.

2. Figure 2.5 displays information about the differing infant mortality rates when considering race and ethnicity. While the rate for Hispanics remains similar to the rate for Whites, the rate for Black DuPage residents in 2006 was 3.5 times that of non-Hispanic Whites. Nationally in 2006, the infant mortality rate for Black births was 2.4 times that of non-Hispanic Whites.



3. Figure 2.6 presents what seems to be a counterintuitive picture. We usually think of receiving prenatal care is a significant determiner of infant health, which will reduce incidents of infant mortality. Figure 2.6 shows that both Black and Hispanic mothers receive lower levels of care than Whites as defined by receiving care in the first trimester of pregnancy and receiving adequate care ("adequate" being defined by the Kotelchuck Index of Prenatal Care Utilization, which measures both how early and how often care is



received). The counterintuitive fact in the third chart is that Hispanic mothers appear to receive lower levels of prenatal care than Black mothers, yet infant mortality among Hispanics is closer to that of Whites.

Challenges, Strategies, and Resources

Infant mortality is related to many environmental, social,

and behavioral risk factors including poverty, the age and education of the mother, incidence of risk behaviors (such as using tobacco, alcohol, and drugs during pregnancy), nutrition, and the level of prenatal care. Contributing outcomes (often brought about by these risk factors) include premature births, low birth weights, or other complications.

The Office of Minority Health in the U.S. Department of Health and Human Services maintains a considerable amount of information on disparities. Below is a brief summary of information about African Americans and Hispanics.

1. African American infant mortality: These national figures show that African Americans: (a) are nearly as likely as Whites to receive early prenatal care (although this disparity is somewhat larger in DuPage); (b) are 2.5 times more likely than Whites to receive prenatal care late (in the third trimester) or not at all; (c) are only 60% as likely to have smoked during pregnancy as White mothers; (d) are 3.9 times more likely to die in infancy due to low birth weight; (e) are 2.8 times more likely to die in infancy due to maternal complications; (f) are 1.9 times more likely to die from Sudden Infant Death Syndrome (SIDS); and (g) are 1.4 times more likely to die in infancy due to congenital malformations. Also, when the mothers are over 20 years old with over 13 years of education, the infant mortality rate for African Americans is still 2.8 times that of Whites of similar background.

2. Hispanic American infant mortality: In general, infant mortality rates for Hispanics are comparable to those of Whites. This seems consistent with the DuPage data. Some basic facts from the Office of Minority Health for Hispanics are: (a) infant mortality rates for Hispanics is lower than for Whites when the mothers are younger (under 25) but higher when the mothers are older (over 35); (b) SIDS rates for Hispanics are only about half those of Whites; (c) Hispanic infant mortality rates related to other issues (low birth weight, maternal complications, etc.) are similar to Whites; (d) smoking during pregnancy occurs on 20% as often in Hispanics as it does in Whites; (e) Hispanics are about as likely to receive early prenatal care as Whites; and (f) Hispanics are 2.2 times more likely than Whites to receive prenatal care late (in the third trimester) or not at all. For more educated Hispanic mothers (over 13 years of education), infant mortality is similar to Whites.

What we see from the above is that not all of the disparities in infant mortality can be explained by the measures we usually associate with infant mortality. However, experts do agree that the path to a healthy birth and first year of

life starts with a healthy mother and includes good nutrition, regular medical checkups, avoidance of substances that can harm the child, and knowledgeable parents. Three organizations that assist potentially at-risk parents on these issues are as follows.

1. DuPage County Health Department: The Community Health Services Division of the Health Department includes the Family Case Management (FCM) program and the Women, Infant, and Children (WIC) program. The FCM program is available to low-income families during pregnancy and up to one year after birth. Women are provided with information and guidance on topics that will help assure a healthy birth and the health of the mother and child before and after birth. Women are also connected to medical care and other services as needed during pregnancy and after birth. The WIC program is a supplemental nutrition program that is complimentary to FCM. WIC connects the mother and child with sources of nutritious food and provides information about nutrition and a healthy diet. Information on these resources can be found at <http://www.dupagehealth.org/women-children-health>.

2. Teen Parent Connection: The services of TPC are described in the section on “Teen and Single Parents.” They offer both individualized and group services to young mothers and fathers. In addition, TPC offers a Doula program where a trained and experienced woman provides emotional support, information and instruction, and physical comfort measures to the childbearing teen before, during, and after birth. More information is available at www.teenparentconnection.org.

3. Positive Parenting DuPage: PPD is a collaboration of many organizations in DuPage and generally focuses on the first years of life immediately after birth. They support all families by providing extensive information about child development during this critical period. PPD also operates a 24-hour hotline where parents can obtain information and get help to deal with specific stressful situations. Information about PPD is available at www.positiveparentingdupage.org.

Access to Healthcare

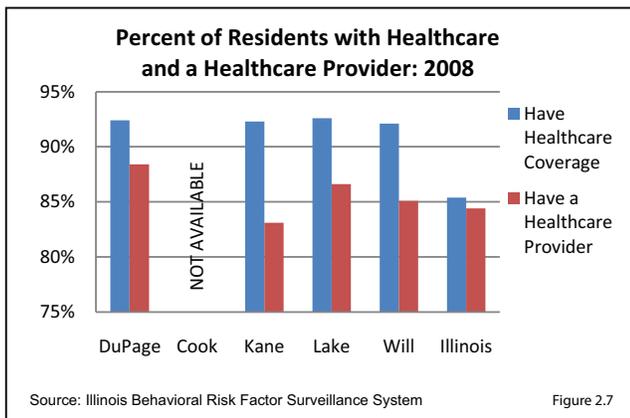
DuPage is doing better than most areas in terms of providing access to care for its general population and by creating a system to provide healthcare access to vulnerable populations. The newly passed federal healthcare reform will have a significant impact on this local system, so it is important for that system to make adjustments in the coming years.

Why We Measure This

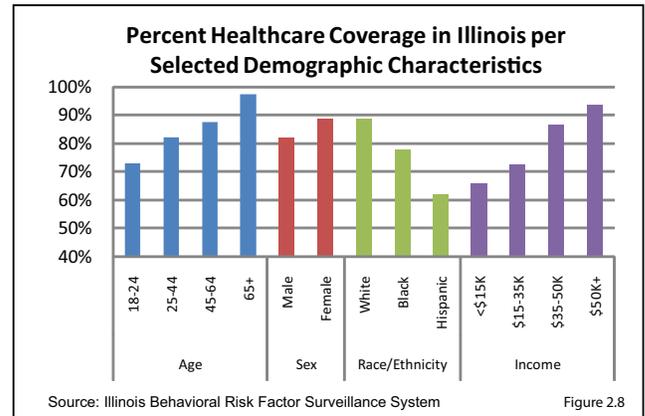
Access to regular healthcare is important to achieving positive health outcomes. Chronic diseases are managed better, and conditions and diseases are diagnosed and treated earlier. Local experience in DuPage also indicates that vulnerable patients with access to health care are less likely to use expensive hospital emergency services for their health care, thereby achieving an economic benefit to the community.

Observations

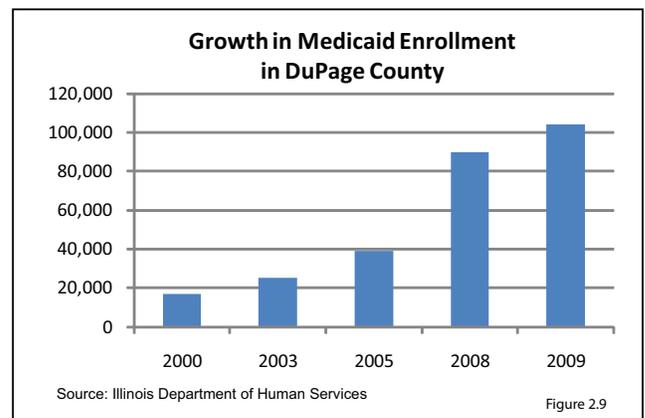
1. The Healthy People 2010 target for healthcare coverage is 100%. Figure 2.7 shows a coverage rate of 92.4% in DuPage County in 2008, which is very similar to other collar counties in northeastern Illinois and somewhat higher than the statewide rate. This chart also displays the percent of residents who have a regular healthcare provider. This is another indicator that regular healthcare is available.



2. Figure 2.8 demonstrates the differences in healthcare coverage when considering certain demographic characteristics (Note that the data used for this chart is for Illinois. DuPage-specific data are not available). As expected, younger persons and lower-income persons are less likely to have healthcare. The rate for males is lower than for females. Racial and ethnic minorities also are less often covered. In particular, the rate for Hispanic persons is only 61%.



3. Figure 2.9 shows the increases in Medicaid enrollment since 2000. This is over a six-fold increase during that time period, but changes in eligibility are part of the reason for this increase. Nonetheless, it is estimated that, in 2009, there were over 104,000 DuPage residents enrolled in the Medicaid program. It is also important to note that the federal healthcare legislation will be expanding coverage



further, so this number will be increasing.

Challenges, Strategies, and Resources

U.S. Census data released in July 2010 estimates that there are 42,926 persons in DuPage County who are uninsured and are under 200% of poverty. In addition, IDHS data show that in 2009 there were an 104,202 DuPage resi-

dents enrolled in Medicaid. About 11,000 of the uninsured are participating in the Access DuPage program that provides access to medical care for the uninsured, and providing “medical homes” for Medicaid patients is a challenge. In 2007, a “DuPage County Health Safety Net Plan: 2012” was completed by a collaboration of many organizations and community leaders to address these growing needs. More recently, the DuPage County Health Department DuPage is currently completing a “2015 Community Health Plan” for its IPLAN (Illinois Project for the Local Assessment of Needs) process. The Community Health Plan is based on the earlier Safety Net Plan as well as more recent community input, and it includes the following three primary goals for improving access to health care.

1. Build capacity and access to a medical home: By 2013, the goal is to increase Access DuPage capacity from 11,000 to nearly 17,000 and Medicaid capacity from 104,000 to 120,000. This would be accomplished by a variety of actions including: (a) opening an additional facility of the DuPage Community Clinic (a free, volunteer based, clinic); (b) opening additional Federally Qualified Health Care Centers; (c) expanding information about the provision of Medicaid services in DuPage and expanding capacity among private physicians to accept Medicaid; and (d) developing models to improve efficiency of the current system of providing care to the uninsured and to Medicaid patients. Additional capacity to provide specialty care would also be developed by: (a) adapting and implementing successful models used in other parts of the country; (b) exploring greater use of telemedicine; (c) increasing the numbers of available specialty providers, including mental health providers; (d) working with hospitals on a system that improves access to hospital services while assuring equity (i.e., sharing the burden) among the hospitals; and (e) continuing to grow capacity for oral health services.

2. Assure access to low-cost prescription medications: Access DuPage already fills nearly 86,000 prescriptions annually at a very reasonable price (\$416 per member, per year). The goal is to increase this number by 25% (to over 107,000 prescriptions) by 2014. The primary strategy is to establish a 340B Pharmacy in DuPage, which essentially is a bulk distribution pharmacy that can achieve lower costs through higher volume and efficient processing. This strategy would be in addition to the several successful strategies that Access DuPage is currently using.

3. Improve the health status of the uninsured: Two basic strategies would be used to achieve this goal. The first is to measure changes in patient health status

using a well-tested 12-question survey known as the SF-12 Health Survey. Access DuPage has been using this survey (asking patients to complete the survey each year) since its inception. The strategy is to continue use of this survey while expanding its use to new uninsured patients and possibly to Medicaid patients as well. The second basic strategy is to enhance the use of disease management services. Such services are particularly effective with chronic diseases like diabetes or heart disease. They have been shown to improve health, but they are also effective in managing costs. Of course, disease management services would be combined with monitoring of patient improvement over time.

It should be noted that significant changes in healthcare resources will result from the implementation of the Patient Protection and Affordable Care Act. The goals and strategies of the Health Department’s IPLAN are designed to work with the implementation of this Federal law, which will take place over the next several years. There is general acknowledgement that some of the specific impacts of healthcare reform are difficult to predict. So, it will be important to monitor these impacts and make adjustments where necessary.

Mental Illness

The data indicate that trends regarding the incidence of mental illness in DuPage are similar to the rest of the country. However, our growth in certain demographics (for example, aging and low-income populations) suggest the need for strategies that will meet the needs of these groups.

Why We Measure This

It is estimated that the cost of untreated mental illness to DuPage society in terms of reduced productivity, treatment for physical illnesses, social supports, and crime is in the range of \$1.0 billion per year. Therefore, despite the difficulty in measuring the mental health of the community, it is important to do so.

