OSF HEALTHCARE
Saint Elizabeth
Medical Center

OSF HEALTHCARE
Saint Paul
Medical Center

LCHD
Environmental Health
Personal Health
Health Education

2025

Community Health Needs Assessment

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER

d/b/a OSF Saint Elizabeth Medical Center

MENDOTA COMMUNITY HOSPITAL

d/b/a OSF Saint Paul Medical Center

LaSalle County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The LaSalle County Community Health Needs Assessment is a collaborative undertaking by LaSalle County Health Department, OSF Saint Elizabeth, and Saint Paul Medical Centers to highlight the health needs and well-being of LaSalle County residents. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the LaSalle County region. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors.

The results of this study can inform strategic decision-making, directly addressing the community's health needs. It was designed to assess issues and trends affecting the communities served by the collaborative and to understand the perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues,

unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

Ultimately, the collaborative team identified and prioritized the most important health-related issues in the LaSalle County region. They considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; and (3) potential impact through collaboration. Using a modified version of the Hanlon Method, two significant health needs were identified and determined to have equal priority:

- **Behavioral Health – Mental Health and Substance Use**
- **Healthy Aging**

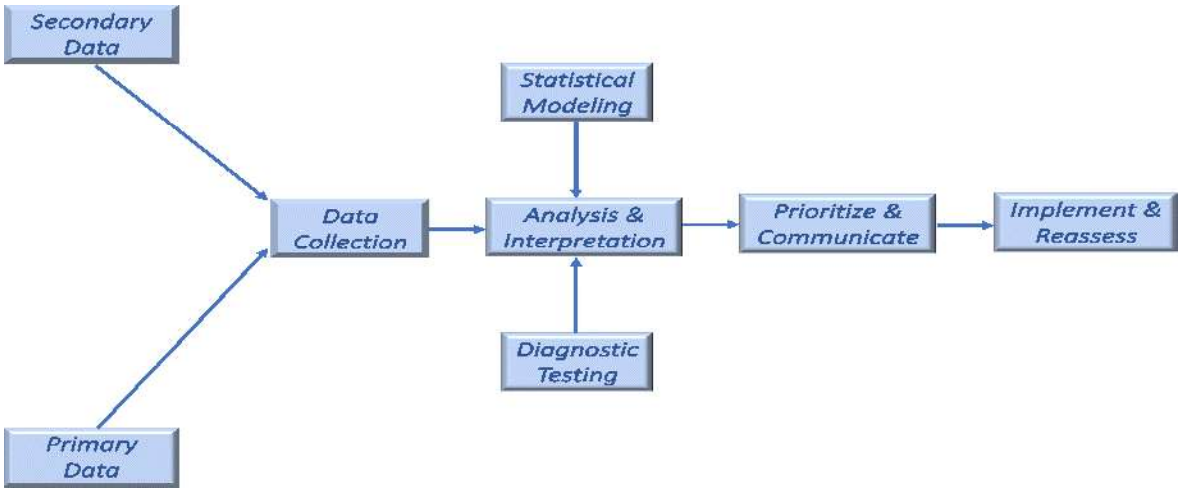
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt charitable hospital organizations to conduct community health needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by LaSalle County Health Department and OSF Saint Elizabeth and Saint Paul Medical Centers including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors with respect to OSF Saint Elizabeth and Saint Paul Medical Centers on July 28, 2025.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Schedule H, Form 990, designated solely for tax-exempt charitable hospital organizations. The fundamental areas of the community health needs assessment are illustrated in Figure 1.

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Elizabeth and OSF Saint Paul Medical Centers, members of the LaSalle County Health Department, and administrators from key community partner organizations. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles, and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

OSF Saint Elizabeth and OSF Saint Paul Medical Centers each define their community as constituting LaSalle County. In order to determine the geographic boundaries for OSF Saint Elizabeth and OSF Saint Paul Medical Centers, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by LaSalle County. Data show that LaSalle County represents 88% of all patients for the hospitals.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community. The at-risk population was defined as those individuals eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

In the initial meeting, the collaborative team defined the purpose of this study. This study aims to equip healthcare organizations, such as hospitals, clinics and health departments, with the essential information needed to develop strategic plans for program design, access, and delivery.

The results of this study will enable healthcare organizations to efficiently allocate limited resources and better manage high-priority challenges. By working together, hospitals, clinics, agencies and health departments will leverage this CHNA to enhance healthcare quality in LaSalle County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results of the 2022 CHNA and benchmarking them against State of Illinois averages.

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow for feedback. OSF Saint Elizabeth and OSF Saint Paul Medical Center posted both a full and summary version on their respective websites. To solicit feedback, a link - CHNAFeedback@osfhealthcare.org – was provided on each hospital's website; however, no feedback was received.

Although no written feedback was received by community members via the available mechanisms, verbal feedback from key stakeholders from community-service organizations was incorporated into the collaborative process.

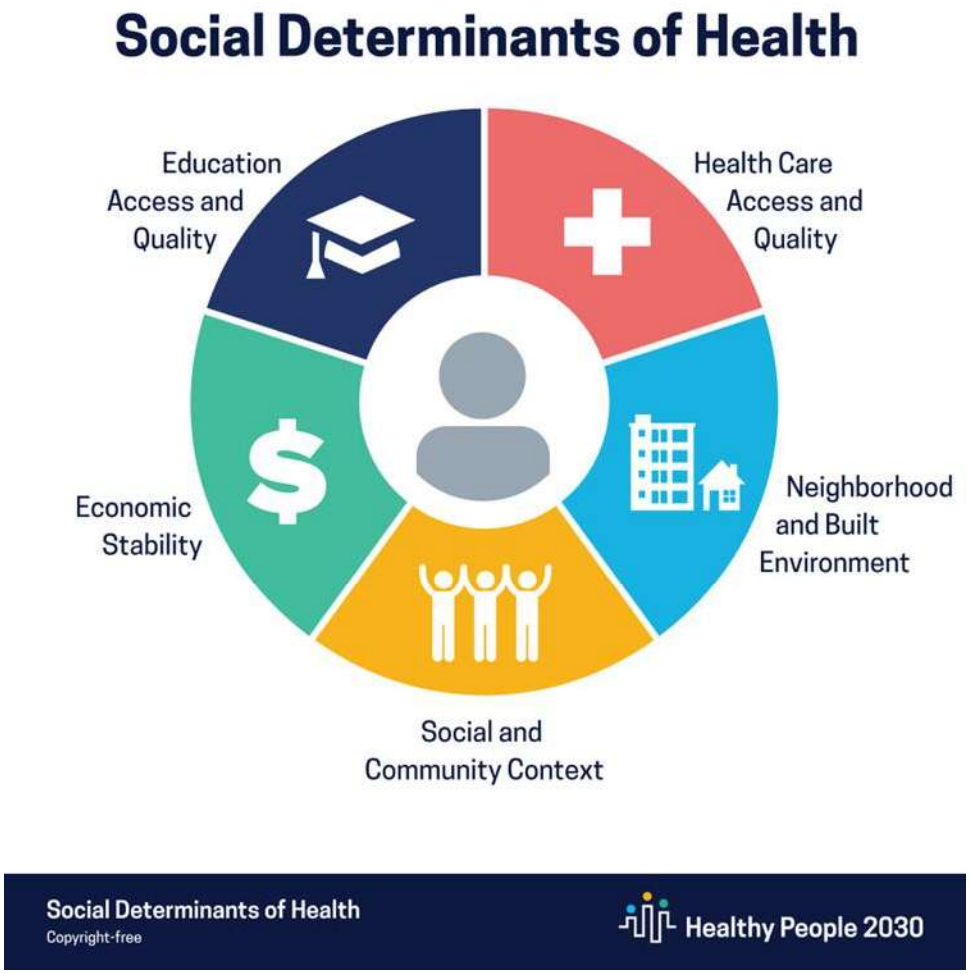
2022 CHNA Health Needs and Implementation Plans

The joint 2022 LaSalle County CHNA for OSF Saint Elizabeth and OSF Saint Paul Medical Centers identified three significant health needs. These included: healthy behaviors, defined as active living and healthy eating, and their impact on obesity, behavioral health, including mental health and substance abuse, and healthy aging. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDOH). SDOH are important environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. According to research conducted by the U.S. Department of Health and Human Services, *Healthy People 2030* has identified five SDOH that should be included in assessing community health (Figure 2). Note this CHNA refers to social "drivers" rather than "determinants." According to the *Root Cause Coalition*, drivers are malleable, while determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 2



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved November 1, 2024 from https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

The CHNA includes an assessment of SDOH because these factors contribute to health inequities and disparities. Interventions without considering SDOH will have limited impact on improving community health for people living in underserved or at-risk areas.

II. METHODS

To complete the comprehensive community health-needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social drivers of health, and access to healthcare.

Secondary Data Collection

Existing secondary statistical data were first used to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA) was used to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for healthcare organizations. Their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, it covers the research design used for this study: survey design, data collection and data integrity.

Survey Instrument Design

Initially, all publicly available health needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health needs data. By leveraging best practices from these surveys, a new survey was designed in 2024 for use with both the general population and the at-risk community. To ensure that all critical areas were addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health needs assessment, eight specific sets of items were included:

- **Ratings of health issues in the community** – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity.

- **Ratings of unhealthy behaviors in the community** – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking.

- **Ratings of issues concerning well-being** – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.

- **Accessibility to healthcare** – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental healthcare, as well as access to prescription medication.

- **Healthy behaviors** – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits and cancer screenings.
- **Behavioral health** – to assess community issues related to areas such as anxiety and depression.
- **Food security** – to assess access to healthy food alternatives.
- **Social drivers of health** – to assess the impact that social drivers may have on the above-mentioned areas.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 3: SURVEY.

Sample Size

To identify the potential population, the percentage of the LaSalle County population living in poverty was first identified. Specifically, the county's population was multiplied by its respective poverty rate to determine the minimum sample size to study the at-risk population. The poverty rate for LaSalle County was 14.5 percent. With a population of 108,309, this yielded a total of 15,705 residents living in poverty in the LaSalle County area.

A normal approximation to the hypergeometric distribution was assumed given the targeted sample size.

$n = (Nz2pq)/(E2 (N-1) + z2 pq)$

where:

n = the required sample size

N = the population size

z = the value that specified the confidence interval (use 95% CI)

pq = population proportions (set at .05)

E =desired accuracy of sample proportions (set at +/- .05)

For the total LaSalle County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 383. The data collection effort for this CHNA yielded a total 579 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 507 respondents. This met the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the LaSalle County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This

provided a total usable sample of 493 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

Survey data were collected in the 2nd quarter of 2024. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. To be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Both the online survey and paper survey were also translated into Spanish.

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries, and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection effort, this became a stratified sample, as other groups were not targeted based on their socio-economic status.

It is important to note that the use of electronic surveys to collect community-level data may create potential for bias from convenience sampling error. To account for potential bias in the community sample, a second control sample of data is periodically collected. This control sample consists of random patients surveyed at the hospital, assuming that patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare are removed, as these questions are not relevant to current patients. Data from the community sample and the control sample are then compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significant patterns of bias. If specific relationships exhibited potential bias between the community sample and the control sample, they are identified in the social drivers sections of the analyses within each chapter.

Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision-making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparisons of primary data statistics to existing secondary data.

Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Frequencies and descriptive statistics were employed to identify patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used to identify existing relationships between perceptions, behaviors and demographic data. Specifically, Pearson correlations, X^2 tests and tetrachoric correlations were utilized when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

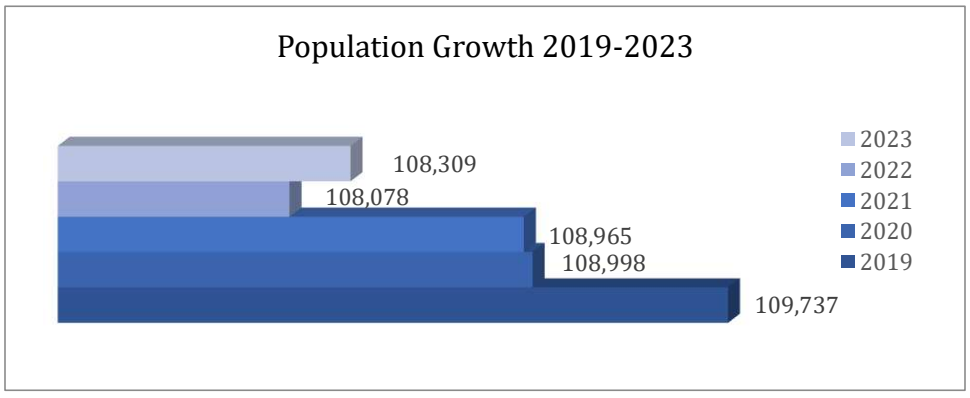
1.1 Population

Importance of the Measure: Population data characterize individuals residing in LaSalle County. These data provide an overview of population growth trends and build a foundation for further analysis.

Population Growth

Data from the last census indicate the population of LaSalle County has slightly decreased (1.3%) between 2019 and 2023 (Figure 3).

Figure 3



Source: US Census

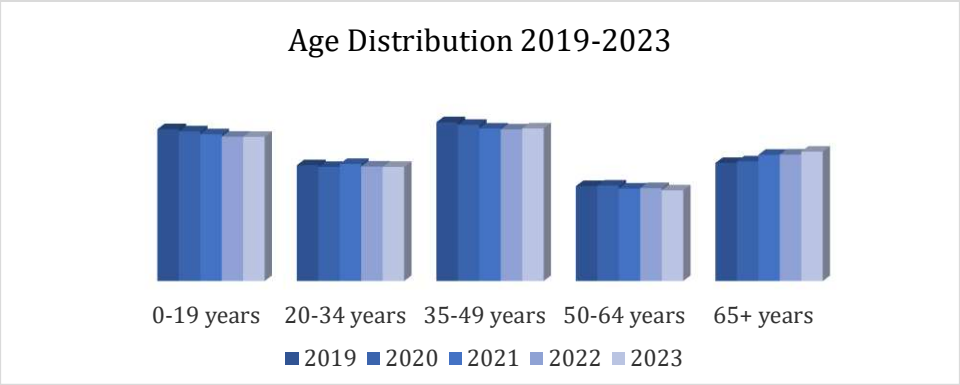
1.2 Age, Gender and Race Distribution

Importance of the Measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

Age

As illustrated in Figure 4, the percentage of individuals in LaSalle County in each age group, with the exception of those in the 65+ age group, declined between the period of 2019 to 2023. Most notably, the 50 – 64 age group declined 4.5%. The elderly population (residents aged 65+ years) increased 9.6% during this period.

Figure 4

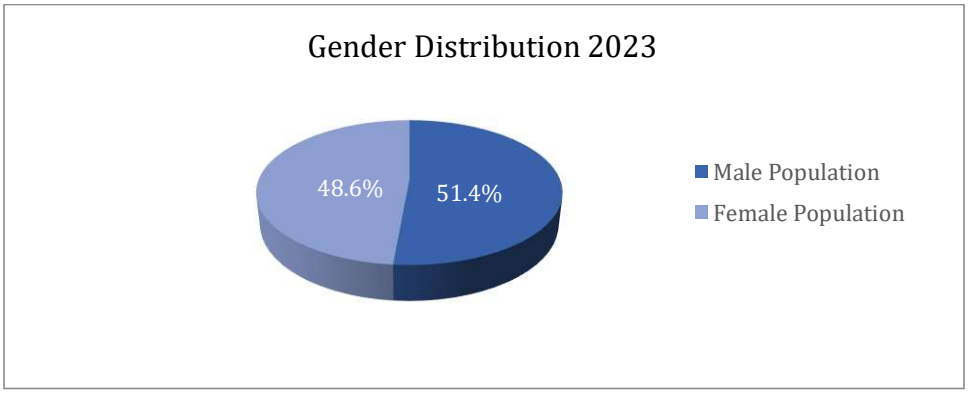


Source: US Census

Gender

The gender distribution of LaSalle County residents shows there are 2.9% more males than females in the population (Figure 5).

Figure 5



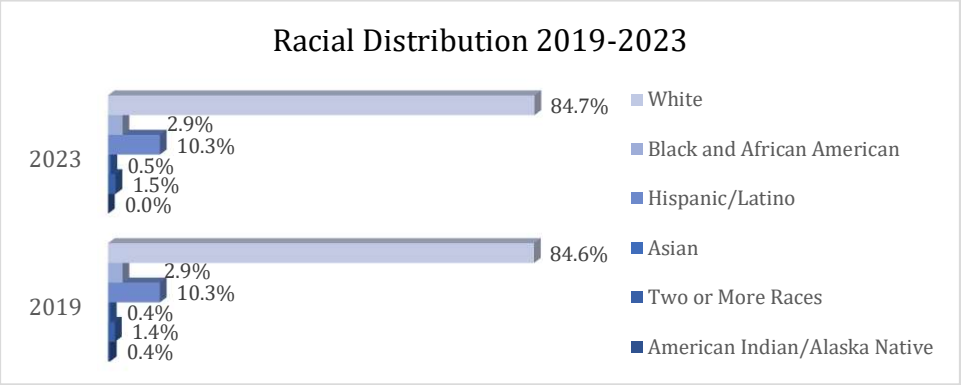
Source: US Census

Race

With regard to race and ethnic background, LaSalle County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2023 suggest that White ethnicity comprises 84.7% of the population in LaSalle County. However, the non-White population of LaSalle County has been slightly decreasing from 15.4% in 2019 to 15.3% in 2023, with Black ethnicity comprising 2.9% of the

population, Hispanic/Latino (LatinX) ethnicity comprising 10.3% of the population, and multi-racial ethnicity comprising 1.5% of the population, and (Figure 6).

Figure 6



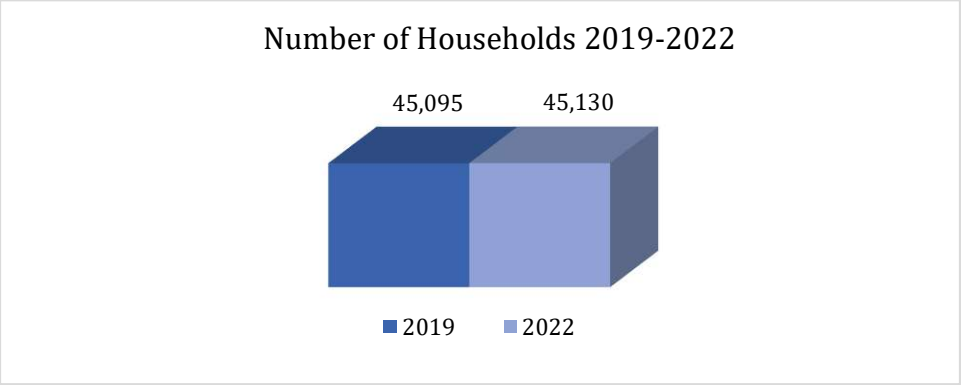
Source: US Census

1.3 Household/Family

Importance of the Measure: Families are a vital component of a robust society in LaSalle County, as they significantly impact the health and development of children and provide support and well-being for older adults.

As indicated in Figure 7, the number of family households in LaSalle County increased from 45,095 in 2019 to 45,130 in 2022.

Figure 7

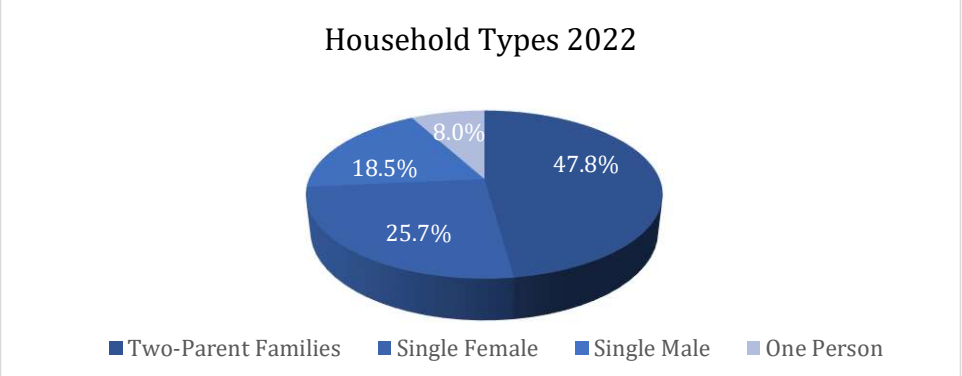


Source: US Census

Family Composition

In LaSalle County, data from 2022 suggest the percentage of two-parent families in LaSalle County is 47.8%. One-person households represent 8% of the county population and single-female households represent 25.7%, and single-male households represent 18.5% (Figure 8).

Figure 8

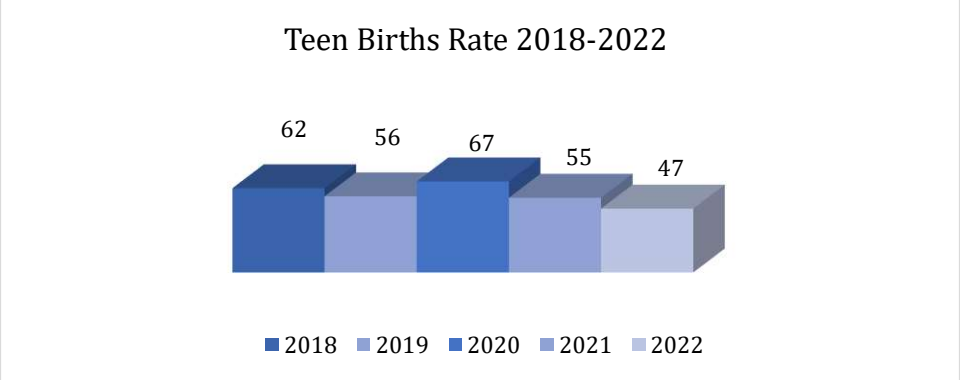


Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

LaSalle County has experienced a slight fluctuation in teenage birth count. The teen birth count steadily declined from 2018 (62) to 2022 (47), with the exception of a spike in 2020 (67) (Figure 9).

