

2022

COMMUNITY HEALTH  
NEEDS ASSESSMENT

OSF Saint Luke  
Medical Center

*Henry County*

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## EXECUTIVE SUMMARY

The Henry County Community Health Needs Assessment is a collaborative undertaking by OSF Saint Luke Medical Center to highlight the health needs and well-being of residents in Henry County. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Henry County region. Several themes are prevalent in this health needs assessment – the demographic composition of the Henry 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 of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. 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, 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. Additionally, social determinants of health were analyzed to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most important health-related issues in the Henry 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, two significant health needs were identified and determined to have equal priority:

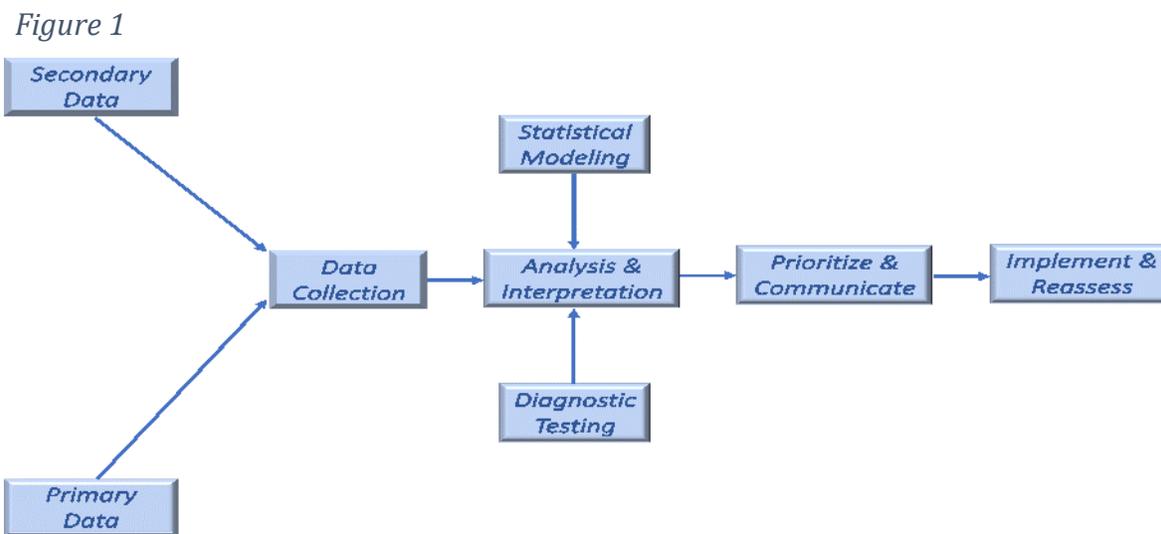
- **Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity**
- **Behavioral Health – including mental health and substance abuse**

# 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 OSF Saint Luke Medical Center 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 on July 25, 2022.

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



## Collaborative Team and Community Engagement

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Luke Medical Center, members of the Henry County Health Department, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative

team met in the first and second quarter of 2022. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. 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.

## Definition of the Community

In order to determine the geographic boundaries for OSF Saint Luke Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Henry County. Data show that Henry County alone represents 76% of all patients for the hospital.

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. Note that the at-risk population was defined as those individuals who were 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 identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in Henry County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2019 CHNA and benchmarked with State of Illinois averages.

## Community Feedback from Previous Assessments

The 2019 CHNA and implementation plan were made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2019 CHNA on its website. In order to encourage written feedback, the hospital specifically included a section labeled **Share Your Feedback** and provided instructions regarding how individuals from the community could provide comments to the CHNA. While no written feedback was received by individuals from the community via the available mechanism for the CHNA or implementation plan, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

## 2019 CHNA Health Needs and Implementation Plans

The 2019 CHNA for Henry County identified two significant health needs. These included: Healthy Behaviors, defined as healthy eating and active living, and their impact on obesity; and Behavioral Health, including mental health and substance abuse. 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 2019 CHNA PRIORITIZED NEEDS. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on the activities discussed in appendix 2.

## Social Determinants of Health

This CHNA incorporates important factors associated with Social Determinants 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).

Figure 2



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 15, 2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Assessment of SDOH is included in the CHNA, as social determinants help contribute to health inequities and disparities. Simply creating interventions without incorporating 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 determinants 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.

Based on several retreats, a separate OSF Collaborative Team used COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) 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 health-care organizations. Their team of experts includes MDs, PhDs, RNs and health-care 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, 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 in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being 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 determinants of health** – to assess the impact that social determinants 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

In order to identify the potential population, the percentage of the Henry County population that was living in poverty was first identified. Specifically, the population of the county was multiplied by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Henry County was 9.6%. The population used for the calculation was 49,284, yielding a total of 4,731 residents living in poverty in the Henry County area.

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

$$n = (Nz^2pq)/(E^2 (N-1) + z^2 pq)$$

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 Henry County area, the minimum sample size for aggregated analyses (combination of at-risk and general populations) was 382. The data collection effort for this CHNA yielded a total 523 usable responses. After cleaning the data for “bot” survey respondents, the sample was reduced to 429 respondents. This exceeded the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Henry 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 409 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 3rd and 4th quarter of 2021. 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. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were 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 specifically targeted based on their socio-economic status.

Note that use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted 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 were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significance patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-determinants 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 comparison of primary data statistics to existing secondary data.

## Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, Pearson correlations,

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$\chi^2$  tests and tetrachoric correlations were used when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

- 1.1 Population
- 1.2 Age, Gender and Race Distribution
- 1.3 Household/Family
- 1.4 Economic Information
- 1.5 Education
- 1.6 Internet Accessibility
- 1.7 Key Takeaways from Chapter 1

# CHAPTER 1: DEMOGRAPHY AND SOCIAL DETERMINANTS

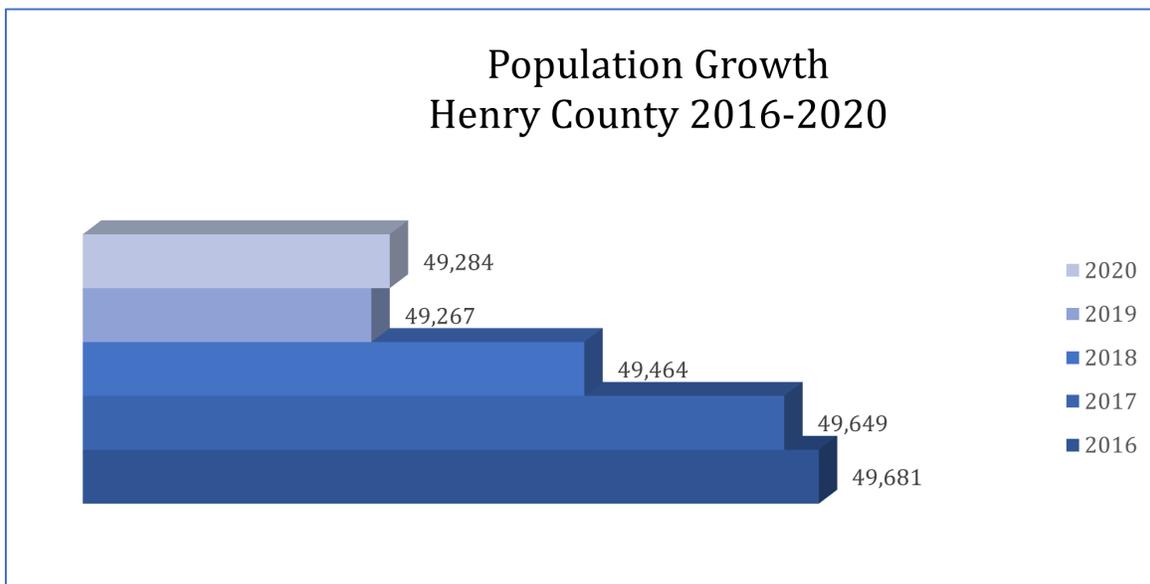
## 1.1 Population

*Importance of the measure:* Population data characterize individuals residing in Henry County. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

### Population Growth

Data from the last census indicate the population of Henry County has slightly decreased (<1.0%) between 2016 and 2020 (Figure 3).

Figure 3



Source: US Census

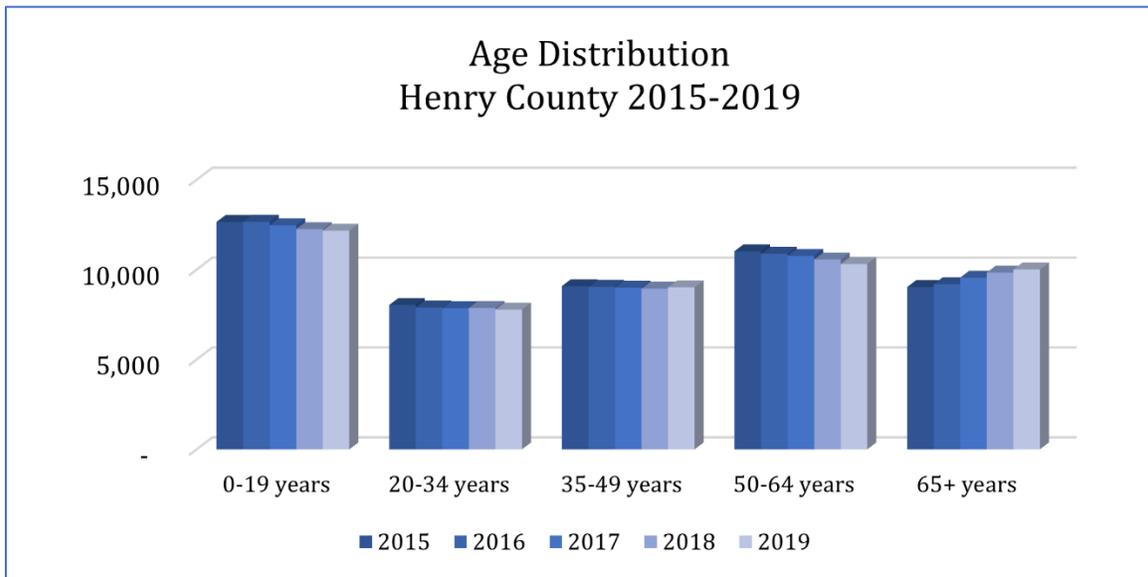
## 1.2 Age, Gender and Race Distribution

*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 health-care infrastructure and service delivery systems.

### Age

As illustrated in Figure 4, the percentage of individuals in Henry County four age groups has declined over the five-year period 2015 and 2019. Most notably, those in the 50-64 age group declined nearly 6.5%. The only age group that increased was residents aged 65+ years, increasing nearly 11% over the same five-year period.

Figure 4

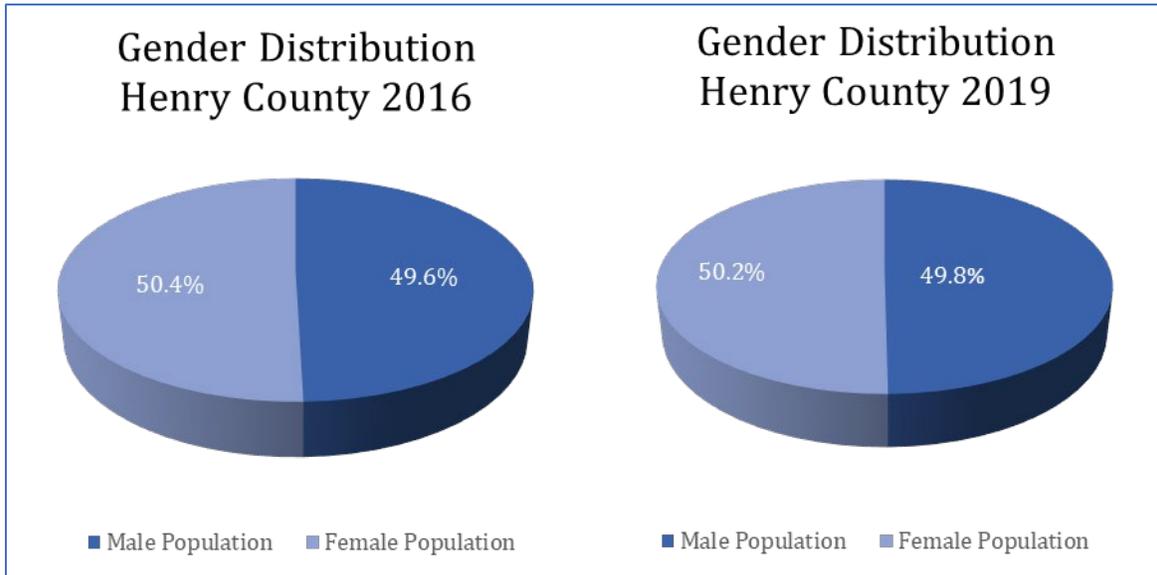


Source: US Census

### Gender

The gender distribution of Henry County residents has remained relatively consistent between 2016 and 2019 (Figure 5).

Figure 5

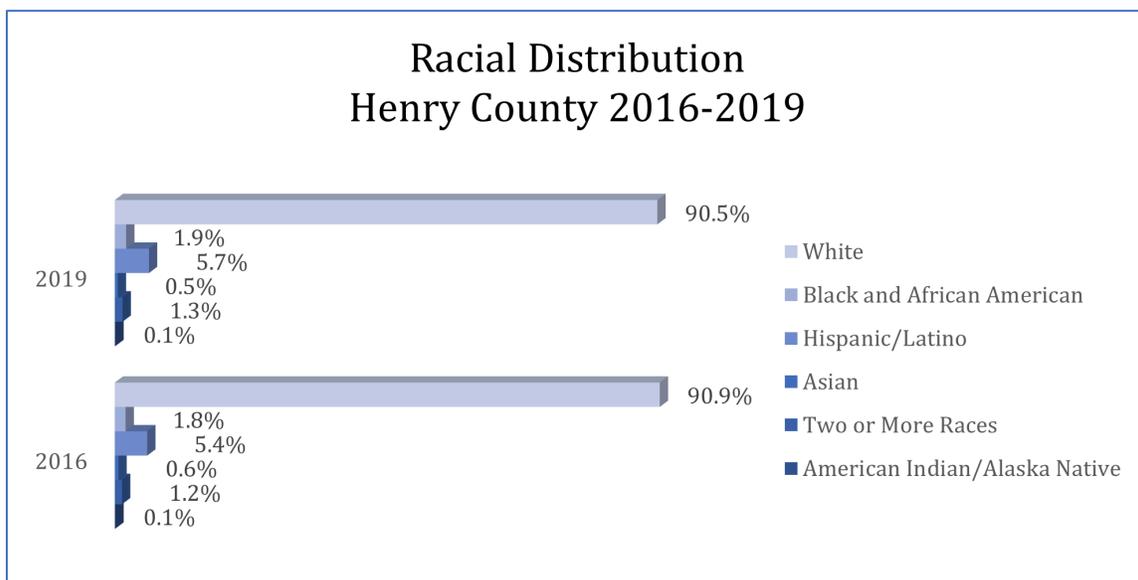


Source: US Census

## Race

With regard to race and ethnic background, Henry County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2019 suggest that White ethnicity comprises 90.5% of the population in Henry County. However, the non-White population of Henry County has been increasing (from 9.1% in 2016 to 9.5% in 2019), with Black ethnicity comprising 1.9% of the population and multi-racial ethnicity comprising 1.3% of the population (Figure 6).

Figure 6



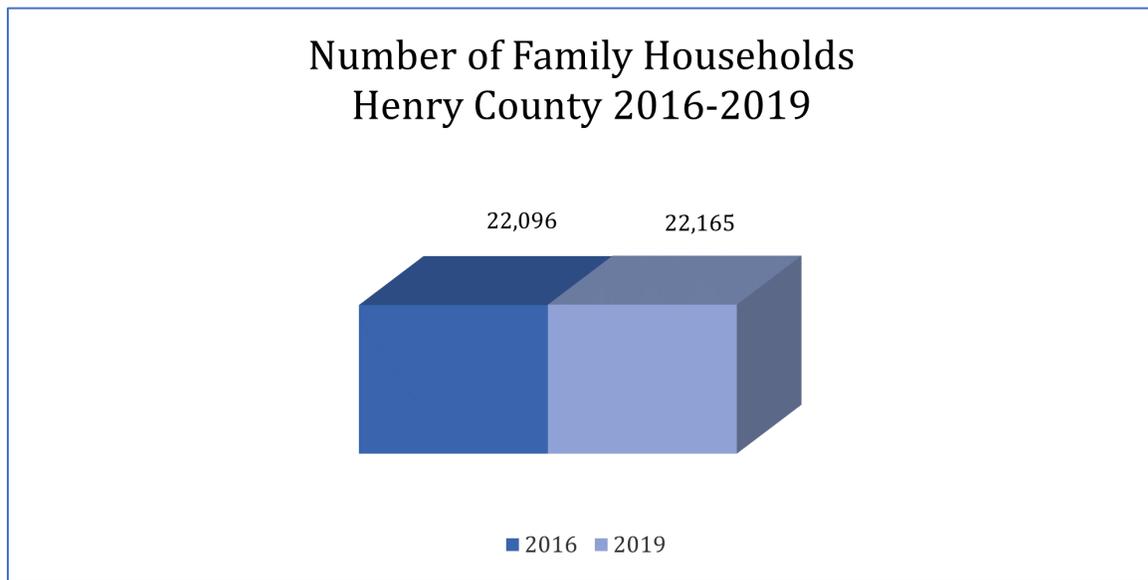
Source: US Census

## 1.3 Household/Family

*Importance of the measure:* Families are an important component of a robust society in Henry County, as they dramatically impact the health and development of children and provide support and well-being for older adults.

As indicated in the graph below, the number of family households in Henry County increased slightly from 2016 to 2019 (Figure 7).