Observations

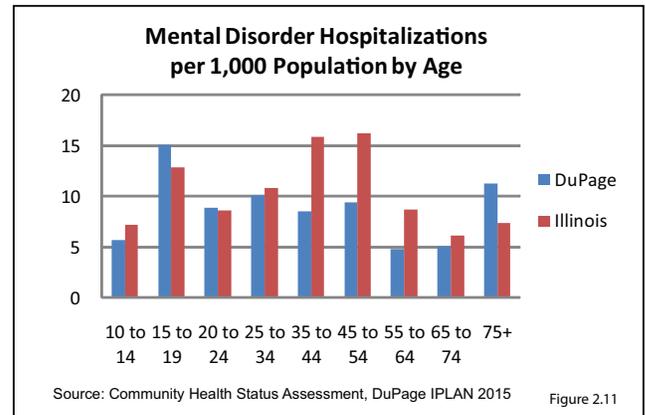
1. Data presented in figure 2.10 is from surveys statewide and in DuPage County where respondents were asked how many days in the last month they felt stress, depression or problems with their emotions. At the level shown in this chart, the results were similar in DuPage as for the entire state. When looking at results by age



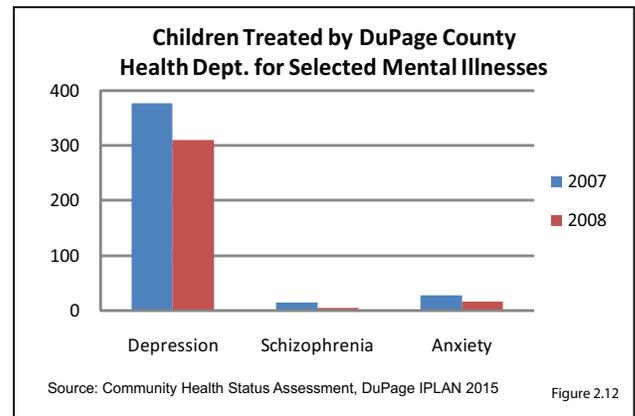
group, DuPage residents from 25 to 44 years old reported significantly more mental health concerns than statewide, and concerns were somewhat higher for the 45 to 64 age group. Other survey data suggest income, race, ethnicity, education, and other factors play a role in feelings of mental health, but they appear to be the same in DuPage as statewide.

2. Figure 2.11 takes a different view of mental health by reporting hospitalizations by age group. The most striking result shown in this chart is the markedly lower rate of hospitalizations in DuPage in the 35 to 64 age groups. This is particularly interesting in light of the higher reported mental health concerns in DuPage for this middle-aged group as mentioned above. Also, the rate of hospitalizations in the teen years (15 to 19) is somewhat higher in DuPage, and

the rate of hospitalizations in the oldest age group (75 and over) is substantially higher in DuPage.



3. Figure 2.12 provides some information specific to children in DuPage. The data presented is for DuPage residents under 18 years old. Of note is the relatively high incidence of depression compared to other mental illnesses.



Challenges, Strategies, and Resources

Mental illness is a treatable disease. According to the National Institute for Mental Health, success rates for treatment of schizophrenia, depression, and panic disorder range from 60% to 90%, which are success rates that exceed those of treatment for heart disease. Nonetheless, significant barriers to treatment exist because much of the population still attaches a stigma to these diseases and does not see them as brain disorders that can be treated.

The 2015 Community Health Plan of the DuPage County Health Department's 2015 IPLAN process identifies mental illness and substance abuse (as a combined issue) as one of its four priorities over the next five years. For the mental illness/substance abuse issue, the target population of the Health Department's Community Health Plan is DuPage County families with children 0 to 18 years old. Also, a 2005 report was developed by the DuPage Federation on Human Services reform entitled "Mental Illness and Substance Abuse in Children and Adults of DuPage County." A third recent document that addresses the mental health issue is the "DuPage County Health Safety Net Plan: 2012." All three of these documents provide additional information about mental illness and substance abuse in DuPage County.

A review of these three documents suggests two common themes, which are the first two discussed below. Based on information presented in this Assessment, we add a third general issue focusing on senior mental health needs.

1. The value of a community-wide response with emphasis on coordination and collaboration: All three documents note that there are components of the DuPage mental health delivery system that are strong and should be considered as assets to build upon. These include: (a) the Mental Health Division of the DuPage County Health Department that has developed a good system of addressing the needs of persons with the most severe mental illnesses; (b) high quality services of non-profit mental health providers; (c) an investment from County government beginning in 2006 that encouraged new initiatives and collaboration of non-profits addressing mental health needs; and (d) a generally good climate for collaboration that has developed out of the DuPage Health Coalition. However, the documents also note some deficiencies. One of these is that the overall system of identifying risks of potential mental illness in youth, and applying appropriate interventions, needs improving. Further, the delivery system for mental health services contains gaps, is somewhat fragmented, and is difficult for consumers to navigate. Therefore, each of these documents recommends, in one form or another, the development of a community-wide collaboration to work on these issues, and that this collaboration needs to include a wide range of community leaders.

2. A concern about resources: Some of the most significant assets described above, most notably the Health Department's mental health services and the services of local non-profits, have been built with the financial support of funding from the State of Illinois. The

impacts of the current recession and the State's budget deficit crisis have resulted in significant reductions in financial support for these services. Therefore, maintaining current services is a challenge, and developing new collaborative initiatives could be an additional challenge.

3. Mental health needs of a growing senior population: The issue of senior mental health needs is not specifically emphasized in any of the three documents listed above. However, this Assessment presents data suggesting that a collaborative effort on mental health should also include the needs of this rapidly expanding group. There should be particular emphasis on older seniors (age 75 and older). The data above (the second chart on hospitalizations) suggest increasing mental health concerns for this group, and other data in this Assessment have already highlighted the expected rapid growth in number of older seniors.

Substance Abuse

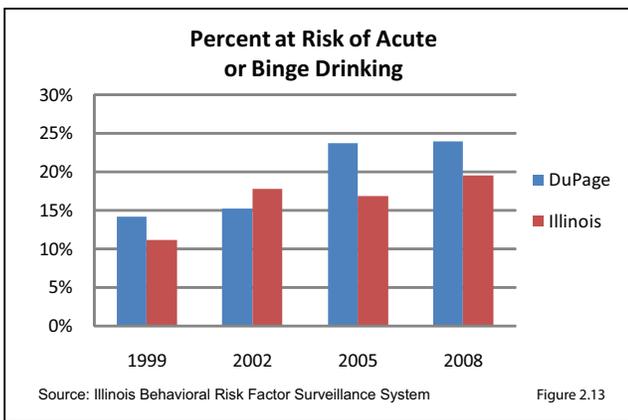
It appears that the incidence rate of substance abuse in DuPage is no lower than in other areas. In fact, the higher incomes in DuPage may actually be related to higher incidence rates. Because of the far-reaching impacts of this disorder, this could be an issue that deserves greater emphasis.

Why We Measure This

Substance abuse is a disorder that has far ranging impacts on the abuser as well as those around him/her. It will affect physical health, and it often co-occurs with mental illness. Social relationships with family and others are affected, it can reduce the ability to lead a productive life, and it is often associated with criminal behavior.

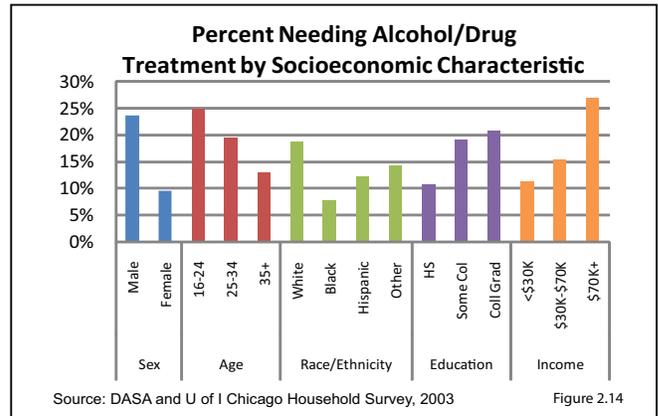
Observations

1. Direct measures of the incidence of substance abuse disorders in DuPage are not available, but national incidence rates would say that it exists for about 8% of the

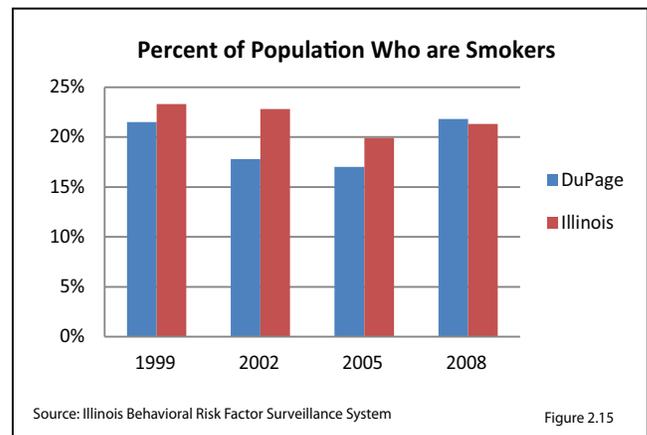


adult population. In DuPage, that is over 50,000 people. Information in the figure 2.13 comes from surveys done over the last ten years and suggests that problem drinking is as prevalent (perhaps more prevalent) in DuPage as it is elsewhere. This would indicate that DuPage residents are no less likely to suffer from substance abuse disorders than anywhere else.

2. Figure 2.14 shows an interesting finding from a 2003 household survey relating to substance abuse in Illinois. While this study concluded that substance abuse is related to other vulnerabilities (e.g., persons without health insurance, persons with mental illness, Domestic violence victims, chronic gamblers, etc.), it also found that Whites, and persons with higher education levels and incomes are significantly in need of treatment. These are characteristics of the DuPage population.



3. Figure 2.15 displays data about smoking. Again, the percent of DuPage adults who are smokers appears to be similar to the state rate.



Challenges, Strategies, and Resources

Drug or alcohol dependence is indicated when any three of the following six situations exist for the individual.

- A tolerance to the substance is developed, thereby requiring larger amounts to achieve the desired effect.
- Withdrawal symptoms occur when not using the substance.
- The drug or alcohol is consumed in larger amounts than intended or over a longer period than intended.
- There is a persistent desire to decrease or there is an

inability to decrease the amount of the drug or alcohol consumed.

- A great deal of time is spent attempting to acquire the drug or alcohol.
- Use continues even though reoccurring physical or psychological problems result from use of the drug or alcohol.

Substance abuse can exist separately or in combination with mental illness. When these conditions occur together, treatment is more complex, and best practices recommend that they be treated together.

A 2005 report was developed by the DuPage Federation on Human Services reform entitled "Mental Illness and Substance Abuse in Children and Adults of DuPage County." This document should be consulted for additional information including references to studies on the subject. The 2015 Community Health Plan of the DuPage County Health Department's 2015 IPLAN process identifies substance abuse (along with mental illness as a combined issue) as one of its four priorities over the next five years. For the mental illness/substance abuse issue, the target population of the Health Department's Community Health Plan is DuPage County families with children 0 to 18 years old.

The IPLAN Community Health Plan establishes the objective of reducing the percentage of 6th, 8th, 10th, and 12th grade DuPage County students who have used alcohol or marijuana in the past 30 days by 10% and to accomplish this objective by the end of 2015. To accomplish this objective, the Health Department will be employing two basic strategies, both of which require broad community involvement.

1. Delivery of prevention messaging: The content and delivery methods for this messaging have yet to be developed. However, the Health Department plans to seek broad participation in development and delivery, and they will use both traditional and non-traditional stakeholders to disseminate the messages. The messages will be age, sex, and culturally appropriate, and they will focus on the risks as well as methods to protect or intervene to reduce risks of both substance abuse and mental disorders. The messages will be based on the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Network. The specific objective is to reach 50% of all residents (both adults and children) in households with children under 18 by the end of 2014. This is a total of over 213,000 residents.

2. Increase levels of communication and collaboration: Specifically, the Community Health Plan calls for

the development of a Mental Health/Substance Abuse Services collaborative. The objective is to create a collaboration of at least 50 community leaders that are geographically distributed throughout the county. This organization will create a long-term plan, begin implementation of the plan within the first year of operation, and develop methods to determine success and effectiveness of planned strategies.

In addition to the Health Department's community plan for addressing substance abuse as described above (which focuses on families with children), State-licensed providers of substance abuse services can be found at <http://www.dhs.state.il.us/oasa/>. Information is also available at www.dupagecris.org or by calling (630) 407-6500.

Nutrition and Obesity

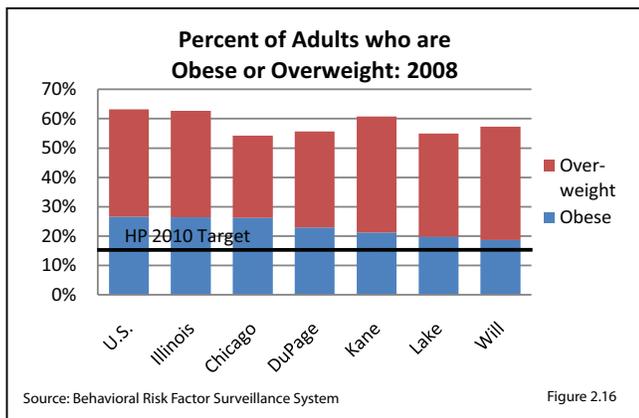
Obesity is a national health concern, and it appears that it is affecting the people of DuPage with nearly the same frequency as anywhere else. It is more prevalent in minority and low-income populations, which are the growing populations in DuPage. The Health Department has identified obesity as a priority and has launched initiatives to address the issue.