Figure 9



Source: Illinois Department of Public Health

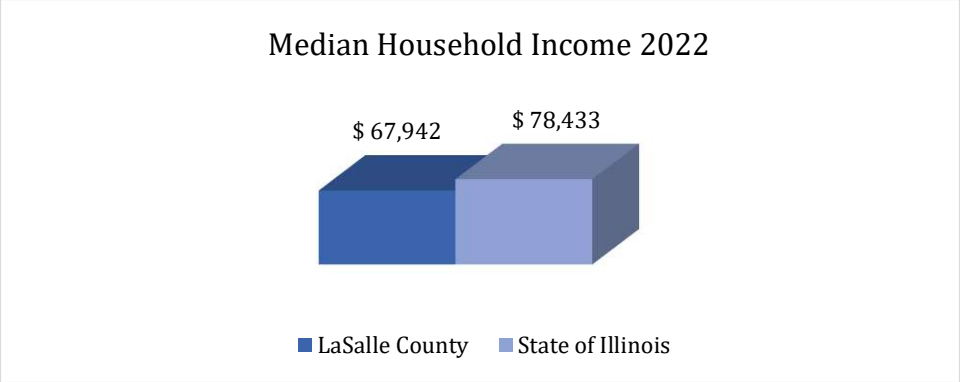
1.4 Economic Information

Importance of the Measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. Living in poverty means lacking sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education, and employment conditions.

Median Income Level

For 2022, the median household income in LaSalle County ($67,942) was lower than the State of Illinois median ($78,433) (Figure 10).

Figure 10

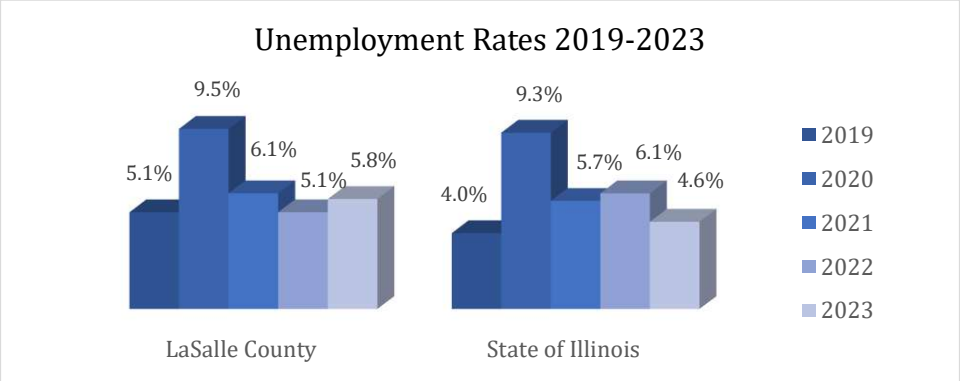


Source: US Census

Unemployment

For the years 2019 to 2023, except 2022, the LaSalle County unemployment rate was higher than the State of Illinois unemployment rate (Figure 11). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

Figure 11

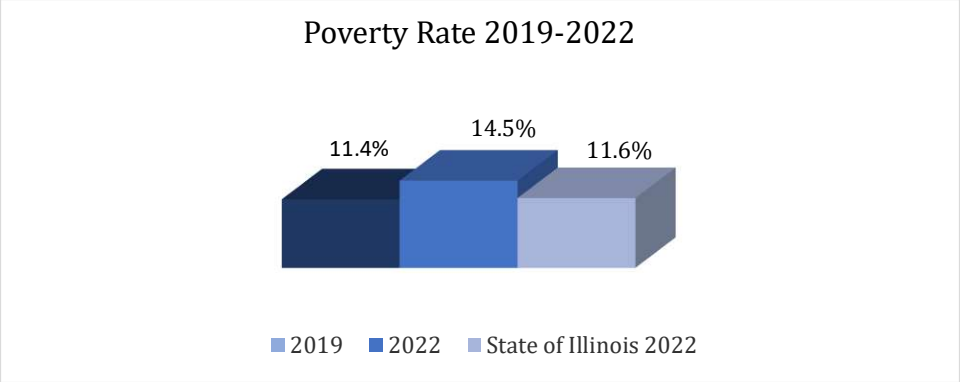


Source: US Bureau of Labor Statistics

Individuals in Poverty

In LaSalle County, the percentage of individuals living in poverty between 2019 and 2022 increased by 3.1%. Poverty significantly impacts the development of children and youth. In 2022, the poverty rate for individuals was 14.5%, which is higher than the State of Illinois individual poverty rate of 11.6% (Figure 12).

Figure 12



Source: US Census

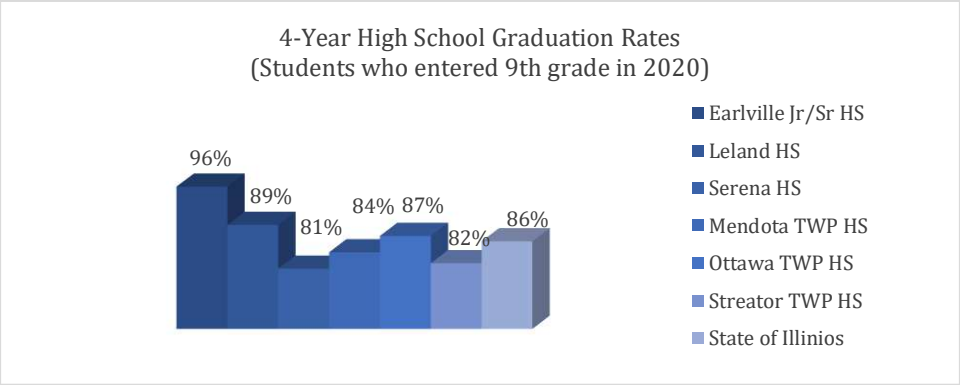
1.5 Education

Importance of the Measure: According to the National Center for Educational Statistics, "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that higher educational attainment and greater school success, the better health outcomes and a higher likelihood of making healthy lifestyle choices. Consequently, years of education is strongly related to an individual's propensity to earn a higher salary, secure better employment, and achieve multifaceted success in life.

High School Graduation Rates

Students who entered 9th grade in 2020 in LaSalle County school districts were at or above the State of Illinois averages for graduation rates, except Serena High School, Mendota Township High School and Streator Township High School, which reported lower rates (Figure 13).

Figure 13



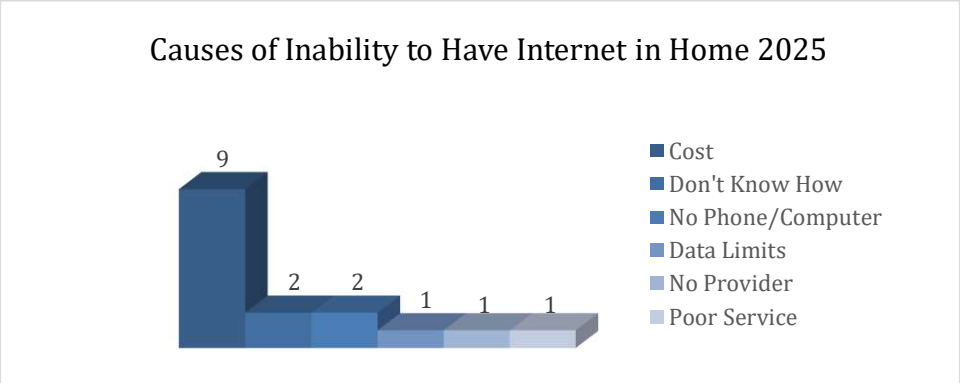
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 98% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently

cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 14



Source: CHNA Survey

Social Drivers Related to Internet Access

Several factors show significant relationships with an individual's Internet access. The following relationships were found using correlational analyses:

- **Access to Internet** tends to be higher for those with higher education and those with higher income.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 25.7% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

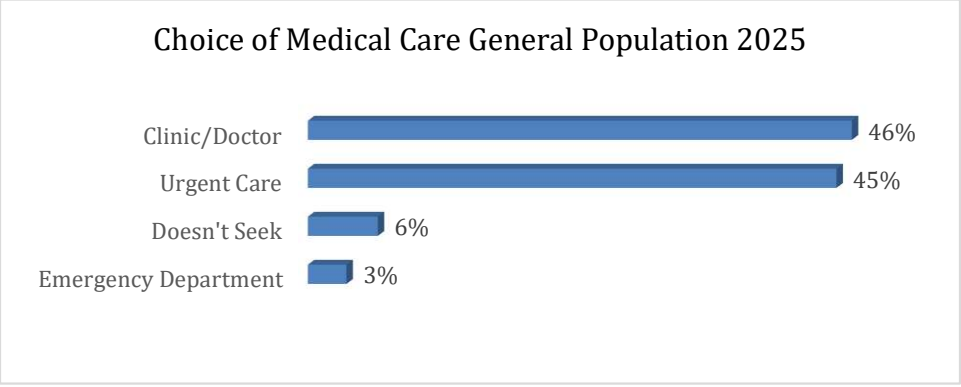
2.1 Accessibility

Importance of the Measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different alternatives were presented, including clinic or doctor's office, urgent-care facility, did not seek medical treatment, and emergency department. The most common response for source of medical care was clinic/doctor's office, chosen by 46% of survey respondents. This was followed by urgent care (45%), did not seek medical attention (6%), and the emergency department at a hospital (3%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office decreased from 65% in 2022 to 46% in 2025. Much of this can be attributed to the increase in use of urgent care usage facilities 22% in 2022 to 45% in 2025. There has been a decrease in those who do not seek care by 6%, while emergency department usage has increased by 1%.

Social Drivers Related to Choice of Medical Care

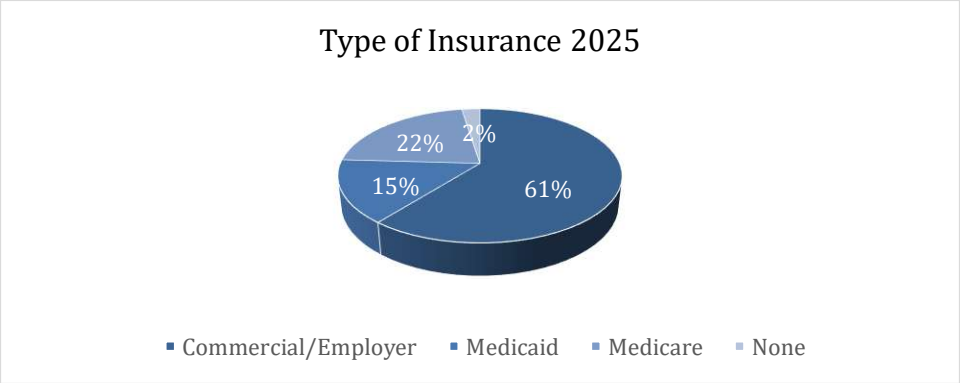
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by older people. Clinics/doctor's office tends to be used less by people in an unstable housing environment.
- **Urgent Care** tends to be used more by younger people.
- **Emergency Department** did not have any significant correlates.
- **Does Not Seek Medical Care** tend to be reported more by younger people and those in an unstable housing environment.

Insurance Coverage

According to survey data, 61% of the residents are covered by commercial/employer insurance, followed by Medicare (22%), and Medicaid (15%). Only 2% of respondents indicated they did not have any health insurance (Figure 16).

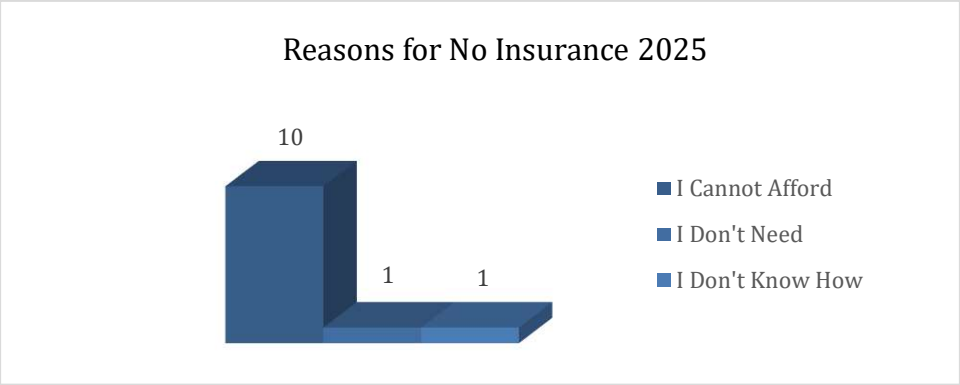
Figure 16



Source: CHNA Survey

Data from the survey show that for the 2% of individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Social Drivers Related to Type of Insurance

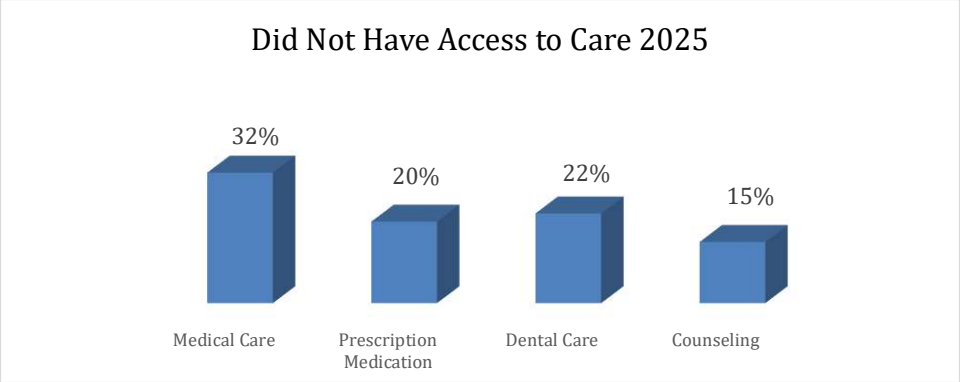
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Commercial/employer insurance** is used more often by younger people, White people, those with higher education, and those with higher income. Commercial/employer insurance is less often used by LatinX people and those with an unstable housing environment.
- **Medicaid** tends to be more often used by LatinX people, those with lower education, those with lower income, and those in an unstable housing environment. Medicaid use is less often reported by White people.
- **Medicare** tends to be used more often by older people, White people, and those with lower income. Medicare is less often used by LatinX people
- **No Insurance** tends to be reported more often by younger people.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 32% of the population did not have access to medical care when needed; 20% of the population did not have access to prescription medication when needed; 22% of the population did not have access to dental care when needed; and 15% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

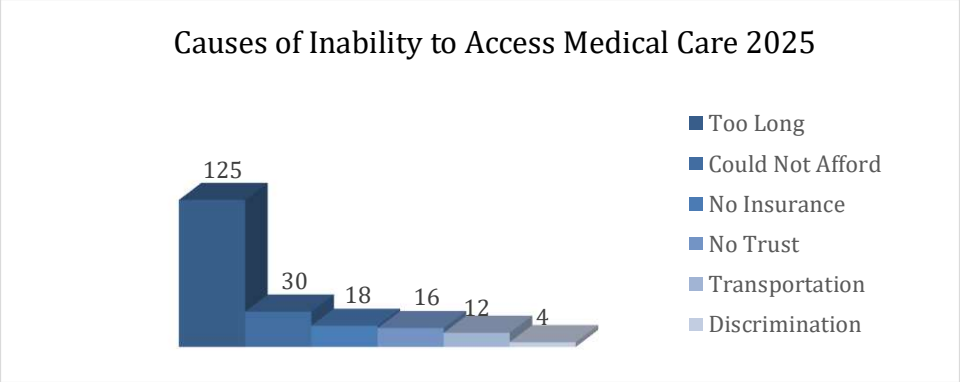
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be lower for people in an unstable housing environment.
- **Access to prescription medication** tends to be higher for older people and those with higher income. Access to prescription medication tends to be lower for people in an unstable housing environment.
- **Access to dental care** tends to be higher for older people, White people, those with higher education, and those with higher income. Access to dental care tends to be lower for LatinX people and those in an unstable housing environment.
- **Access to counseling** tends to be higher for older people and those with higher income. Access to counseling tends to be lower for people in an unstable housing environment.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading cause of the inability to gain access to medical care was too long to wait for an appointment (125) (Figure 19).

Figure 19

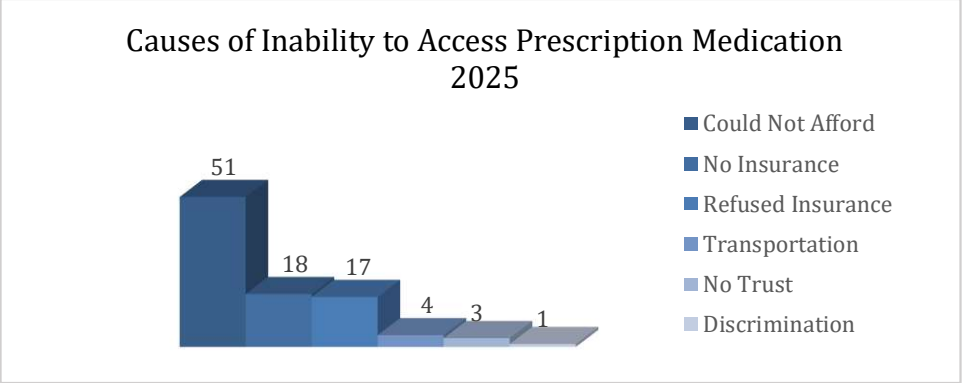


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (51) (Figure 20).

Figure 20

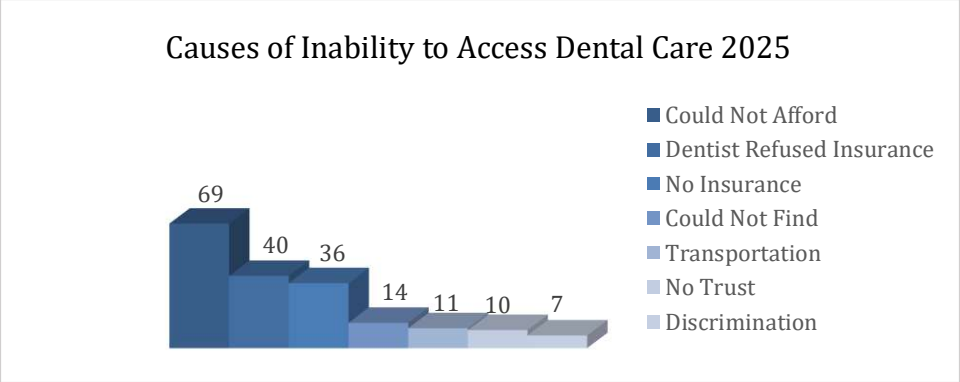


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause was inability to afford copay or deductible (69), followed by practitioner refusal of insurance (40), and no insurance (36) (Figure 21).

Figure 21

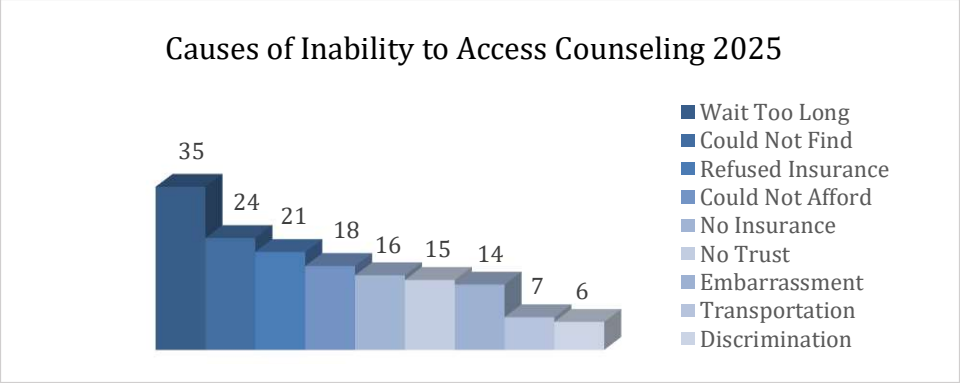


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to counseling were long wait times (35), inability to find (24), and practitioner refusal of insurance (21) (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show a significant decrease (15%) in those who were able to get medical care.

Access to Prescription Medications – results show a decrease (5%) in those who were able to get prescription medication.

Access to Dental Care – results show a slight increase (1%) in those who were able to get dental care.

Access to Counseling – showed a slight decrease (1%) in those who were able to get counseling when needed.

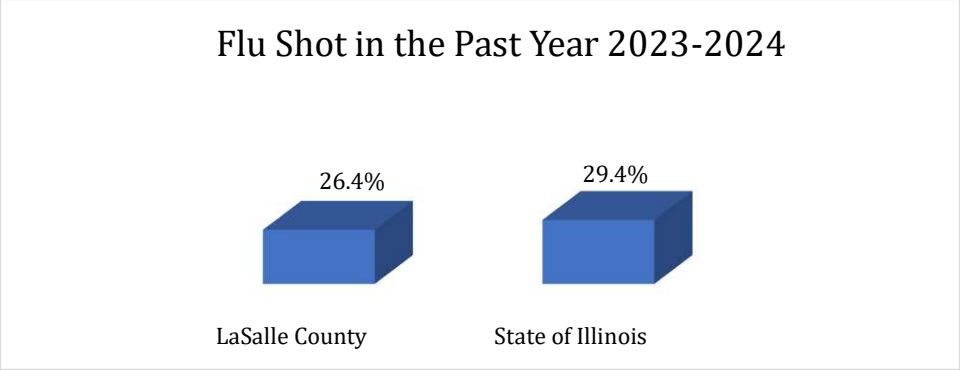
2.2 Wellness

Importance of the Measure: The overall health of a community is impacted by preventative measures, including immunizations and vaccinations. Preventative healthcare measures, such as getting a flu shot, engaging in a healthy lifestyle and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot in the past year is 26.4% for LaSalle County, which is slightly lower than the average for the State of Illinois (29.4%).