Figure 7

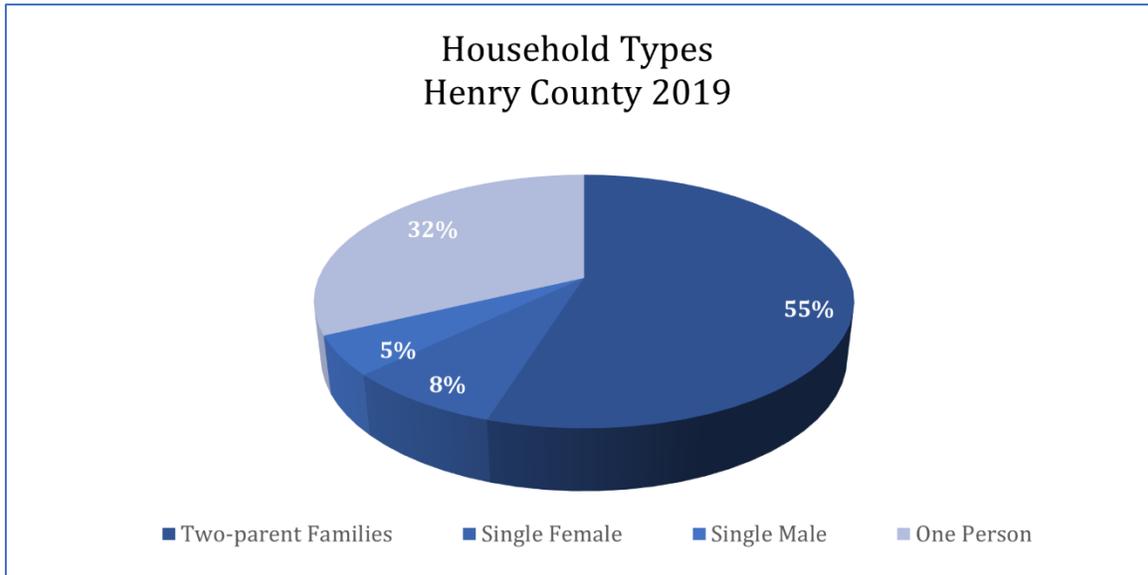


Source: US Census

### Family Composition

In Henry County, data from 2019 suggest the percentage of two-parent families in Henry County is 55%. One-person households represent 32% of the county population, single-female households represent 8%, and single-male households represent 5% (Figure 8).

Figure 8

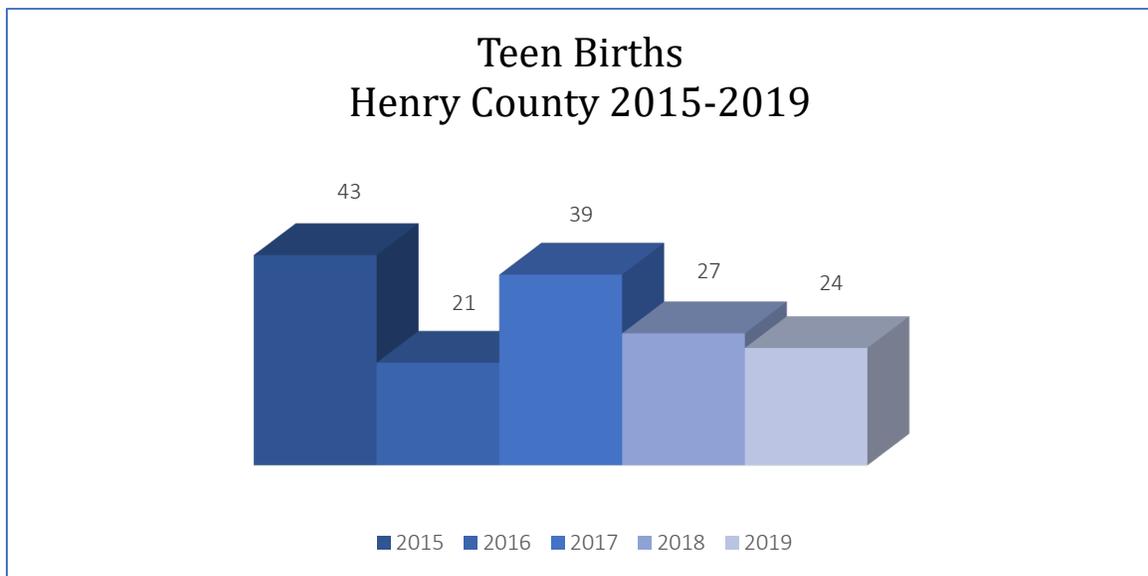


Source: US Census

## Early Sexual Activity Leading to Births from Teenage Mothers

Henry County has experienced a fluctuation in teenage birth count. The teen birth count steadily declined since 2017 but experienced an increase in 2017 followed by a decrease in 2018 and 2019. Over the five-year period 2015-2019, overall teen birth count has trended downward (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. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education and employment conditions.

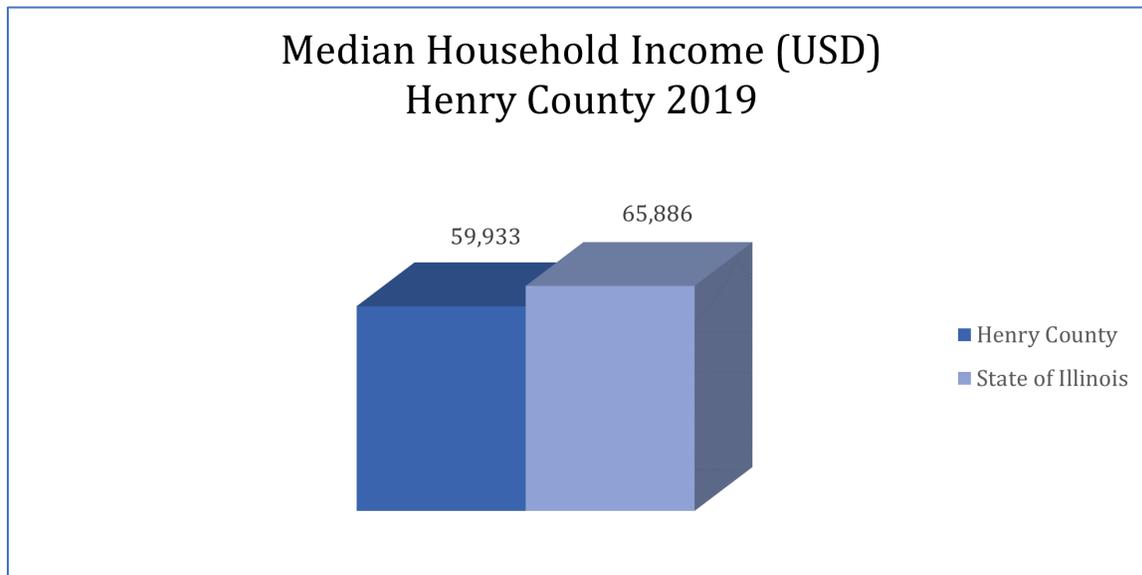
### Economic Climate

Economic climate is a measure of a community's financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Henry County, 28% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

### Median Income Level

For 2019, the median household income in Henry County (\$59,933) was lower than the State of Illinois (\$65,886) (Figure 10).

Figure 10

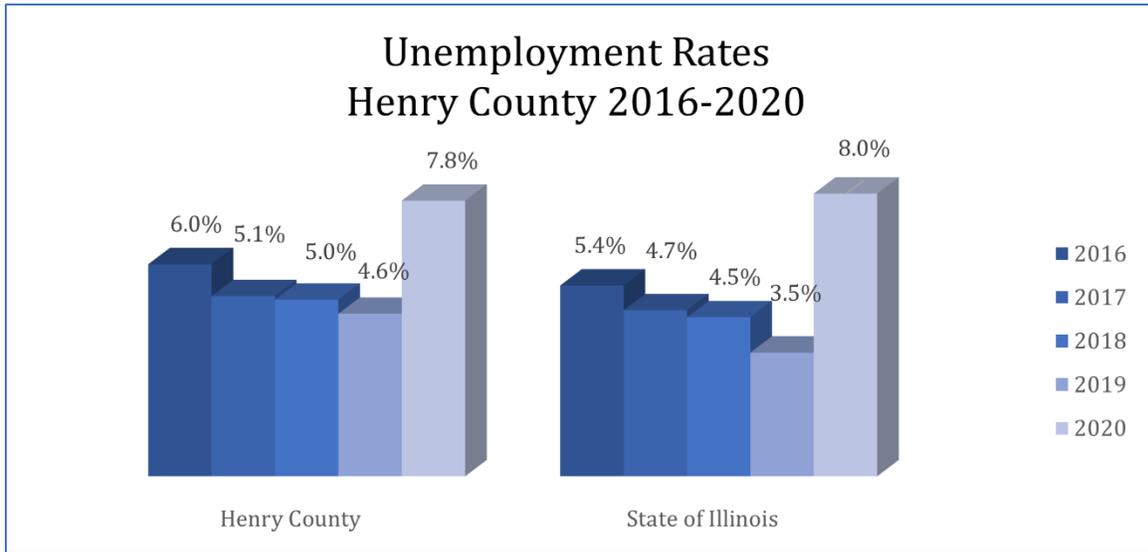


Source: US Census

### Unemployment

For the years 2016 thru 2019, the Henry County unemployment rate remained higher than the State of Illinois unemployment rate. However, in 2020 the rate significantly increased but was lower than State of Illinois (Figure 11). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

Figure 11

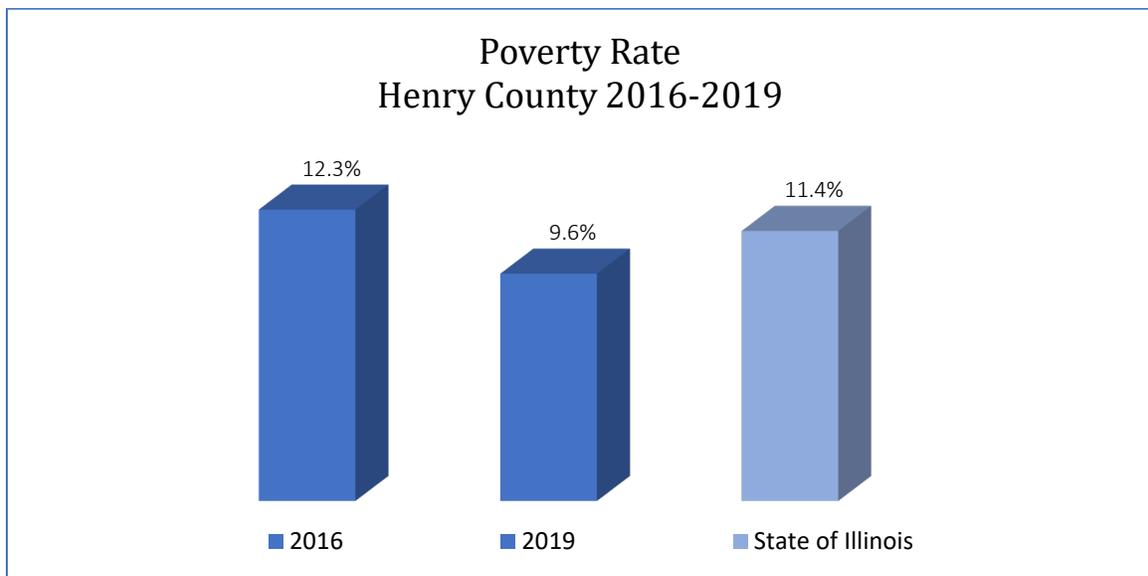


Source: Bureau of Labor Statistics

## Individuals in Poverty

In Henry County, the percentage of individuals living in poverty between 2016 and 2019 decreased by 2.7%. Poverty has a significant impact on the development of children and youth. In 2019 the poverty rate for families living in Henry County (9.6%) was lower than the State of Illinois family poverty rate (11.4%) (Figure 12).

Figure 12



Source: US Census

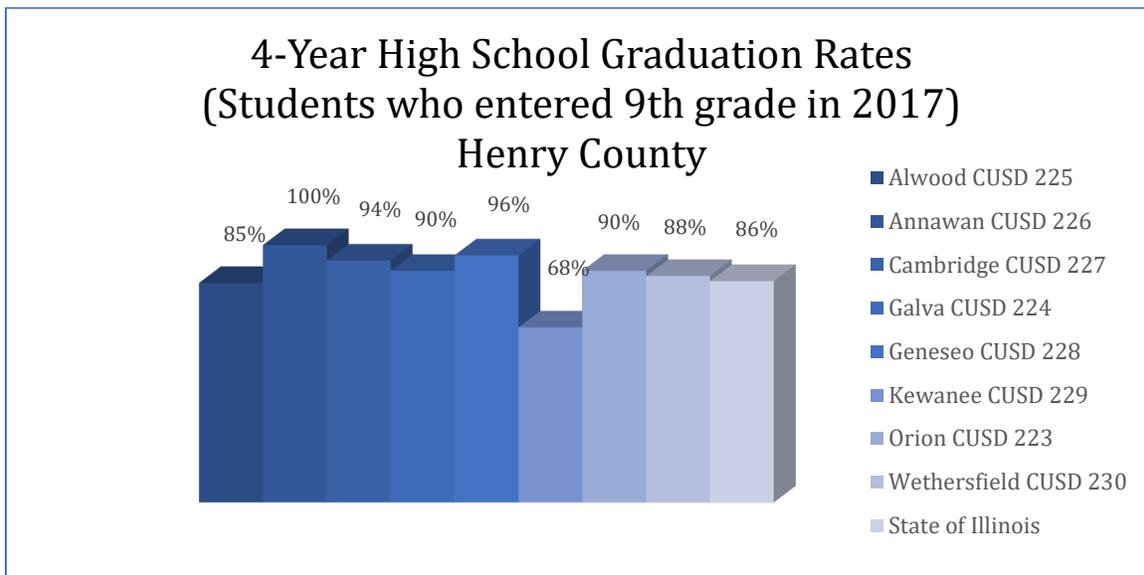
## 1.5 Education

*Importance of the measure:* According to the National Center for Educational Statistics<sup>1</sup>, “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 the higher the level of educational attainment and the more successful one is in school, the better one’s health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual’s propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

### High School Graduation Rates

Students who entered 9th grade in 2017 in Henry County school districts, except Kewanee CUSD 299, reported high school graduation rates that were comparable to or higher than the State average of 86%. Kewanee CUSD 299 reported lower than State averages at 68% (Figure 13).

Figure 13



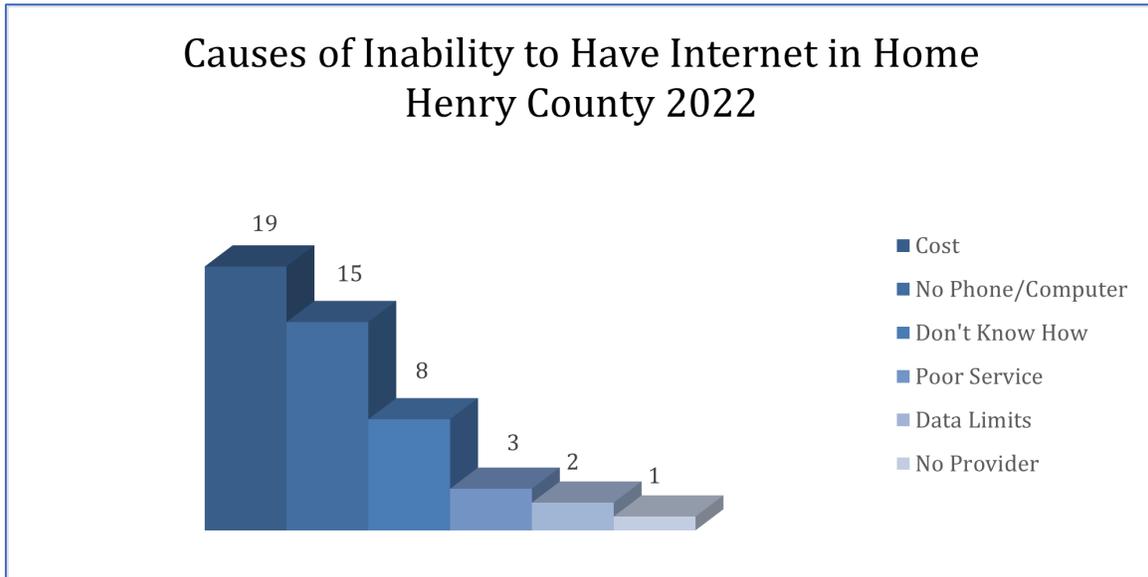
Source: Illinois Report Card

## 1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 88% 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.

<sup>1</sup> NCES 2005

Figure 14



Source: CHNA Survey

## Digital Landscape

Digital landscape is a community’s access to digital tools and the digital literacy to use them. Key risk influencers include affordability, accessibility and digital literacy. For Henry County, 10% of the population is at elevated risk for digital landscape. This is higher than the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

### Social Determinants 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 rated higher for younger people, White people, those with higher education and those with higher income. LatinX people were more likely to rate they did not have access to the Internet.

## 1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS
- ✓ POPULATION OVER AGE 65 IS INCREASING
- ✓ SINGLE FEMALE HEAD-OF-HOUSEHOLD REPRESENTS 8% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

## CHAPTER 2 OUTLINE

- 2.1 Accessibility
- 2.2 Wellness
- 2.3 Access to Information
- 2.4 Physical Environment
- 2.5 Health Status
- 2.6 Key Takeaways from Chapter 2

# CHAPTER 2: PREVENTION BEHAVIORS

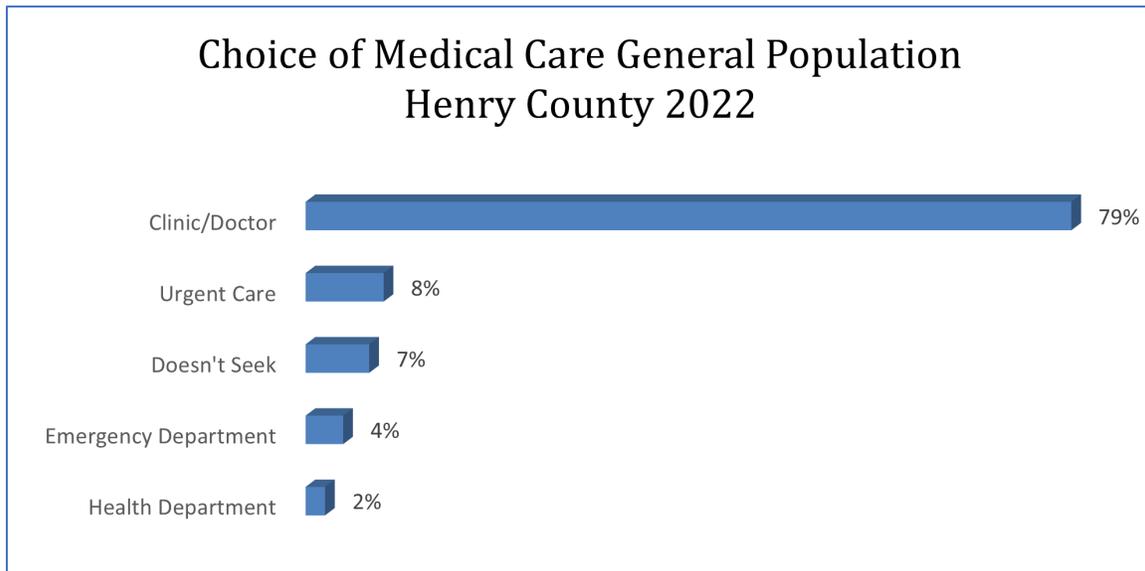
## 2.1 Accessibility

*Importance of the measure:* It is critical for health-care 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 health-care facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment and other. The most common response for source of medical care was clinic/doctor's office, chosen by 79% of survey respondents. This was followed by urgent care (8%), not seeking medical attention (7%), the emergency department at a hospital (4%) and the health department (2%) (Figure 15).