Why We Measure This

Obesity is a major underlying risk factor for a number of health concerns including hypertension, type 2 diabetes, coronary heart disease, stroke, and other conditions. It also has been identified by the U.S. Center for Disease Control as a national health concern and by the DuPage County Health Department as one of its top three health priorities in DuPage.

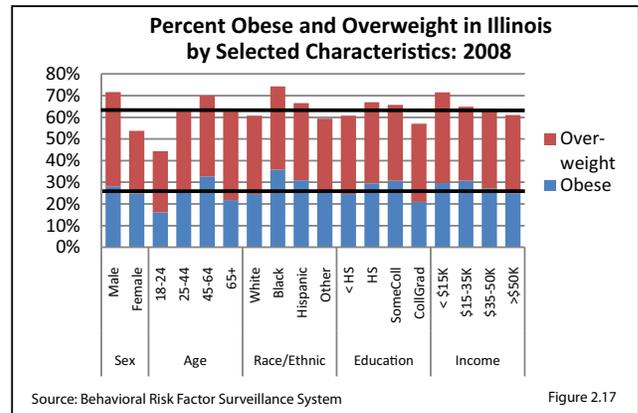
Observations

1. Figure 2.16 displays the percent of adults nationally, in Illinois, and locally who are considered overweight or obese. Definitions are based on Body Mass Index (BMI),

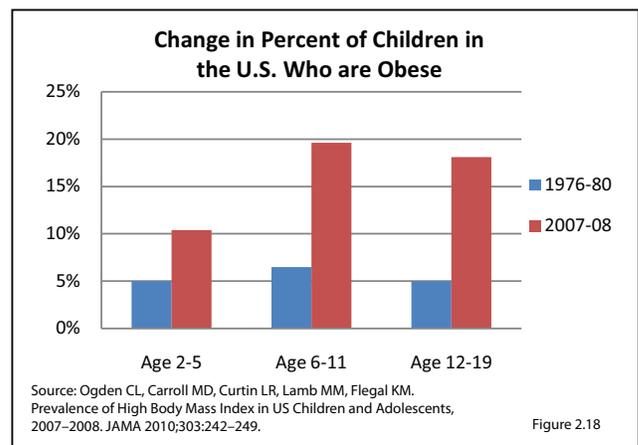


which is a ratio of height and weight. Obesity rates have been going up steadily, and since 1995, state and national rates have exceeded the Healthy People 2010 target of 15% (shown in this graph). Note that DuPage rates are only slightly lower than state and national figures and very similar to other local areas.

2. Figure 2.17 shows state-level data on overweight and obese adults and how these rates differ based on certain characteristics. Men are more likely to be overweight than women (a result that is consistent with DuPage data from the same source showing that men, as a group, get less exercise and eat fewer servings of fruits and vegetables than women). Because DuPage's minority and low income populations are growing, it is also important to note the higher rates of obesity in these groups.



3. Figure 2.18 looks at childhood obesity. Although the data are at the national level, local indications (discussed in the DuPage County health Department's Community Health Status Assessment for the 2015 IPLAN) suggest that this trend is also playing out in DuPage.



Challenges, Strategies, and Resources

The primary risk factors for overweight and obesity are well known to be physical inactivity and an unhealthy diet. The Health Department's Community Health Plan cites the three contributing factors to physical inactivity as: (a) sedentary life styles caused by decreases in physical education, fewer opportunities for physical activity at work, and low levels of knowledge about the importance of physical activity; (b) low levels of physically active recreational activity caused

by too much TV and computer time, parental modeling that is inactive, and a perceived lack of time for activity; and (c) limited active transport caused by our automobile dominated culture, poor walkability in our communities, and perceived safety concerns associated with walking, biking, etc. Unhealthy diets result from the contributing factors of: (a) limited access to healthy options affected by the cost of healthy options and the over-abundance of unhealthy options; (b) poor food literacy that is impacted by advertising, the low priority put on nutrition education, and limited nutritional information provided in restaurants; and (c) social norms and cultural values that might emphasize such behaviors as using infant formula rather than breast-feeding, positively valuing being overweight or obese, and generally learning unhealthy patterns from friends and family.

changes for implementation.

Overweight and obesity is a well-entrenched trend in DuPage County, and the trends in DuPage are similar to those throughout the country. Reversing the trend will be difficult, but a primary initiative in DuPage County that is addressing the issue is known as FORWARD (Fighting Obesity, Reaching a healthy Weight Among Residents of DuPage). This initiative began in 2008, and more information about it can be found at www.forwarddupage.org. The Health Department's Community Health Plan recommends a three-part strategy to achieve its objective, which is to "decrease the prevalence of overweight and obesity by 10% among DuPage County residents through policy, system, and environmental change."

1. Improved surveillance: Increasing the use of Body Mass Index (BMI) tools in the schools (including web-based BMI surveillance applications) will improve understanding of the prevalence of overweight and obesity in DuPage children. These tools will be also be expanded to include preschoolers, adults, and seniors.
2. Improved understanding of risk factors associated with the built environment: Use of the Community Healthy Living Index (CHLI) tool will develop an accurate picture of barriers to, and opportunities for, healthy living. FORWARD, in partnership with other organizations and leaders, will analyze the results and offer recommendations for strategic change. Also, a database of obesity prevention resources, interventions, policies, and tools will be developed and made widely available.
3. Identify, implement, and promote specific countywide changes: Although the specific changes are yet to be identified, three new centers of expertise will be developed including: (a) The Center for Community Nutrition; (b) The Center for Active Living; and (c) The Center for Innovative Strategies. These Centers, working together with community leaders, will identify the specific

Child Development, Youth, and Education

Graduation and Dropout Rates

Head Start Enrollment

Elementary School Student Performance

High School Student Performance

At Risk Youth

Preparing for Work (WorkKeys)

Graduation and Dropout Rates

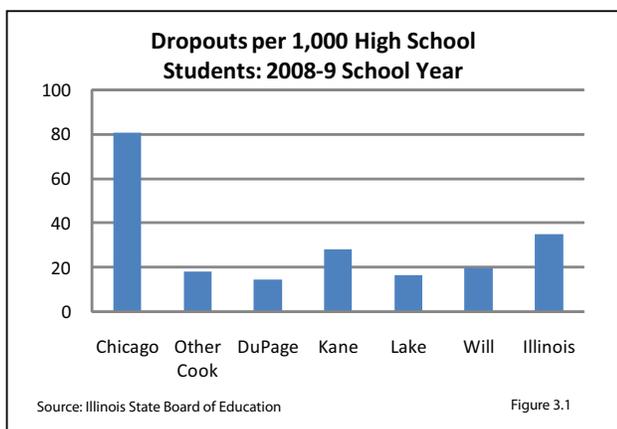
Graduation rates are high in DuPage, and dropout rates are low. However, like the rest of the region, African American and Hispanic/Latino youth drop out of school in high numbers. This suggests an opportunity for strategies that address this disparity.

Why We Measure This

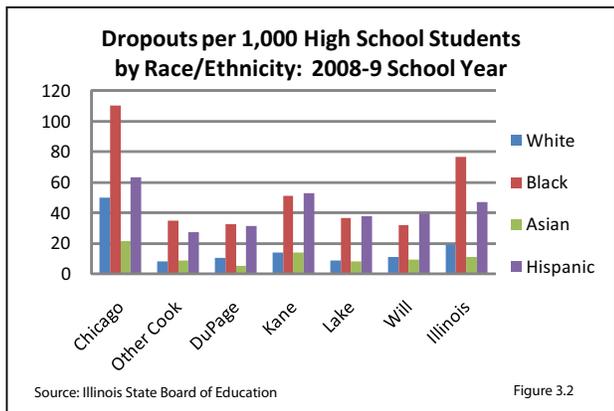
Education is critical to success and financial stability throughout a person’s lifetime. Lack of a high school education is a substantial disadvantage in the job market and to long term financial stability.

Observations

1. Figure 3.1 shows that the ratio of dropouts to total high school enrollment in DuPage is somewhat lower than for other collar counties, and it is less than half of the same ratio for the entire state. In general, students in DuPage are more likely to stay in school.

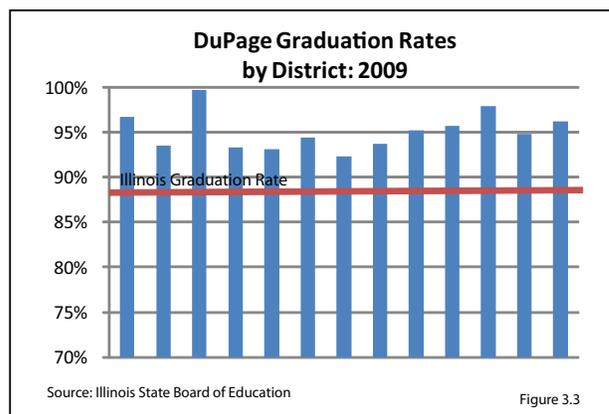


2. Figure 3.2 displays dropout information by race and ethnic groups. Like other parts of the Chicago region, DuPage schools struggle to keep minority students in school. In DuPage, Black or Hispanic students are about three



times more likely to drop out of school than White students. In Illinois this ration is almost four times for Black students.

3. Figure 3.3 shows graduation rates for districts in DuPage are all above the rate for Illinois. It should be noted that graduation rates will fluctuate from year to year because it requires comparing the number of graduates with the freshman class that started four years earlier while keeping track of all the in-migration and out-migration in that class during that four-year period.



Challenges, Strategies, and Resources

The challenge of reducing the number of dropouts is a difficult one. Dropping out of high school not only affects the students themselves, by reducing lifetime earning potential, but also reduces the productivity of the larger economy. So, it affects all of us. The reasons for dropping out can be many and varied, including: (a) falling behind and being overwhelmed; (b) being distracted by emotional or behavioral issues or by peer, neighborhood, or community pressures; (c) outside responsibilities including parenting or family obligations; or (d) not feeling the relevance of what is being taught in school. A local dropout prevention program described by the U.S. Department of Education has six primary components.

1. Data systems: Data systems should identify at-risk students as early as possible. Data that indicate that a student may be falling off track could include absences, grade retention, low achievement, and behavior problems. The earlier this identification takes place, the more effective the interventions will be.

2. Adult advocates: When at-risk students develop sustained relationships with trained adult advocates, they are more likely to overcome the obstacles that would lead to dropping out and, consequently, are less likely to drop out. It is important that both the adult and the student are committed to the relationship.

3. Academic supports: These academic supports would include extra study time, tutoring in specific subjects where the student is having difficulty, homework assistance, targeted interventions to address gaps in math or literacy, and help with test-taking and study skills. Programs can be targeted to the individual needs of the student.

4. Social/behavior programs: Learning skills to interact with other students, teachers, and others is often a necessary component of dropout prevention. Addressing social or behavioral problems will allow the student to be more engaged in school, improve communication skills, and reduce disruptive behavior.

5. Learning environment: Students need to feel a sense of belonging in the environment of the school. Creating such an environment often means creating a more personalized experience for the student. Approaches might include establishing small school environments within the school, special team teaching arrangements, extended school schedules, and extra-curricular activities.

6. Rigorous/relevant instruction: This instruction prepares the student for education or career beyond high school and demonstrates the relevance of high school to the student's future. Multiple pathways to graduation are needed, and students should graduate with the skills to succeed in college without remediation and/or succeed in the workplace.

These six components not only are valuable for reducing the number of dropouts, but they are also basic components of an academic system that will support all students. To prevent an at-risk student from dropping out usually requires deploying most, if not all, of these components in combination. It is also obvious that support of these components must come from the community as well as within the school system, and partnerships with community resources are necessary.

Head Start Enrollment

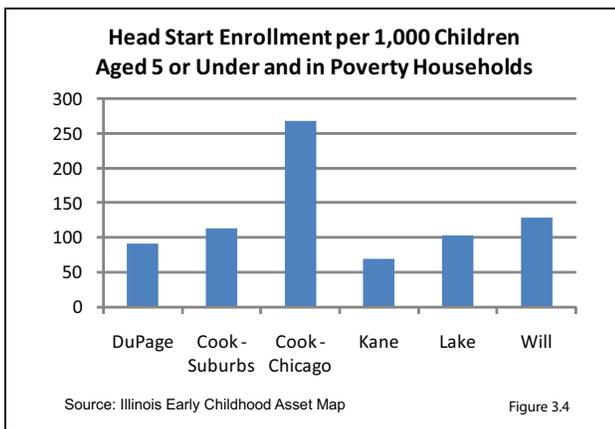
Head Start programs began in urban areas in an effort to avoid achievement gaps for disadvantaged children. However, the growth of low income and non-English speaking populations in the suburbs suggests the need to enhance pre-school programs in the suburbs.