Figure 23

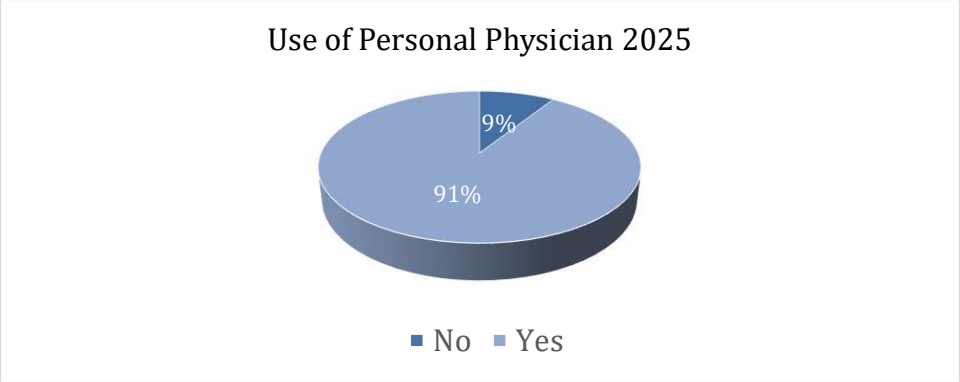


Source: Illinois Department of Public Health

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 91% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

Survey results for having a personal physician were the same in 2022 and 2025.

Social Drivers Related to Having a Personal Physician

The following characteristic shows a significant relationship with having a personal physician. The following relationship was found using correlational analyses:

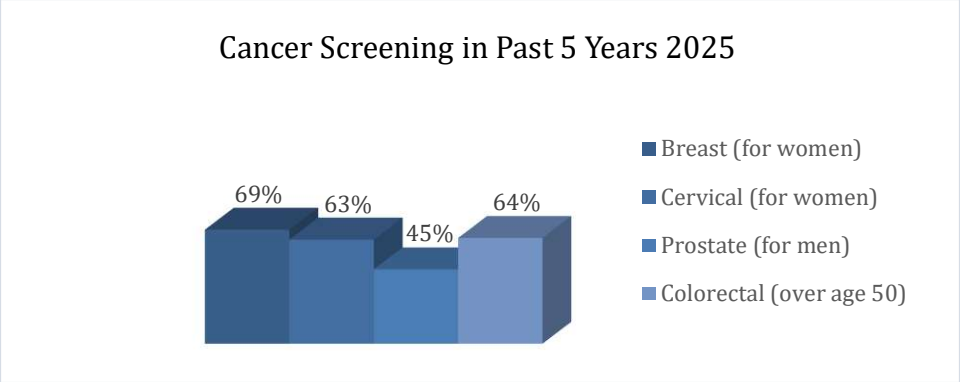
- **Having a personal physician** was higher for older people.

Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. Specifically, four types of cancer screening were measured: breast, cervical, prostate and colorectal.

Results from the CHNA survey show that 69% of women had a breast screening in the past five years and 63% of women had a cervical screening. For men, 45% had a prostate screening in the past five years. For women and men over the age of 50, 64% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Prostate and colorectal cancer screening rates in the past five-year period have remained relatively constant from 2022 to 2025. There was an increase in breast cancer screening and a decrease in cervical cancer screening.

In 2022, 44% of men had prostate cancer screening compared to 45% in 2025. Similarly, in 2022, 63% of men and women over the age of 50 had colorectal cancer screening compared to 64% in 2025. In 2022, 63% of women had breast screening compared to 69% in 2025. In contrast, in 2022, 69% of women had cervical cancer screening compared to 63% in 2025.

Social Drivers Related to Cancer Screenings

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

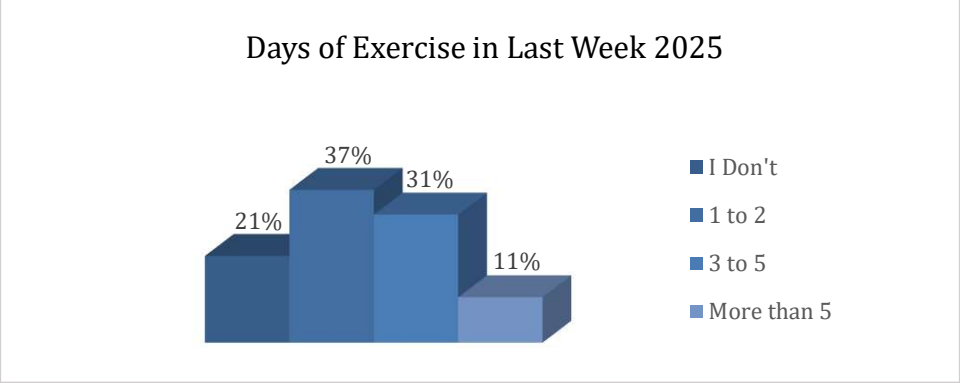
- **Breast screening** tends to be more likely for older women, those with a higher level of education, and those with higher income. LatinX women and those in an unstable housing environment are less likely to have a breast screening.
- **Cervical screening** tends to be more likely for younger women and those with higher income.
- **Prostate screening** tends to be rated higher by White men, older men, and those with higher income.
- **Colorectal screening** tends to be more likely for women, older people and those with higher income. Colorectal screening tends to be less likely for LatinX people.

Physical Exercise

A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being.

Specifically, 21% of respondents indicated that they do not exercise at all, while the majority (68%) of residents exercise 1-5 times per week (Figure 26).

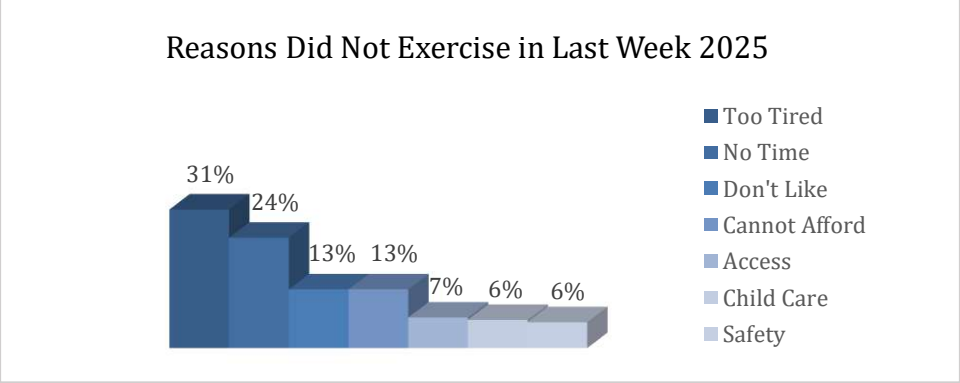
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2022 CHNA, the most common reasons for not exercising are not having enough energy (31%) and not enough time (24%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a slight increase in the number of people who exercise. In 2022, 78% of residents indicated they exercise, compared to 79% in 2025.

Social Drivers Related to Exercise

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

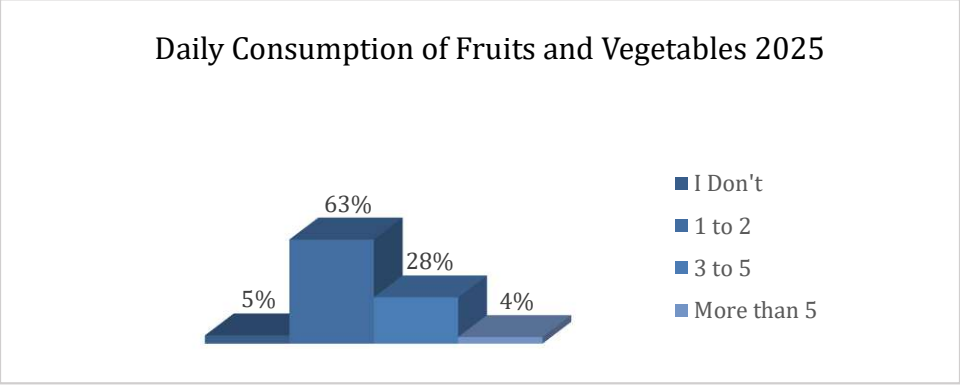
- **Frequency of exercise** was rated higher by younger people, White people, those with higher education, and those with higher income. Frequency of exercise tends to be rated lower by women and LatinX people.

Healthy Eating

A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Over two-thirds (68%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables. Notably, only 4% of residents consume five or more servings per day (Figure 28).

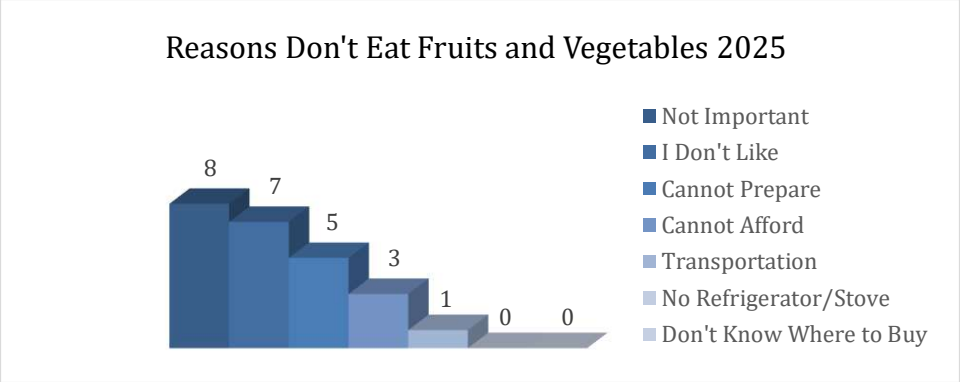
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The reason most frequently given for failing to eat more fruits and vegetables is not important (8) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decline in the frequency of healthy eating. In 2022, 36% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to only 32% in 2025.

Social Drivers Related to Healthy Eating

Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for older people, White people, Black people, those with a higher education, and those with higher income. Consumption of fruits and vegetables tends to be less likely for LatinX people.

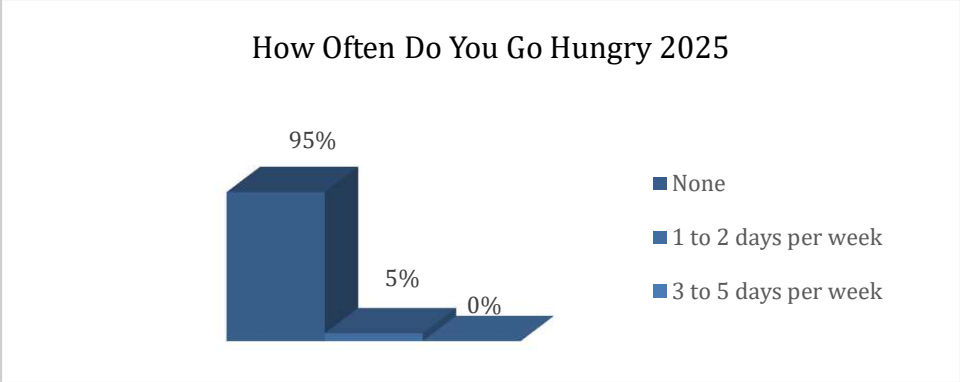
2.3 Understanding Food Insecurity

Importance of the Measure: It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people don't have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs for a healthy life.

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents (95%) indicated they do not go hungry, however, 5% indicated they go hungry 1 to 2 days per week (Figure 30).

Figure 30



Source: CHNA Survey

Comparison to 2022 CHNA

Results show an increase from 2% in 2022 to 5% in 2025 for those who go hungry.

Social Drivers Related to Prevalence of Hunger

Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

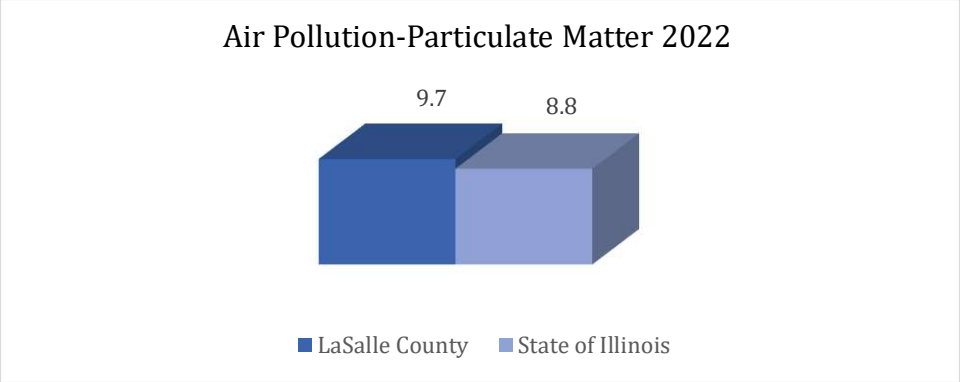
- **Prevalence of Hunger** tends to be more likely for younger people, those with lower education, those with lower income, and those living in an unstable housing environment.

2.4 Physical Environment

Importance of the Measure: According to the County Health Rankings & Roadmaps, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for LaSalle County (9.7) is slightly higher than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

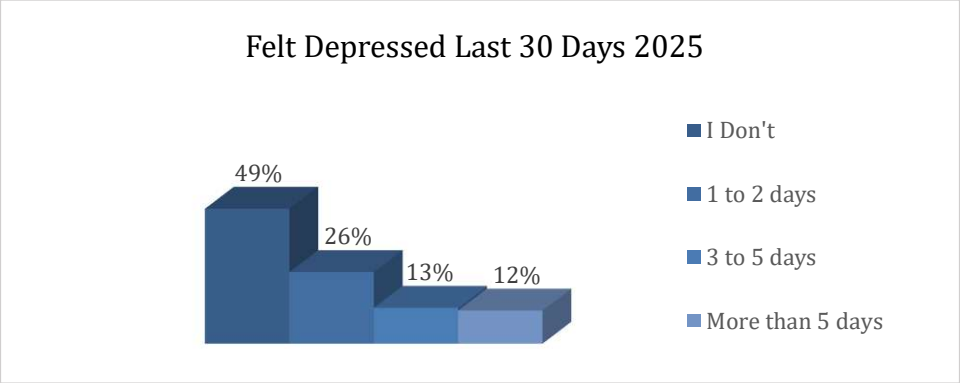
2.5 Health Status

Importance of the Measure: Self-perceptions of health can provide important insights to help manage population health. These perceptions not only provide benchmarks regarding health status but also offer insights into how accurately people perceive their own health.

Mental Health

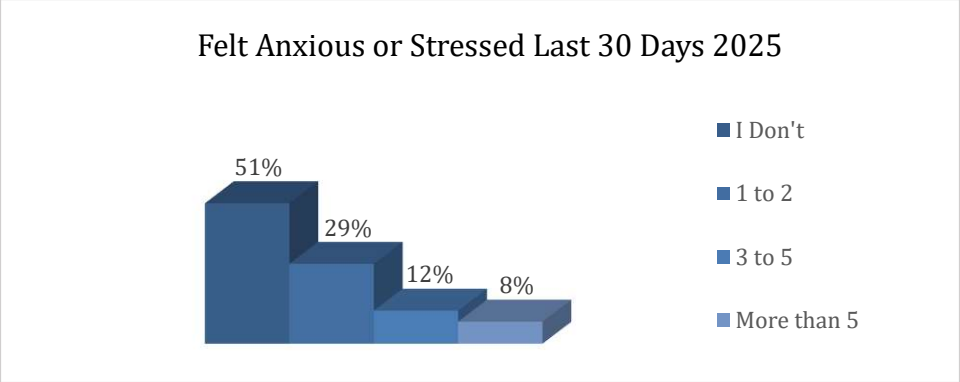
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 49% indicated they did not feel depressed in the last 30 days (Figure 32) and 51% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



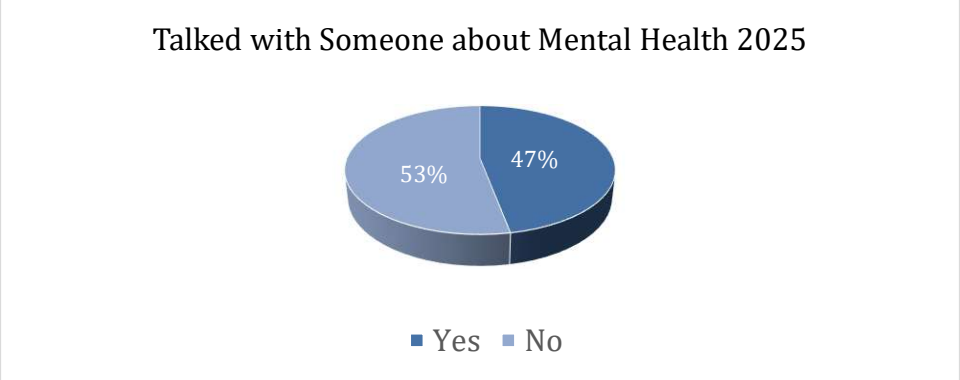
Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show a decline in mental health. In 2022, 49% of respondents indicated they felt depressed in the last 30 days, compared to 51% in 2025. In 2022, 44% indicated they felt anxious or stressed, compared to 49% in 2025.

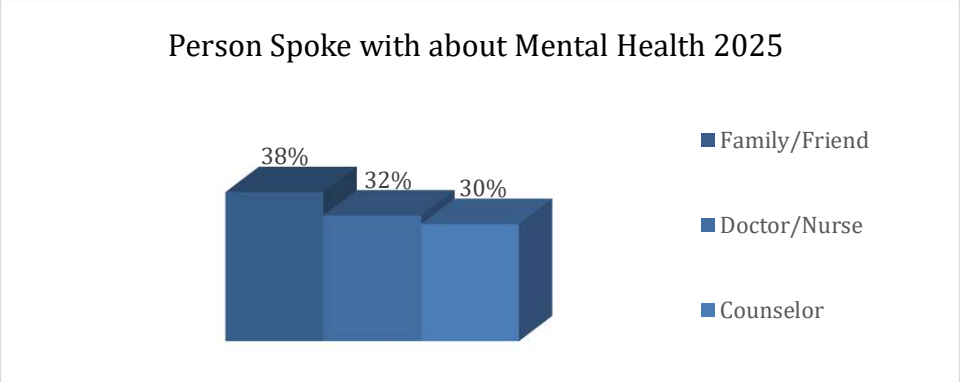
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 47% indicated that they spoke to someone (Figure 34). The most common response was a family member or friend (38%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

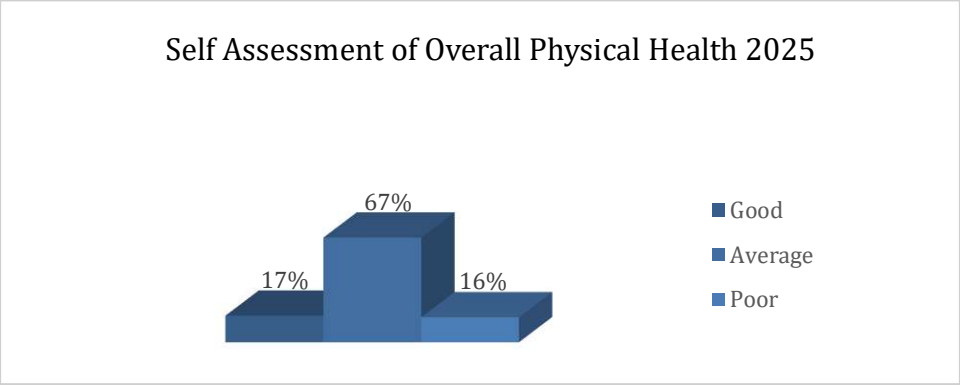
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for younger people, those with less income, and those in an unstable housing environment.
- **Stress and anxiety** tend to be rated higher for younger people, those with less income, and those in an unstable housing environment.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents reported having poor overall physical health (Figure 36).

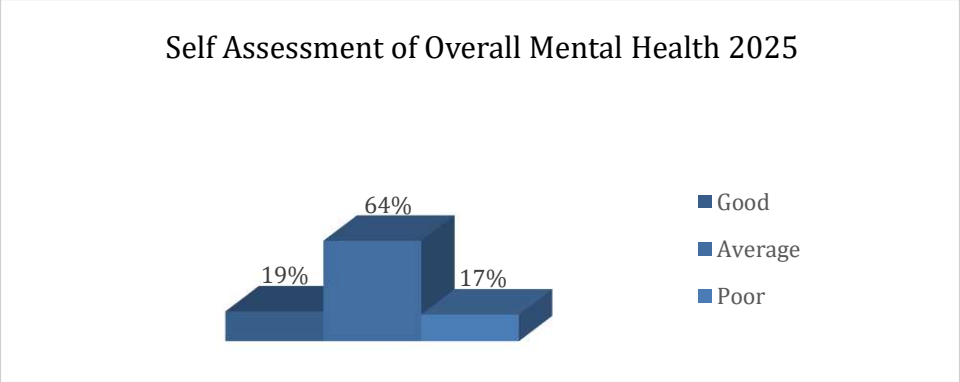
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 17% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2022 CHNA

With regard to perceptions of physical health, 16% of people see themselves in poor health in 2025 and 2022. Regarding perceptions of mental health, more people see themselves in poor health in 2025 (17%), than 2022 (14%).

Social Drivers Related to Self-Perceptions of Health

Multiple characteristics show significant relationships with self-perceptions of health. The following relationships were found using correlational analyses:

- **Perceptions of physical health** tend to be higher for older people and those with higher income. Perceptions of physical health tend to be rated lower for those in an unstable housing environment.