Figure 15



Source: CHNA Survey

### Comparison to 2019 CHNA

*Clinic/doctor's office increased from 70% in 2019 to 79% in 2022. Much of this can be attributed to the decrease in use of urgent care facilities (20% in 2019 to 8% in 2022).*



## Social Determinants Related to Choice of Medical Care

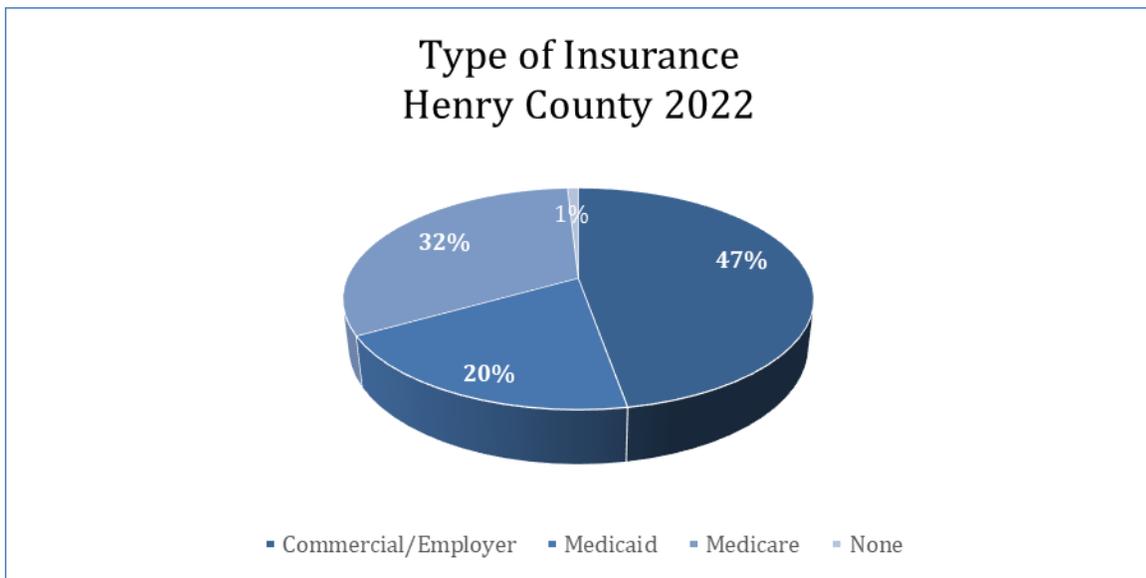
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by older people, White people and those with higher education and income.
- **Urgent Care** tends to be used more by women.
- **Emergency Department** tends to be used more often by Black people and those with lower income. Emergency departments tend to be used less by White people as a primary source of healthcare.
- **Do Not Seek Medical Care** tends to be chosen more by people with an unstable (e.g., homeless) housing environment.
- **Health Department** did not have any significant correlates.

## Insurance Coverage

According to survey data, 47% of the residents are covered by commercial/employer insurance, followed by Medicare (32%), and Medicaid (20%). Only 1% of respondents indicated they did not have any health insurance (Figure 16).

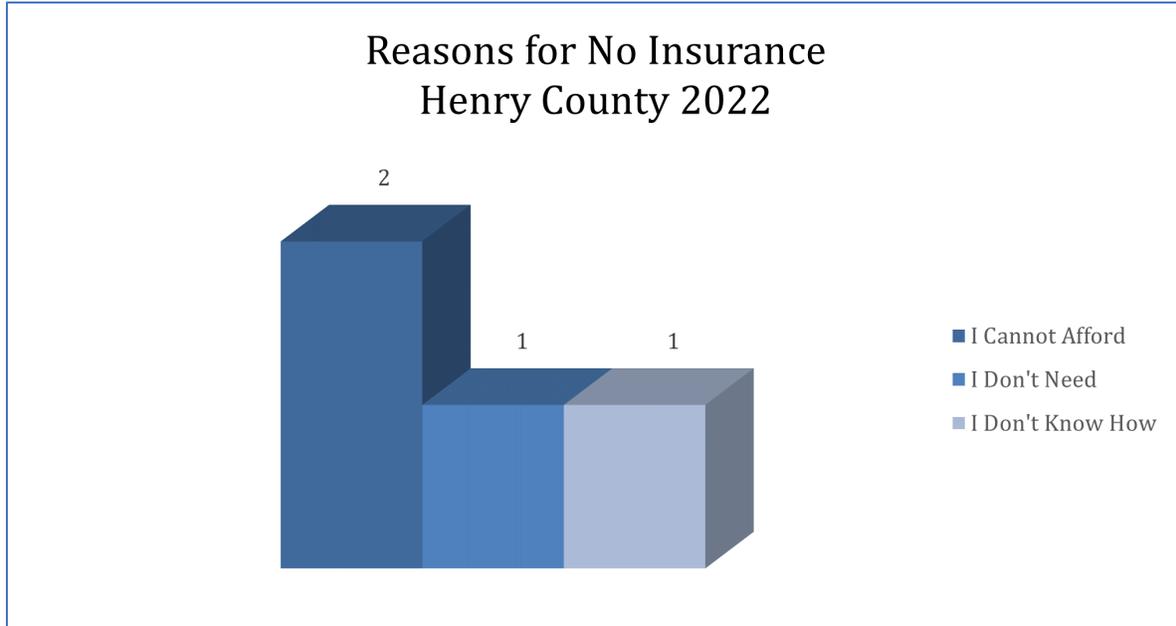
Figure 16



Source: CHNA Survey

Data from the survey show that for those 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 Determinants Related to Type of Insurance

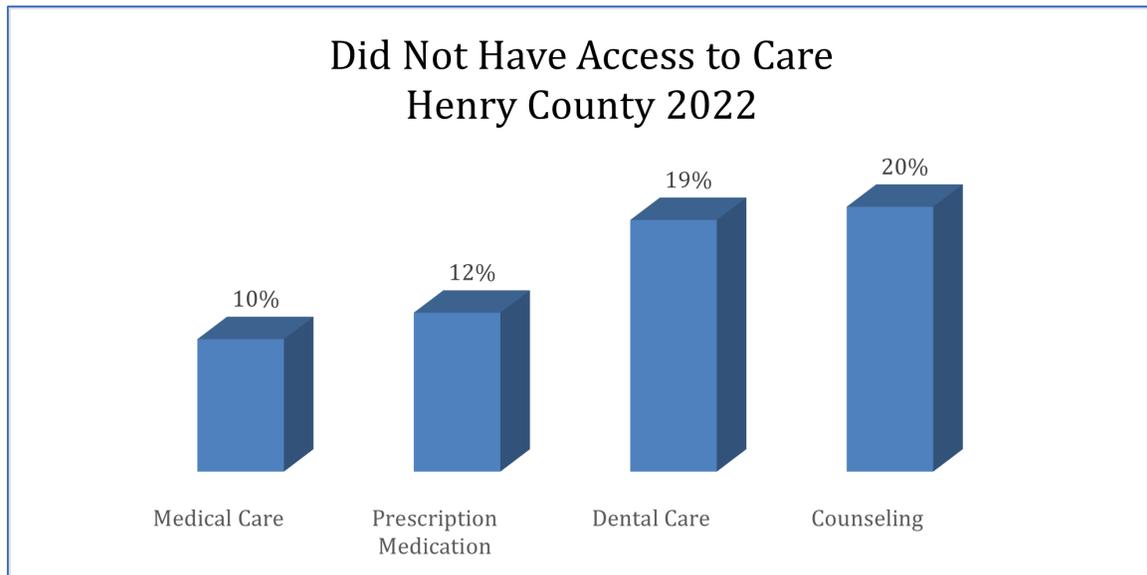
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by older people, men and White people.
- **Medicaid** tends to be used more frequently by younger people, Black people and those with lower education and income. Medicaid tends to be used less frequently by White people.
- **Private Insurance** is used more often by women, younger people, White people and those with higher education and income. Private insurance is used less by Black people and people with an unstable (e.g., homeless) housing environment.
- **No Insurance** tends to be reported more often by people with an unstable (e.g., homeless) housing environment.

## 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 medication, dental care and counseling. Survey results show that 10% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medication when needed; 19% of the population did not have access to dental care when needed; and 20% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey



## Social Determinants Related to Access to Care

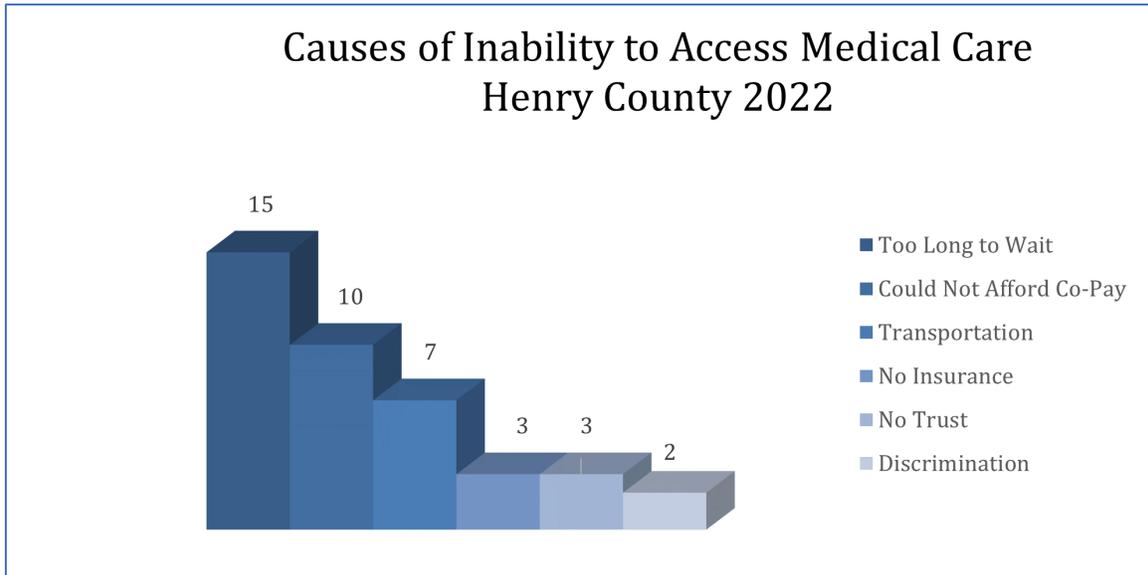
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for White people.
- **Access to prescription medication** tends to be higher for White people, those with higher income and those with a stable housing environment.
- **Access to dental care** tends to be higher for older people, White people and those with higher education and those with higher income.
- **Access to counseling** tends to be rated higher for men and older people.

## 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. Based on frequencies, the leading causes of the inability to gain access to medical care were too long to wait for an appointment (15), the inability to afford the copay (10) and no way to get to the doctor (7) (Figure 19).

Figure 19

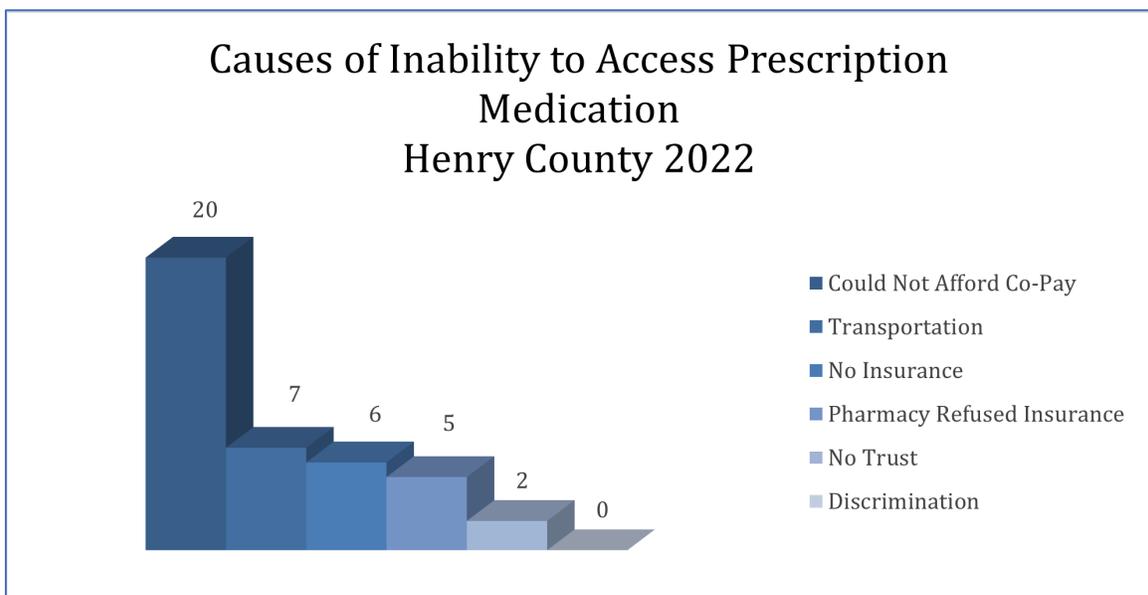


Source: CHNA Survey

## 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 (20) (Figure 20).

Figure 20

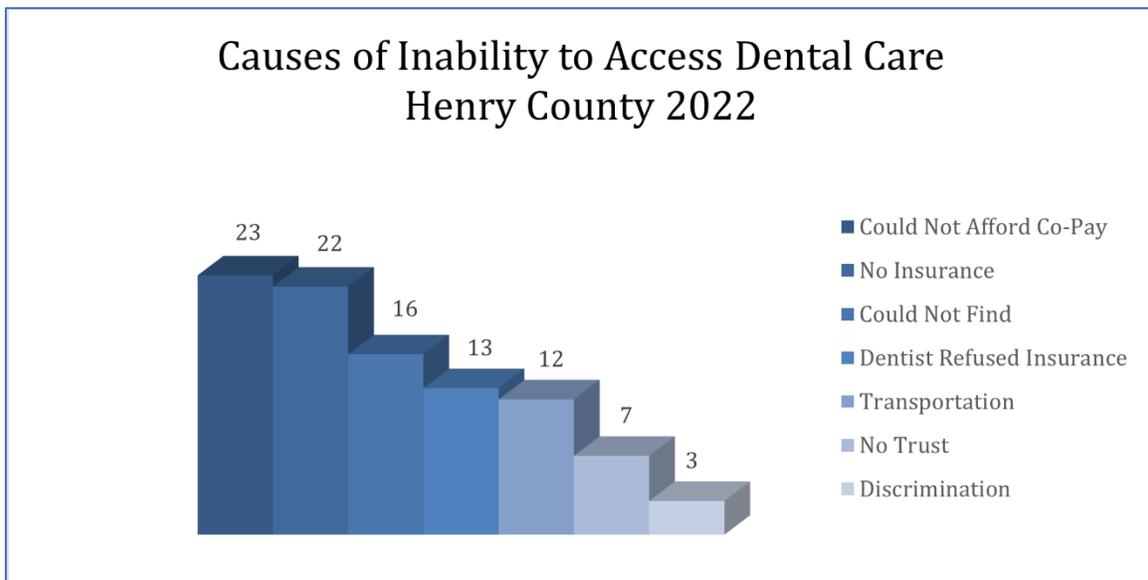


Source: CHNA Survey

## 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. Based on frequencies, the leading causes of inability to gain access to dental care were the inability to afford copayments or deductibles (23) and no insurance (22) (Figure 21).