Why We Measure This

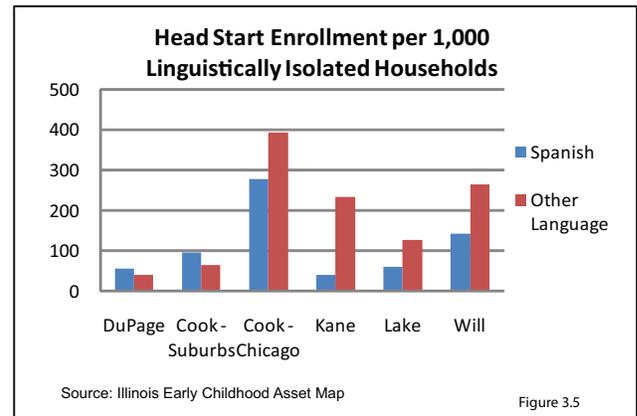
The Head Start program provides comprehensive child development services to economically disadvantaged children and their families with a special focus on getting pre-school children ready for kindergarten and first grade. We measure the availability of this resource as an indicator of the support that potentially at-risk children have in early childhood.

Observations

1. Figure 3.4 compares the size of the Head Start program (enrollment) in parts of the region to one measure of potentially at-risk children (below poverty and five years or younger in age). The chart clearly shows that the Head Start program is significantly larger in Chicago than in any other part of the region. Only Kane County has a comparatively smaller program than DuPage County when viewed in this way.



2. Figure 3.5 takes a different view when defining potentially at-risk children. In this chart, Head Start enrollments are compared to the number of linguistically isolated households. The results are somewhat the same as when we consider children in poverty, but the impact is actually more pronounced for DuPage. The “Other Language” isolation is high in DuPage, so the ratio of Head Start enrollments to linguistically isolated households is lower in DuPage than in any other part of the region. In other words the size of this program is very small compared to this indicator of potential need.



Challenges, Strategies, and Resources

Measuring Head Start is not the only way to evaluate early childhood development programs for at-risk youth. However, the data presented above suggests that there is a need to expand these programs in the suburban areas of the Chicago region. This is particularly important when considering the growing numbers of children below poverty and the growing numbers of ethnic minorities in DuPage and other suburban areas (i.e., the groups usually targeted by early childhood development programs). Because this target population is growing in the suburbs and is not growing (and even decreasing) in urban areas like Chicago, new Head Start resources should focus on suburban areas. Unfortunately, new Head Start resources are not available.

A local initiative in DuPage that is designed to fill this gap is Educare of West DuPage (see www.educareofwestdupage.com for more information). Their goal is to establish an Educare facility in partnership with West Chicago Elementary District 33 and other community organizations and philanthropists. It is part of a national Educare model affiliated with the Bounce Learning Network of the Buffett Early Childhood Fund. There are several Educare centers already operating in various parts of the country. The initiative in West Chicago is described as having four major components.

1. A place to provide a presence in the community: A site has been selected at the corner of Forest Avenue and Pearl Street in West Chicago. A significant part of the national model is to develop a state-of-the-art

facility that will be a warm inviting place, located near the target population, where local residents will feel welcome and valued.

2. A program to encourage learning: The programs are full-day and year-round, and they are based on the best research in early childhood development. They combine nurturing with learning for children from birth to five. Programs are designed so that each child will enter kindergarten with the necessary skills and behaviors to ensure success, and programs are not only provided to the children but also to parents so that they can give the necessary support for success.

3. A partnership between the public and private sectors: The partnership with the local school district and with other community organizations and philanthropists helps assure that this is a community-wide effort to improve the performance and success of children entering school.

4. A platform for community-wide change: The concept of Educare also emphasizes community impact including policy and systems improvement by acting as a catalyst or model to be replicated in other parts of the community. Therefore, one goal of Educare of West DuPage is that its impacts will go beyond the immediate participants in the West Chicago program.

In addition to the very specific Educare initiative, other organizations are emphasizing similar community-wide goals. The DuPage Community Foundation (DCF) has been emphasizing early childhood care and education as part of its CommunityWorks initiative, and, in fact, is one of the partners with Educare (www.dcfndn.org). DCF's emphasis is on creating affordable, quality, curriculum-based education programs for all children starting at birth and developing measurement tools to evaluate these programs. An additional value of their work is in developing the larger networks for community-wide change. DCF is also partnering with Positive Parenting DuPage (www.positiveparentingdupage.org) and YWCA Child Care Resource and Referral program.

Elementary School Student Performance

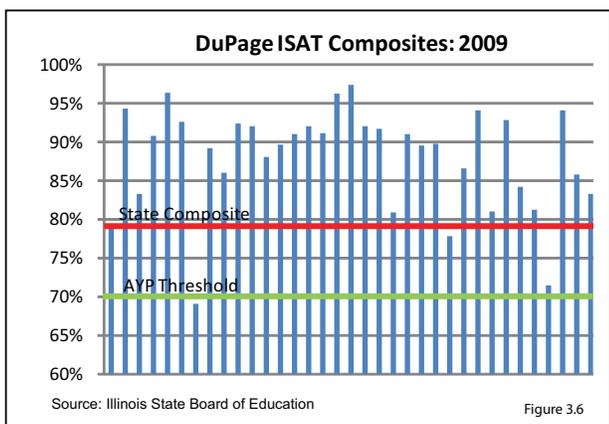
The students in DuPage elementary schools generally perform above the statewide average on the Illinois Standards Achievement Test (ISAT). However, the data suggest that low income and minority students do less well on these tests, and this disparity may need to be addressed.

Why We Measure This

The Illinois Standards Achievement Test (ISAT) covers reading and mathematics in grades 3 through 8, and it also measures science and writing at selected grade levels. The tests are used to measure school performance relating to statewide standards by measuring the performance of students in these schools. A student's performance can be a good indicator (but not the only one) of academic success in school and, by inference, in future life.

Observations

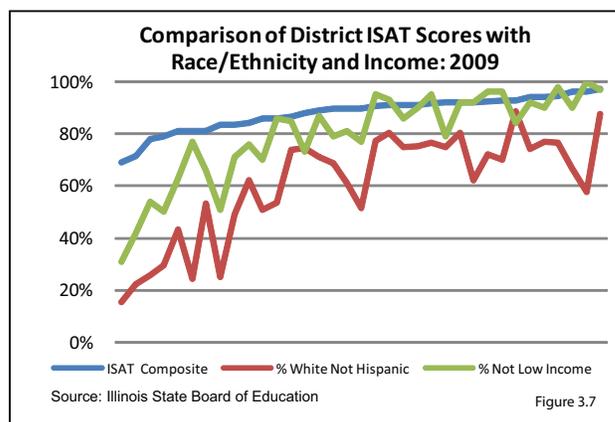
1. Figure 3.6 demonstrates that students in most school districts in DuPage score well above the State average. Only three of the 35 districts with elementary students had scores below the State average, and only one was below the Adequate Yearly Progress (AYP) threshold. However,



a total of 17 districts did not meet the full AYP standard, which requires meeting the threshold for all subgroups (race, ethnicity, disability, etc.), meeting attendance requirements, and achieving a minimum percentage of students tested. Five districts are on the Academic Early Warning Status (AEWS) list, meaning that they did not achieve adequate progress for two consecutive years.

2. Figure 3.7 compares ISAT composite scores in each district (points on the blue line) with information about each district's race/ethnicity mix (the red line showing the percent of White, not Hispanic students) and economic mix (the green line showing the percent of students who are not low income). This chart seems to indicate that districts

with fewer racial and ethnic minorities and with fewer low income students tend to do better on the ISATs. This correlation is obviously not a perfect one, but it appears strong enough to suggest the importance of strategies to address



these disparities.

Challenges, Strategies, and Resources

The report "Early Warning: Why Reading by the End of Third Grade Matters," a Kids Count special report of the Annie E. Casey Foundation (2010), states that reading proficiency by the end of third grade can be a make or break point in a child's education. Through third grade, we are learning to read, and after third grade we are reading to learn. Further, the report states that the costs to our society for each individual that does not complete high school is about \$260,000 in lost earnings, taxes, and productivity.

Many studies have shown that success in the early years of school begins with a healthy birth (not premature, a healthy birth weight, free of congenital health problems, and without prenatal exposure to toxic substances). A second factor includes the experiences of early childhood development (birth to 5) that should foster the language skills and the social and behavioral skills that will prepare the child for the school environment. A third factor is the child's environment in grades K-3. The instructional environment of the school itself needs to be high performing, but, in addition, the child must not be hampered by chronic absences, and should be relatively free of other stressors (hunger, housing insecurity, excessive mobility, etc.). Although DuPage schools are generally high performing schools, this is only

a part of the environment that determines a child's ability to read proficiently by the end of third grade.

Some of these other factors in early childhood development are discussed elsewhere in this Community Assessment in the section on "Head Start Enrollment," including Educare of West DuPage, CommunityWorks of the DuPage Community Foundation, and Positive Parenting DuPage. Below, we describe the United Way's approach to education.

United Way Worldwide is emphasizing the education system up to early adulthood including: (a) school readiness (pre-school); (b) reading proficiency by the end of third grade; (c) middle school transition (readiness for high school); (d) high school graduation; and (e) work or post-secondary school by 21. In the Chicago area, the United Way of Metropolitan Chicago (UWMC) is focusing the two of these critical periods with emphasis on: (a) ensuring that children enter school ready to learn and succeed; and (b) supporting youth to transition successfully into high school. The overall strategy is to build what UWMC refers to as "School Ready Communities." For early childhood development and education, these communities would emphasize the following.

1. Services: The goal is to increase participation in early childhood programs through strategies like increasing enrollment in high-quality preschool programs, outreach to families most at-risk through home visiting or other methods, or other locally developed strategies.

2. Families: The goal is to ensure parental involvement and support by such strategies as connecting parents and families with necessary economic opportunities and supports (to create and maintain family stability), programs that increase family reading, and other methods.

3. Communities: To achieve results, it is necessary that communities make long term public investments. Examples of specific strategies that would promote these investments would include: (a) increasing public education and awareness around early childhood education; (b) increasing standards, training, and support for professionals in the field of early childhood education; and (c) use of volunteers for reading or outreach programs.

4. Schools: The goal is to smooth the transitions from early childhood into the school environment. This may include transition plans from early childhood settings to kindergarten or strategies that ensure that gains in early childhood settings are sustained in kindergarten and the early grades.

UWMC's approach, which will be implemented locally by the United Way of DuPage/West Cook, begins by focusing its efforts and investments on a limited number of communities where there is a high level of need and where there is sufficient community commitment to assure success. The initial successful collaborations will become models for other implementation in other communities.

High School Student Performance

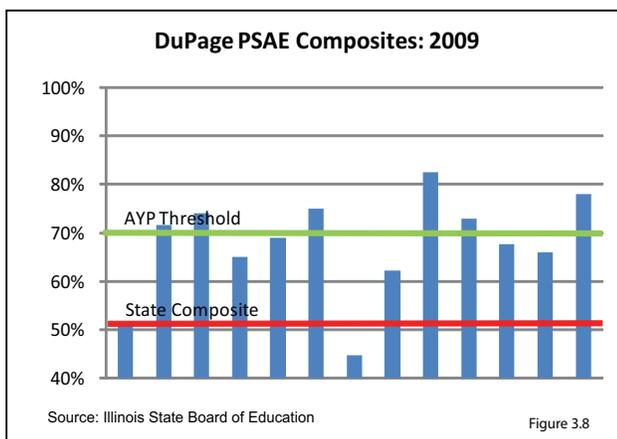
The students in DuPage high schools generally perform above the statewide average on the Prairie State Achievement Examination (PSAE). However, the data suggest that low income and minority students do less well on these tests, and this disparity may need to be addressed.

Why We Measure This

The Prairie State Achievement Examination (PSAE) measures performance of 11th grade students in reading, mathematics, writing, and science. The tests are based to a large degree on the ACTs, and they include the ACT WorkKeys assessments in Reading for Information and Applied Mathematics. Therefore, they are also testing workplace readiness. A student's performance can be an indicator of academic success in post-secondary schools and in the workplace.

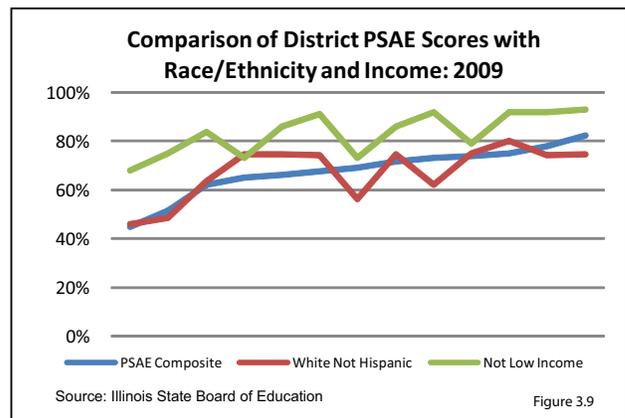
Observations

1. Figure 3.8 demonstrates that students in most school districts in DuPage score well above the State average. Only one of the 13 districts with high schools had a score that was below the State average, but seven were below the Adequate Yearly Progress (AYP) threshold. Eight districts did not meet the full AYP standard, which requires meeting the threshold for all subgroups (race, ethnicity, disability, etc.), meeting attendance requirements, and achieving a minimum percentage of students tested. One district is on the Academic Early Warning Status (AEWS) list, meaning that it did not achieve adequate progress for two



consecutive years. Six districts are on the Academic Warning Status (AWS) list, meaning that they did not achieve adequate progress for an additional two year (for a total of four years).