- **Perceptions of mental health** tend to be higher for older people and those with higher income. Perceptions of mental health tend to be rated lower for those in an unstable housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ EXCEPT FOR DENTAL CARE, ACCESS TO HEALTHCARE WAS DOWN IN ALL CATEGORIES, WITH MEDICAL CARE SHOWING THE MOST DECREASE.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW.
- ✓ THE MAJORITY OF PEOPLE EXERCISE 2 OR LESS TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ ALMOST HALF OF RESPONDENTS EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

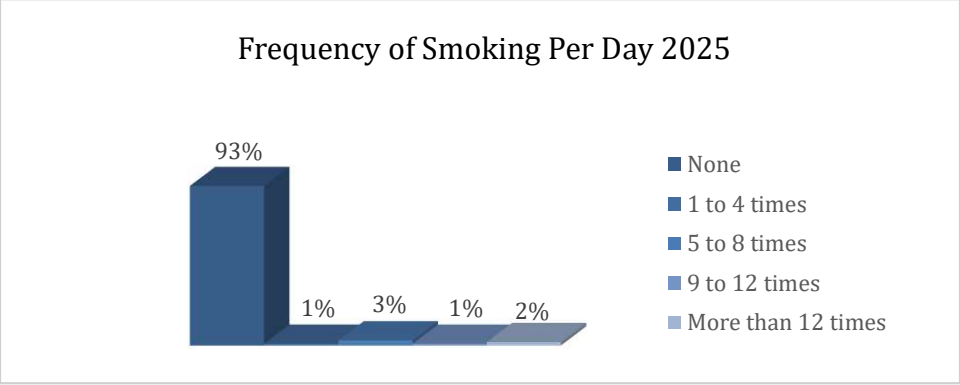
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

Importance of the Measure: To appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests that tobacco use facilitates a wide variety of adverse medical conditions.

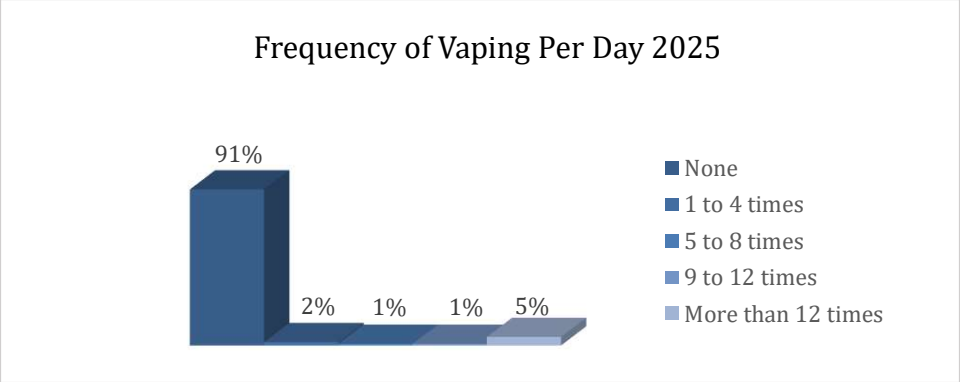
CHNA survey data show 93% of respondents do not smoke (Figure 38) and 91% of respondents do not vape (Figure 39). Only 2% smoke more than 12 times per day, while 5% vape more than 12 times a day.

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show a decrease in smoking rates, with 13% of people in 2022 reporting they smoke, compared to 7% in 2025. In contrast, vaping rates have increased with 4% of people in 2022 reporting they vape, compared to 9% in 2025.

Social Drivers Related to Smoking or Vaping

Multiple characteristics show significant relationships with smoking or vaping. The following relationships were found using correlational analyses:

- **Smoking** tends to be rated higher by those with lower education and a lower income.
- **Vaping** tends to be rated higher by younger people, those with lower income, and those in an unstable housing environment.

3.2 Drug and Alcohol Use

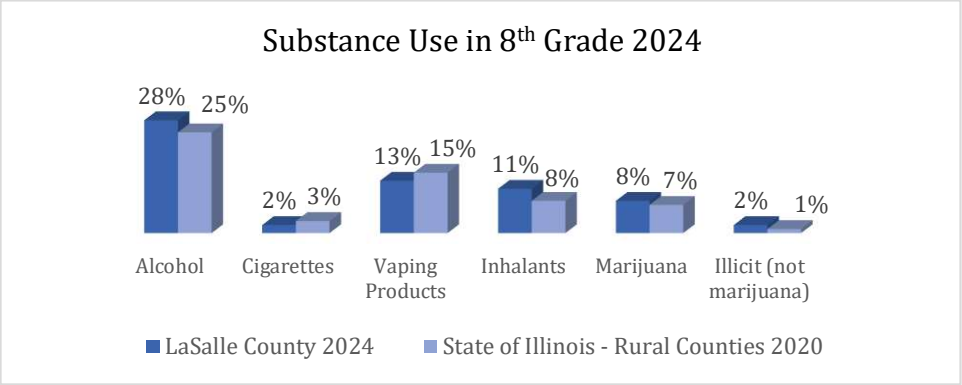
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of high school students are a leading indicator of adult substance use in later years.

Youth Substance Use

Data from the 2024 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. LaSalle County data reported for 2024, State of Illinois reporting 2020 data. LaSalle County is above the State of Illinois averages for substance use, except for cigarettes and vaping products used among 8th graders (Figure 40).

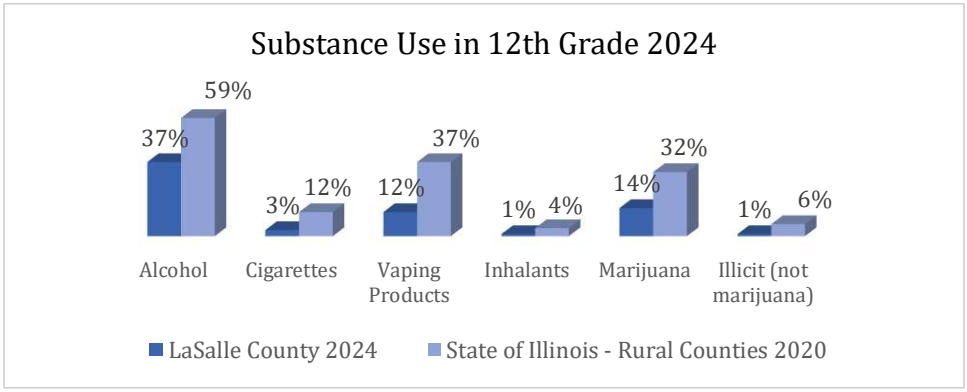
Among 12th graders, LaSalle County is below the State of Illinois averages for all categories observed (Figure 41).

Figure 40



Source: Illinois Youth Survey

Figure 41

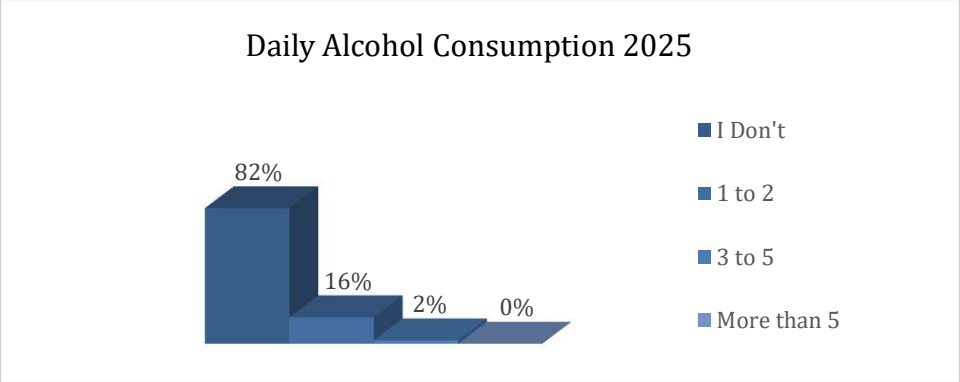


Source: Illinois Youth Survey

Adult Substance Use

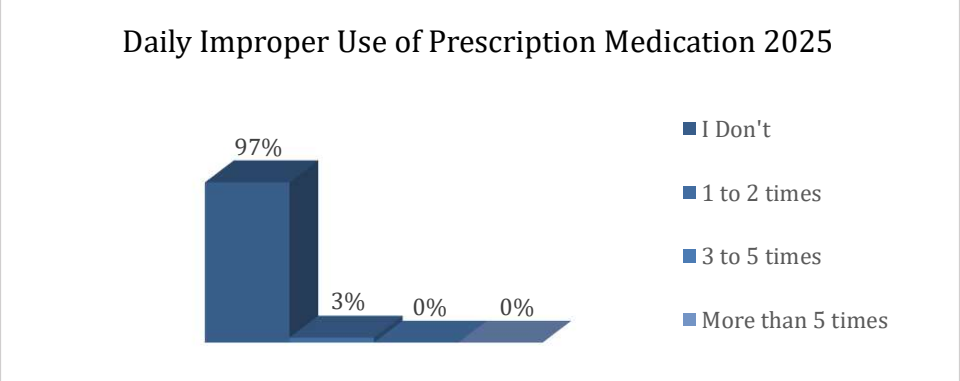
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 82% indicated they did not consume alcohol on a typical day (Figure 42), 97% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 43), 89% indicated they do not use marijuana on a typical day (Figure 44), and 99% indicated they do not use illegal substances on a typical day (Figure 45).

Figure 42



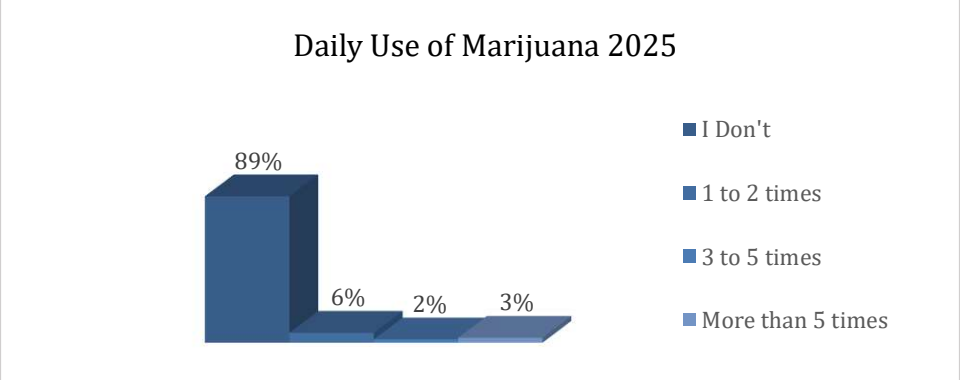
Source: CHNA Survey

Figure 43



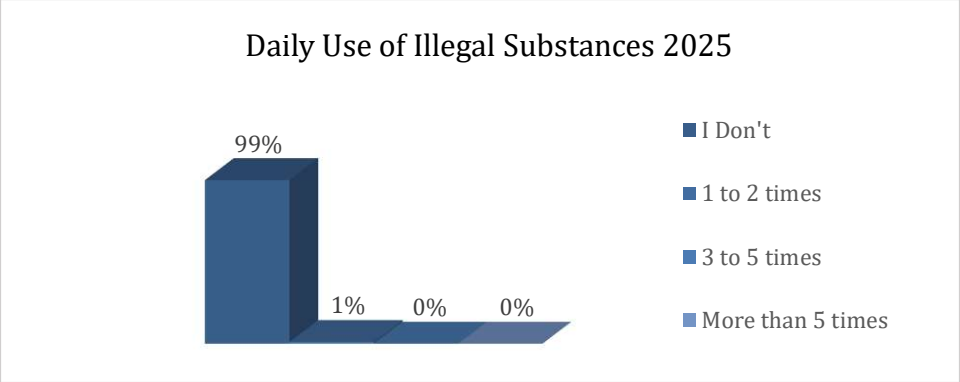
Source: CHNA Survey

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey

Social Drivers Related to Substance Use

Multiple characteristics show significant relationships with substance abuse. The following relationships were found using correlational analyses:

- **Alcohol consumption** tends to be rated higher by men and those with higher income.
- **Misuse of prescription medication, including opioid use,** did not have any correlates.
- **Marijuana use** tends to be rated higher by younger people, LatinX people, and those in an unstable housing environment. Use of marijuana tends to be rated lower by White people and those with higher income.
- **Use of Illegal substances** tends to be rated higher by young people and those in an unstable housing environment.

3.3 Obesity

Importance of the Measure: Individuals who are obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within LaSalle County. The US Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese.

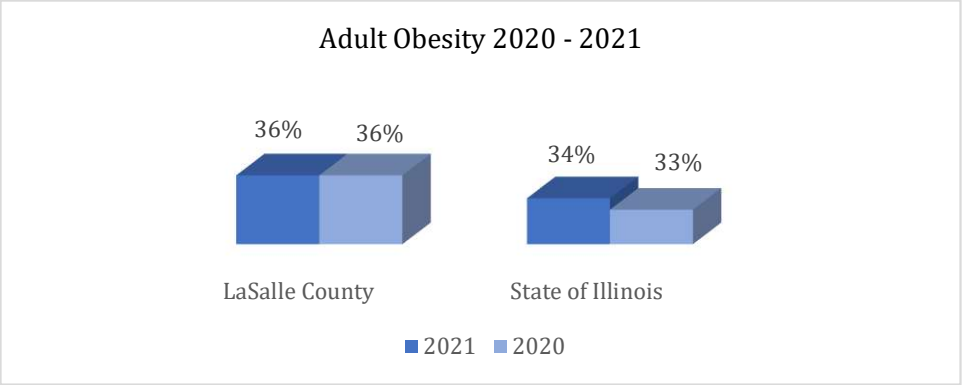
With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity also impacts educational performance; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates.

In LaSalle County, the number of people diagnosed with obesity has remained constant from 2020 to 2021 (36%).

Obesity rates in the State of Illinois have slightly increased from 2020 to 2021. Note specifically that the percentage of obese people has increased from 33% to 34% (Figure 46).

Figure 46

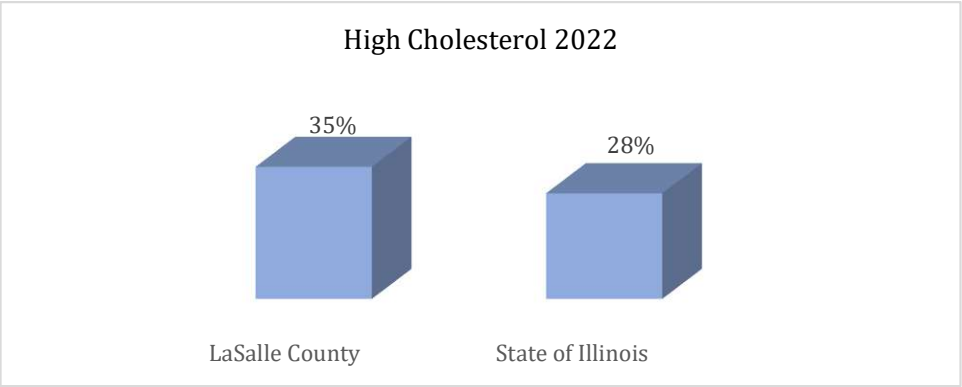


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in LaSalle County report a higher than State of Illinois average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in LaSalle County (35%) compared to the State of Illinois average (28%) (Figure 47).

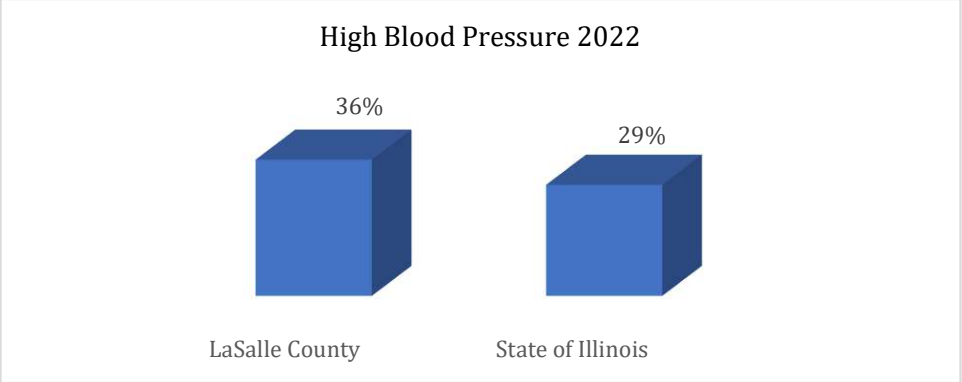
Figure 47



Source: Stanford Data Commons

With regard to high blood pressure, LaSalle County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of LaSalle County residents reporting they have high blood pressure in 2022 (36%) is higher than the State of Illinois average of 29% (Figure 48).

Figure 48



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE USE AMONG 8TH GRADERS IS ABOVE STATE OF ILLINOIS AVERAGES FOR MOST CATEGORIES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE IS HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ PREDICTORS OF HEART DISEASE ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ INCREASED VAPING AMONG YOUNG PEOPLE.

CHAPTER 4 OUTLINE

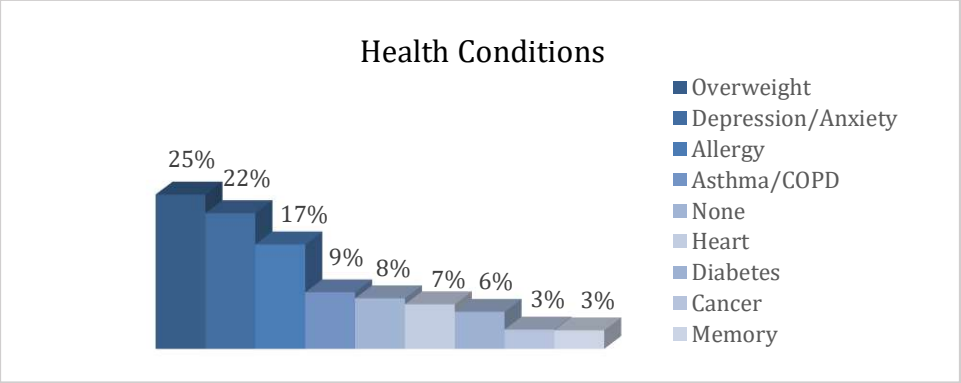
CHAPTER 4: MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from LaSalle County hospitals using COMPdata Informatics. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (25%), followed by depression/anxiety (22%), and allergies (17%) were the most reported health conditions. Often percentages for self-identified data are significantly lower than secondary sources (Figure 49).

Figure 49



Source: CHNA Survey

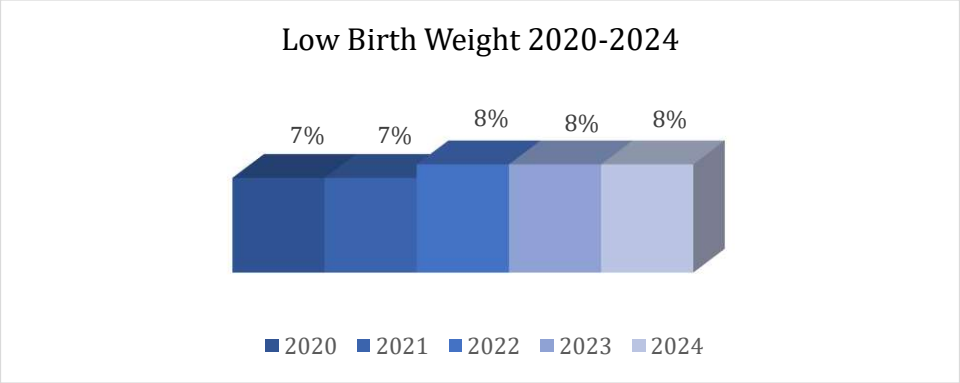
4.2 Healthy Babies

Importance of the Measure: Regular prenatal care is vital for producing healthy babies and children. Screening and treatment for medical conditions, as well as identifying and intervening in behavioral risk factors associated with poor birth outcomes, are crucial. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal-weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in LaSalle County increased from 7% in 2020 to 8% in 2024 (Figure 50).

Figure 50



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

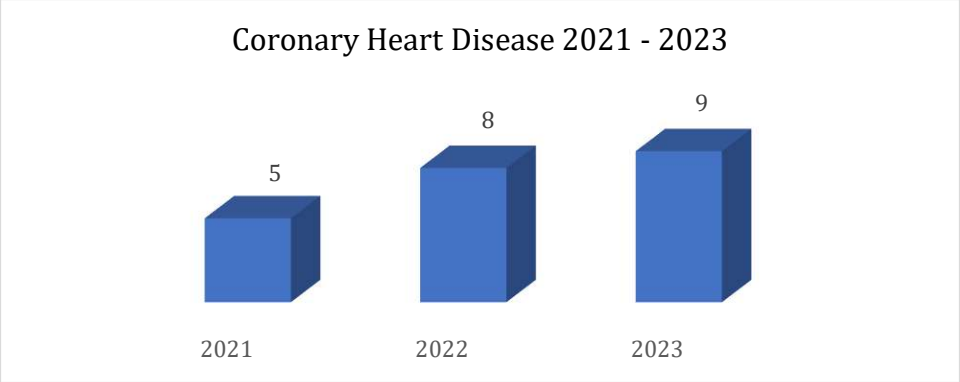
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary Heart Disease

Coronary Heart Disease, sometimes-called atherosclerosis, can slowly narrow and harden the arteries throughout the body. Coronary artery disease is a leading cause of death for Americans. Most of these deaths resulting from heart attacks caused by sudden blood clots in the heart's arteries.

The number of cases of coronary atherosclerosis complication at LaSalle County area hospitals increased from 5 in 2021 to 9 in 2023. (Figure 51).

Figure 51

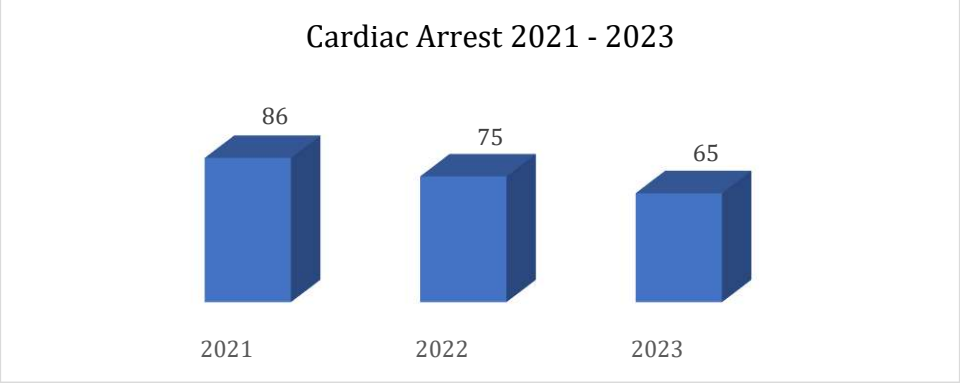


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at LaSalle County area hospitals decreased from 86 cases in 2021, to 65 cases in 2023 (Figure 52).