Figure 21

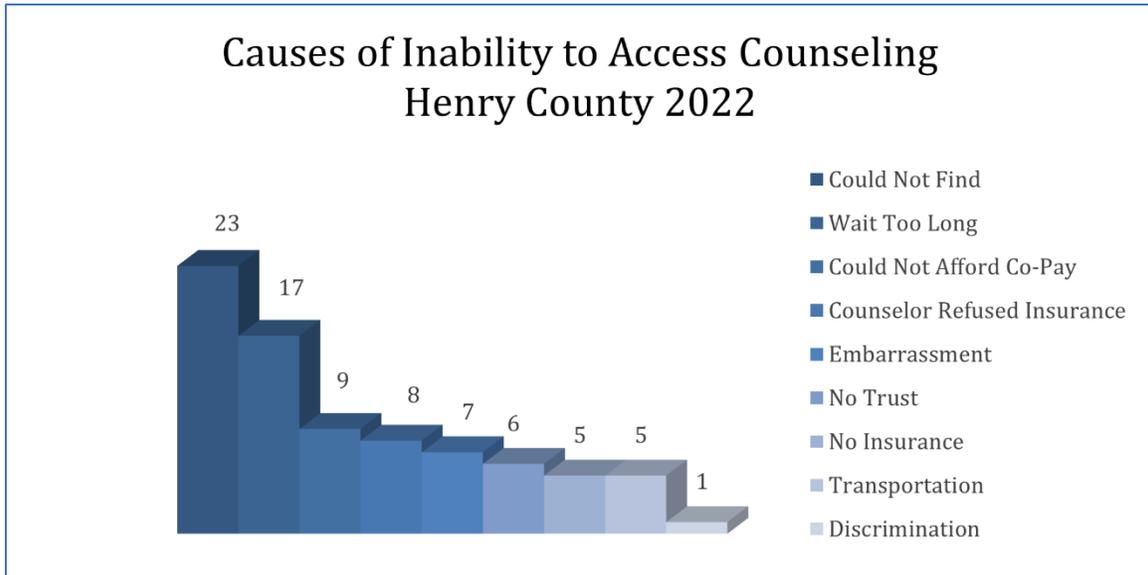


Source: CHNA Survey

## 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 could not find (23) and wait was too long (17) (Figure 22).

Figure 22



Source: CHNA Survey

### Comparison to 2019 CHNA

*Access to Medical Care – results show a significant decrease (7%) in those who were not able to get medical care.*

*Access to Prescription Medications – results were the same.*

*Access to Dental Care – results show a slight increase (1%) in those who were not able to get dental care when needed.*

*Access to Counseling – results show a significant increase (12%) in those who were not able to get counseling when needed.*

## Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility for Henry County, 30% of the population is at elevated risk for transportation network. This is higher than the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

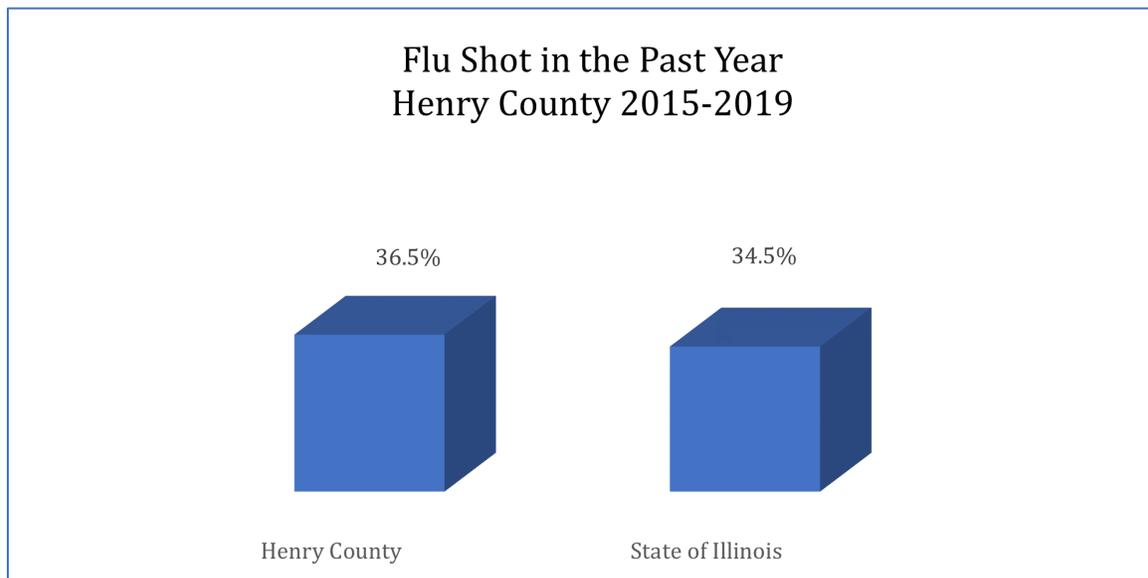
## 2.2 Wellness

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

### Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot is 36.5% for Henry County in 2015-2019. Henry County had a higher vaccination percentage at 34.5% than the State average (Figure 23).

Figure 23

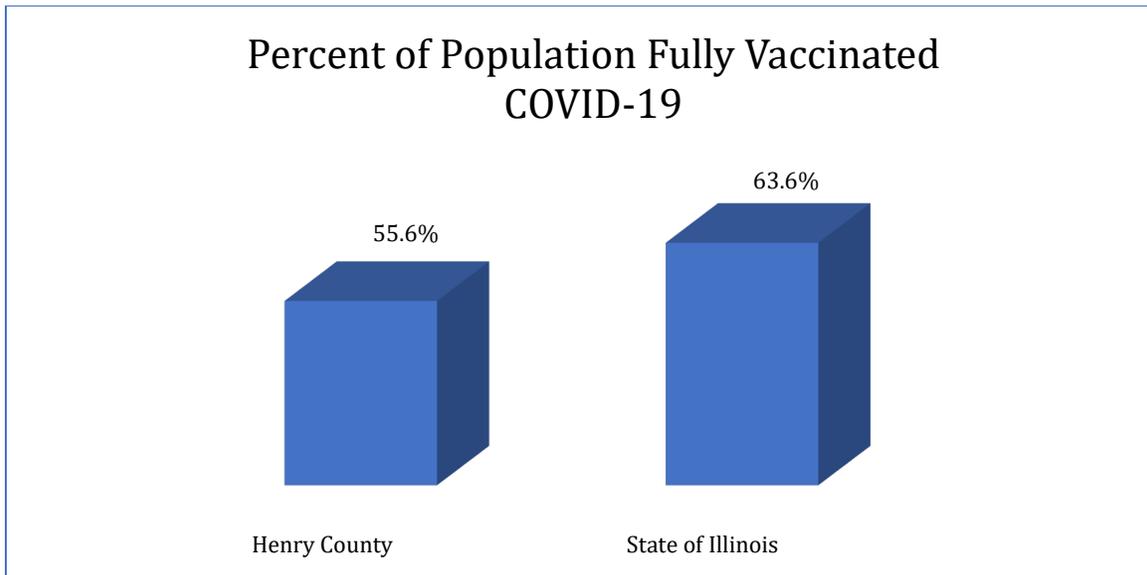


Source: CHNA Survey

### COVID-19 Vaccinations

Figure 24 shows the percentage of people who have been fully vaccinated from the COVID-19 virus as of February 27, 2022. Although, Henry County remains above half with 55.6%, they remain under the rate for the State of Illinois at 63.6% and counting. Note the percentage of people vaccinated is updated in real time. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 24

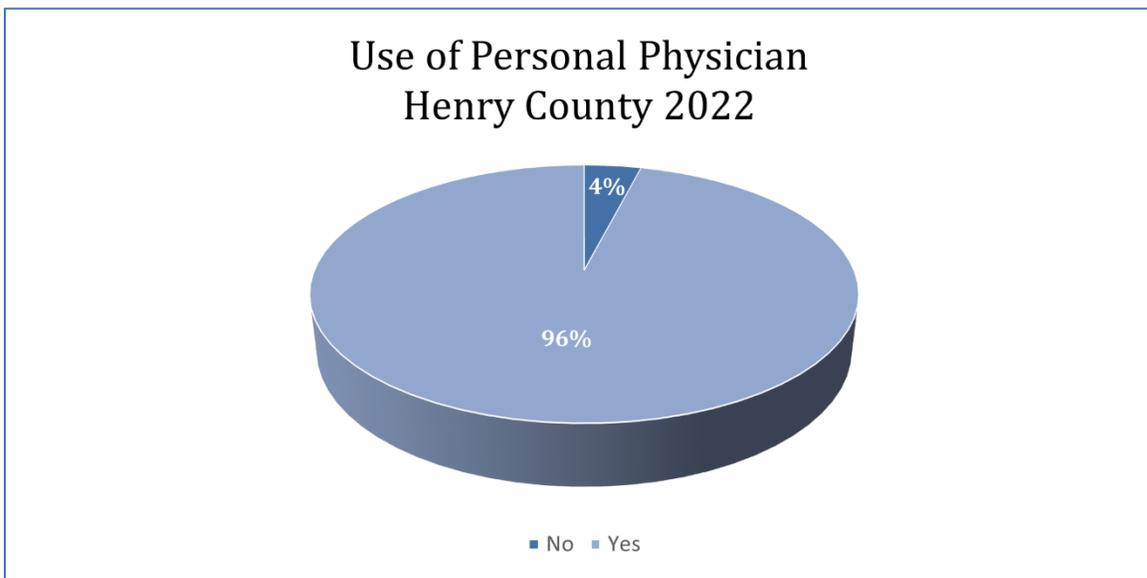


Source: Illinois Department of Public Health (02-27-22)

## 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, 96% of residents have a personal physician (Figure 25).

Figure 25



Source: CHNA Survey

## Comparison to 2019 CHNA

*Having a personal physician has increased. Specifically, 93% of residents reported having a personal physician in 2019 and 96% report the same in 2022.*

## Social Determinants Related to Having a Personal Physician

The following characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses:

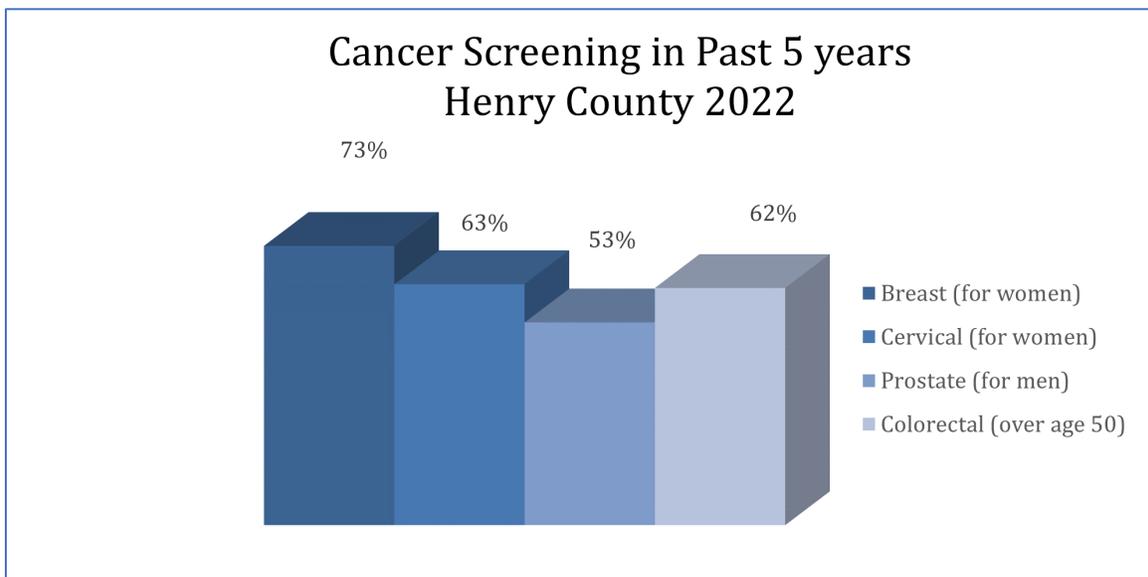
- **Having a personal physician** tends to be more likely for White people, those with higher income and those with higher education.

## 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 73% of women had a breast screening and 63% have had a cervical screening in the past five years. For men, 53% had a prostate screening in the past five years. For women and men over the age of 50, 62% had a colorectal screening in the last five years (Figure 26).

Figure 26



Source: CHNA Survey

## Comparison to 2019 CHNA

*Cancer screening increased from 2019 to 2022. Specifically, in 2019, 63% of women had a breast screening in the past five years compared to 73% in 2022. For men, in 2019 44% reported they had a prostate screening in the past five years compared to 53% in 2022. For women and men over the age of 50, 59% had a colorectal screening in the last five years in 2019, compared to 62% in 2022. Note this was the first year that cervical screening was measured, so there is no comparison to 2019.*



## Social Determinants Related to Cancer Screenings

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

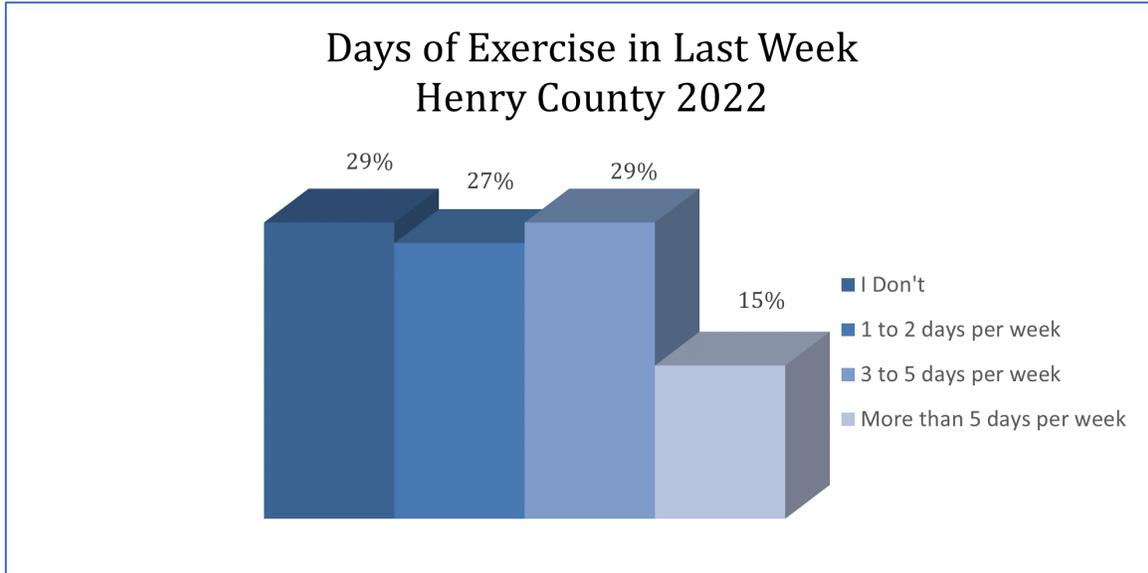
- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education and higher income. Those in an unstable (e.g., homeless) housing environment are less likely to have a breast screening.
- **Cervical screening** tends to be more likely for older women, those with a higher level of education and higher income. Those in an unstable (e.g., homeless) housing environment are less likely to have a cervical screening.
- **Prostate screening** tends to be more likely for older men, those with a higher level of education and higher income.
- **Colorectal screening** tends to be more likely for older people, White people, those with a higher level of education and higher income.

## Physical Exercise

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

Specifically, 29% of respondents indicated that they do not exercise at all, while the majority (56%) of residents exercise 1-5 times per week (Figure 27).

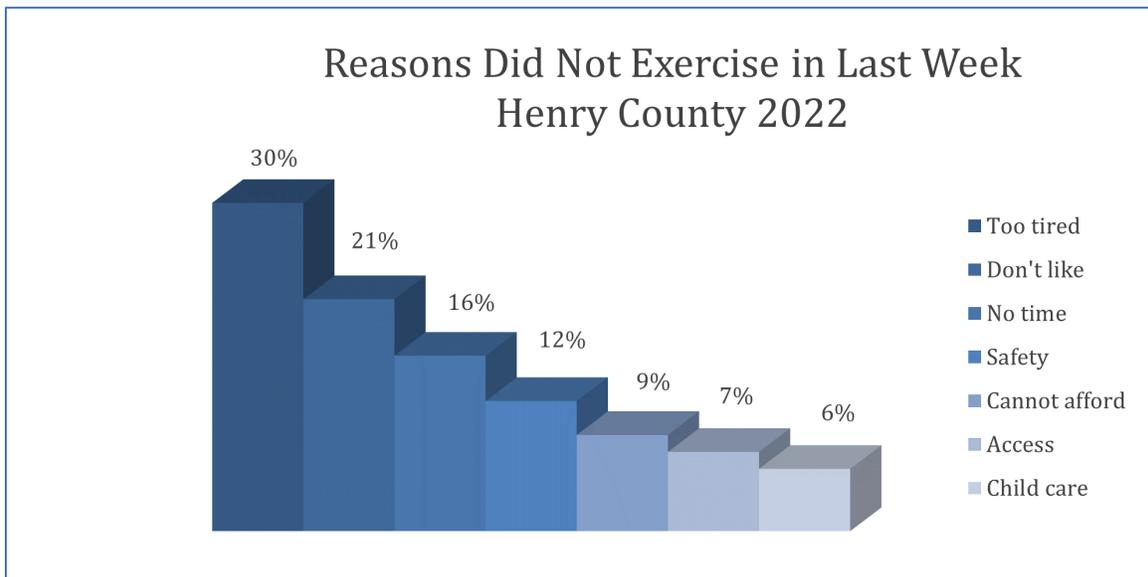
Figure 27



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2019 CHNA, the most common reasons for not exercising are not having enough energy (30%), a dislike of exercise (21%) and not enough time (16%) (Figure 28).

Figure 28



Source: CHNA Survey

## Comparison to 2019 CHNA

*There has been decline in exercise. Specifically, there is an increase in those who do not exercise. In 2019, 23% of residents indicated they did not exercise at all and 29% indicated they did not exercise in 2022.*



## Social Determinants Related to Exercise

Multiple characteristics show significant relationships with frequency of exercise. The following relationships were found using correlational analyses:

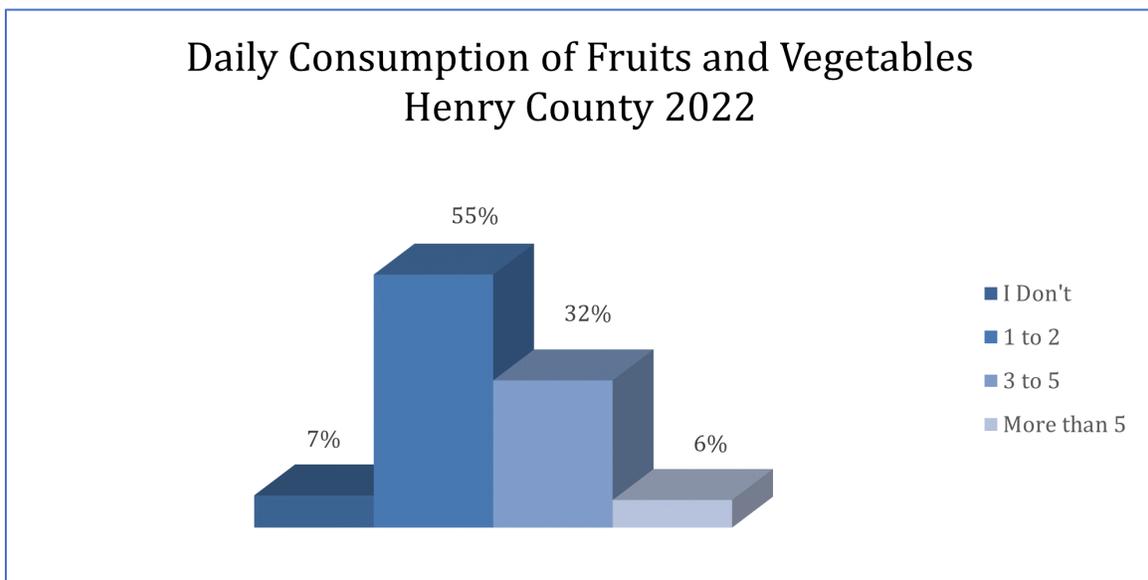
- **Frequency of exercise** tends to be more likely for those with a higher level of education and higher income.