2. Figure 3.9 compares PSAE composite scores in each district (points on the blue line) with information about each district's race/ethnicity mix (the red line showing the percent of White, not Hispanic students) and economic mix (the green line showing the percent of students who are



not low income). This figure seems to indicate that districts with fewer racial and ethnic minorities and with fewer low income students tend to do better on the PSAEs. This correlation is obviously not a perfect one, but it appears strong enough to suggest the importance of strategies to address these disparities.

Challenges, Strategies, and Resources

High school student performance, particularly when considering achievement gaps based on race, ethnicity, and income, is related to other issues reviewed in this document. One of these is discussed in the section on "Dropout and Graduation Rates." The strategies that address dropout prevention include: (a) early identification of students that are struggling using effective data systems; (b) adult advocates to help overcome obstacles; (c) academic supports to address specific gaps; (d) programs to improve social and behavioral skills; (e) a learning environment where the student feels a sense of belonging and is engaged in the school; and (f) rigorous and relevant instruction in the high schools. The report, "Pathways to the Workforce in DuPage County," that is described in the "Preparing for Work (WorkKeys)" section of this Community Assessment also provides recommendations for high school strategies that will improve performance.

A local initiative that is just beginning in DuPage revolves around the United Way's focus on education. The United Way Worldwide is emphasizing the education system from birth to early adulthood including: (a) school readiness (pre-school); (b) reading proficiency by the end of third grade; (c) middle school transition (readiness for high school); (d) high school graduation; and (e) work or post-secondary school by 21. In the Chicago area, the United Way of Metropolitan Chicago (UWMC) is focusing the two of these critical periods with emphasis on: (a) ensuring that children enter school ready to learn and succeed; and (b) supporting youth to transition successfully into high school. The overall strategy is to build what UWMC refers to as "School Ready Communities." In order for youth to transition successfully to high school (and improve performance in high school), these School Ready Communities would emphasize the following.

1. Services: A primary goal is to design services in the community (such as after school enrichment activities; and health, education, and financial stability programs; ESL classes: etc.) that have proven links to improving student performance.
2. Communities: Community involvement could include private resources such as corporate engagement, or other forms of engagement, in community schools to increase mentoring, exposure, and experiential learning. The emphasis is on using private resources to leverage student performance.
3. Families: The goal is to increase expectations within the family for student success. Strategies might include involving families in developing enrichment and support programs or engaging families and communities with policy issues related to the child's education.
4. Schools: The goal is to use data to increase achievement. This would start by finding promising practices (best practices) that have demonstrated effectiveness and then measuring the effectiveness of these practices in the local environment.

UWMC's approach, which will be implemented locally by the United Way of DuPage/West Cook, begins by focusing its efforts and investments on a limited number of communities where there is a high level of need and where there is sufficient community commitment to assure success. The initial successful collaborations will become models for other implementation in other communities. More about the United Way's education mission can be found at <http://www.uw-mc.org/mission/education>.

At Risk Youth

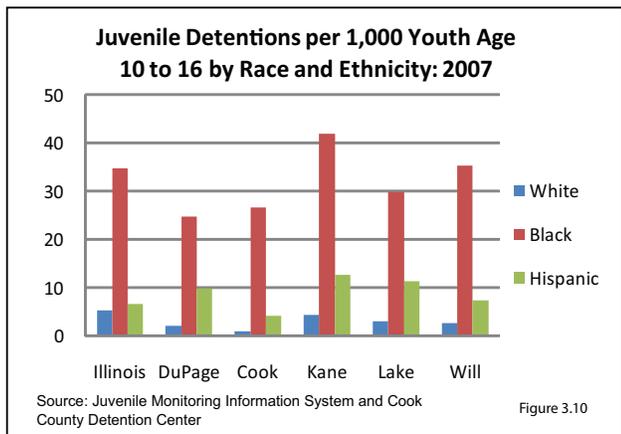
There are some signs that youth are at less risk in DuPage than elsewhere when considering criminal behavior, truancy, and substance abuse indicators. However, disparities when considering race and ethnicity seem no less prevalent in DuPage. This suggests the need for strategies that focus on minority youth.

Why We Measure This

We are measuring three aspects of risk in this section including juvenile detentions (early contact with the criminal justice system), truancy (an indicator of placing a low priority on education), and services to youth by the Division of Alcohol and Substance Abuse (an indicator of alcohol and substance abuse). All of these are behaviors that often lead to lifelong poverty and adjustment problems.

Observations

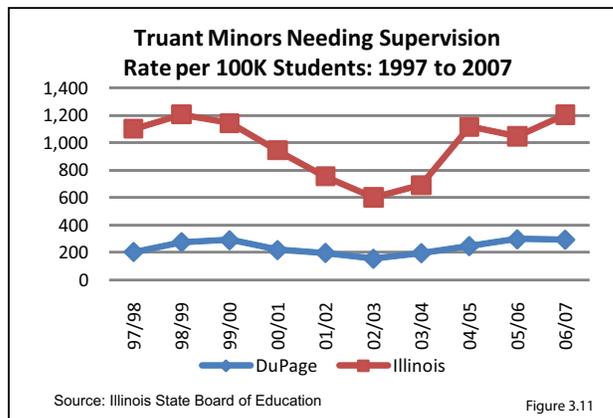
1. Juvenile detentions in Illinois and the regions are shown in the first chart. The most noticeable feature of this chart is that Black youth are many times more likely to be detained than White youth, and the rate of detentions of Hispanic youth also significantly exceeds that of Whites.



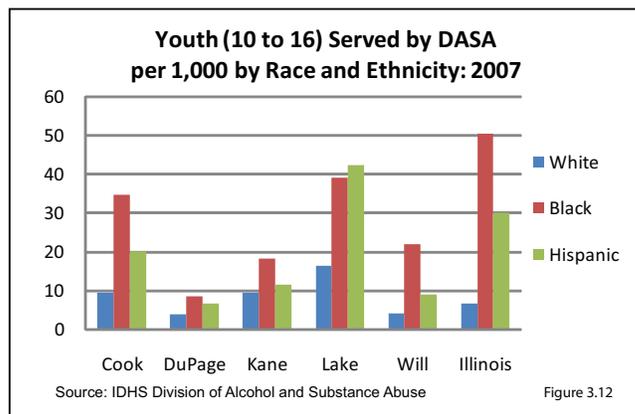
In Illinois, Black youth are over six times more likely to be detained than Whites, and Hispanic youth are 24% more likely to be detained. In DuPage, these ratios are over eleven times more likely for Black youth and over four times more likely for Hispanic youth. The chart shows that these ratios are similar or more striking in other counties (figure 3.10)

2. The rate of truancy in DuPage (shown in figure 3.11) is significantly lower than the statewide figure. This lower rate of truancy appears to be present in all high school districts in DuPage. The DuPage district with the highest rate is only 73% of the statewide figure, and the district with the lowest rate is only 5% of the statewide figure. Because

truancy is associated with poorer performance and risk of dropping out of school, it is important to keep these rates low.



3. Figure 3.12 presents data on youth that are served by DASA in Illinois and in the region. An important feature of this chart is the relative lack of consistency from county to



county in the rate to which services are provided. State-wide, Black youth are over seven times more likely to be receiving DASA services than Whites, and Hispanic youth are over four times more likely. There are disparities in DuPage but not to the same degree. Also, the total rate of service provision in DuPage is substantially lower than for other areas. Because the incidence of substance abuse in DuPage is similar to statewide figures, this suggests that services are less available in DuPage.

Challenges, Strategies, and Resources

The issue of disproportionate representation of minority youth in the juvenile justice system came to national attention in the late 1980s – known as Disproportionate Minority Contact (DMC). It is a concern that exists in most parts of the country, and addressing the issue is a requirement of states (based on legislation passed in 1992 and in 2002). The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides considerable guidance on addressing DMC. An on-line technical assistance manual is available at www.ncjrs.gov/html/ojjdp/dmc_ta_manual/index.html. This manual and other information on the OJJDP website should be consulted for detailed descriptions of potential strategies. As is the case with many other strategies outlined in this Community Assessment, the approaches focus on data collection and analysis, establishing collaborative local partnerships (and working with state coordinators as well), identifying best practices in prevention and intervention (and drawing on those that will work best locally), evaluating the effectiveness of selected strategies, and being linguistically and culturally competent in the delivery of programs.

Truancy can be an early indicator that a student is at risk for low academic achievement or for dropping out of school. The DuPage Regional Office of Education (ROE) maintains a Truancy Intervention Program that employs four full time outreach caseworkers. More about this program can be found at <http://www.dupage.k12.il.us/districts/services/Truancy.shtml>. The truancy outreach caseworkers provide: (a) consultation with school personnel, students, parents, and community groups; (b) case management to determine the reasons for absenteeism and to help with services to address the issues including alternative education programs; (c) programs to monitor and assess student attendance; (d) coordination with schools and community leaders; (e) presentations to a variety of community groups about truancy and what resources are available to address problems; and (f) maintenance of several publications on attendance and truancy issues.

In the section on Substance Abuse in this Community Assessment, we note that the IPLAN Community Health Plan has placed a priority on reducing substance abuse in households with children. Specifically, this Plan establishes the objective of reducing the percentage of 6th, 8th, 10th, and 12th grade DuPage County students who have used alcohol or marijuana in the past 30 days by 10% and to accomplish this objective by the end of 2015. To accomplish this objective, the Health Department will be using a two-part strategy that includes: (a) developing and deliver-

ing enhanced prevention messaging that will be based on the guidelines of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Network; and (b) creating a group of at least 50 community leaders that will be known as a Mental Health/Substance Abuse Services Collaborative that will collectively develop and implement strategies to reduce substance abuse in DuPage.

Preparing for Work (WorkKeys)

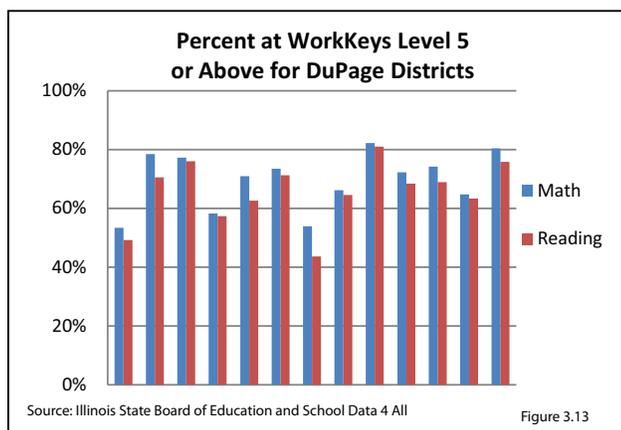
On average, DuPage high school students perform above state and national benchmarks on assessments of work skills, but a large percentage are not ready for college or for the workforce upon leaving high school. Additionally, minority and low-income students are disproportionately on a path to low-wage jobs.

Why We Measure This

WorkKeys assessments measure 11th grade students' proficiency in Applied Mathematics and Reading for Information and are included in the Prairie State Achievement Examination (PSAE). These assessments are specifically targeted to these two types of skills that are essential in the workplace. Higher levels of proficiency predict greater success in finding and keeping a good job.

Observations

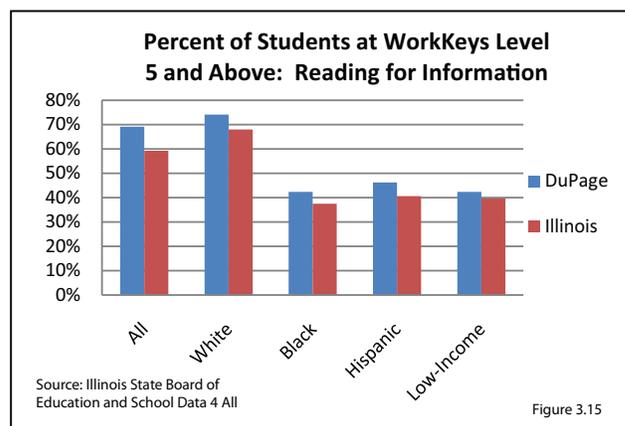
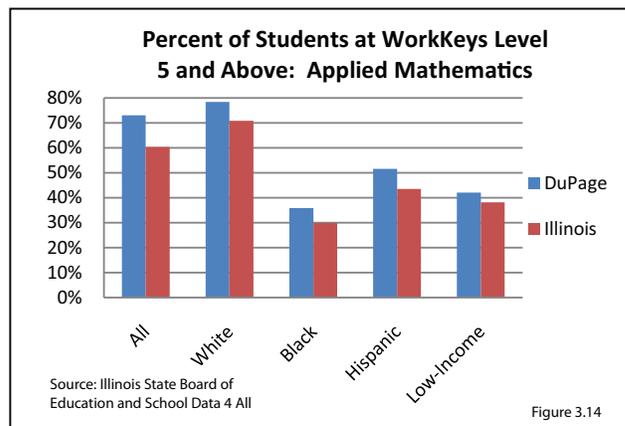
1. Figure 3.13 shows the percent of 11th-graders scoring at level 5 or higher on the math and reading WorkKeys assessments in each of the thirteen high school districts in



DuPage. The highest WorkKeys level is 7, and the lowest is “less than 3.” A Level 5 in each area indicates necessary skills required for 90% of the jobs in the WorkKeys database, and a 3 indicates skills that would be sufficient for only 35% of the jobs. The chart shows significant variance in the performance of students in the thirteen districts in DuPage. As a benchmark, the statewide figure for Level 5 and above in math is 60.4%, and for reading it is 59.3%. Comparable figures for DuPage schools are 73.0% and 69.2% respectively.