Figure 52

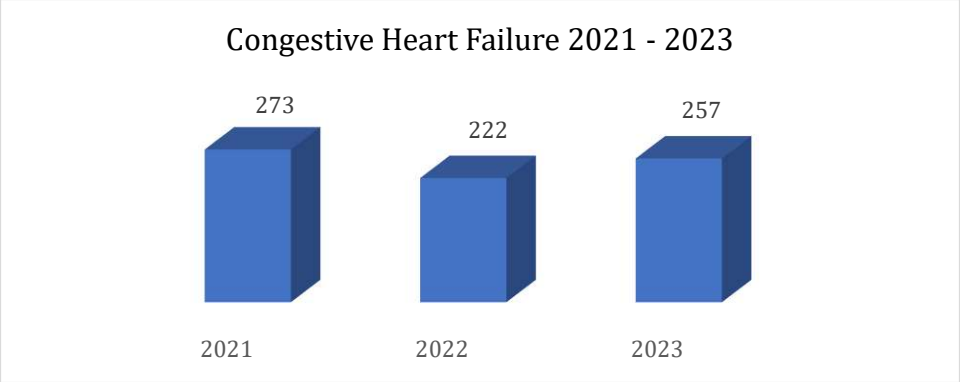


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at LaSalle County area hospitals decreased from 2021 to 2023. In 2021, 273 cases were reported, and in 2023, there were 257 cases reported (Figure 53).

Figure 53

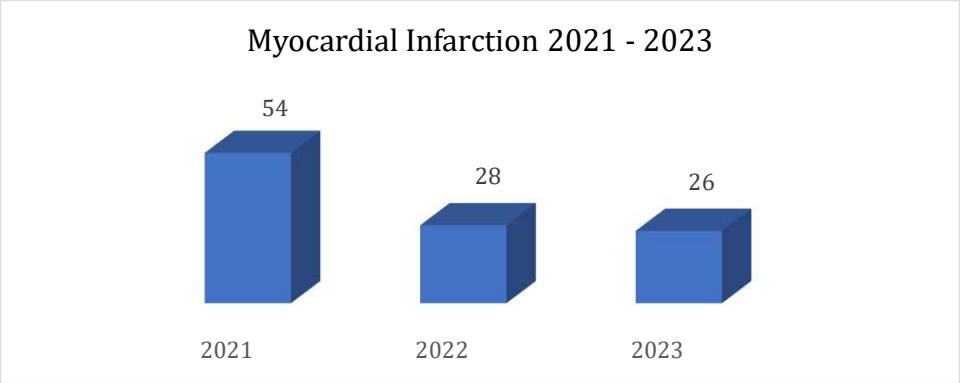


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in LaSalle County decreased from 2021 to 2023. In 2021, there were 54 cases treated, and in 2023, there were 26 cases. (Figure 54).

Figure 54

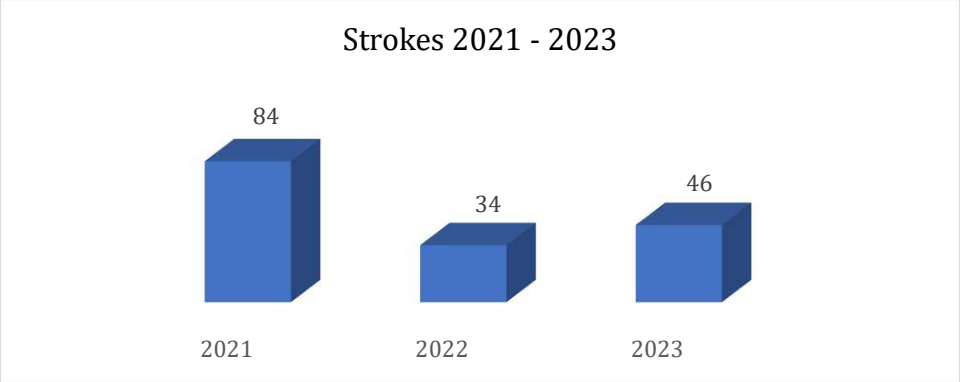


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at LaSalle County area hospitals decreased between 2021 and 2023. There were 84 cases treated in 2021, followed by 34 cases in 2022, and then, 46 cases treated in 2023 (Figure 55).

Figure 55



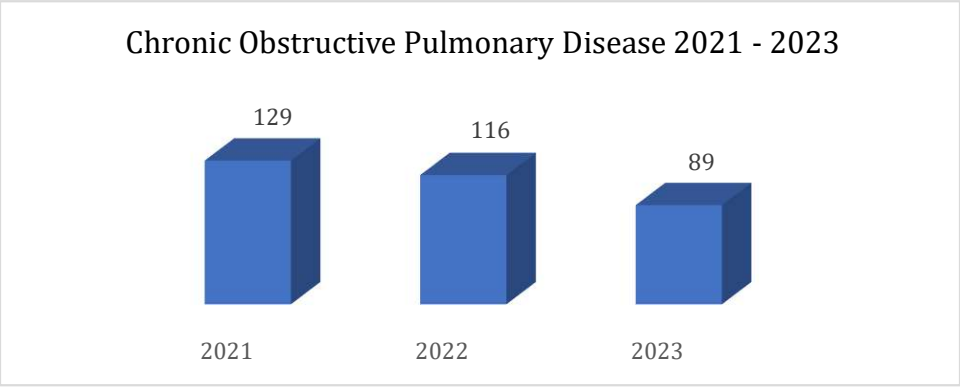
Source: COMPdata Informatics

4.4 Respiratory

Importance of the Measure: Diseases of the respiratory system include acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room, and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

Treated cases of COPD at LaSalle County area hospitals decreased from 2021 to 2023. In 2021, there were 129 cases reported, and 89 cases in 2023 (Figure 56).

Figure 56



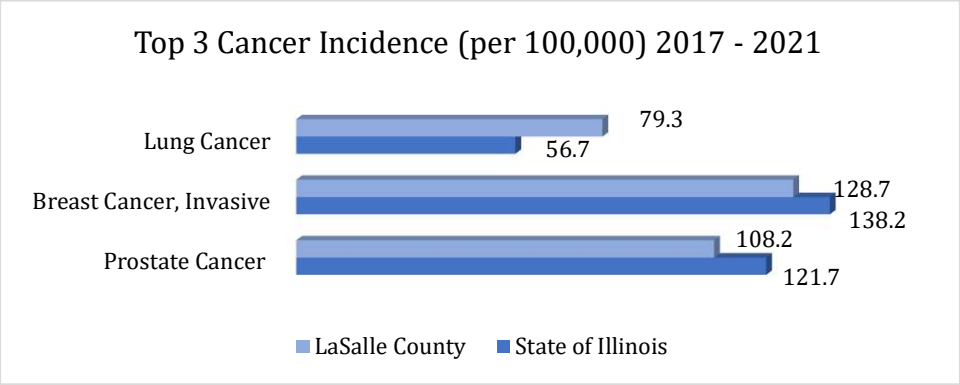
Source: COMPdata Informatics

4.5 Cancer

Importance of the Measure: Cancer is caused by the abnormal growth of cells in the body, and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in LaSalle County.

The top three prevalent cancers in LaSalle County are illustrated in Figure 57. Specifically, breast cancer and prostate cancer are lower than in the State of Illinois, while lung cancer rates are higher.

Figure 57



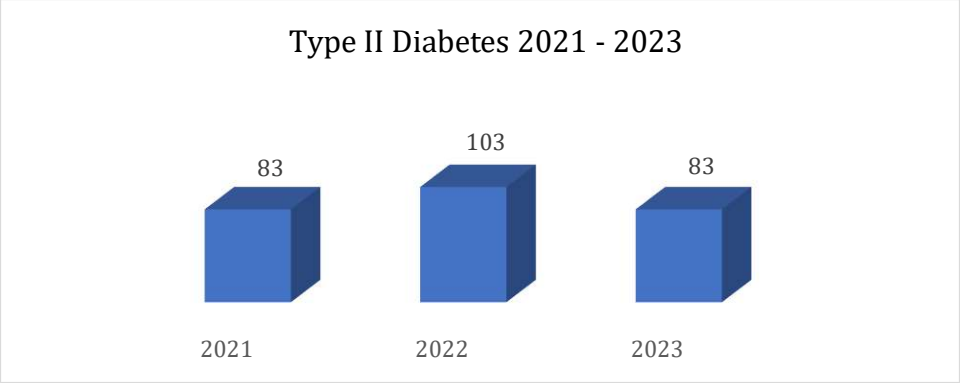
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

Importance of the Measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and it is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes), while only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from LaSalle County have stayed the same overall between 2021 and 2023. In 2021, there were 83 cases, and in 2022, there were 103 cases, followed by a return to 83 cases in 2022 (Figure 58).

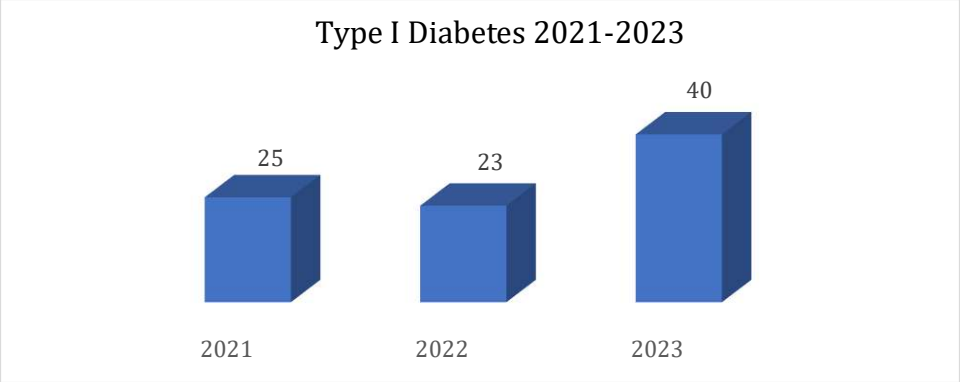
Figure 58



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show an overall increase. In 2021, there were 25 cases, and in 2022, there were 23 cases. In 2023, there were 40 cases for LaSalle County (Figure 59).

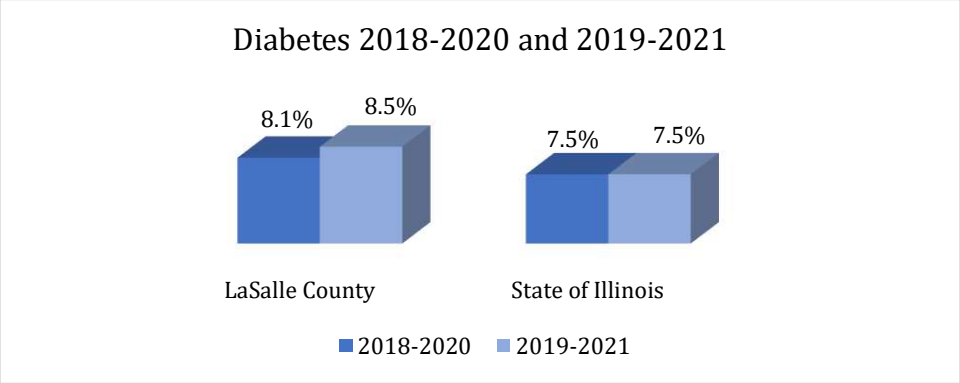
Figure 59



Source: COMPdata Informatics

Diabetes increased between 2018 and 2021. Data indicates that 8.5% of LaSalle County residents had diabetes in 2019-2021, compared to 8.1% in 2018-2020. (Figure 60).

Figure 60



Source: United States Diabetes Surveillance System

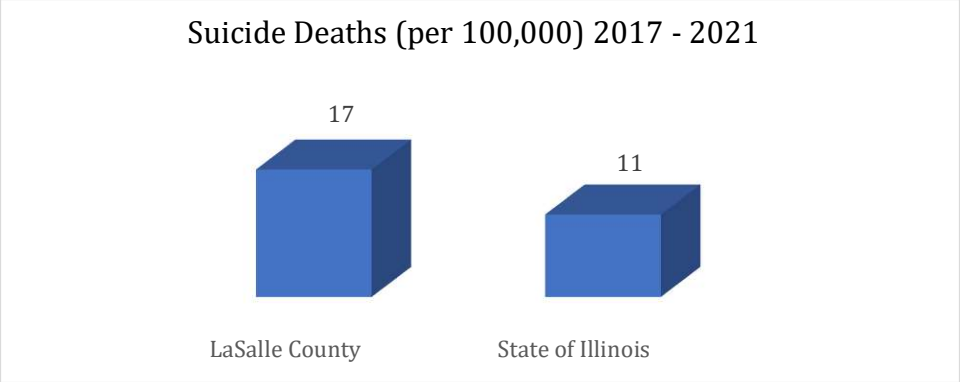
4.7 Injuries

Importance of the Measure: Suicide is intentional self-harm resulting in death. These injuries often indicative serious mental health problems requiring the treatment of other trauma-inducing issues.

Suicide

The number of suicide deaths in LaSalle County indicate higher incidence than State of Illinois averages, as there were approximately 17 per 100,000 people in LaSalle County from 2017 to 2021 (Figure 61).

Figure 61



Source: County Health Rankings & Roadmaps

4.8 Mortality

Importance of the Measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths.

The top three leading causes of death in the State of Illinois and LaSalle County are similar as a percentage of total deaths in 2022. Diseases of the heart are the cause of 24.4% deaths, cancer is the cause of 18.1% deaths, and accidents are the cause of 7.3% deaths in LaSalle County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois 2022		
Rank	**LaSalle County**	**State of Illinois**
1	Diseases of Heart (24.4%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (18.1%)	Malignant Neoplasm (19.2%)
3	Accidents (7.3%)	Accidents (6.1%)
4	Chronic Lower Respiratory Diseases (6.4%)	COVID-19 (5.8%)
5	Alzheimer's Disease (6.0%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES ARE SIGNIFICANTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ DIABETES HAS BEEN INCREASING AND STILL HIGHER THAN THE STATE OF ILLINOIS AVERAGES.
- ✓ HEART DISEASE, CANCER, AND ACCIDENTS ARE THE LEADING CAUSES OF MORTALITY IN LASALLE COUNTY.
- ✓ SUICIDE RATES ARE SIGNIFICANTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

In this chapter, the most critical health-related needs in the community are identified. To accomplish this, community perceptions of health issues, unhealthy behaviors and issues related to well-being were first considered. Key takeaways from each chapter were then used to identify important health-related issues in the community. Next, a comprehensive inventory of community resources was completed; and finally, the most significant health needs in the community are prioritized.

Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

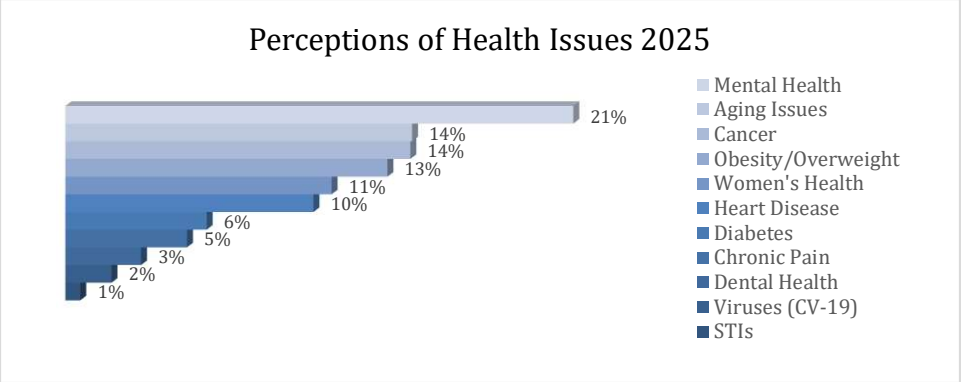
5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community from 11 different options.

The highest rated health issue was mental health (21%) (Figure 62).

Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing. The survey respondents accurately identified this as an important health issue. However, some perceptions were inaccurate. For instance, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 62

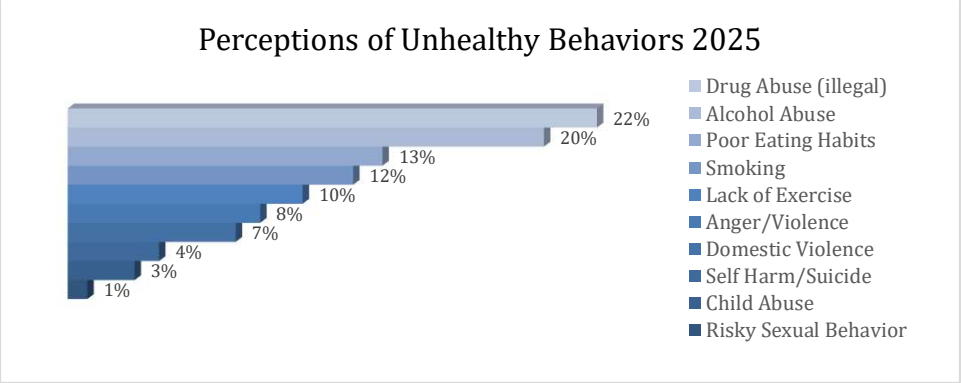


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The two unhealthy behaviors that rated highest were drug abuse (illegal) at 22% and alcohol abuse at 20% (Figure 63). These two factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 63



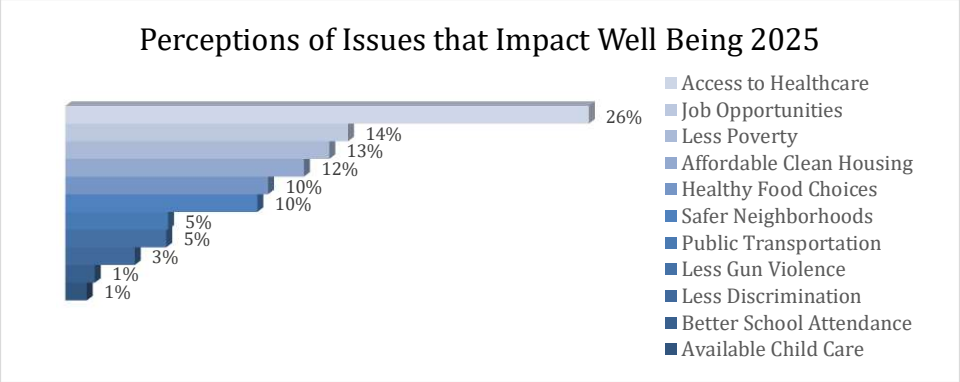
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices.

The issue impacting well-being that rated highest was access to healthcare (26%) (Figure 64). This factor was significantly higher than other categories based on t-tests between sample means.

Figure 64



Source: CHNA Survey

5.4 Summary of Community Health Issues

Based on the findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identifying the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources, potential for impact, and trends and future forecasts.

Demographics (Chapter 1) – Three factors were identified as the most important areas of impact from the demographic analyses:

- Population decreased
- Population over age 65 increased
- Single female head-of-house-household

Prevention Behaviors (Chapter 2) – Four factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- Access to healthcare, especially medical care
- Prostate screening is very low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

Symptoms and Predictors (Chapter 3) – Four factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Substance use among youth
- Obesity
- Heart disease
- Increased incidents of vaping

Morbidity and Mortality (Chapter 4) – Three factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Cancer – lung
- Diabetes
- Suicide

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 8 potential categories. Based on similarities and duplication, the 8 potential areas considered are:

- **Aging Issues**
- **Access to Medical Care**
- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health**
- **Obesity**
- **Substance Use, Including Vaping**
- **Cancer Screening**
- **Cancer Lung**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 8 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 8 health-related issues.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies and area hospitals/clinics. A detailed list of community resources and descriptions appears in APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES.

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified two significant health needs and considered them equal priorities:

- **Behavioral Health – Including Mental Health and Substance Use**
- **Healthy Aging**

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE USE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 51% indicated they felt depressed in the last 30 days and 49% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people, those with less income and those living in an unstable housing environment. Similarly, stress and anxiety tend to be rated higher for younger people, those with less income and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents, 47% indicated that they spoke to someone, the most common response was to family/friends (38%). In regard to self-assessment of overall mental health, 17% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 18% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men and those with higher income. Of survey respondents, 3% indicated they improperly use prescription medications each day to feel better and 11% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) does not have any significant correlates. Marijuana use tends to be rated higher by younger people, LatinX people and those in an unstable housing environment. Finally, of survey respondents, 1% indicated they use illegal drugs daily. Use of illegal drugs tends to be rated higher by younger people, and those in an unstable housing environment.

In the 2025 CHNA survey, respondents rated drug use (22%) and alcohol abuse (20%) as the most important unhealthy behaviors in LaSalle County.

HEALTHY AGING

In the CHNA survey, respondents rated aging issues (14%) as the second most important health issue in LaSalle County after mental health. The percentage of individuals aged 65 and older increased 9.6% between 2019 and 2023. Alzheimer's disease was the 5th leading cause of death in LaSalle County in 2022. Illinois is projected to see a 13% increase in Alzheimer's disease and dementia between 2020 and 2025. The estimated cost of Alzheimer's disease and dementia in the U.S. is forecast to exceed $1.5 trillion in 2025, up from $592 billion in 2022.