## 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.

Almost two-thirds (62%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 6% (Figure 29).

Figure 29

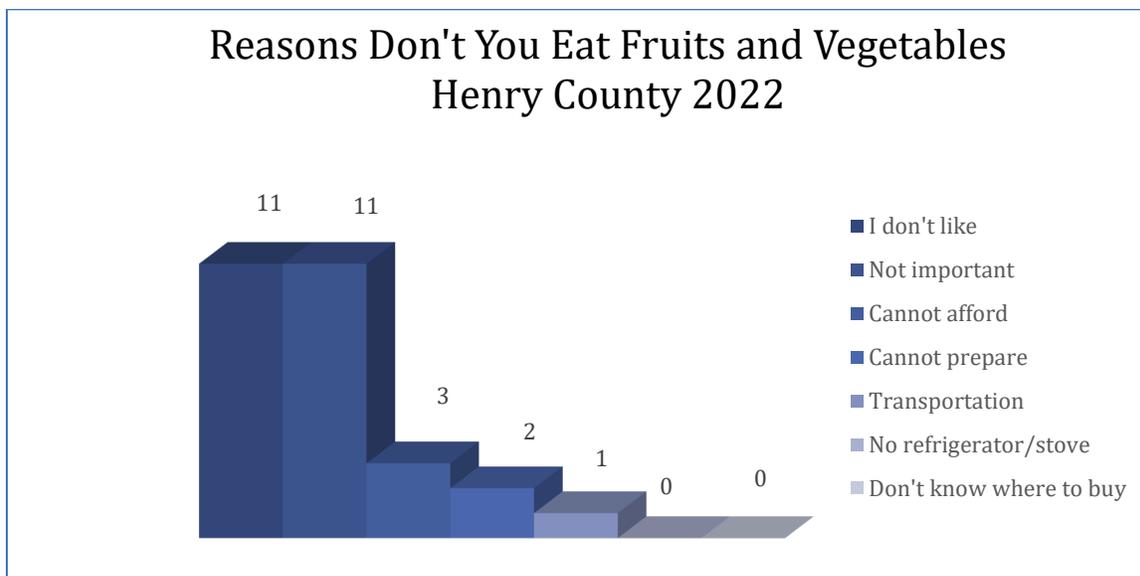


Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables are not liking fruits and

vegetables (11) and a lack of importance (11) (Figure 30). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 30



Source: CHNA Survey

### Comparison to 2019 CHNA

*There has been a decline in healthy eating. In 2019, 58% of respondents indicated they had two or fewer servings of fruits and vegetables per day compared to only 62% in 2022.*

## Social Determinants Related to Healthy Eating

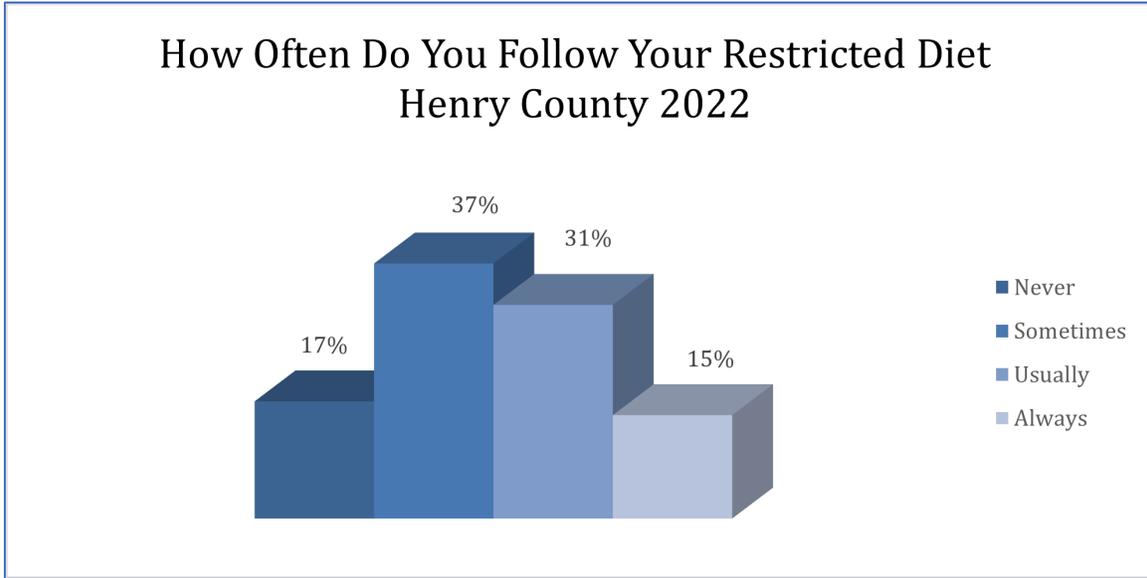
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for those with a higher level of education and those with higher income. Those in an unstable (e.g., homeless) housing environment are less likely to consume fruits and vegetables.

## Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 46% usually or always follow a restricted diet (Figure 31).

Figure 31



Source: CHNA Survey

### Comparison to 2019 CHNA

*There has been an increase in those who follow a restricted diet if recently diagnosed with a morbidity. In 2019, 40% of respondents indicated they usually or always followed a restricted diet compared to 46% in 2022.*

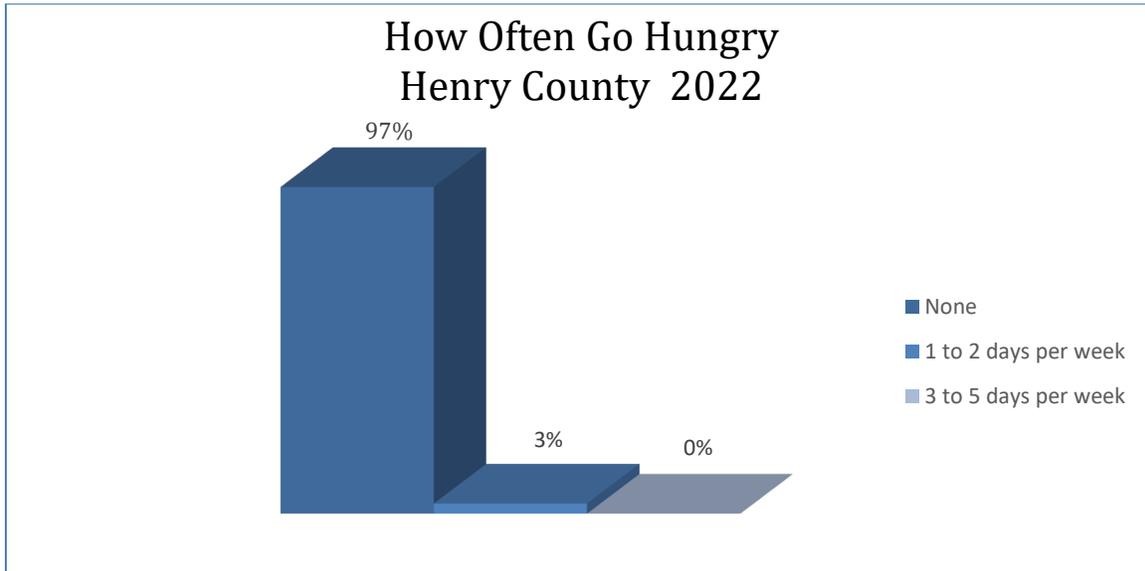
## Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For Henry County, 13% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

## 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.

Figure 32



Source: CHNA Survey

## Prevalence of Hunger

Respondents were asked, “How many days a week do you or your family members go hungry?” The vast majority of respondents indicated they do not go hungry, however, 3% indicated they go hungry 1-2 days per week.



## Social Determinants Related to Prevalence of Hunger

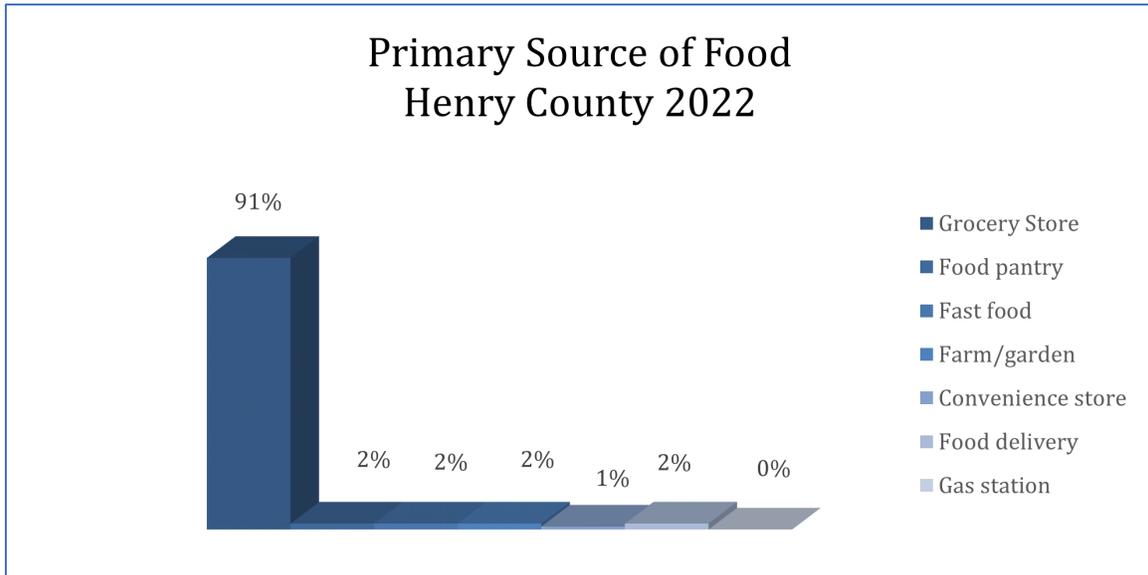
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

Prevalence of Hunger tends to be more likely for those with less education, less income and those in an unstable (e.g., homeless) housing environment.

## Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (91%) identified a grocery store (Figure 33).

Figure 33



Source: CHNA Survey

### Comparison to 2019 CHNA

*Results from the 2022 CHNA show a slight improvement regarding primary source of food compared to the 2019 CHNA, where 89% of respondents indicated grocery stores in 2019 compared 91% in 2022.*

## Food Landscape

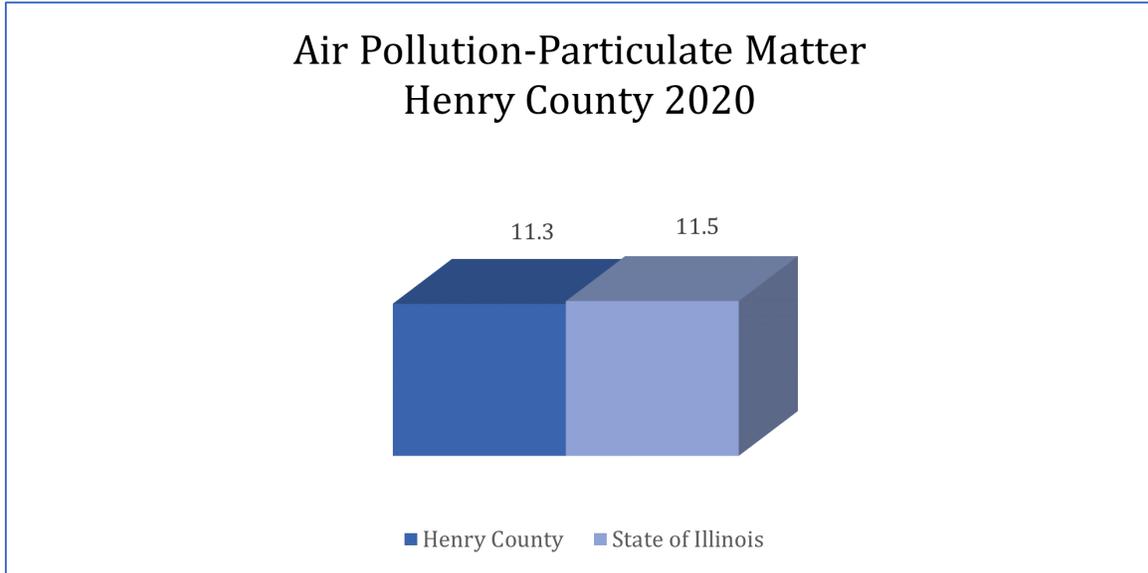
Food landscape is a measure of a community’s access to sufficient, affordable and nutritious food. Key risk influencers include accessibility, affordability and literacy. For Henry County, 29% of the population is at elevated risk for food landscape. This is higher than the State of Illinois average of 25% (SocialScape® powered by SociallyDetermined®, 2022).

## 2.4 Physical Environment

*Importance of the measure:* According to the County Health Rankings, 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 Henry County (11.3) is slightly lower than the State average of 11.5 (Figure 34).

Figure 34



Source: County Health Rankings 2021

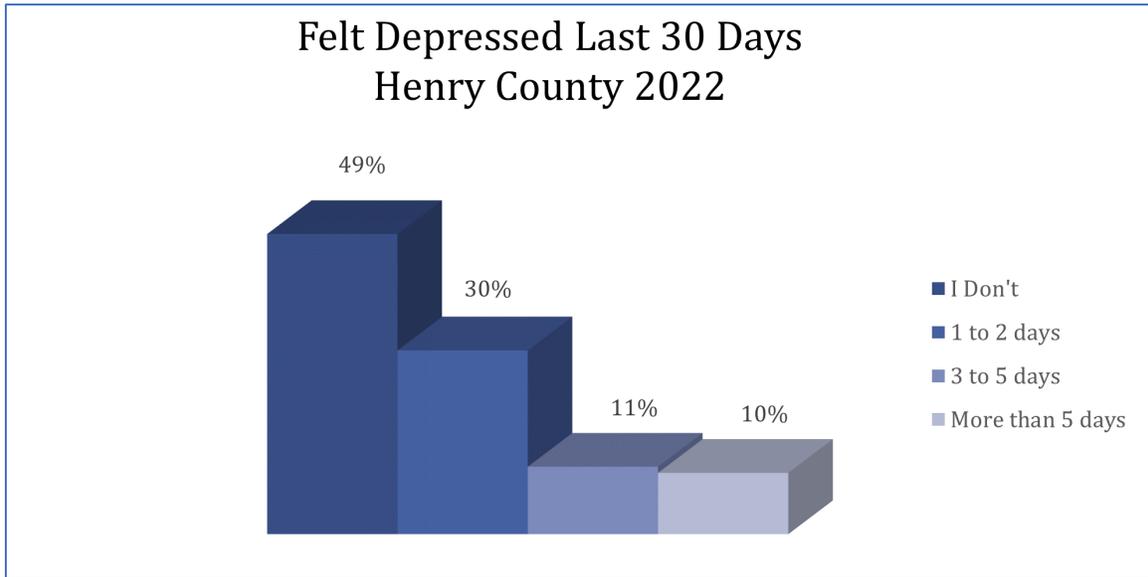
## 2.5 Health Status

*Importance of the measure:* Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

### Mental Health

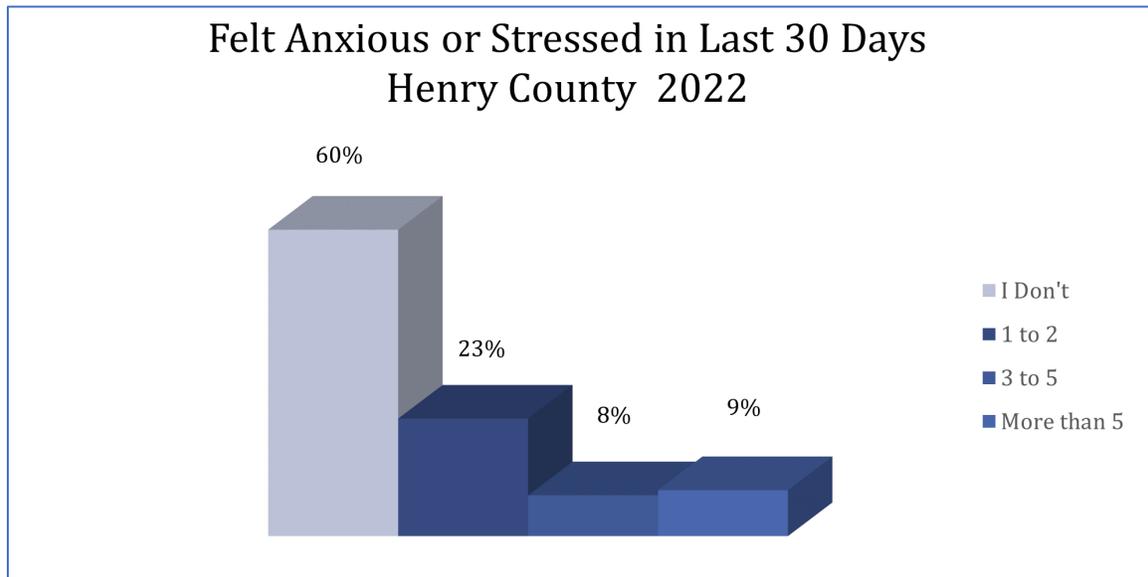
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 49% indicated they did not feel depressed in the last 30 days (Figure 35) and 60% indicated they did not feel anxious or stressed (Figure 36).