2. The lowest performing districts in the figure 3.13 are those with higher numbers of minority and low income students, and figures 3.14 and 3.15 demonstrate this disparity. Note that performance of minority and low income students on both the Applied Mathematics and the Reading for Information WorkKeys assessments is significantly below that of

White students.



Challenges, Strategies, and Resources

Although DuPage students perform above state benchmarks on WorkKeys assessments, the document “Pathways to the Workforce in DuPage County” (Jonathan Furr, Paula Kurlin, and Elliot Regenstein, prepared for the DuPage Workforce Board, 2008) reported that a large percentage of DuPage students are not achieving college, or work-ready, levels (report available at www.dupageworkforceboard.com). This report also states that there appear to be two pathways to the workforce in DuPage. One prepares the student for higher skilled (and higher paying) knowledge-based jobs and a second pathway prepares students for low wage jobs. Further, a disproportionate share of those on the path to low wage jobs are minority students. Improving educational outcomes and work readiness re-

quires two general approaches.

1. A focus on high schools: This approach is presented in the “Pathways” report and includes the four strategies of: (a) aligning high school standards and assessments with the knowledge and skills required for success after high school; (b) requiring all graduates to take rigorous courses that are aligned with college and career-ready standards and that prepare them for life after high school; (c) streamlining the assessment system so that the tests students take in high school also can serve as placement tests for college and for hiring in the workplace; and (d) holding high schools accountable for graduating students who are ready for college or careers and holding post-secondary institutions accountable for students’ success once enrolled.

2. A focus on early learning and pre-high school: High school programs can be too late for many disadvantaged youth. Many fall too far behind before entering high school or drop out of school (see the Indicator Set “Dropout and Graduation Rates” in this section). The United Way of Metropolitan Chicago promotes: (a) ensuring that children enter school ready to learn and succeed (including physical wellbeing and motor development, socio-emotional development, approach to learning, language and communication skills, and cognitive and imagination skills); and (b) supporting youth to transition successfully into high school (strong and positive relationships with parents and teachers that emphasize performance, good early grade performance and attendance, and being “on-track” in 9th grade and understanding the relevance of high school success for college and career).

Because learning is also affected by factors outside the classroom, it is important that the community also emphasizes the reduction of other barriers. These other barriers include: (a) poor health or inadequate nutrition that will have a negative effect on learning; (b) household instabilities such as unstable housing, domestic abuse and unrest, or substance abuse; (c) disabilities; and (d) family, neighborhood, peer, or cultural pressures that de-emphasize education or create substantial distractions to learning. Neutralizing these barriers requires a holistic approach that addresses many of the issues described elsewhere in this Community Assessment.

Safety and Security

Homelessness

Hunger and Food Security

Child Safety

Domestic Violence

Homelessness

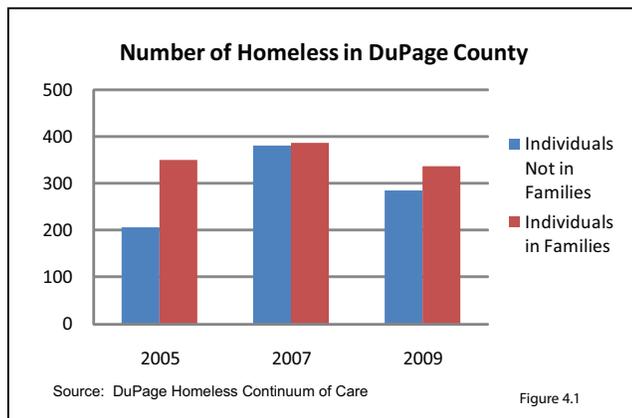
DuPage County has a relatively low number of homeless persons, but, as with all homelessness, it is devastating for those who are affected by it. The DuPage Homeless Continuum of Care is working to reduce homelessness by moving homeless individuals and families into stable housing.

Why We Measure This

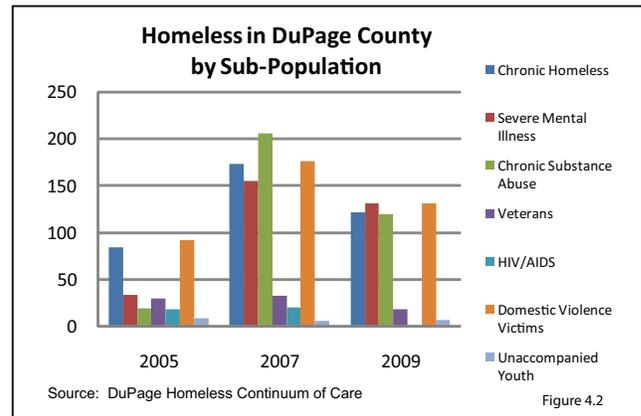
Having a place to live is an essential part of stability. This tabulation the level of homelessness in the community includes individuals and persons in families who are in shelters, transitional housing, or are on the street.

Observations

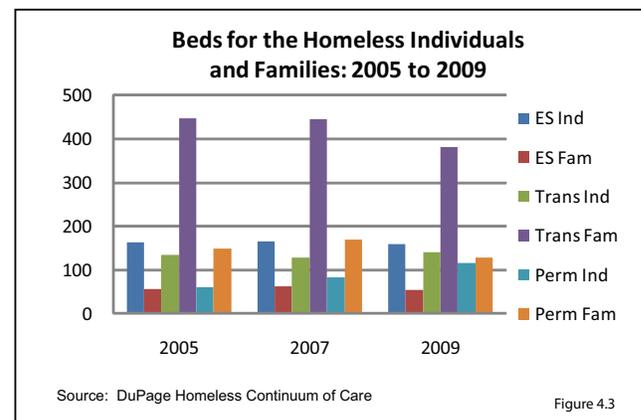
1. An important feature of the homeless population, which is made evident in figure 4.1, is that it fluctuates and it is hard to measure from year to year. There is no perfect way to count the homeless in a community. The data in the first chart comes from a “point in time” count done in January of each of the three years reported. The total count in 2005 was 557, in 2007 it was 766, and in 2009 it was 620.



2. Figure 4.2 provides data that describes the homeless by categorizing them into sub-populations. These sub-populations are not mutually exclusive. In fact, dual diagnoses like severe mental illness and substance abuse are common. Again, the chart shows the change in this mix of individuals over time. The homeless population in DuPage includes a significant component of chronic homeless persons, persons with mental illness and substance dependencies, and domestic violence victims. The veteran component is relatively smaller, but this is a group that could grow in the next few years.



homeless persons from 2005 to 2009 in six categories (emergency shelter for individuals and for families, transitional housing for individuals and for families, and permanent supportive housing for individuals and for families). The continuum has been emphasizing the development of permanent housing for homeless persons to create the stability that these individuals and families need in order to permanently address their homeless situation and to achieve the goal of eliminating homelessness. Therefore, the number of transitional housing beds is going down



while permanent housing is going up. Still, in 2009 the Continuum estimated a need for an additional 52 beds individual transitional housing, 138 beds of family transitional housing, 50 beds of individual permanent housing, and 57 beds of family permanent housing.

3. Figure 4.3 shows the change in beds available for

Challenges, Strategies, and Resources

The DuPage Homeless Continuum of Care is a collaboration of several non-profit groups and local government that is working to reduce homelessness in the county, and its mission is to develop and support effective strategies to end homelessness in DuPage County. However, ending homelessness is such a challenge because there are many reasons why individuals or families become homeless. Reasons may include the sudden loss of a job without a safety net, or long-term unemployment that has depleted what resources might have been available. A physical or mental illness, or substance abuse, could create instability and barriers to finding stability. Or, domestic violence could force the difficult decision to leave a dangerous home knowing that the alternative might be no home at all.

Despite these challenges, the DuPage Homeless Continuum of Care is organized to address all of these situations. Although a more complete description of this collaboration and its work can be found at the Continuum's website (www.dupagehomeless.org), the following is a brief outline of its five-part approach.

1. Homeless prevention: The most effective way to stop homelessness is to avoid it in the first place. Assisting persons at risk of homelessness in maintaining their housing is accomplished by providing emergency rental assistance and eviction prevention services (such as legal help).
2. Outreach and engagement: Outreach to chronically homeless persons (usually with a mental illness and/or substance abuse condition) requires fairly intensive outreach efforts in order to engage them enough to accept and use services over a long period. For an episodically homeless person or family, outreach might simply mean raising awareness of the services that are available. In either case, the objective is to shorten homelessness. Another type of outreach is community outreach, which seeks to build general awareness and support of efforts to end homelessness.
3. Housing: It is necessary to generate long-term housing solutions that increase the supply of affordable housing. Strategies include more immediate housing assistance (such as vouchers) as well as long range solutions like developing replicable models for increasing affordable housing supply. The Continuum has also emphasized the importance of assisting the homeless in navigating the system so that they can be re-housed in a timely way.
4. Employment and other income: A critical factor in finding and remaining in stable housing is to have an

income stream that can support it. Forms of income may include employment or child support, or it could mean better access to certain "mainstream benefits" like Social Security Income (or Social Security Disability Income), Temporary Assistance for Needy Families, Medicaid, Supplemental Nutrition Assistance Program (Food Stamps), and other programs.

5. Services: Providing and linking to case management, mental health, substance use, and health care services will also shorten homelessness and increase housing stability.

To successfully implement the five-part approach described above, the Continuum recommends a foundation of information and resources. This foundation includes: (a) data about needs and the system that can be used to guide decision making; (b) obtaining and cultivating the necessary funding from federal, state, and local government resources as well as private philanthropic resources; and (c) planning and advocacy that promote system-wide improvements that will prevent homelessness and shorten the length of time people spend homeless.

Hunger and Food Security

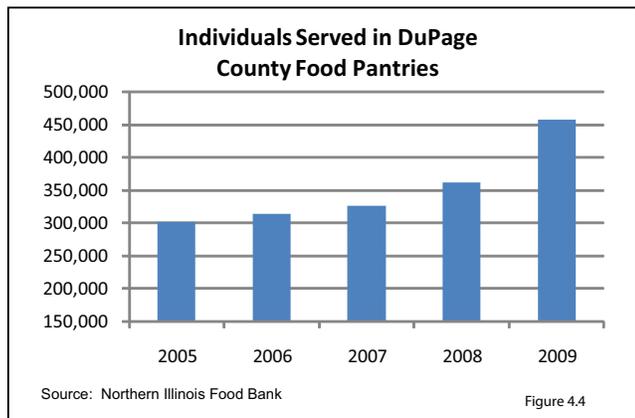
Upward trends in use of food pantries in the last few years clearly show the effects of the poor economy. It appears that unemployment and underemployment (key features of the recent recession) are expected to continue for some time even though parts of the economy may be recovering. Therefore, the high need for food supplements for vulnerable people will continue.

Why We Measure This

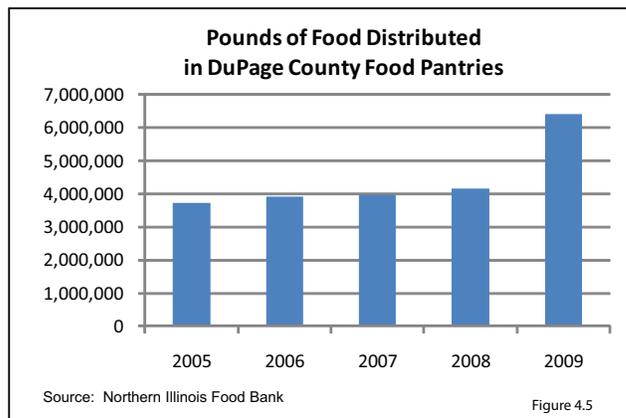
The availability of food for subsistence and nutrition is one of life's most basic needs. The measures we are using to evaluate the need in DuPage County are utilization of food pantries and use of the Supplemental Nutrition Assistance Program (SNAP), which had been known as the Food Stamp program.