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

Members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Individuals, affiliations, titles and expertise are as follows:

PARTICIPANT	BIO	AGENCY
Absher, Rae	Rae Absher CRSS/MHP currently works as a Client Services Specialist with over 20 years of lived experience in substance use and co-occurring mental health disorders. She is driven and passionate about combating the stigma and bridging the gap by working with individuals in the community that have nowhere to turn or have been turned away from other agencies. She works with individuals to identify and achieve specific life and recovery goals while passionately advocating for those in our community. She believes having guidance and support from someone who's "been there" is what helps establish rapport and builds a warm, trusting environment with individuals.	The Perfectly Flawed Foundation
Alcorn, Carol	Executive Director Illinois Valley PADS Homeless Shelter Program. Began as a volunteer and has served in leadership for thirteen years. She has served on many local community leadership teams and currently is on the LaSalle Peru Township High School Board.	Illinois Valley Public Action to Deliver Shelter (IV PADS)
Andere, Tony	Vice President, Ancillary and Support Services accountable for planning, directing, and evaluating the operations of the assigned departments to achieve key results. In collaboration with department management, medical staff, and clinical leaders, Tony establishes quality standards, fosters cooperative working relations, and develops policies and procedures in accordance with government and accrediting agency regulatory requirements. With 15 years of leadership experience in healthcare, Tony joined OSF in 2022.	OSF HealthCare I-80 Market
Arroyo, Jenny	Director of Environmental Health at the LaSalle County Health Department since 2022. Jennie is a graduate of Millikin University with a	LaSalle County Health Department

	bachelor's degree in biology. Jennie started at the health department as a sanitarian in 1998 and has held multiple positions in the department and is a licensed environmental health practitioner.	
Arteaga, Maria	Maria J. Arteaga serves as project coordinator for a substance prevention program of the City of Mendota. She is a longtime Mendota resident, graduated from Mendota High school and attended Illinois Valley Community College for two years. She has many years of experience as a paraprofessional, coaching youth soccer, and helping in the community. She is bilingual, which allows her to navigate and connect with different cultures and communities.	Live Well Mendota
Barrie, Jenny	Health Educator and Public Information at the LaSalle County Health Department for 20 years. She received her bachelor's degree in Community Health from Eastern Illinois University. Her time is divided between the Administrative and Environmental Health Divisions.	LaSalle County Health Department
Beutke, Ken	Wellness Coordinator at the Streator Family YMCA Since 2024. Previous experience in healthcare administration, leadership, operations, community health, and strategic direction. Clinical experience in rehabilitation as Speech-Language Pathologist working with pediatrics and adults.	Streator YMCA
Bomstad, Heather	Vice President, Patient Care Services/Chief Nursing Officer who has over 30 years' experience in a variety of nursing positions. Heather has lived in the community for her entire life and has been involved in different community organizations.	OSF HealthCare I-80 Market
Booze, Judy	Director of the Streator Salvation Army since 2008. Manages a food pantry, thrift store, shower facility, and keep Streator warm program with socks, coats, hats etc. Also manages financial assistance program for the Streator area community.	Streator Salvation Army
Boyd, Jenna	Behavioral Health Navigator	OSF OnCall Behavioral Health
Braboy, Ali	Grant Manager for the City of Mendota. Writes grants applications and oversees grant implementation. Ali was elected to the LaSalle County Board in 2024 and serves on the LaSalle	City of Mendota

	County Board of Health and 708 Mental Health Board.	
Bursztynsky, Susan	Executive Director of Safe Journeys (formerly, ADV & SAS) since 2016. Prior to this, Susan was managing attorney with Prairie State Legal Services (1987 - 1997), director of Thirteenth Judicial Circuit Family Violence Coordinating Council (1997 - 2009) and President/CEO of Starved Rock Regional Center (formerly, Easter Seals) (2009 - 2016). She serves on several community boards/agencies, including Tri-County Opportunities Council.	Safe Journeys
Donnell, Steve	Mendota YMCA Branch Manager	Mendota YMCA
Dougherty, Leslie	Health Educator and Public Information at the LaSalle County Health Department for 29 years. She received her bachelor's degree in Community Health from Eastern Illinois University. Her time is spent in the Personal Health Division.	LaSalle County Health Department
Dvorak, Chris	Regional Superintendent of Schools for LaSalle, Marshall & Putnam Counties. He has served as Regional Superintendent since 2012 with a total of over 30 years working in education. He received his bachelor's degree in education and master's degree in school administration from Illinois State University and his superintendent certification from Western Illinois University. He has served as chairman of the University of Illinois Extension Council for Bureau, LaSalle, Marshall & Putnam Counties, with eight years of service on the council.	LaSalle County Regional Office of Education #35
Espinozo, Mario	Mario Espinoza, director Youth Servies Bureau of Illinois Valley / Hispanic Services for 15 yrs. serving Bureau, LaSalle, Grundy and Putnam in providing information and referrals to the immigrant communities in their native language with interpreting and translating.	Youth Service Bureau
Euresti, Annemarie	Community Outreach Coordinator for OSF HealthCare in the I-80 market. She holds a bachelor's degree from Western Illinois University and is also a board member of the United Way of Eastern LaSalle County.	OSF HealthCare I-80 Market
Folken, Carrie	Executive Director for Business Employment Skills Team, Inc. She has worked for the agency for 32 years giving back to the communities and individuals in the eight-county service area in need. Currently, administer the Workforce	Business Employment Skills Team (BEST)

	Innovation and Opportunity Grant along with other grants applied for and received.	
Gahan, JoEllyn	JoEllyn has been an OSF HealthCare Mission Partner for over 16 years and currently serves as the Community Relations Coordinator for the I-80 market which covers, Mendota, Ottawa, Peru, and Streator. She resides in Mendota and, over the years, has been involved in numerous community organizations.	OSF HealthCare I-80 Market
Glassman, Susan	Nutrition and Wellness Educator, Family and Consumer Sciences for the University of Illinois Extension office serving Bureau, LaSalle, Marshall and Putnam Counties.	University of Illinois Extension
Hanna, Erin	Erin has been a Program Director for Alternatives since 2018 but has worked for the agency since 2014. She manages Bridges Community Center and the Caregiver Support and Long-Term Care Ombudsman programs. Bridges works with the southern 28 townships in LaSalle County, Caregiver Support provides services across 10 counties, and Alternatives' Ombudsman serves 16 counties in IL. She has an MS Ed. in Community Counseling from Western IL University.	Alternatives for Older Adults
Harback, Shannon	Serves as the Executive Director at the Streator Family YMCA, where she leads efforts to promote health, wellness, and community connection. Prior to joining the YMCA in 2021, she spent four years developing and leading community programs in the parks and recreation field. She received her bachelor's degree in Recreation Administration from Eastern Illinois University.	Streator YMCA
Honiotes, Sally	Executive Director	United Way of Eastern LaSalle County
Horaney, Lindsay	Since 2023, Lindsay has served as a Behavioral Health Navigator in the I-80/Rockford regions, assisting both pediatric and adult populations in accessing behavioral health resources within their communities. Originally focused on pediatrics, Lindsay has expanded her expertise to support individuals across all age groups. She earned a Bachelor of Arts in Psychology from McKendree University and has spent the past eight years working in the Behavioral Health field in the Illinois Valley. The majority	OSF OnCall Behavioral Health

	of her experience has been in community mental health and substance use, where she has played a key role in connecting individuals to essential care and services	
Keating, Julie	Director of Personal Health, Registered Nurse. She has worked in Public Health for over 25 years in many different programs offered at the Health Department. Prior to that she worked at Mendota Community Hospital on the Medical/Surgical floor.	LaSalle County Health Department
Lauterjung, Anne	Diabetes Education Coordinator for OSF HealthCare Medical Group Ottawa and Streator. Anne has been a Registered Dietitian Nutritionist for over 35 years, earning a degree in Dietetics Nutrition and Food Service from Northern Illinois University. She has prior experience in multiple settings: hospitals, retirement communities, long-term care facilities, and community educations event including cooking demonstrations.	OSF HealthCare Medical Group
Loving, Cami	Marketing and Outreach Manager	Voluntary Action Center of Northern Illinois
McCracken, Jay	Ottawa Area Chamber of Commerce Executive Director, and Vice Chairman of the Illinois Valley Community College Board of Trustees. Jay is a former Superintendent of Schools for Putnam County CUSD 535 and the former City of Henry Mayor.	Ottawa Area Chamber of Commerce
McNichol, Kristina	Kristina McNichol serves as the I-80 Market Director of Community Engagement at OSF, where she oversees mission partner engagement, mission sustainment, volunteer services, community outreach, and patient concerns. She works closely with department managers, supervisors, and directors within the I-80 Market to develop programs that enhance the experiences of both patients and mission partners. Bringing 12 years of expertise in community engagement, Kristina joined OSF in 2024, dedicated to fostering meaningful connections and impactful initiatives.	OSF HealthCare I-80 Market
Miskowiec, Don	Don is currently Executive Director of the LaSalle County 708 Community Mental Health Board providing oversight of funding of eleven behavioral health, I/DD, and related	LaSalle County 708 Board

	organizations. He has over 40 years of experience in CEO/senior management positions in both hospital administration and behavioral healthcare; and holds a BA in Healthcare Administration and a Master of Business Administration (MBA). Don has served in a variety of board capacities in professional associations at both the state and national levels.	
Morris, Dr. Tracy	President of IVCC since December 2022 with over 28 years of education-related experience and 21 years in higher education. Dr. Morris earned her Associate of Arts from IVCC, a BS from Western Illinois University, a master's in counseling and Doctorate in Adult and Higher Education both from Northern Illinois University.	Illinois Valley Community College
Navarro, Josie	Program Manager	United Way of Eastern LaSalle County
Olson, Lissa	Assistant Superintendent LaSalle County Veterans Assistance Commission, Veterans Service Officer whose job is to help Veterans, and their families apply for benefits through the VA for the past five years. She oversees outreach and making community connections to be able to educate Veterans on benefits.	LaSalle County Veterans Assistance Commission
Orban, Jennifer	Certified Community Behavioral Health Clinic-Ottawa, Project Director for North Central Behavioral Health Systems. She graduated from National-Louis University with a Master of Science degree in Human Services Administration and has worked in the behavioral health field for over 15 years.	North Central Behavioral Health Systems
Orwig, Erin	Director of the University of Illinois Extension office serving Bureau, LaSalle, Marshall and Putnam Counties.	University of Illinois Extension
Pingo, Joseph	Joseph is currently an OSF Behavioral Health Navigator assisting patients in obtaining behavioral health resources in their community. He is a board-certified behavior analyst. Prior to his work with OSF he was the executive director for a children's residential facility, and he has worked on several hospital behavioral health units.	OSF OnCall Digital Health
Pozzi, Chris	Public Health Administrator with over 30 years public health experience. Licensed	LaSalle County Health Department

	Environmental Health Practitioner. Graduate of Northern Illinois University.	
Rizzo, Kayli Lavelle	Senior Manager for the Walk to End Alzheimer's Program for the Illinois Chapter of the Alzheimer's Association since 2019. Oversees three Walk events and works to engage the community with the mission of the Alzheimer's Association across seven counties in Illinois including LaSalle, Bureau, and Putnam counties.	Alzheimer's Association
Sester, Rayanne	Executive Director of Mendota Area Senior Services. She joined MASS in 1993 as a part-time Outreach Specialist, became the Information & Assistance Supervisor for many years before accepting the position of Director in 2014. She is certified as an Information & Referral Specialist for Aging/Disabilities (CIRS-A/D), and a certified Senior Health Insurance Program (SHIP) counselor. She has also completed certification under the Illinois ADRC Program for Aging and Disabilities through Boston University's Center for Aging and Disability Education and Research. Rayanne has been involved in many community organizations over the years, and is an active advocate for seniors, caregivers, and the disabled.	Mendota Area Senior Services
Sheedy, Lynn	Library Director	Oglesby Public Library District
Short, Annie	Serves as Project Director for the City of Mendota. Short manages grants and projects that enhance community vitality. Projects are focused on improving public health, increasing amenities, supporting small businesses, and driving economic development. Annie is passionate about creating a meaningful impact that enriches the quality of life and fosters sustainable growth in the City of Mendota.	City of Mendota
Szewczuk, Karen	Health & Wellness Coordinator	Ottawa YMCA
Tomsha, Luke	Founder/Executive Director	The Perfectly Flawed Foundation
Trompeter, Dawn	President of OSF Saint Elizabeth Medical Center in Ottawa and OSF Saint Paul Medical Center in Mendota. She has over 30 years of experience in the healthcare field.	OSF HealthCare I-80 Market

Valentine, Jacquelyne	Manager of Quality and Safety covering the I-80 market. She has over 15 years of experience withing the healthcare field.	OSF HealthCare I-80 Market
Vogel, Ellen	Community Health Engagement Program Manager who leads the Live Well Streator community collaborative. She holds a bachelor's degree from the University of Illinois at Urbana-Champaign, is a trustee for the Streator Public Library and a board member for the Streator Business Incubator and the LaSalle County Emergency Food and Shelter Program.	OSF Center for Health - Streator
Weittenhiller, Chris	Chief Executive Officer. Chris holds a Bachelor of Science degree in Exercise Science from Winona State University, worked professionally for YMCAs in Illinois since 1998; last 16 years as CEO, completed YMCA of the USA's Executive Development Institute, and was the recipient of the Illinois Alliance of YMCA's Executive Leadership Legacy Award in 2024.	Illinois Valley YMCA
Zawacki, Stacy	Program Coordinator	The Perfectly Flawed Foundation
Zimmerman, Kim	Kim has been the Transit Director for NCAT since 2019. Since then, NCAT has expanded services (hours, routes, area) leading to a nearly 40% increase in ridership. Like most Directors, Kim wears many hats. She works on grants, reporting, compliance, finance, procurement, customer service, safety, efficiency, and forecasting transit needs and service changes. In her free time, she coaches volleyball and hangs out with her beloved dog, Maisie.	North Central Area Transit (NCAT)

In addition to collaborative team members, the following **facilitators** managed the process and prepared the Community Health Needs Assessment. Their qualifications and expertise are as follows:

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Master of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and acts as the coordinator for 15 Hospital Community Health Need Assessments. In addition, she coordinates the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn holds a master's in healthcare administration from Purdue University and is certified in Community Benefit. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over twelve years. She has served as the Vice President, President-Elect and two terms as the Chapter President on the board of Directors. She has earned a silver, bronze, gold and Metal of Honor from her work with the McMahon-Illini HFMA Chapter. She is currently serving as a director on the board.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management at the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national bestsellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

Three major health needs were identified and prioritized in LaSalle County 2022 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

1. Healthy Behaviors

The following actions by Ottawa Regional Hospital and Healthcare Center and Mendota Community Hospital contributed to an increase in the total activity of citizens in LaSalle County over the next three years as evidenced by the Community Health Needs Assessment survey:

1. Promoted seasonal activities on social media
    a. Collected and shared local event details from LaSalle, Marseilles, Mendota, Oglesby, Ottawa, Peru, Seneca, and Utica on:
        i. Healthier LaSalle County webpage
        ii. OSF I-80 Facebook pages
        iii. Live Well Streator Facebook page
2. Increased awareness and participation in activities
    a. Expanded outreach by sharing event details from the same communities across the same platforms to boost engagement
3. Encouraged use of bike routes & walking paths (Mendota, Ottawa, and Streator)
    a. Promoted the University of Illinois Extension's Walking Guide (LaSalle, Bureau, Marshall, and Putnam counties) across multiple platforms, including:
        i. Healthier LaSalle County webpage
        ii. Digital screens at OSF Center for Health Streator
        iii. Health Information Resource Center
        iv. Community wellness talks and events
            1. 17 Liberty Village of Streator attendees at Wellness Talk (February 29, 2024)
            2. 20 Streator attendees at Just Older Youth (JOY) (May 8, 2024)
    b. Organized and supported activity-based initiatives:
        i. 13 participants at Outdoor Scavenger Hunt (Hopalong Cassidy Trail, Oct. 21, 2024)
        ii. Hosted two Move with the Mayor Events (Streator City Park, July 16 & Aug. 20, 2024)
        iii. City of Mendota Walkability Institute (July 9, 16, 23, 25, 30, 2024)
        iv. Marseilles Lions Club Gobble Wobble 5K Run (Nov. 23, 2024)

4. Expanded Healthy Kids U (HKU) Program

    a. Integrated HKU modules into Ottawa YMCA Kids Summer Camp (2024)

    b. Promoted healthy eating and movement activities at:
        i. Streator Head Start (March 6, 2024)
        ii. Streator YMCA Healthy Kids Day (April 20, 2024)
        iii. Streator Liberty Fest - Kids Korner (June 29, 2024)
        iv. Wenona Days (August 8, 2024, Wenona City Park)
        v. LaSalle County 4-H Fair (July 11-12, 2024)

The following actions by Ottawa Regional Hospital and Healthcare Center and Mendota Community Hospital contributed to an increase in community consumption of fruits/vegetables in LaSalle County:

1. Distributed and promoted healthy eating education on social media

    a. Shared information from LaSalle, Marseilles, Mendota, Oglesby, Ottawa, Peru, Seneca, and Utica on:
        i. Healthier LaSalle County webpage
        ii. OSF I-80 Facebook pages
        iii. Live Well Streator Facebook page

2. Increased community garden produce

    a. OSF Mendota, Ottawa, and Streator gardens harvested 4,034.38 pounds of produce, which was donated to local food pantries

3. Expanded Healthy Kids U (HKU) Program

    a. Hosted quarterly Healthy Kids U sessions at various events, including:
        i. Ottawa YMCA Kids Summer Camp (2024)
        ii. Streator YMCA Healthy Kids Day (April 20, 2024)
        iii. Streator's Liberty Fest - Kids Korner (June 29, 2024)
        iv. Wenona Days Event (August 8, 2024)
        v. LEASE Back to School Bash (August 15, 2024)
        vi. Ottawa Elementary Back to School Event (August 19, 2024)
        vii. LaSalle County Soil & Water Conservation Event (Shabbona Park, Earlville – September 19, 2024)
        viii. Oglesby Summer Fun Fest – Provided a healthy snack for kids (June 15, 2024)

4. Conducted the Illinois Jr. Chef's Cooking School in three communities

    a. Participated in University of Illinois Extension's Illinois Jr. Chef classes in Streator with 25 students (June 26, 2024)

    b. Led Kids in the Kitchen cooking classes at the Ottawa YMCA (July 15-18 & August 12-15, 2024)

2. Behavioral Health – Including Mental Health and Substance Use

The following actions by Ottawa Regional Hospital and Healthcare Center and Mendota Community Hospital contributed to an increase in the overall community understanding of mental health needs and services in LaSalle County:

1. Expanded educational opportunities for mental health

    a. Assisted at North Central Behavioral Health's Teen Showcase at Illinois Valley Community College for 600 teens (March 14, 2024).

    b. OSF Saint Elizabeth Behavioral Health hosted a resource table at:
        i. Business Employment Skills Teams (BEST) Rural Mental Health Awareness Conference & Resource Fair at Starved Rock Lodge (May 1, 2024) – 125 attendees
        ii. Nell's Woodland Earth Day Celebration (May 4, 2024)

2. Increased Utilization of Behavioral Health Navigator

    a. Promoted behavioral health resources through participation in:
        i. North Central Behavioral Health's Teen Showcase (Illinois Valley Community College, March 14, 2024)
        ii. Business Employment Skills Teams (BEST) Rural Mental Health Awareness Conference & Resource Fair (Starved Rock Lodge, May 1, 2024) – 125 attendees
        iii. Nell's Woodland Earth Day Celebration (May 4, 2024)

The following actions by Ottawa Regional Hospital and Healthcare Center and Mendota Community Hospital contributed to a reduction in overall substance use among middle and high school students in LaSalle County:

1. Increased educational initiatives

    a. Promoted teen substance awareness of marijuana and e-cigarette facts
        i. Streator YMCA Healthy Kids Day (April 20, 2024, 75 attendees)
        ii. Liberty Fest-Kids Korner (June 29, 2024, 100+ attendees)

    b. Hosted Drug Take-Back events
        i. Held at Streator City Park
            1. October 28, 2024 (26 pounds of pills, 10 pounds of creams/liquids/inhalers collected)
            2. April 27, 2024 (68 pounds of pills, 35 pounds of creams/liquids/inhalers collected)

c. Conducted community outreach
    i. Streator Drug-Free Press newsletters published via Streator Chamber of Commerce (December 7, 2024 & April 8, 2024)
    ii. Shared LaSalle County 708 Mental Health Board's new website on Healthier LaSalle County webpage

d. Held awareness events
    i. Sponsored the Streator Overdose Awareness Memorial Walk (August 31, 2024).
    ii. Provided a resource table at the Molly Yacko Memorial 5K Run, Run Today for Tomorrow (June 22, 2024)

2. Expanded Narcan training initiatives for youth

    a. Strengthened community partnership with The Perfectly Flawed Foundation to promote Narcan training at key youth-focused events:

        1. North Central Behavioral Health's Teen Showcase at Illinois Valley Community College (March 14, 2024, 600 teens)
        2. BEST Rural Mental Health Awareness Conference & Resource Fair at Starved Rock Lodge (May 1, 2024, 125 attendees)

3. Healthy Aging

The following actions by Ottawa Regional Hospital and Healthcare Center and Mendota Community Hospital contributed to improved health and well-being for older adults in LaSalle County:

1. Increase senior participation in YMCA programs
    a. Senior Membership Growth (Jan–Dec 2024):
        i. YMCA Mendota: 166 senior memberships
        ii. YMCA Streator: 772 senior memberships
        iii. YMCA Ottawa: 1,193 senior memberships
2. Facilitate senior participation in health & wellness events
    a. Educational & Wellness Programs:
        i. Nutrition Heart to Heart (Ottawa YMCA, Sep 17, 2024) – Led by Katie Kaufman (5 attendees)
        ii. Overview of the DASH Diet (Ottawa YMCA, Sep 17, 2024) – Led by Katie Kaufman (9 attendees)
        iii. Grocery Store Tour (Streator Kroger, May 5, 2024) – Led by Anne Lauterjung & Ellen Vogel (12 attendees)

iv. Create Better Health Classes (OSF Center for Health Streator, Oct 4, Nov 1, Dec 6, 2024) – U of I Extension partnership
v. Senior Fair (Streator YMCA, Oct 19, 2024) – 40 attendees
vi. Healthy Holidays at Your House Presentation (Various locations, Nov 14, 2024) – Led by Anne Lauterjung & Susan Glassman, held in person & virtually
vii. Just Older Youth (JOY) Meeting (May 8, 2024) – Chair exercises & healthy eating promotion (20 attendees)
viii. Bridges Fit & Strong Exercise Classes (OSF Center for Health Streator, Aug 27–Sep 26, 2024, twice weekly)
ix. OSF OnCall King Care-A-Van Participation – Events in Peru & LaSalle County Veterans Fair

b. Rehabilitation Department Patient Referrals:
    i. OSF Center for Health Streator: 10 patients referred to Streator YMCA
    ii. OSF SEMC Rehabilitation Department: 20 patients referred to Ottawa YMCA
c. Illinois Valley Alzheimer's Association Walk (Ottawa, Sep 7, 2024) – Sponsored event

3. Increase public transportation access for seniors
    a. Total Rides Provided in 2024:
        i. MASS: 830 seniors received 12,620 rides
        ii. NCAT: 1,020 seniors received 17,771 rides

APPENDIX 3: SURVEY

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 12 minutes to complete. All of your individual responses are anonymous and confidential. We will use the survey results to better understand and address health needs in our community.