Figure 35



Source: CHNA Survey

Figure 36



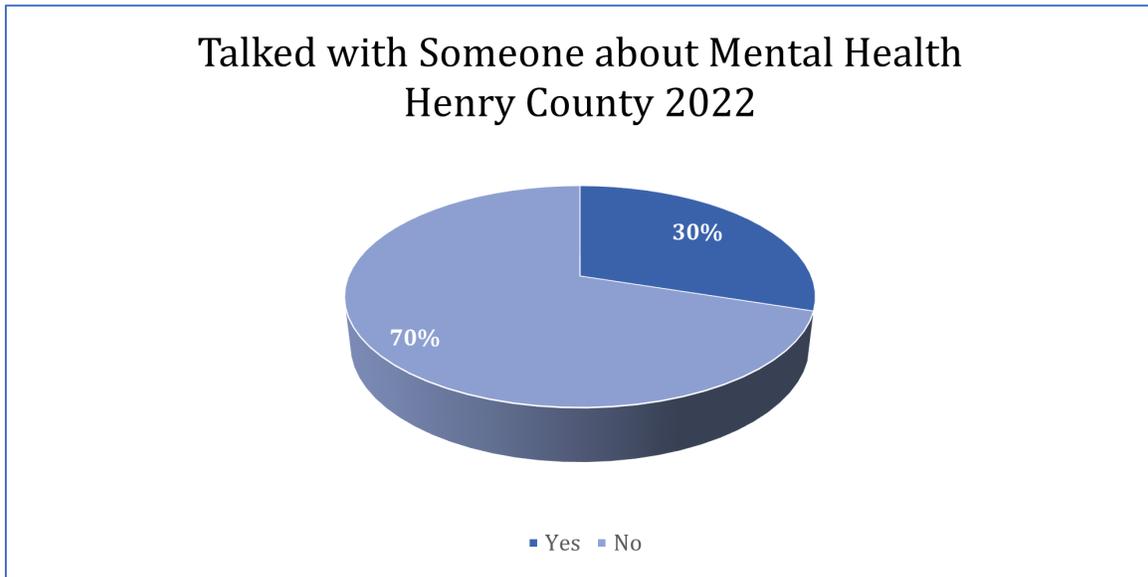
Source: CHNA Survey

### Comparison to 2019 CHNA

**Results from the 2022 CHNA show a decline in mental health. In 2019, 59% of respondents indicated they did not feel depressed in the last 30 days and 68% indicated they did not feel anxious or stressed. In 2022, 49% of respondents indicated they did not feel depressed in the last 30 days and 60% indicated they did not feel anxious or stressed.**

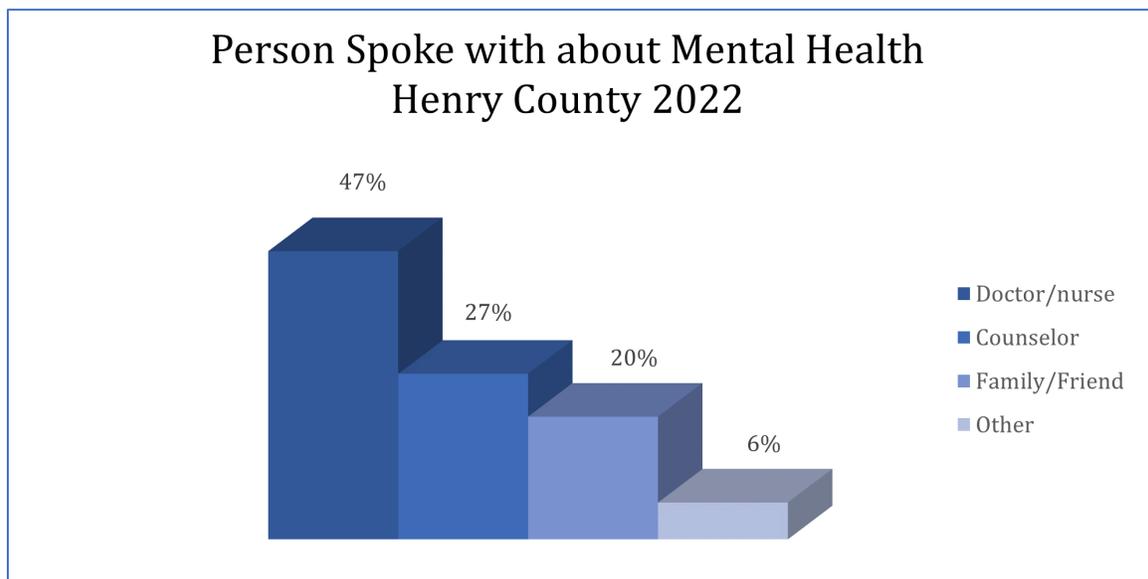
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 30% indicated that they spoke to someone (Figure 37), the most common response was a doctor/nurse (47%) (Figure 38).

Figure 37



Source: CHNA Survey

Figure 38



Source: CHNA Survey

## Social Determinants Related to Behavioral Health

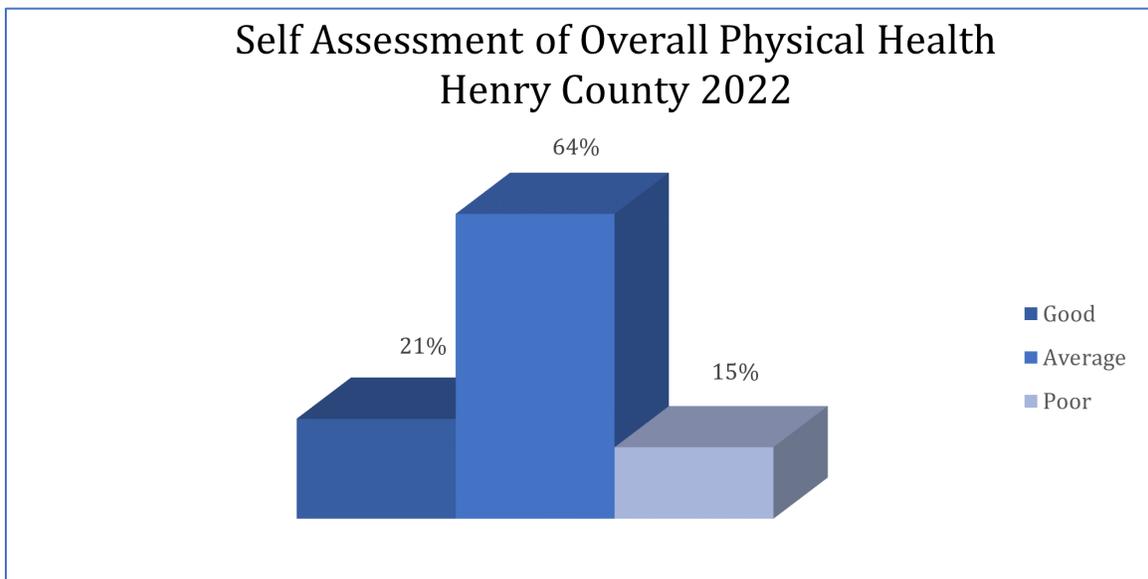
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for women, younger people and those with less income. Depression tends to be rated lower for White people.
- **Stress and anxiety** tends to be rated higher for younger people and those with less income. Stress and anxiety tends to be rated lower for White people.

## Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 15% of respondents reported having poor overall physical health (Figure 39).

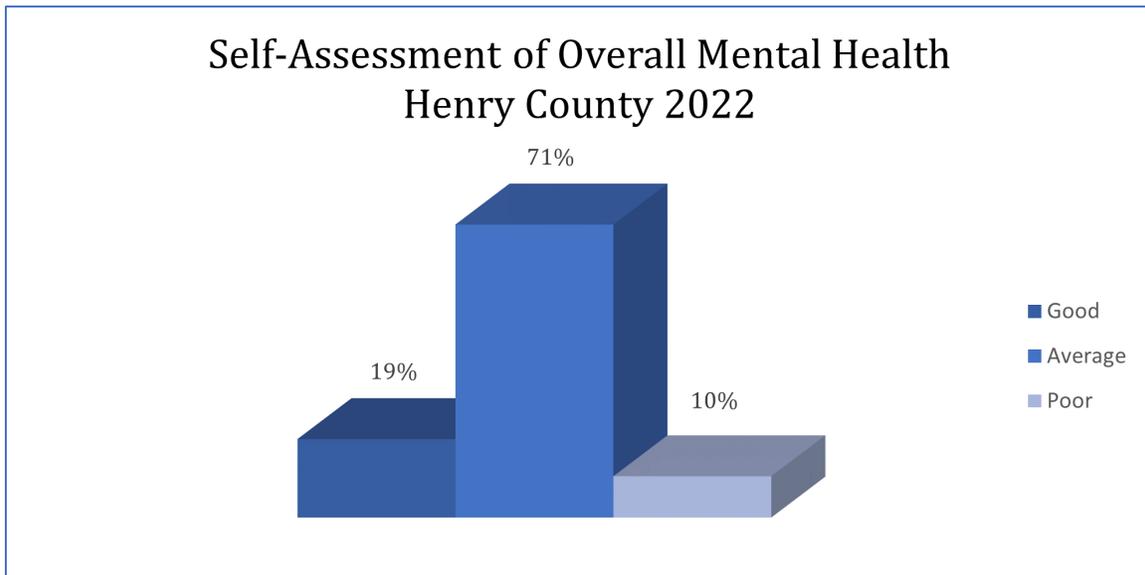
Figure 39



Source: CHNA Survey

In regard to self-assessment of overall mental health, 10% of respondents stated they have poor overall mental health (Figure 40).

Figure 40



Source: CHNA Survey

### Comparison to 2019 CHNA

*With regard to physical health, more people see themselves in poor health in 2022 (15%) than 2019 (10%). With regard to mental health, more people see themselves in poor health in 2022 (10%) than 2019 (5%).*



## Social Determinants 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 White people, those with higher education and income. Perceptions of physical health tend to be rated lower for LatinX people.
- **Perceptions of mental health** tend to be higher for older people, White people and those with higher education and income. Women were less likely to report good mental health.

## 2.6 Key Takeaways from Chapter 2

- ✓ WHILE THERE WAS A SIGNIFICANT IMPROVEMENT IN ACCESS TO MEDICAL CARE, THERE WAS SIGNIFICANT DECREASE IN ACCESS TO MENTAL-HEALTH COUNSELING. THIS IS AT A TIME WHEN THERE WERE SIGNIFICANT INCREASES IN BOTH DEPRESSION AND STRESS/ANXIETY.
- ✓ INCREASED UTILIZATION OF DOCTORS' OFFICES/CLINICS.
- ✓ COVID-19 VACCINES ARE LOWER THAN STATE AVERAGES.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST, CERVICAL AND COLORECTAL SCREENING.
- ✓ THERE HAS BEEN A DECREASE IN BOTH EXERCISE AND HEALTHY EATING IN THE PAST THREE YEARS.
- ✓ THERE HAS BEEN A SIGNIFICANT INCREASE IN DEPRESSION AND STRESS/ANXIETY, ESPECIALLY AMONG YOUNG WOMEN.

CHAPTER 3 OUTLINE

- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

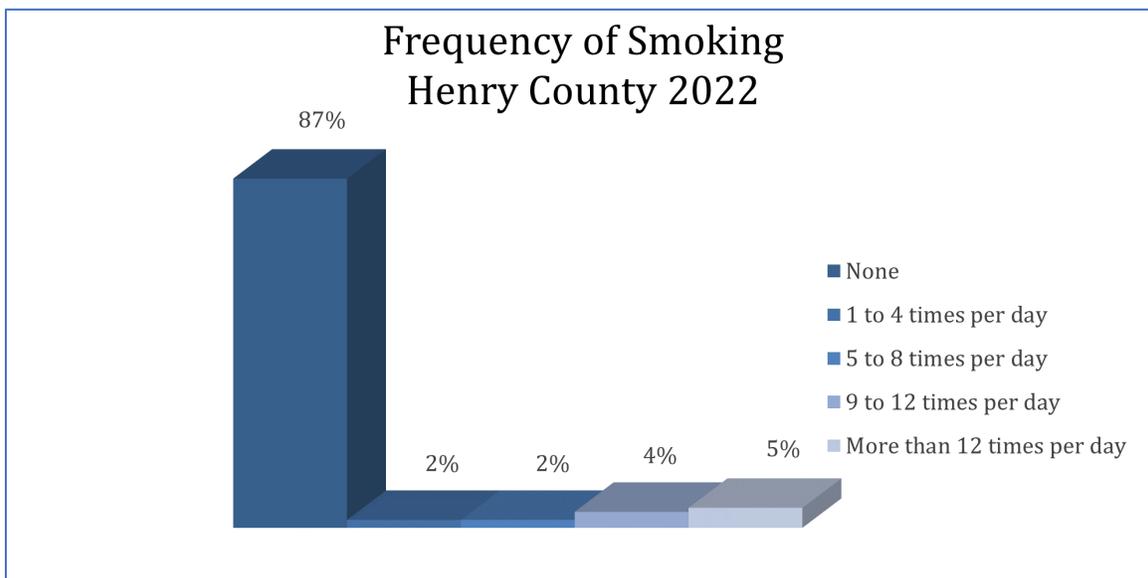
## CHAPTER 3: SYMPTOMS AND PREDICTORS

### 3.1 Tobacco Use

*Importance of the measure:* In order to appropriately allocate health-care resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, health-care organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

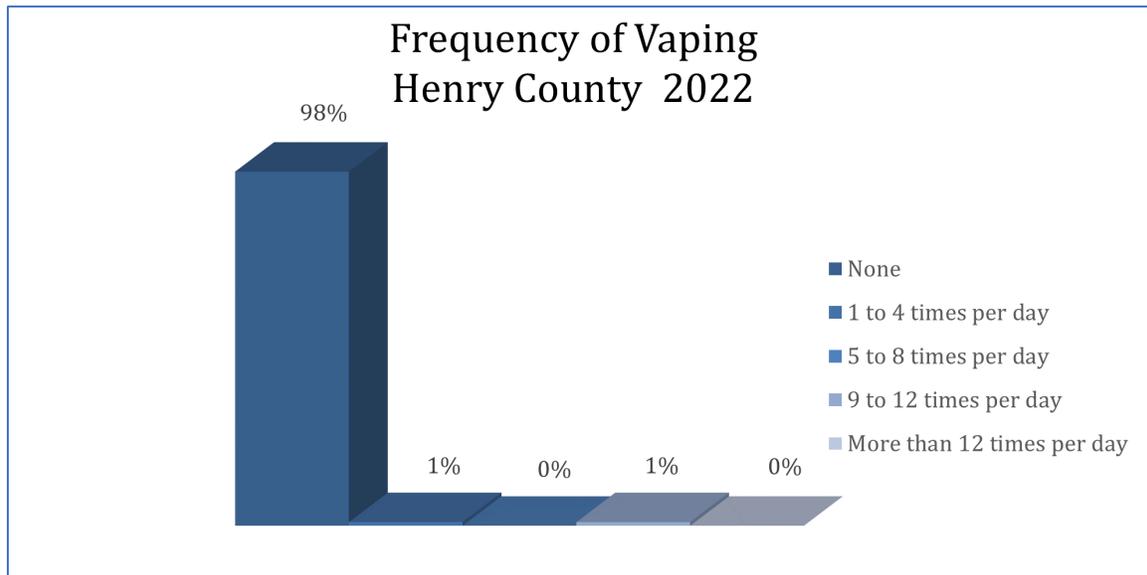
CHNA survey data show 87% of respondents do not smoke and only 5% state they smoke more than 12 times per day (Figure 41). Only 2% of respondents vape on a daily basis (Figure 42).

Figure 41



Source: CHNA Survey

Figure 42



Source: CHNA Survey

### Comparison to 2019 CHNA

*Results between 2019 and 2022 show a slight improvement for smoking, where 84% of people did not smoke in 2019 and 87% do not smoke/vape in 2022.*



## Social Determinants 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 less education and a lower income. Smoking tends to be rated lower by White people.
- **Vaping** tends to be rated higher by younger people.

## 3.2 Drug and Alcohol Abuse

*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 adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

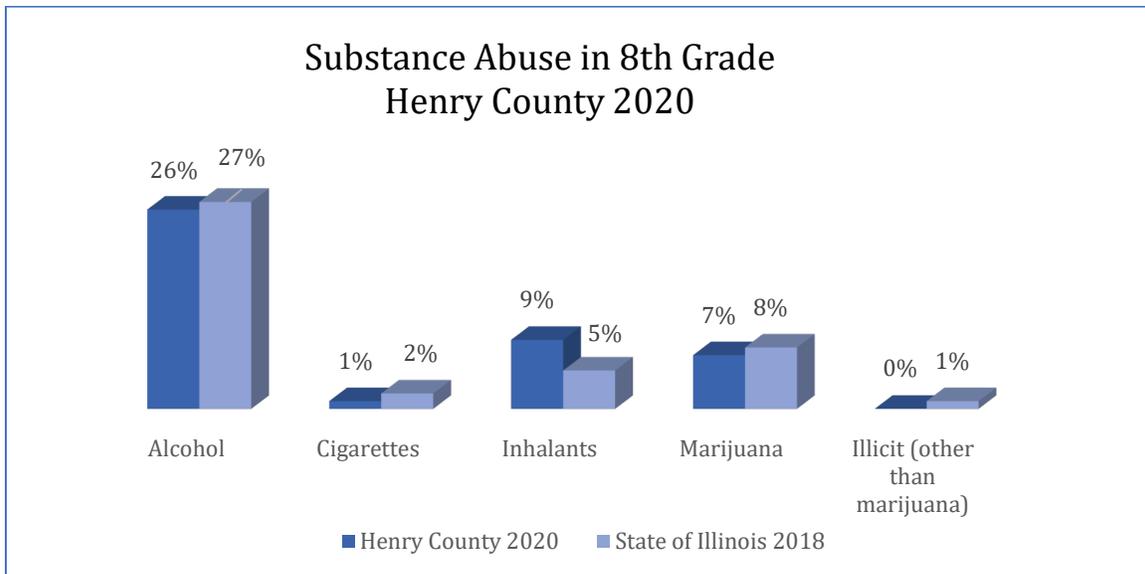
### Youth Substance Abuse

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco and other drugs – including inhalants) among adolescents. Henry County data reported for 2020, State of Illinois

data reported for 2018. From the chart below Henry County came in below State of Illinois averages for alcohol, cigarettes, marijuana and illicit drugs. Henry County reported higher than State averages for inhalants among 8th graders (Figure 43).