Observations

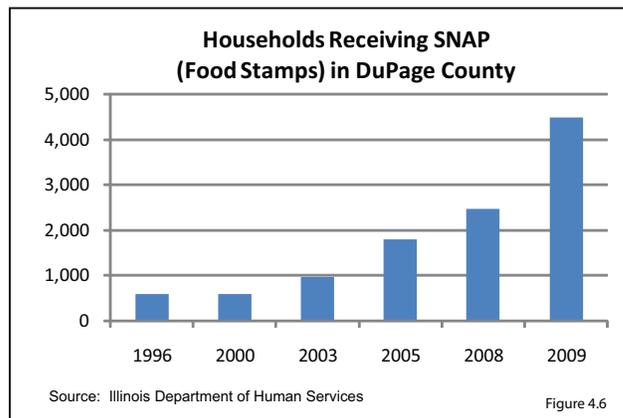
1. Figure 4.4 shows that utilization of food pantries in DuPage has been rising. In fact, the trend appears to move upward most rapidly when unemployment was also on its steepest rise. Between 2005 and 2009, the number of individuals using food pantries increased by 52%.



2. The amount of food distributed at the pantries increased by 72% during this same period (2005 to 2009) as shown in the second chart. This increase suggests that not only are more people using the pantries, but they are also using them for a larger portion of their available food. Figure 4.5 indicates that the largest increase occurred in 2009, which was the worst year of the recent recession in terms of the rise in unemployment.



3. Figure 4.6 provides information about use of the Food Stamp program and (more recently) the Supplemental Nutrition Assistance Program (SNAP). Even though the name has changed, the program has not, so it is a good indicator of the long-term upward trend. Food pantry clients are



encouraged to use SNAP if they are eligible, but a recent study of all pantries in the Northern Illinois Food Bank Network suggests that SNAP, by itself, is not enough to prevent reductions in food intake and disruptions in eating patterns (food insecurity).

Challenges, Strategies, and Resources

The data clearly show the relationship between the worsening economy and the need for supplemental programs

to address food insecurities. It is important to note that, although some indicators suggest that the economy could be considered in recovery, most economists still expect the unemployment rate to remain high for a number of years. Therefore, the most vulnerable will continue to have serious food insecurities, and the demand for these supplements will remain high.

The following summary information comes from a recent report for Hunger in America (James Malbi, Rhoda Cohen, Frank Potter, and Zhanyun Zhao, *Hunger in America 2010: Local Report Prepared for the Northern Illinois Food Bank*, Mathematica Policy Research, Inc., January 2010). It covers all of the Northern Illinois Food Bank (NIFB) area including approximately 420 NIFB member distributors (pantries, kitchens, and shelters) in 13 counties in northern Illinois (generally from Stephenson to Kankakee Counties but not including Cook). In DuPage, there are 47 NIFB members and a total estimated number of pantries of 60 to 65.

1. The people served: Nearly half (48%) of household members served are children under age 18, and 8% are age 5 or under. 43% of households have at least one employed adult, 66% have incomes below poverty, and 5% are homeless. 80% of the client households are food insecure, and 48% have very low food security. Food insecurity is defined by the USDA (and based on a short questionnaire) as having “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.” Very low food security means that households have had one or more members experience reductions in food intake or disruptions in eating patterns due to a lack of adequate resources for food. Three-fourths of clients (76%) report having to make a choice between buying food and paying for at least one other essential item including utilities, rent, medical care, basic transportation, and gas for the car; and, about half (49%) reported having to make choices involving at least three of these essential items. 37% reported that at least one household member is in poor health.

2. The local providers of food: 73% of pantries, 69% of kitchens, and 45% of shelters are operated by faith-based organizations. Most have seen increases in the number of clients served since 2006 (91% of pantries, 67% of kitchens, and 56% of shelters). Pantries, kitchens, and shelters get most of their food from food banks, but other sources include religious organizations, government, and direct purchases from wholesalers and retailers. Many also receive food from the Emergency Food Assistance Program. Volunteers are

very important to the operation of these local programs. 95% of pantries, 86% of kitchens, and 79% of shelters use volunteers. In fact, 70% of pantries and 49% of kitchens have no paid staff at all.

The Northern Illinois Food Bank is a major supplier of food and related commodities in our area and is essential to the network of local agencies that are addressing food insecurity. Also essential to this network are: (a) the many public and private sources of other donations of food and resources; (b) the volunteers, without whom most of the front-line agencies (pantries, etc.) could not function; and (c) the faith community, within which most of the provider agencies operate.

Child Safety

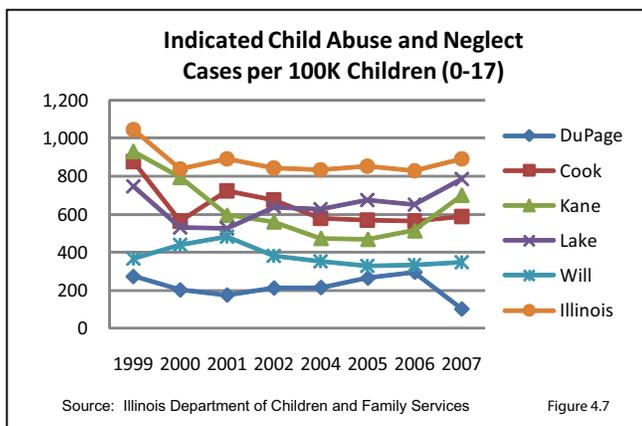
DuPage appears to be one of the safest counties in the state for children. Abuse, neglect, sexual abuse, and crimes against youth measures are all among the lowest in the state. However, any maltreatment of children is too much, and it has far-reaching impacts on the victims as well as the rest of society.

Why We Measure This

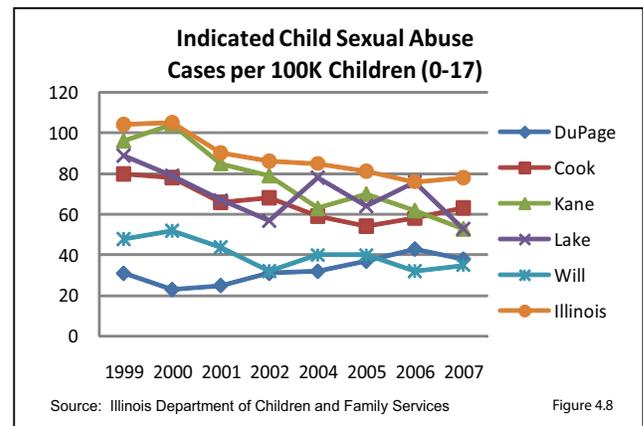
Maltreatment of children has a long lasting impact that will continue into adulthood and is often passed on to future generations. It affects child development, ability to learn, physical health, and socialization. A 2007 national study by Prevent Child Abuse America conservatively estimated the annual societal costs of child abuse and neglect associated with the victim only. This estimate was \$103.8 billion. However, the impacts are not just on the victims themselves, but also on families and society.

Observations

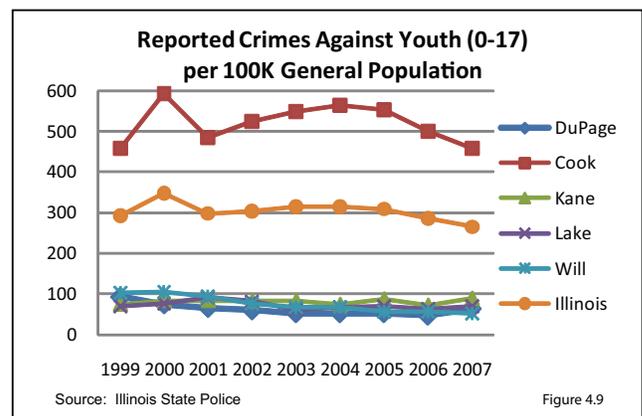
1. DuPage County's rate of child abuse and neglect is typically ranked the lowest in the state. Figure 4.7 shows "indicated" cases. This means that DCFS has determined that there is credible evidence that abuse or neglect has occurred. Although it is not shown on this chart, DuPage also has a low rate of 16.1 "reported" cases per 1,000 children ("reported" cases will always exceed the "indicated" figure), but this is higher than the national Healthy People 2010 target of 10.3.



2. Figure 4.8 provides data on child sexual abuse. Again, we are showing "indicated" cases rather than "reported." As with child abuse and neglect, DuPage also typically ranks among the lowest one or two counties in the state on this measure. The rate appears to be increasing slightly while the statewide rate is going down.



3. Figure 4.9 reports on a different type of child safety issue, and it presents a different picture. It should be noted that reporting of crimes against youth is not a requirement, so the data can be somewhat inconsistent. DuPage, along with other suburban counties, maintains a relatively low rate.



Challenges, Strategies, and Resources

The impacts of child abuse extend well into adulthood, affecting the individual for the full life span. These impacts are well documented, and are listed in national study by

Prevent Child Abuse America that is mentioned above (Ching Tung-Wang, Ph.D. and John Holton, Ph.D., "Total Estimated Costs of Child Abuse and Neglect in the United States," September 2007). These impacts include: (a) poor physical health; (b) poor emotional and mental health; (c) social difficulties; (d) cognitive dysfunction; (e) high-risk or unhealthy behaviors; and (f) behavioral problems. Costs are borne not only by the victims and their families but also by society. The cost estimate cited above (\$103.8 billion nationally – well over \$100,000 per documented case) includes the cost of direct services to respond to the immediate needs of child abuse victims, and it includes indirect costs of services to address long-term and/or secondary effects. The estimate is considered conservative because it does not include intervention or treatment services related to the abusers or other family members and it does not include costs associated with high-risk or unhealthy behaviors of abuse victims.

There are many causative factors that can be associated with child abuse, and the issues are complex. This means that a strategy to prevent child abuse must deal with this variety of causes. Prevent Child Abuse America recommends an eight-part approach to prevention that includes:

- Support programs for new parents – to prepare them for the job of parenting;
- Education for parents – to provide support, advice, and role models (and provided to all families regardless of the presence of risk factors);
- Early and regular child and family screening and treatment – to break the cycle of abused children often becoming abusive parents;
- Child care opportunities – not only for employed parents but also to provide at-risk parents with stress relief;
- Treatment programs for abused children – to minimize the long term effects of abuse;
- Life skills training for children and young adults – to prepare them for the parenting role and to help them protect themselves from abuse;
- Family support services (including 24-hour crisis hotlines and a variety of crisis services) – to help relieve situational stresses and minimize the negative effects of isolation; and
- Public information and education – to enhance the public awareness of the issues and the commitment to preventing child abuse.

Locally, a central focus of the DuPage community response to child abuse rests with Positive Parenting DuPage (PPD). In addition to providing some of the services in the list above, this organization is a collaboration whose members include agencies providing a full range of essential services. Specifically, the components of PPD's approach are

the following.

1. Communitywide public education campaign: This campaign not only includes general public education provided in libraries, schools, social services organizations, etc., but also includes specific education materials provided to all parents in hospital settings and to professionals that may be dealing with families needing parenting support. Topics covered include child development, health, post partum depression, and early literacy.
2. Information and referral system: This system provides 24-hour access to information for parents and professionals. It includes a screening process to identify risk and to match parents with the most appropriate services.
3. Community resource coordination: This includes a searchable community database of resources. Data also include analyses of gaps in existing services to provide focus for future development and training.
4. Birth to five collaborative infrastructure: This infrastructure fosters support, training, and communication in order to improve the functioning of the system and capacity building. This component also includes evaluation and quality assurance activities.

More information about Positive Parenting DuPage can be found on their website, which is at www.positiveparenting-dupage.org. This website not only provides information about PPD, but it includes the searchable database of resources and information that is described above.

Domestic Violence

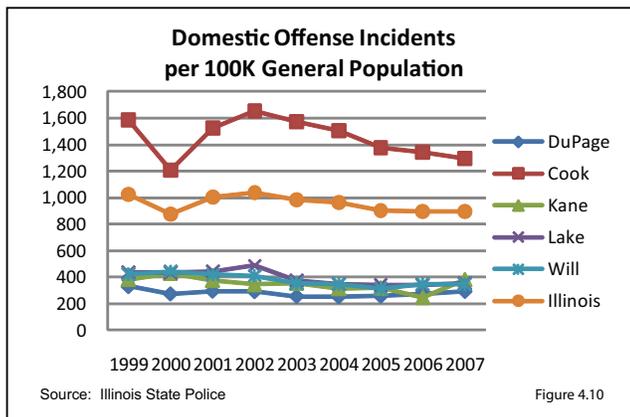
The incidence of reported domestic violence is lower in DuPage than in other parts of the state and the region, but like many areas, we struggle with the legal process of holding abusers accountable. The reporting of elder abuse is on the rise in DuPage and throughout the state, and, with the expanding senior population, this might be a continuing issue.