COMMUNITY PERCEPTIONS

1. What would you say are the three (3) biggest **HEALTH ISSUES** in our community?

- ☐ Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis, falls
- ☐ Cancer
- ☐ Chronic pain
- ☐ Dental health (including tooth pain)
- ☐ Diabetes
- ☐ Heart disease/heart attack
- ☐ Mental health issues, such as depression, anxiety
- ☐ Obesity/overweight
- ☐ Sexually transmitted infections
- ☐ Viruses, such as COVID-19 or flu
- ☐ Women's health, such as pregnancy, menopause

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?

- ☐ Angry behavior/violence
- ☐ Alcohol abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Drug use
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Risky sexual behavior
- ☐ Self harm/suicide
- ☐ Smoking/vaping (tobacco use)

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING**?

- ☐ Access to health services
- ☐ Affordable healthy housing
- ☐ Availability of child care
- ☐ Better school attendance
- ☐ Good public transportation
- ☐ Less gun violence
- ☐ Job opportunities
- ☐ Less poverty
- ☐ Less race/ethnic discrimination
- ☐ Safer neighborhoods/schools

ACCESS TO CARE

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Medical Care

1. When you get sick, where do you go most often? (Please choose only one answer).

- ☐ Clinic/Doctor's office
- ☐ Urgent Care Center
- ☐ Emergency Department
- ☐ I don't seek medical care

If you don't seek medical care, why not?

☐ Fear of Discrimination ☐ Lack of trust ☐ Cost ☐ I have experienced bias ☐ Do not need

2. In the last YEAR, was there a time when you needed medical care but were not able to get it?

- ☐ Yes (please answer #3)
- ☐ No (please go to #4: Prescription Medicine)

3. If you were not able to get medical care, why not? (Please choose all that apply).

- ☐ Didn't have health insurance.
- ☐ Cannot afford
- ☐ Fear of discrimination.
- ☐ Too long to wait for appointment.
- ☐ Didn't have a way to get to the doctor.
- ☐ Lack of trust.

Prescription Medicine

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?

- ☐ Yes (please answer #5)
- ☐ No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- ☐ Didn't have health insurance.
- ☐ Cannot afford
- ☐ Fear of discrimination.
- ☐ Pharmacy refused to take my insurance or Medicaid.
- ☐ Didn't have a way to get to the pharmacy.
- ☐ Lack of trust.

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?

- ☐ Yes (please answer #7)
- ☐ No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

- ☐ Didn't have dental insurance.
- ☐ Cannot afford
- ☐ Fear of discrimination.
- ☐ Not sure where to find available dentist
- ☐ The dentist refused my insurance/Medicaid
- ☐ Didn't have a way to get to the dentist.
- ☐ Lack of trust.

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

- ☐ Yes (please answer #9)
- ☐ No (please go to next section – HEALTHY BEHAVIORS)

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- ☐ Didn't have insurance.
- ☐ Cannot afford
- ☐ Didn't have a way to get to a counselor.
- ☐ Fear of discrimination.
- ☐ Long wait time.
- ☐ The counselor refused to take insurance/Medicaid.
- ☐ Embarrassment.
- ☐ Cannot find counselor.
- ☐ Lack of trust.

HEALTHY BEHAVIORS

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Exercise

1. In a typical WEEK how many times do you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasts for at least 30 minutes?

☐ None (please answer #2) ☐ 1 – 2 times ☐ 3 - 5 times ☐ More than 5 times

2. If you answered "none" to the question about exercise, why didn't you exercise in the past week? (Please choose all that apply).

☐ Don't have any time to exercise.
☐ Don't like to exercise.
☐ Can't afford the fees to exercise.
☐ Don't have child care while I exercise.
☐ Don't have access to an exercise facility.
☐ Too tired.
☐ Safety issues.

Healthy Eating

3. On a typical DAY, how many **servings/separate portions** of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

☐ None (please answer #4) ☐ 1 - 2 servings ☐ 3 - 4 servings ☐ 5 servings or more

4. If you answered "none" to the questions about fruits and vegetables, why didn't you eat fruits/vegetables? (Please choose all that apply).

☐ Don't have transportation to get fruits/vegetables
☐ Don't like fruits/vegetables
☐ It is not important to me
☐ Can't afford fruits/vegetables
☐ Don't know how to prepare fruits/vegetables
☐ Don't have a refrigerator/stove
☐ Don't know where to buy fruits/vegetables

5. Please check the box next to any health conditions that you have. (Please choose all that apply).
If you don't have any health conditions, please check the first box and go to question #6: Smoking.

☐ I do not have any health conditions
☐ Diabetes
☐ Depression/anxiety
☐ Allergy
☐ Heart problems
☐ Stroke
☐ Asthma/COPD
☐ Overweight
☐ Cancer
☐ Memory problems

Smoking

6. On a typical DAY, how many cigarettes do you smoke?

☐ None ☐ 1 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ More than 12

Vaping

7. On a typical DAY, how many times do you use electronic vaping?

☐ None ☐ 1 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ More than 12

GENERAL HEALTH

8. Where do you get most of your health information and how would you like to get health information in the future? (For example, do you get health information from your doctor, from the Internet, etc.). _____

_____

9. Do you have a personal physician/doctor? ☐ Yes ☐ No

10. How many days a week do you or your family members go hungry?

☐ None ☐ 1–2 days ☐ 3-5 days ☐ More than 5 days

11. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?

☐ None ☐ 1–2 days ☐ 3 – 5 days ☐ More than 5 days

12. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
☐ None ☐ 1–2 days ☐ 3 - 5 days ☐ More than 5 days

13. In the last YEAR have you talked with anyone about your mental health?
☐ No ☐ Doctor/nurse ☐ Counselor ☐ Family/friend

14. How often do you use prescription pain medications not prescribed to you or use differently than how the doctor instructed on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

15. How many alcoholic drinks do you have on a typical DAY?
☐ None ☐ 1–2 drinks ☐ 3-5 drinks ☐ More than 5 drinks

16. How often do you use marijaunia on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

17. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
☐ None ☐ 1–2 times ☐ 3-5 times ☐ More than 5 times

18. Do you feel safe in your home? ☐ Yes ☐ No

19. Do you feel safe in your neighborhood? ☐ Yes ☐ No

20. In the past 5 years, have you had a:

Breast cancer screening/mammogram	☐ Yes	☐ No	☐ Not applicable
Prostate exam	☐ Yes	☐ No	☐ Not applicable
Colon cancer screening	☐ Yes	☐ No	☐ Not applicable
Cervical cancer screening/pap smear	☐ Yes	☐ No	☐ Not applicable

Overall Health Ratings

21. My overall physical health is: ☐ Below average ☐ Average ☐ Above average
22. My overall mental health is: ☐ Below average ☐ Average ☐ Above average

INTERNET

1. Do you have Internet at home? For example, can you watch Youtube at home?

☐ Yes (please go to next section – BACKGROUND INFORMATION) ☐ No (please answer #2)

2. If don't have Internet, why not? ☐ Cost ☐ No available Internet provider ☐ I don't know how ☐ Data limits ☐ Poor Internet service ☐ No phone or computer

BACKGROUND INFORMATION

1. What county do you live in?

☐ LaSalle ☐ Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).
☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer
☐ Don't have (Please answer #4)

4. If you answered "don't have" to the question about health insurance, why **don't** you have insurance? (Please choose all that apply).
☐ Can't afford health insurance ☐ Don't need health insurance
☐ Don't know how to get health insurance

5. What is your gender? ☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Prefer not to answer

6. What is your sexual orientation? ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual
☐ Queer ☐ Prefer not to answer

7. What is your age? ☐ Under 20 ☐ 21-35 ☐ 36-50 ☐ 51-65 ☐ Over 65

8. What is your racial or ethnic identification? (Please choose only one answer).
☐ White/Caucasian ☐ Black/African American ☐ Hispanic/LatinX
☐ Pacific Islander ☐ Native American ☐ Asian/South Asian
☐ Multiracial

9. What is your highest level of education? (Please choose only one answer).
☐ Grade/Junior high school ☐ Some high school ☐ High school degree (or GED)
☐ Some college (no degree) ☐ Associate's degree ☐ Certificate/technical degree
☐ Bachelor's degree ☐ Graduate degree

10. What was your household/total income last year, before taxes? (Please choose only one answer).
☐ Less than $20,000 ☐ $20,001 to $40,000 ☐ $40,001 to $60,000
☐ $60,001 to $80,000 ☐ $80,001 to $100,000 ☐ More than $100,000

11. What is your housing status?
☐ Do not have ☐ Have housing, but worried about losing it ☐ Have housing, **NOT** worried about losing it

12. How many people live with you? _____

13. Prior to the age of 18, which of the following did you experience (check all that apply):
☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse
☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce
☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member
☐ Mother treated violently

COMMUNITY RATINGS

1. How would you rate your community's overall health?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Very Good

2. How would you rate your satisfaction with your community's health care system?
☐ Very Dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very Satisfied

3. Do you have reliable transportation to get to the things you need ?
☐ Yes ☐ No

4. How concerned are you about environmental hazards and contamination in your community?
☐ Not at all concerned
☐ Slightly concerned
☐ Somewhat concerned
☐ Moderately concerned
☐ Extremely concerned

5. What would you say are the three (3) biggest concerns with **ENVIRONMENTAL HAZARDS** in your community?
☐ Contaminated air
☐ Contaminated water
☐ Contaminated soil
☐ Storage and disposal of household chemicals
☐ Storage and disposal of industry chemicals

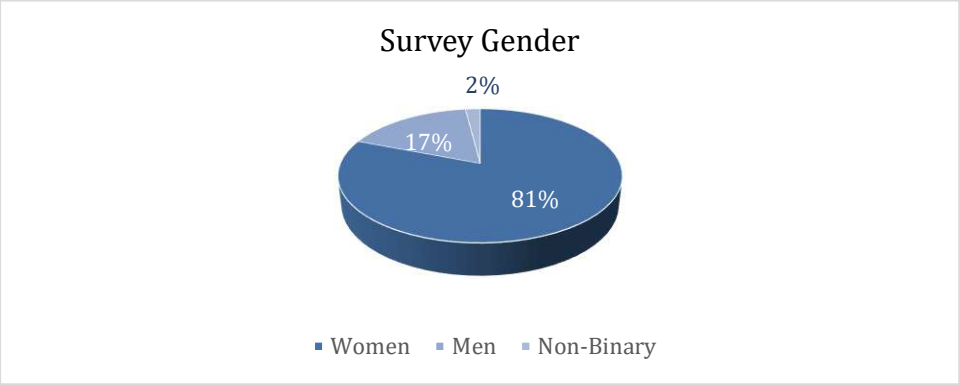
6. What would you say are the three (3) biggest concerns with **AGING ISSUES** in your community?
☐ Arthritis
☐ Caregiver support
☐ Diseases of the aging
☐ Hearing loss
☐ Housing
☐ Isolation/loneliness
☐ Loss of mobility
☐ Memory loss and memory loss diseases
☐ Risk of falling

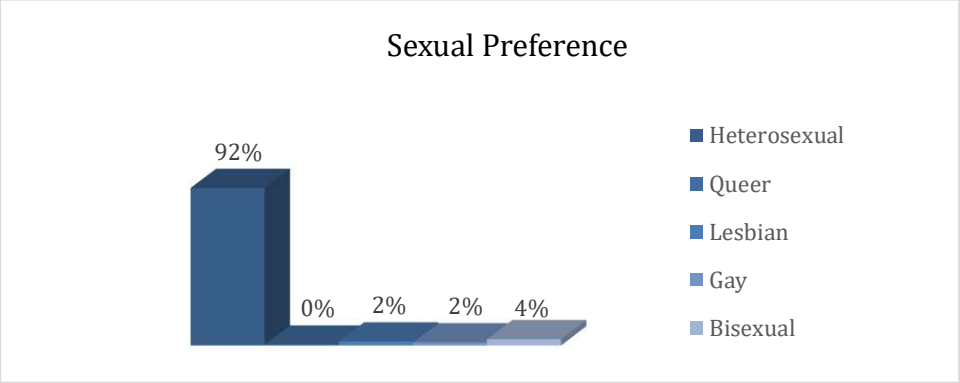
Is there anything else you'd like to share about your own health goals or health issues in our community?

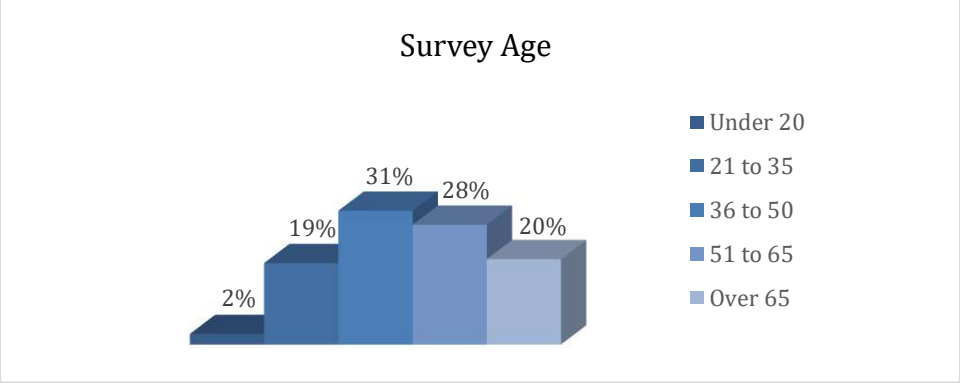
_____

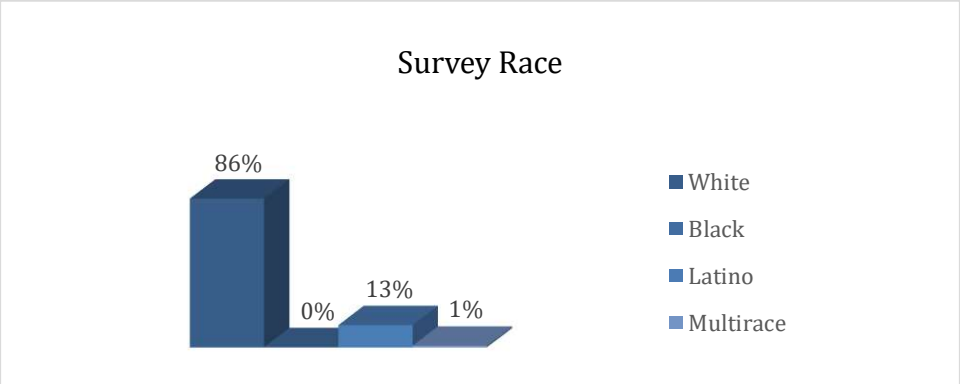
Thank you very much for sharing your views with us!

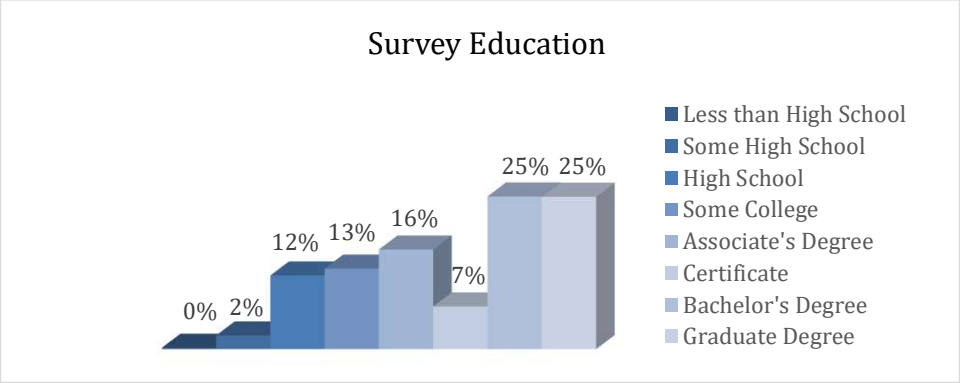
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

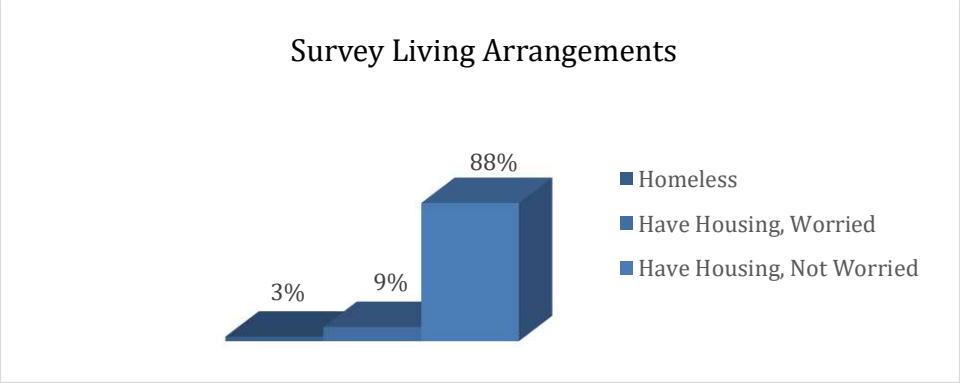


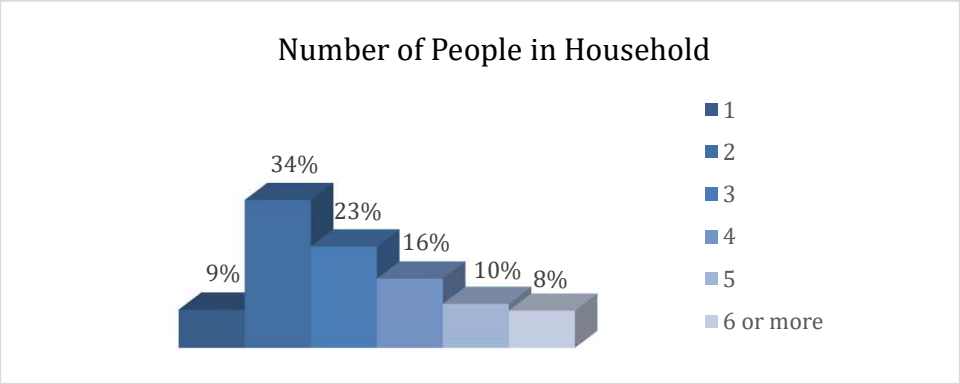


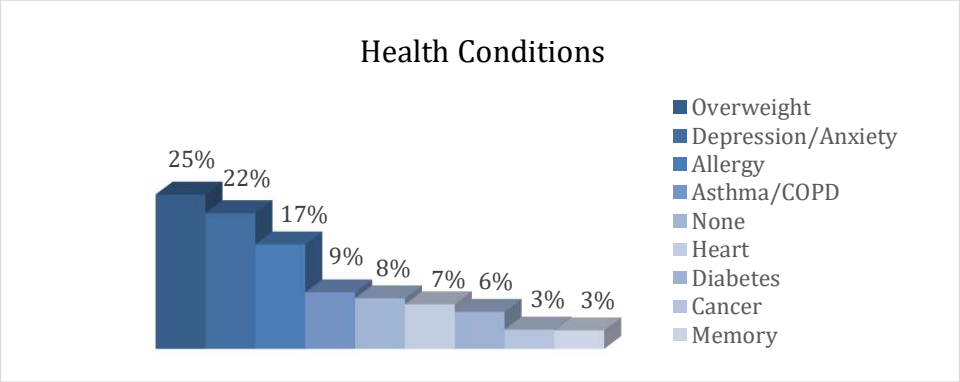



Survey Race
86%
0%
13%
1%
White
Black
Latino
Multirace

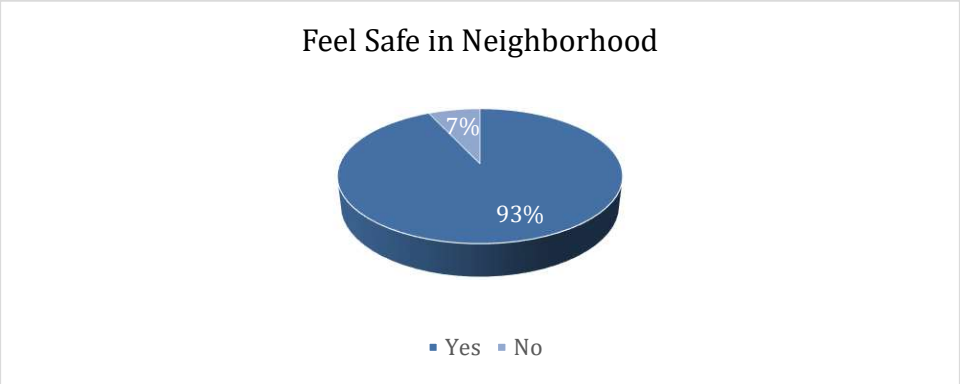

Survey Education
0%
2%
12%
13%
16%
7%
25%
25%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