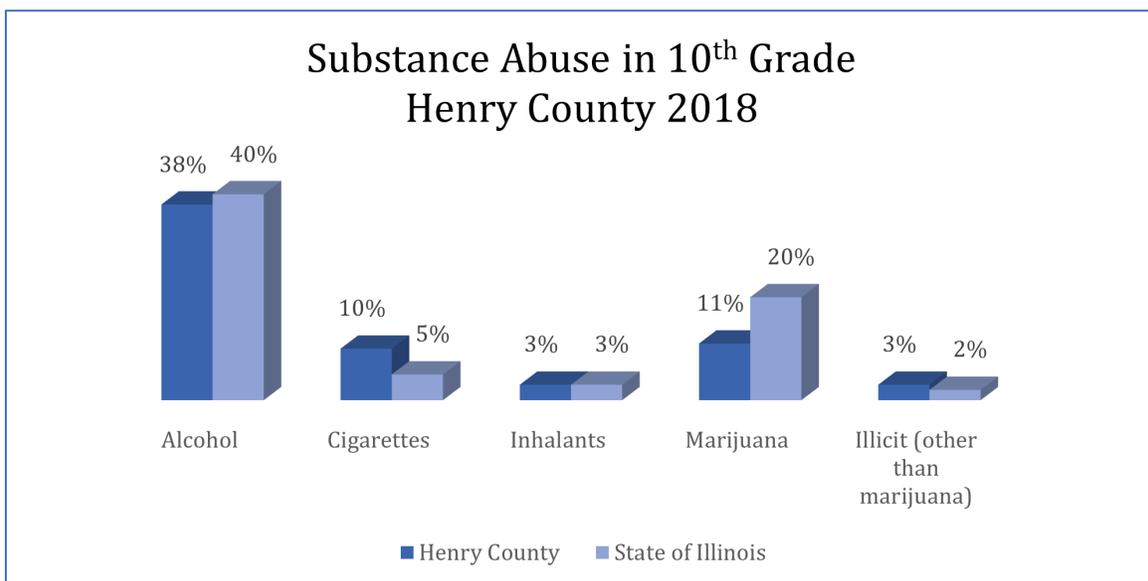
Among 10th graders, the most recent data available Henry County and State of Illinois is 2018. These data show State levels remaining equal to or higher in all categories except cigarettes and illicit drugs (Figure 44). Note data is unavailable for 12<sup>th</sup> graders.

Figure 43



Source: University of Illinois Center for Prevention Research and Development

Figure 44

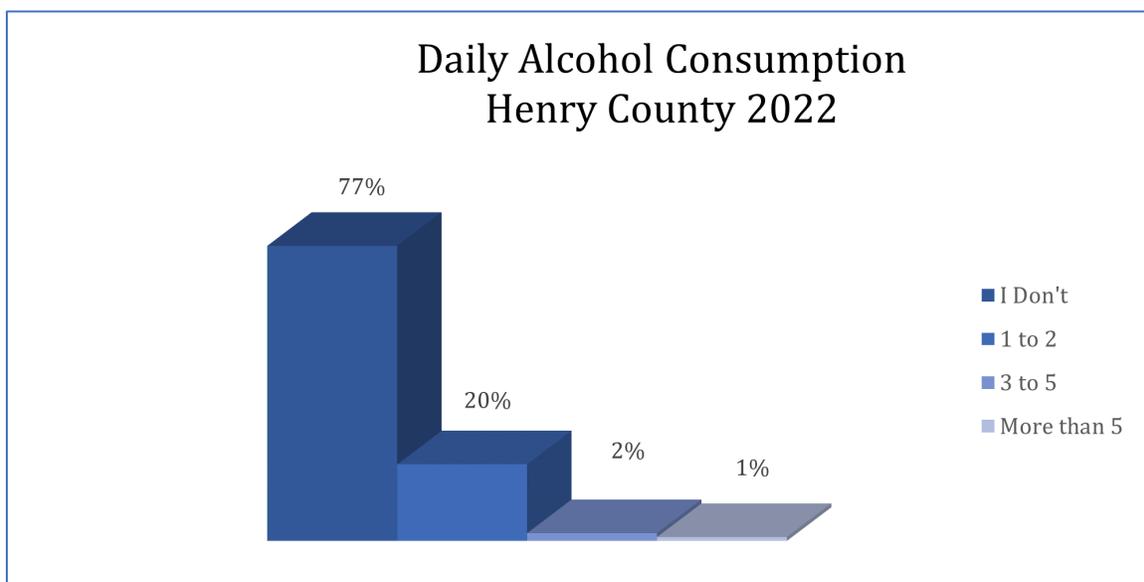


Source: University of Illinois Center for Prevention Research and Development

## Adult Substance Use

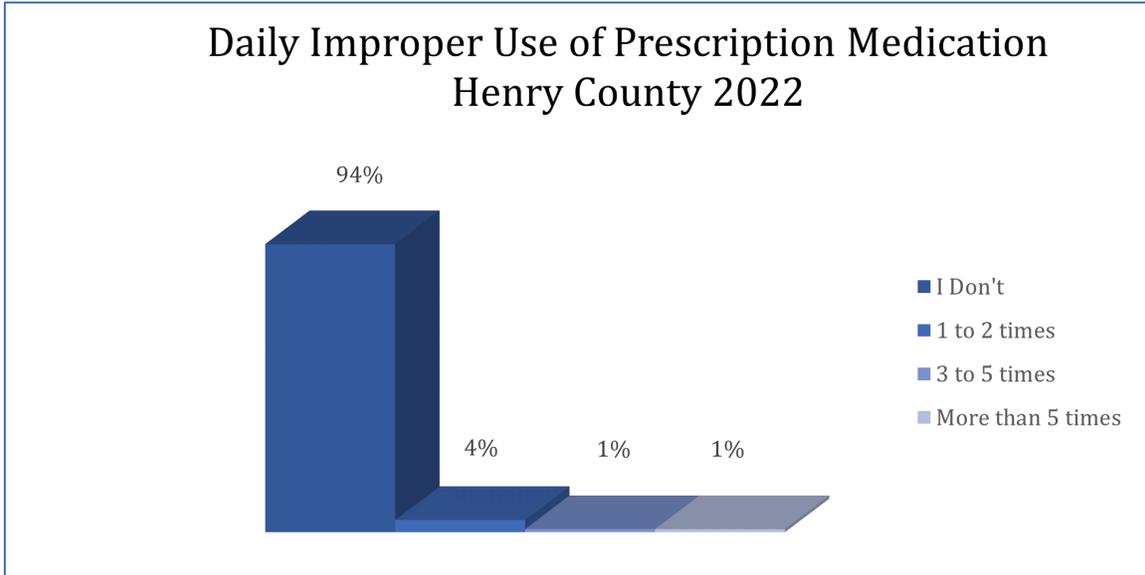
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 77% indicated they did not consume alcohol on a typical day (Figure 45), 94% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 46), 96% indicated they do not use marijuana on a typical day (Figure 47) and 99% indicated they do not use illegal substances on a typical day (Figure 48). Note this is the first year that the CHNA has measured separate categories of substance use, so there is no comparison to the 2019 CHNA.

Figure 45



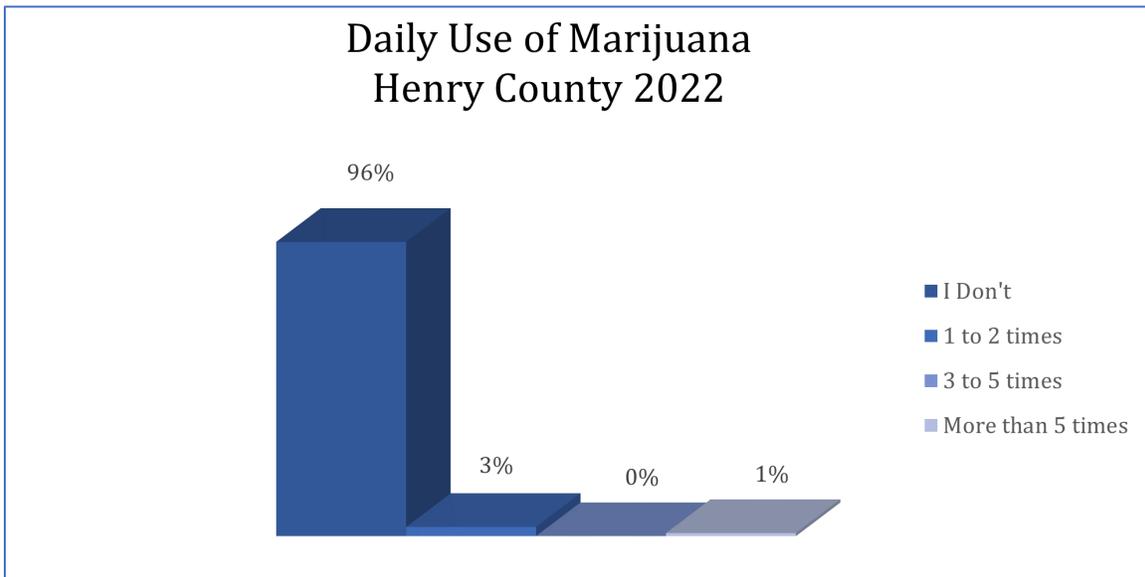
Source: CHNA Survey

Figure 46



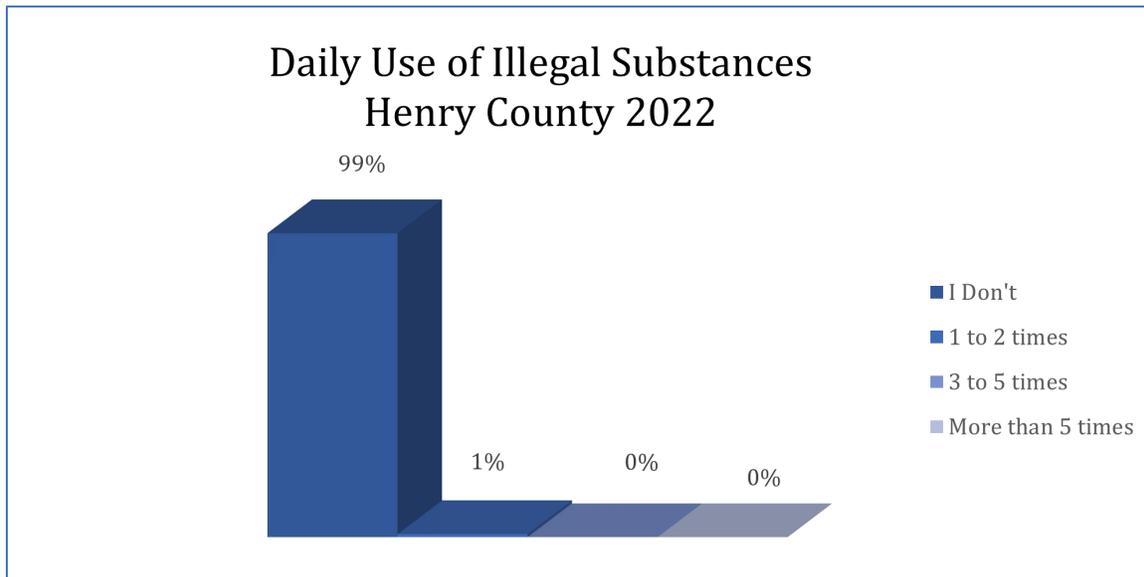
Source: CHNA Survey

Figure 47



Source: CHNA Survey

Figure 48



Source: CHNA Survey



## Social Determinants 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 for Black people, LatinX people, those with less income and education. Alcohol consumption tends to be rated lower for White people.
- **Misuse of prescription medication including opioids** tends to be rated higher by men.
- **Marijuana use** had no significant correlations.
- **Illegal substance use** tends to be rated lower for White people.

## 3.3 Overweight and Obesity

*Importance of the measure:* Individuals who are overweight and 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 Henry 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. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

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

impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

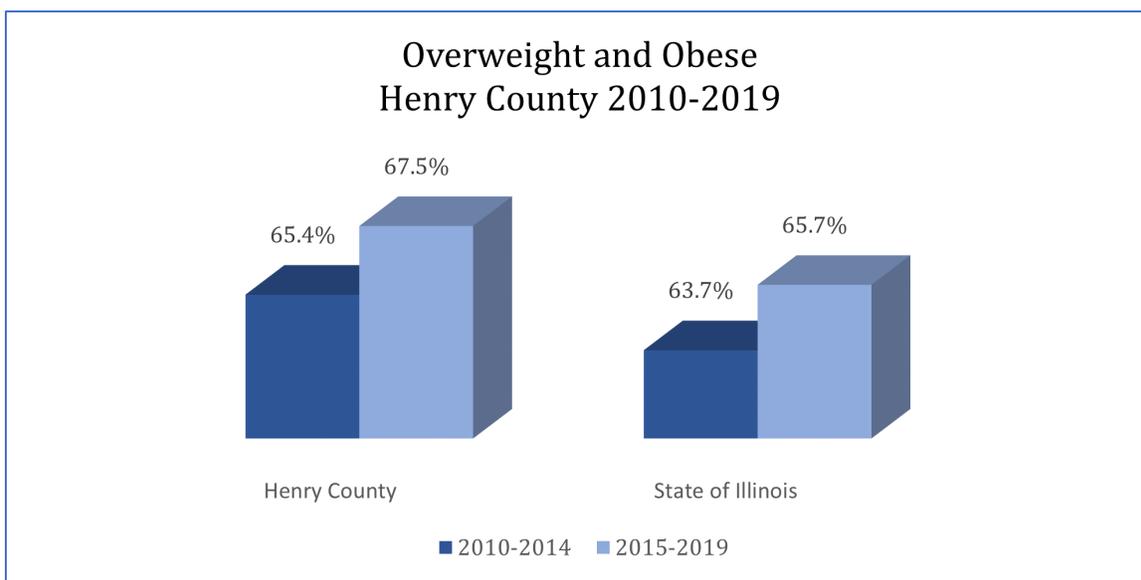
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 65.4% to 67.5%.

Overweight and obesity rates in Illinois have increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 63.7% to 65.7% (Figure 49). Note that data have not been updated by the Illinois Department of Public Health.

Additionally, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 49

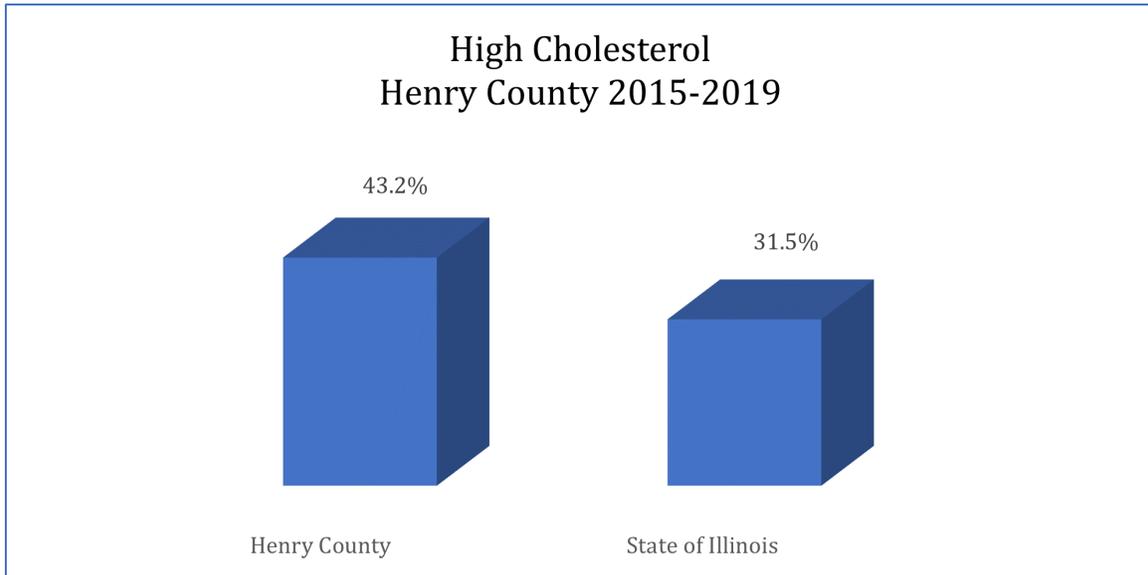


Source: Illinois Behavioral Risk Factor Surveillance System

### 3.4 Predictors of Heart Disease

Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol in Henry County (43.2%) compared to the State of Illinois average of 31.5%. Note that data have not been updated past 2019 by the Illinois Department of Public Health (Figure 50).

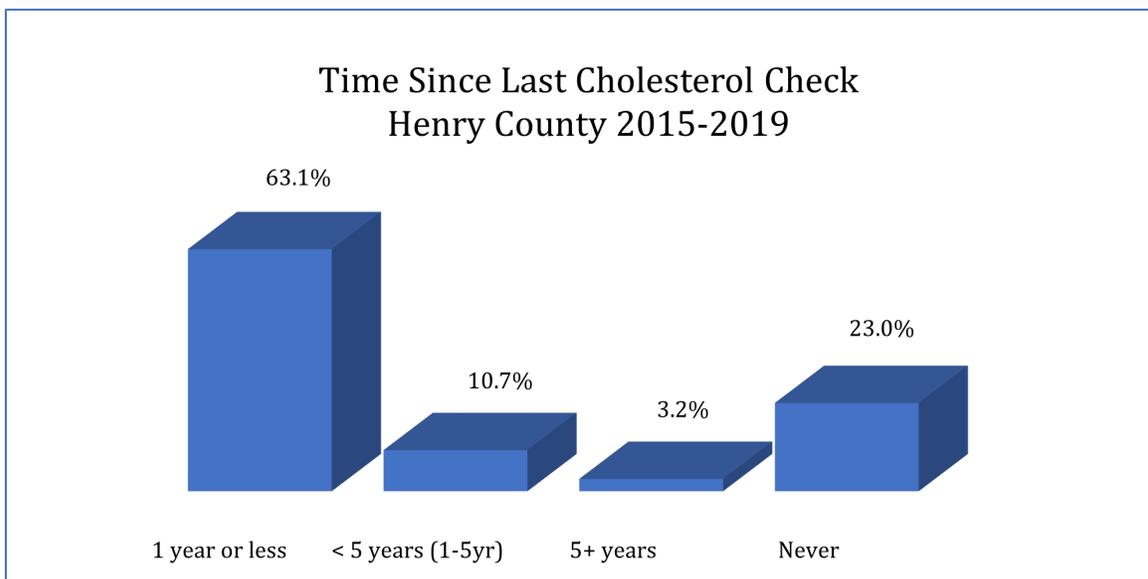
Figure 50



Source: Illinois Behavioral Risk Factor Surveillance System

Most (63.1%) residents of Henry County report having their cholesterol checked recently, whereas 23% report never having their cholesterol checked (Figure 51). Note that data have not been updated by the Illinois Department of Public Health.