Why We Measure This

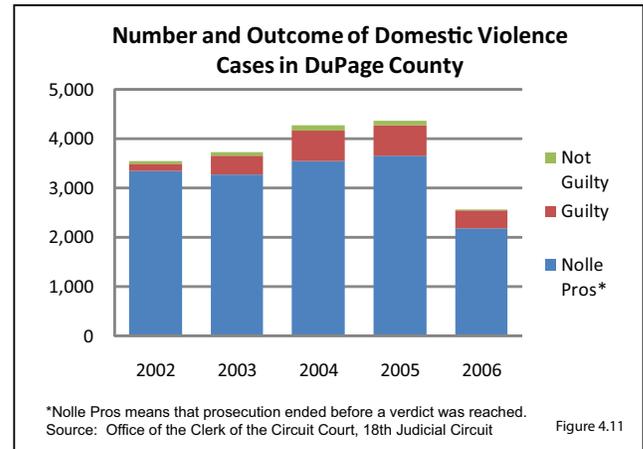
Domestic violence is a crime, but it is a special type of crime that has far reaching impacts on the victim. It can create a cycle of violence that affects the physical and mental health of the victim, it creates economic dependency, and it often continues to future generations. We not only measure the incidence of the crime itself, but we also measure society’s response to domestic violence in the community because it is this response that will make the environment safer for victims and potential victims.

Observations

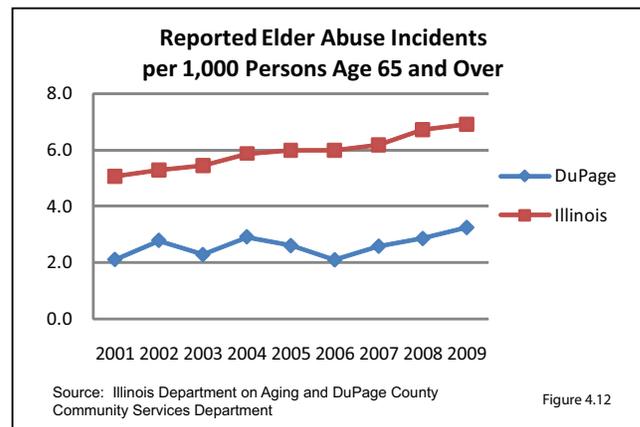
1. Figure 4.10 shows that the rate of reported domestic violence incidents (expressed as the number of incidents per 100,000 persons in the general population) is substantially lower than the state average. It is comparable, although slightly lower, than the rate for other collar counties.



2. Figure 4.11 was produced from data provided in the report, “Why Does She Stay: A Profile of Domestic Violence in DuPage County,” produced by the DuPage Federation on Human Services. The important point of this chart is the large proportion of cases that do not reach the stage of a verdict (about 85% of all the cases in the five years shown). There are a variety of reasons why most cases are not fully prosecuted, and these reasons are described in the Federation’s report.



3. Figure 4.12 reports on elder abuse. While the incidence of domestic violence in the first two charts fluctuates, the general trend does not show the steady increase that the elder abuse chart shows. Note that this trend is the



rate of elder abuse reports per 1,000 persons over 65, so it is not just a result of the increasing population. However, it may be affected by heightened awareness of the issue. The three most common types of elder abuse are financial exploitation, emotional abuse, and neglect.

Challenges, Strategies, and Resources

The issues surrounding domestic violence are often difficult to understand. For a more in-depth discussion of these issues and how they play out in DuPage, the reader is en-

couraged to review the document “Why Does She Stay? A Profile of Domestic Violence in DuPage County,” which was prepared in 2008 by the DuPage Federation on Human Services Reform (available on the Federation’s website at <http://www.dupagefederation.org/Publications/>).

1. The numbers: In 2006 (as reported in the 2008 Federation document), there were 6,845 reported incidences of domestic violence in DuPage, and 2,572 of these resulted in arrests. Of these arrests, 372 resulted in court convictions. There were 1,253 orders of protection issued by the courts out of the 1,428 requests. These orders of protection may, or may not, be related to an incident that resulted in an arrest. There were 6 domestic violence related homicides.

2. How the system deals with domestic violence: If an arrest is made, the outcome in court can be: (a) an acquittal or conviction by a judge or jury; (b) a guilty plea; or (c) several other types of outcomes that result in the charges being dropped. In fact, the charges are dropped in 85% of cases, usually because the survivor is unwilling to testify at trial and the remaining evidence is not considered sufficient to proceed. Perhaps the most difficult problem in addressing the accountability issue in domestic violence is to, first, determine the reasons why survivors feel better off by not testifying and, second, addressing those reasons so that survivors feel they can testify. Another way the system deals with domestic violence is the Order of Protection (OP). This legal document orders the abuser to stop the abusive behavior, and it can include other requirements like returning children or property, or paying child support. OPs are sometimes violated, and they need to part of a larger protection plan for the survivor. When OPs are violated, the Cindy Bishoff Act (enacted in January 2009) requires a risk assessment and monitoring the movements of the abuser using a GPS tracking system.

3. Agencies addressing domestic violence issues: Agencies working with the survivors of domestic violence in DuPage include Family Shelter Service (www.familyshelterservice.org) and the Hamdard Center (www.hamdardcenter.org). These agencies provide assistance in navigating the court system, shelter when necessary, a hotline for immediate advice, counseling services, and other supports to survivors to help them through a difficult situation and to help them make some difficult decisions. Coordination of the many parts of the system addressing domestic violence (law enforcement, the court system, prosecution, defense, victim advocates, etc.) is the responsibility of the Family Violence Coordinating Council (FVCC). The FVCC

was established by the 18th Judicial Circuit Court in DuPage as a forum to “improve the institutional, professional and community response to family violence including child abuse, domestic abuse, and elder abuse; engage in education and prevention; coordinate intervention and services for victims and perpetrators; and contribute to the improvement of the legal system and the administration of justice.” More information about the FVCC can be found at <http://www.co.dupage.il.us/fvcc/>.

4. Elder abuse: Investigation and interventions to stop elder abuse are undertaken by the Senior Services Division in the DuPage County Community Services Department (www.dupageco.org/seniorsvcs/). The emphasis of their work is to resolve the abusive situation. Interventions may include home health care, nutrition services, financial or legal assistance, adult day care, housing assistance, respite for the caregiver, counseling for the victim and/or abuser, emergency assistance, and when needed, guardianship proceeding and/or nursing facility placement.

Social and Cultural Wellbeing

Residential Integration

Residential Integration

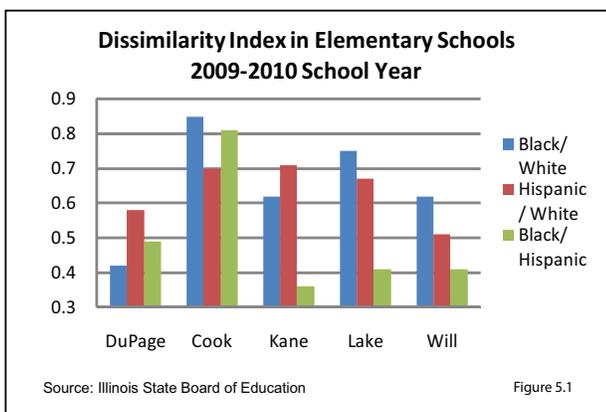
DuPage appears to have better integration of people from diverse backgrounds than is found in other parts of the Chicago region, and this offers opportunities for addressing disparities described in this Community Assessment. However, integration in DuPage is not ideal, and separation between groups is increasing, suggesting that attention should be given to this issue.

Why We Measure This

We use the “dissimilarity index” to measure integration. This index measures the degree to which people of different backgrounds (races, ethnicities, etc.) live in close proximity to one another. It is generally believed that more opportunities to interact provides for better relations between different groups. The index itself ranges from zero to one, where zero indicates full integration of the groups. An index of 0.5 means that 50% of residents would have to move to achieve full integration. We developed the measure based on elementary school enrollment because each school serves a defined, and relatively small, geographic area. To illustrate, there are 146 elementary schools in DuPage and 855 in Cook.

Observations

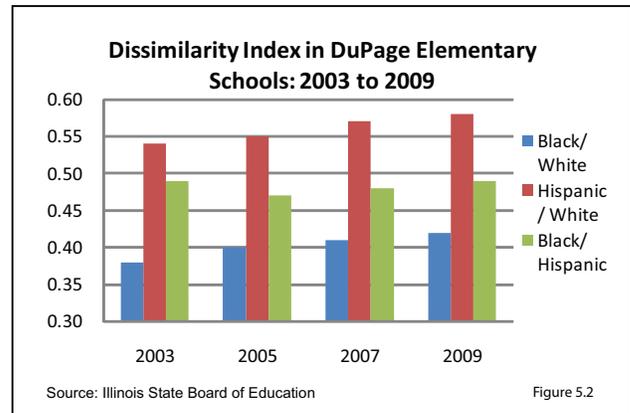
1. Figure 5.1 shows the indexes by county for three different race/ethnicity pairings. The indexes for DuPage are generally lower than for other counties in the region. However, an index approaching 0.6 for separation of Hispanic and White residents is still relatively high. The indexes for



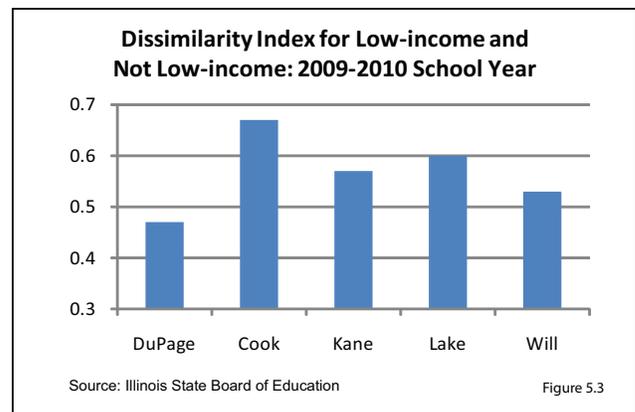
Cook County elementary schools are very high, with the Black/White index at 0.85. It is also notable that the Black/Hispanic index is high at 0.81.

2. Figure 5.2 indicates that the separation between race and ethnic groups in DuPage has been increasing slowly during the last decade. Other sections of this Community Assessment present data about the changing demographics of DuPage and the rapid increases in ethnic minorities.

This might be contributing to this trend.



3. Figure 5.3 examines economic integration. Records are kept regarding the percent of low-income students in each school (based on eligibility for free and reduced



lunch). The data suggest that DuPage also has better integration of people from different economic backgrounds than is found other parts of the region.

Challenges, Strategies, and Resources

The data displayed above suggests that DuPage has somewhat higher levels of racial and ethnic integration, as well as economic integration, in its elementary schools than other parts of the Chicago region. However, other parts of this Community Assessment describe the increasing racial and ethnic diversity in DuPage (see “External Demographic

and Economic Trends” in the Introduction), and the data above shows that the level of separation between racial and ethnic groups is also rising. Although there are no actions that will directly affect choice in where someone wishes to live, there are many actions that can help remove barriers to choice based on race and ethnicity.

In December 2009, the DuPage Community Development Commission (CDC) completed an “Analysis of Impediments to Fair Housing in the DuPage County Area.” This document is available on the CDC’s website at www.dupageco.org/cdc/. This analysis cites a number of possible impediments that are grouped into four categories.

1. Misunderstandings about the nature of fair housing problems: This section lists four needs to be addressed, which are: (a) the need to recognize that discrimination is a problem; (b) the need to enhance the knowledge of providers (apartment managers, realtors, lenders, insurance agents, etc.) about the law by providing training on specific situations; (c) the need to educate consumers so that they are more aware when they are being discriminated against; and (d) the need for local law enforcement of fair housing laws. All of these activities are being done to varying degrees in DuPage by professional associations and/or by the HOPE Fair Housing Center (www.hopefair.org).

2. Need for better information and communication on fair housing issues: Three types of information and communication issues are listed including: (a) confusion about the terms that are used (like “fair housing,” “affordable housing,” and “tenant/landlord disputes) and confusion about who should take responsibility for resolving these situations; (b) getting better information to decision makers so that they can make difficult decisions that may have fair housing implications; and (c) dealing with any potential conflicts between local code enforcement activities and fair housing enforcement. Many fair housing situations involve complicated issues that require solid information and high levels of communication to be successfully resolved.

3. High demand for housing and the high cost of housing: The cost of housing is not directly a fair housing issue, but the high correlation between lower incomes and racial and ethnic minorities (as outlined in other sections of this Community Assessment) means that higher priced housing will have a disproportionate impact on the housing choices of minority persons. Factors contributing to these costs are: (a) the historic high rate of growth in DuPage, which adds to demand; (b) the difficulties that first time and lower income home buyers have in dealing with the home buying market in

DuPage; (c) state and federal assistance programs that are not well tuned to the cost structure in the suburbs; and (d) housing costs that are added by local regulations, taxes, and fees.

4. Resistance to affordable housing: Three factors are cited as contributors to this resistance to affordable housing. They are: (a) general resistance to change whereby local residents are often resistant to any type of significant development (even if it is not affordable housing but usually heightened when it is); (b) a general preference for lower densities, which makes it more difficult to produce housing at affordable process; and (c) the fact that there are multiple units of local government, which confuses the issue of who is responsible for addressing affordable housing issues (The labor pool for jobs in one jurisdiction is usually supplied by housing located others, and the fiscal impacts in these jurisdictions are quite different.).

The discussion of “Affordable Housing” in the Jobs, Income, and Financial Stability section of this Community Assessment provides information on initiatives that are addressing some of the affordable housing issues described above.