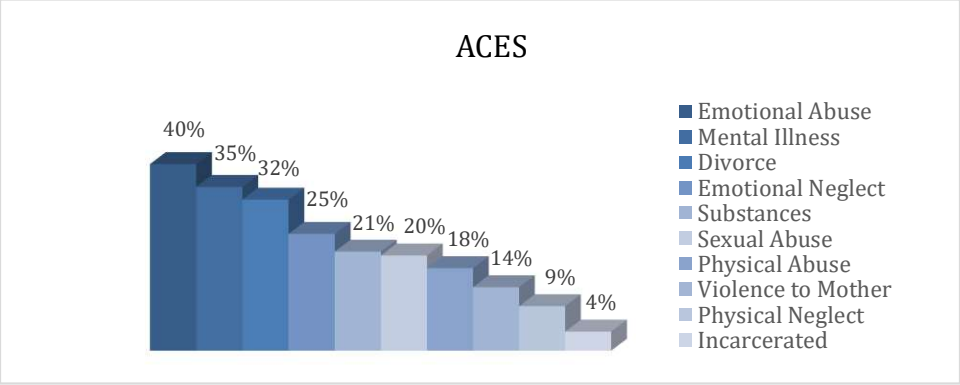

Survey Living Arrangements
3%
9%
88%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
34%
23%
16%
10%
8%
9%
1
2
3
4
5
6 or more

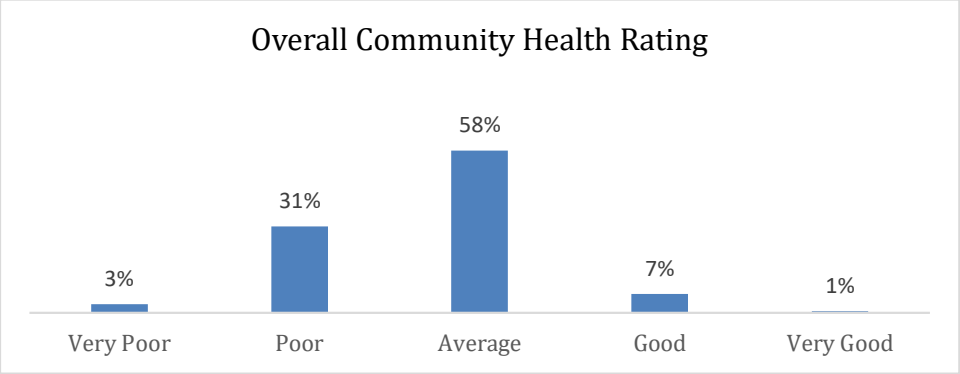

Health Conditions
25%
22%
17%
9%
8%
7%
6%
3%
3%
Overweight
Depression/Anxiety
Allergy
Asthma/COPD
None
Heart
Diabetes
Cancer
Memory

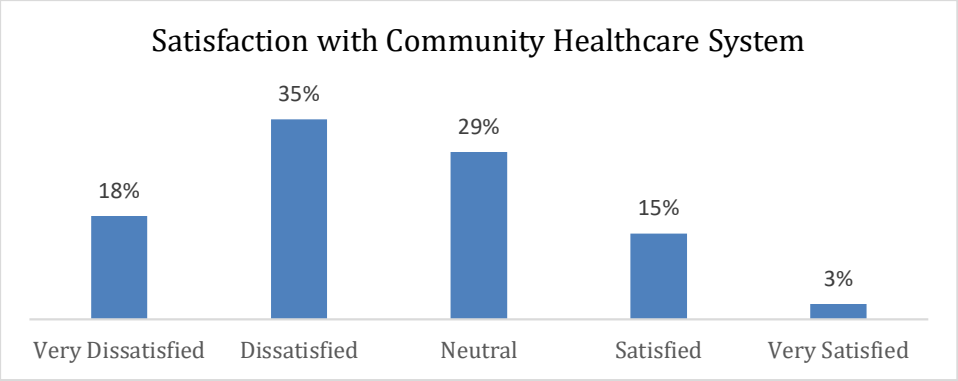

Feel Safe Where Living
1%
99%
Yes
No

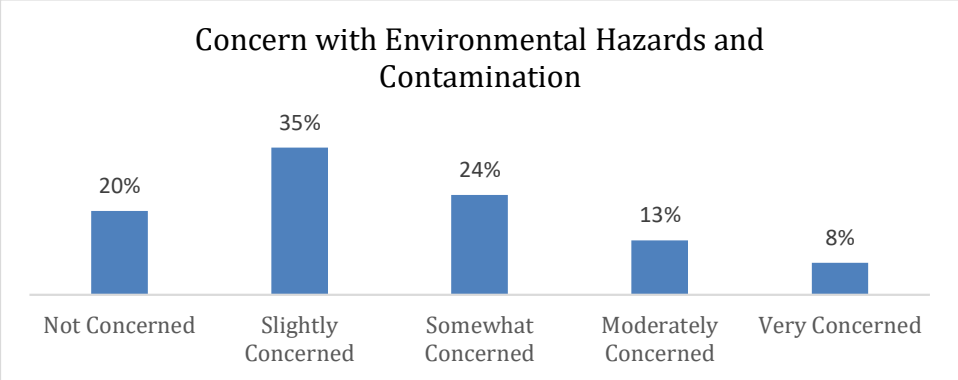

Feel Safe in Neighborhood
7%
93%
Yes
No

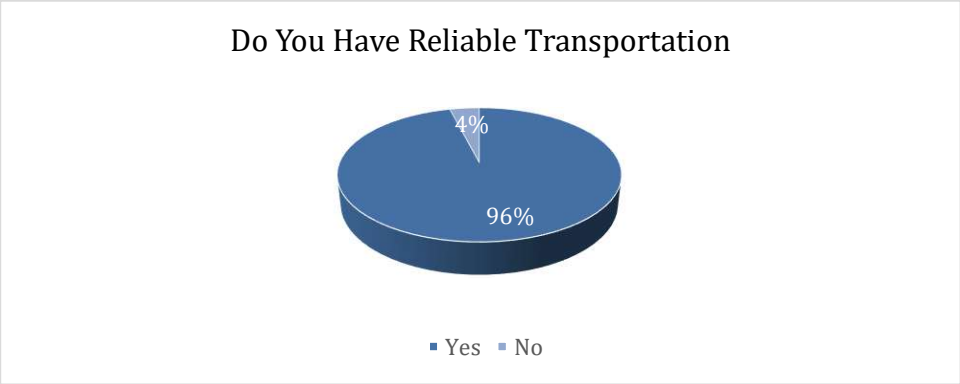

ACES
40%
35%
32%
25%
21%
20%
18%
14%
9%
4%
Emotional Abuse
Mental Illness
Divorce
Emotional Neglect
Substances
Sexual Abuse
Physical Abuse
Violence to Mother
Physical Neglect
Incarcerated

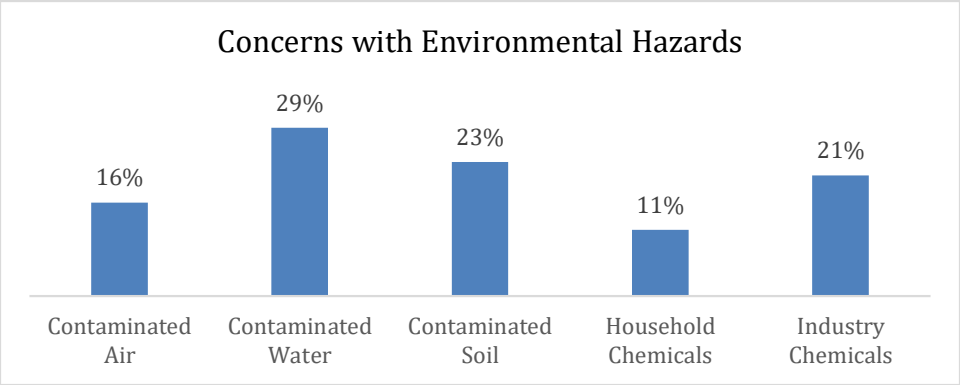
APPENDIX 5: ADDITIONAL COMMUNITY PERCEPTIONS

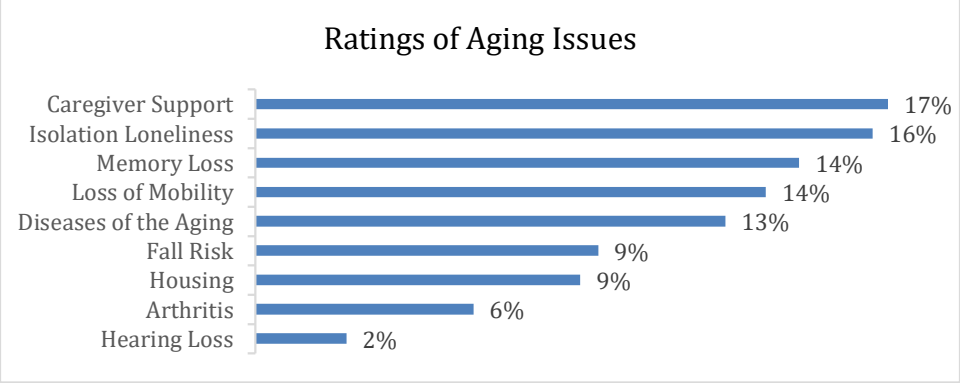







Do You Have Reliable Transportation
4%
96%
Yes
No


Concerns with Environmental Hazards
16%
29%
23%
11%
21%
Contaminated Air
Contaminated Water
Contaminated Soil
Household Chemicals
Industry Chemicals


Ratings of Aging Issues
Caregiver Support 17%
Isolation Loneliness 16%
Memory Loss 14%
Loss of Mobility 14%
Diseases of the Aging 13%
Fall Risk 9%
Housing 9%
Arthritis 6%
Hearing Loss 2%

APPENDIX 6: RESOURCE MATRIX

	Aging Issues	Access to Medical Care	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Substance Use	Cancer Screening	Cancer - Lung
Health Departments								
LaSalle County Health Department	1	2	2	1	1	2	3	1
Hospitals / Clinics								
Abigail Women's Center - Mendota	2	3	1	1	1	1	1	1
Community Health Partnership (CHP) - Mendota	2	3	1	1	2	1	2	2
Fox River Cancer Center - Ottawa	3	3	2	2	1	1	3	3
OSF Center for Health - Streator	3	3	2	3	2	2	2	2
OSF Healthcare Prompt Care - Mendota/Ottawa/Peru/Streator	3	3	2	1	2	1	1	1
OSF Medical Group - Marseilles/Mendota/Oglesby/Ottawa/Peru/Streator	3	3	2	1	2	1	1	1
OSF Saint Elizabeth Behavioral & Mental Health - Ottawa	3	3	2	3	1	2	1	1
OSF Saint Elizabeth Medical Center - Ottawa	3	3	2	3	2	1	3	3
OSF Saint Elizabeth Medical Center - Peru	3	3	2	3	2	1	3	3
OSF Saint Paul Medical Center - Mendota	3	3	2	3	2	1	3	3
Trinity Health Care - Mendota	2	3	2	1	2	1	1	1

(1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

Link to Resources Found Here: LaSalle County Community Referral Guide

APPENDIX 7: DESCRIPTION OF COMMUNITY RESOURCES

HEALTH DEPARTMENTS

LaSalle County Health Department

The LaSalle County Health Department sponsors programs in the following areas: environmental health, personal health, and health education. Programs have been targeted to serve the needs of LaSalle County residents.

HOSPITALS/CLINICS

Abigail Women's Clinic

To empower individuals to make healthy choices related to sexuality and childbearing, consistent with the sanctity of human ...life. Providing free and confidential services, education, counsel, support, and encouragement. We are a Christian organization committed to helping men and women within our community that are facing a crisis pregnancy. ...As a medical clinic with nurses on staff, we offer free pregnancy tests and limited obstetrical ultrasounds starting at 5 to 6 weeks after a positive pregnancy test. We offer educational material to assist women in making an informed choice for life as well as material assistance to women in need, clothing up to size 2T, childcare supplies and equipment. We also offer classes to non-pregnant women as well.

Community Health Partnership of Illinois - Mendota

CHP is committed to improving the health and well-being of migrant and seasonal farm workers. We support these communities by providing quality medical and dental care to workers and their families from a team of dedicated, bilingual-bicultural professionals, in an atmosphere that fosters a sense of belonging.

Fox River Cancer Center

The Fox River Cancer Center is a collaboration between Radiation Oncology of Northern Illinois, Illinois CancerCare, and OSF Saint Elizabeth Medical Center Ottawa. Services include oncology/hematology and radiation oncology.

OSF HealthCare PromptCare – Mendota/Ottawa/Peru/Streator

Four convenient locations are open with extended hours to care for walk-in patients with physician office type concerns, not requiring emergency room level of service.

OSF Medical Group – Marseilles/Mendota/Oglesby/Ottawa/Peru/Streator

A part of OSF HealthCare, the OSF Medical Group offices are multi-specialty primary-care facilities in Marseilles, Mendota, Oglesby, Ottawa, Peru, and Streator. Outpatient laboratory and radiology services are also available on most sites.

OSF Saint Elizabeth Medical Center Ottawa/Center for Health Streator

OSF Saint Elizabeth Medical Center, formally known as Ottawa Regional Hospital and Healthcare Center is a 97-bed acute care facility. OSF Saint Elizabeth Ottawa provides a full range of

services, including inpatient and outpatient medical and surgical care, emergency care, pre-natal and post-partum care, physical therapy, behavioral health services, home health and hospice care. Center for Health in Streator provides outpatient Emergency Services, Lab, Radiology and Cardio-pulmonary services.

OSF Saint Elizabeth Medical Center Peru
OSF Saint Elizabeth Medical Center, formally known as Illinois Valley Community Hospital, is a 12-bed acute care facility. OSF Saint Elizabeth Peru provides a full range of services, including inpatient and outpatient medical and surgical care, emergency care, physical therapy, home health, and hospice care.

OSF Saint Paul Medical Center Mendota
OSF Saint Paul Medical Center is a 25-bed Critical Access Hospital located in Mendota, Illinois. OSF Saint Paul provides a full range of services, including inpatient and outpatient medical and surgical care, emergency care, physical therapy, home health and hospice care.

Trinity Health Care
Serves those who cannot afford traditional health care. They offer diabetic teaching, mental health counseling, and minor ailment treatment per physician-approved protocols.

Link to: LaSalle County Community Referral Guide

APPENDIX 8: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply "PEARL" Test from Hanlon Method[1]

Screen out health problems based on the following feasibility factors:

***Propriety* –** Is a program for the health problem appropriate?

***Economics* –** Does it make economic sense to address the problem?

***Acceptability* –** Will a community accept the program? Is it wanted?

***Resources* –** Is funding available for a program?

***Legality* –** Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

Prioritize Issues. Use a weighted-scale approach (1-5 scale) to rate remaining issues based on:

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:

- Percentage of general population impacted
- Prevalence of issue in low-income communities
- Trends and future forecasts

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:

- Does an issue lead to serious diseases/death
- Urgency of issue to improve population health

3. Potential for impact through collaboration – can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

[1] "Guide to Prioritization Techniques." National Connection for Local Public Health (NACCHO)

2025

Community Health Needs Assessment:

Ottawa Regional Hospital & Healthcare Center

d/b/a OSF Saint Elizabeth Medical Center

Mendota Community Hospital

d/b/a OSF Saint Paul Medical Center

LASALLE COUNTY

OSF HealthCare Saint Elizabeth Medical Center

OSF HealthCare Saint Paul Medical Center

LCHD Environmental Health Personal Health Health Education

Introduction

The LaSalle County Community Health-Needs Assessment is a collaborative undertaking by LaSalle County Health Department, OSF Saint Elizabeth and Saint Paul Medical Centers to highlight the health needs and well-being of residents in LaSalle County.

Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the LaSalle County region. Several themes are prevalent in this health-needs assessment – the demographic composition of the LaSalle County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, survey data from 493 respondents in the community were assessed with a special focus on the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors, and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, social drivers (determinants) of health (SDoH) were analyzed to provide insights into why certain segments of the population behaved differently.

Ultimately, the identification and prioritization of the most important health-related issues in the LaSalle County region were identified. The collaborative team considered health needs based on:

1. magnitude of the issue (i.e., what percentage of the population was impacted by the issue)
2. severity of the issue in terms of its relationship with morbidities and mortalities
3. potential impact through collaboration

Using a modified version of the Hanlon Method, the collaborative team prioritized two significant health needs:

- **Behavioral Health** – including mental health and substance use
- **Healthy Aging**

2025
LASALLE COUNTY

Behavioral Health

Healthy Aging

Community Health Needs Assessment
Collaboration for Sustaining Health Equity

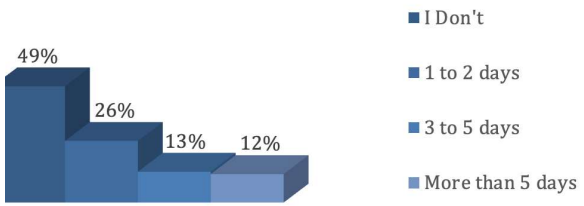
Behavioral Health

Self-perceptions of mental health can provide important insights to help manage population health. These perceptions not only provide benchmarks regarding health status but also offer insights into how accurately people perceive their own health.

MENTAL HEALTH

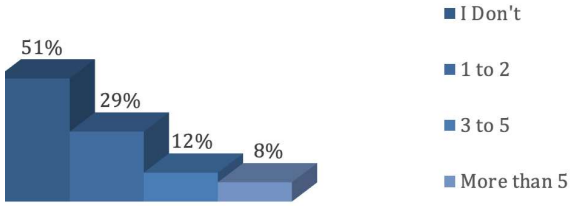
The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 51% indicated they felt depressed in the last 30 days and 49% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people, those with less income and those living in an unstable housing environment. Similarly, stress and anxiety tend to be rated higher for younger people, those with less income and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents, 47% indicated that they spoke to someone, the most common response was to family/friends (38%). In regard to self-assessment of overall mental health, 17% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

FELT DEPRESSED LAST 30 DAYS



Source: CHNA Survey

FELT ANXIOUS OR STRESSED LAST 30 DAYS



Source: CHNA Survey

Behavioral Health

Healthy Aging

SUBSTANCE USE

Of survey respondents, 18% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men and those with higher income. Of survey respondents, 3% indicated they improperly use prescription medications each day to feel better and 11% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) does not have any significant correlates. Marijuana use tends to be rated higher by younger people, LatinX people and those in an unstable housing environment. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis.

In the 2025 CHNA survey, respondents rated drug use (22%) and alcohol abuse (20%) as the most important unhealthy behaviors in LaSalle County.

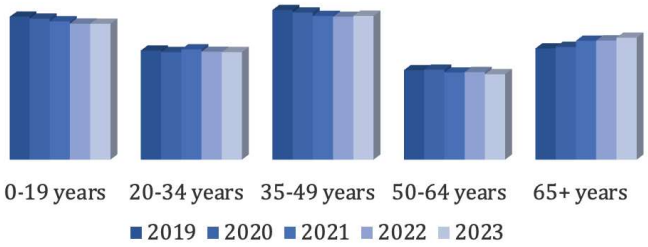
Behavioral Health

Healthy Aging

Healthy Aging

The percentage of individuals aged 65 and older increased 9.6% between 2019 and 2023. In the CHNA survey, respondents rated aging issues (14%) as the second most important health issue in LaSalle County after mental health. Alzheimer's disease was the 5th leading cause of death in LaSalle County in 2022. Illinois is projected to see a 13% increase in Alzheimer's disease and dementia between 2020 and 2025. The estimated cost of Alzheimer's disease and dementia in the U.S. is forecast to exceed $1.5 trillion in 2025, up from $592 billion in 2022.

AGE DISTRIBUTION 2019-2023



Source: United States Census Bureau

Collaborative Team

COLLABORATIVE TEAM

Rae Absher | The Perfectly Flawed Foundation
Carol Alcorn | IV PADS
Tony Andere | OSF Healthcare System
Jenny Arroyo | LaSalle County Health Department
Maria Arteaga | Live Well Mendota
Jenny Barrie | LaSalle County Health Department
Ken Beutke | Streator YMCA
Heather Bomstad | OSF Healthcare System
Judy Booze | Streator Salvation Army
Jenna Boyd | OSF Healthcare System
Ali Braboy | City of Mendota
Susan Bursztynsky | Safe Journeys
Steve Darnell | Mendota YMCA
Leslie Dougherty | LaSalle County Health Department
Chris Dvorak | LaSalle County Regional Office of Education #35
Mario Espinozo | Youth Services Bureau
Annemarie Euresti | | OSF Healthcare System
Carrier Folken | BEST
JoEllyn Gahan | OSF Healthcare System
Susan Glassman | University of Illinois Extension
Erin Hanna | Alternative for Older Adults
Shannon Harback | Streator YMCA
Sally Honiotes | United Way of Eastern LaSalle County
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Anne Lauterjung | OSF Healthcare System
Cami Loving | Voluntary Action Center of Northern Illinois
Jay McCracken | Ottawa Area Chamber of Commerce
Kristina McNichol | OSF Healthcare System
Don Miskowiec | LaSalle County 708 Board
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Josie Navarro | United Way of Eastern LaSalle County
Lissa Olson | LaSalle County Veterans Assistance Commission
Jennifer Orban | North Central Behavioral Health Systems
Erin Orwig | University of Illinois Extension
Joseph Pingo | OSF Healthcare System
Chris Pozzi | LaSalle County Health Department
Kayli Lavelle Rizzo | Alzheimer's Association
Rayanne Sester | Mendota Area Senior Services
Lynn Sheedy | Oglesby Public Library District
Annie Short | City of Mendota
Karen Szewczuk | Ottawa YMCA
Luke Tomsha | The Perfectly Flawed Foundation
Dawn Trompeter | OSF Healthcare System
Jacquelyne Valentine | OSF Healthcare System
Ellen Vogel | OSF Healthcare System
Chris Weittenhiller | Illinois Valley YMCA
Stacy Zawacki | The Perfectly Flawed Foundation
Kim Zimmerman | NCAT

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Dawn Tuley | OSF Healthcare System
Dr. Laurence G. Weinzimmer (Principal Investigator) | Bradley University