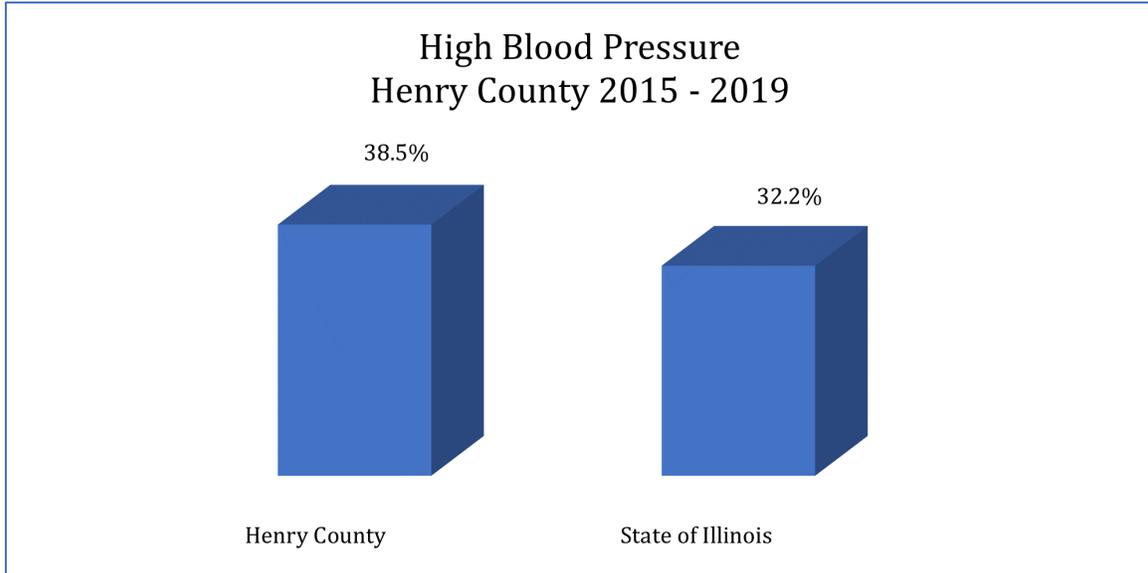
Figure 51



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Henry County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure from 2015 – 2019 increased to 38.5% (Figure 52). Note that data have not been updated past 2019 by the Illinois Department of Public Health.

Figure 52



Source: Illinois Behavioral Risk Factor Surveillance System

### 3.5 Key Takeaways from Chapter 3

- ✓ INHALANT USAGE AMONG 8TH GRADERS IS HIGHER THAN STATE AVERAGES.
- ✓ CIGARETTE USAGE AMONG 10TH GRADERS IS HIGHER THAN STATE AVERAGES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN HENRY COUNTY.
- ✓ RISK FACTORS FOR HEART DISEASE ARE HIGHER THAN STATE AVERAGES.
- ✓ 6% OF SURVEY RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION INCLUDING OPIOIDS ON A DAILY BASIS.

**CHAPTER 4 OUTLINE**

- 4.1 Self-Identified Health Conditions
- 4.2 Healthy Babies
- 4.3 Cardiovascular Disease
- 4.4. Respiratory
- 4.5 Cancer
- 4.6 Diabetes
- 4.7 Infectious Disease
- 4.8 Injuries
- 4.9 Mortality
- 4.10 Key Takeaways from Chapter 4

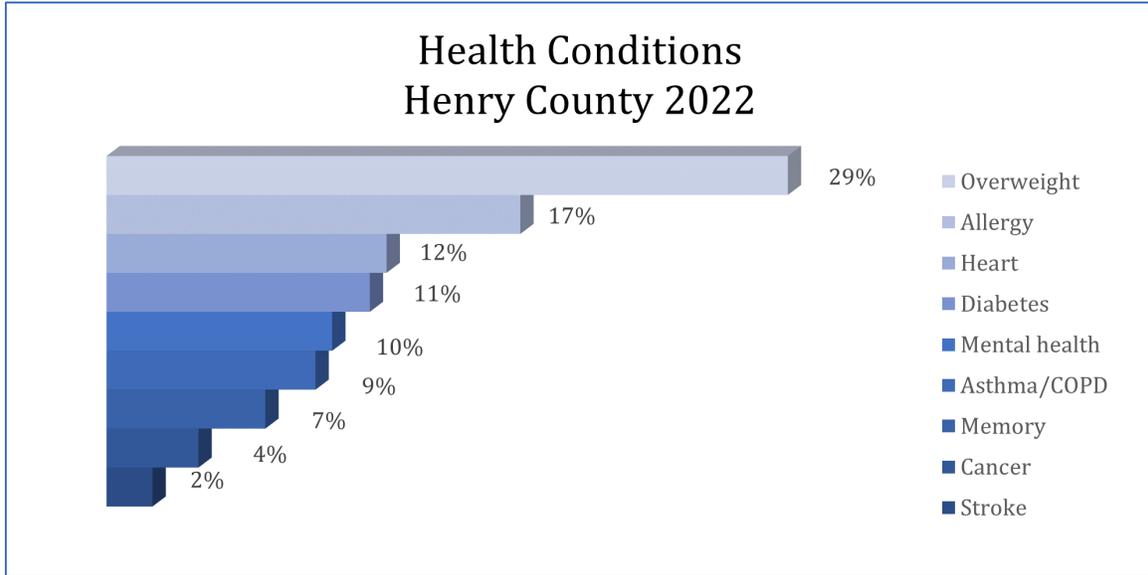
## **CHAPTER 4: MORBIDITY AND MORTALITY**

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 Henry 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 (29%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, Behavioral Risk Factor Surveillance System (BRFSS) data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., cancer 4%, diabetes 11%) (Figure 53).

Figure 53



Source: CHNA Survey

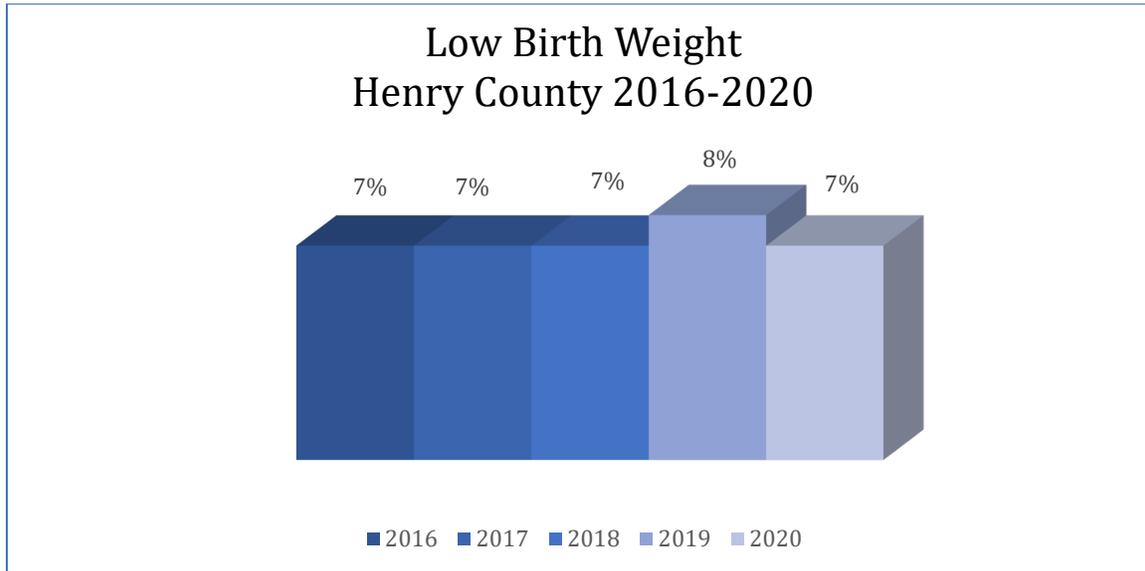
## 4.2 Healthy Babies

*Importance of the measure:* Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. 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 Henry County has remained constant with a slight increase in 2019 (8.0%) (Figure 54).

Figure 54



Source: County Health Ranking 2020

## 4.3 Cardiovascular Disease

*Importance of the measure:* Cardiovascular disease is defined as 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 Atherosclerosis

Coronary Atherosclerosis, sometimes-called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

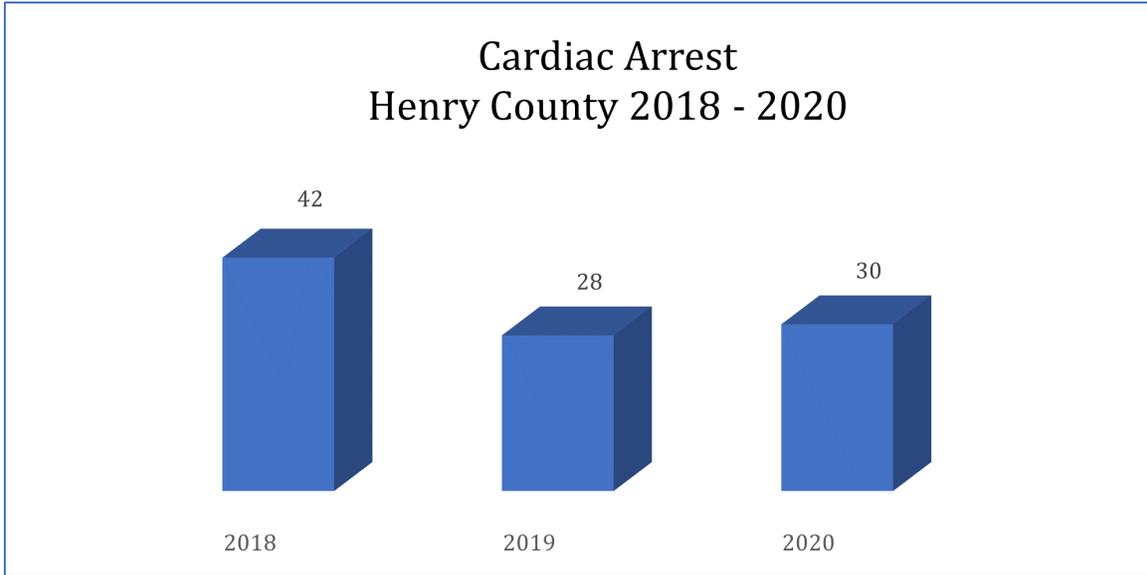
Coronary artery disease is a leading cause of death for Americans. Most of these deaths are from heart attacks caused by sudden blood clots in the heart's arteries.

The number of cases of coronary atherosclerosis complication at Henry County area hospitals has been low, with 2 cases in 2019 and 1 case reported in 2020. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

### Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Henry County area hospitals decreased by 12 from 2018 to 2020 (Figure 55). Note that hospital-level data only show hospital admissions.

Figure 55

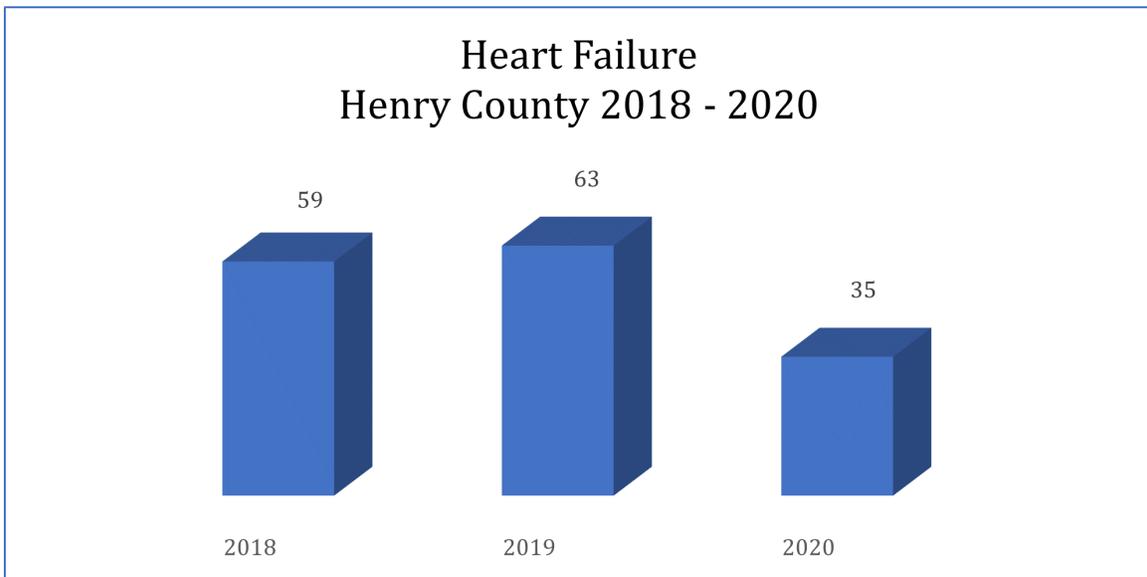


Source: COMPdata Informatics 2021

## Heart Failure

The number of treated cases of heart failure at Henry County area hospitals decreased in 2020. In 2018, 59 cases were reported, and in 2020, there were 35 cases reported (Figure 56). Note that hospital-level data only show hospital admissions.

Figure 56

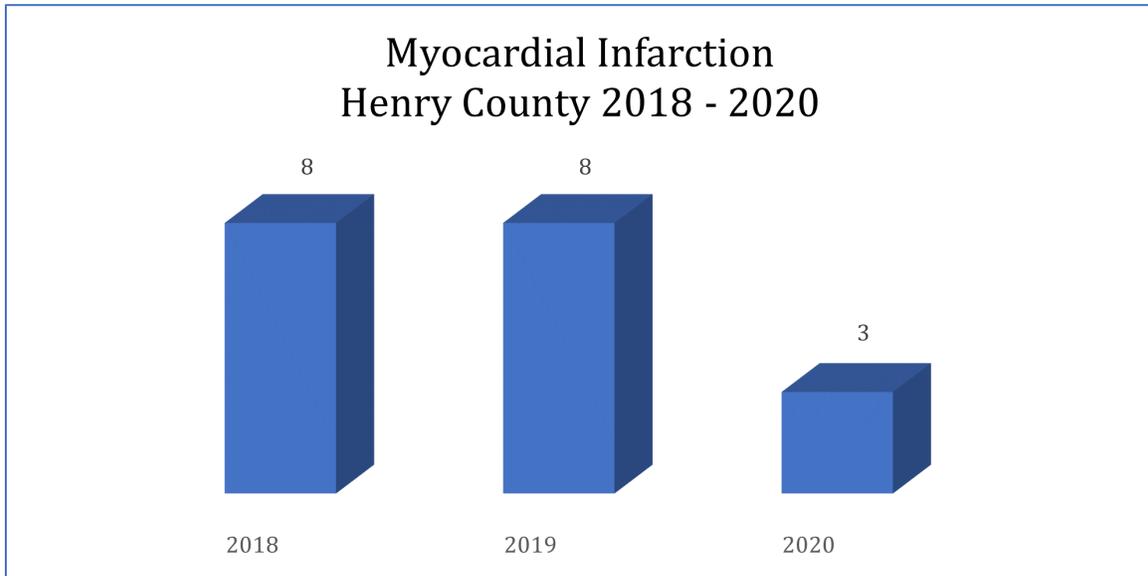


Source: COMPdata Informatics 2021

## Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Henry County stayed the same in 2018 and 2019 showing 8 cases. The number of cases of myocardial infarction then decreased to 3 in 2020 (Figure 57). Note that hospital-level data only show hospital admissions.

Figure 57



Source: COMPdata Informatics 2021

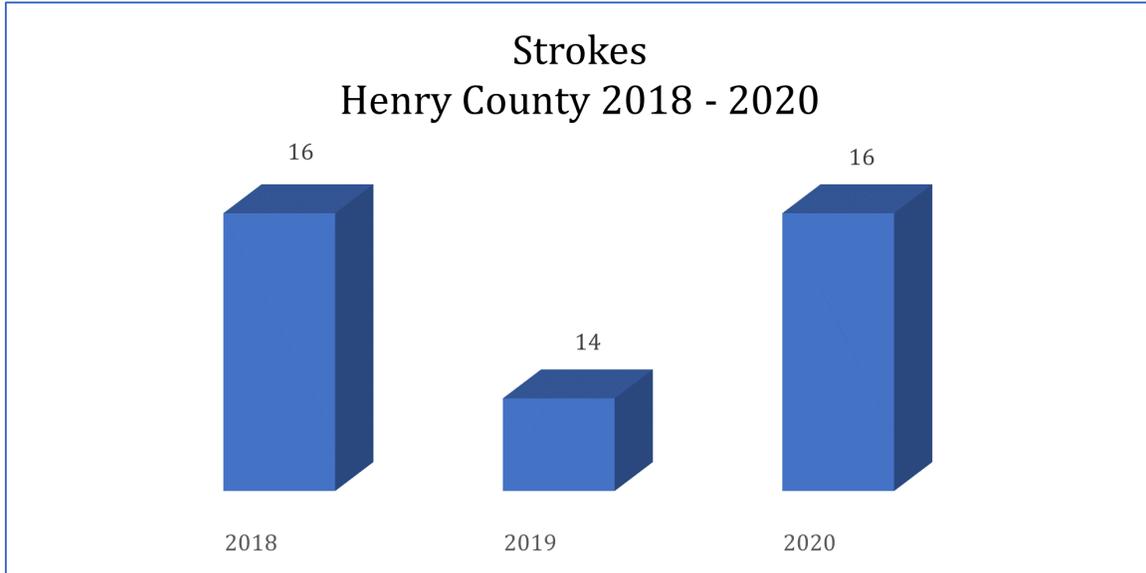
## Arterial Embolism

There were no treated cases of arterial embolism at Henry County area hospitals from 2018 - 2020. Note that hospital-level data only show hospital admissions.

## Strokes

The number of treated cases of stroke at Henry County area hospitals decreased between 2018 (16) and 2019 (14). The number of cases then increased in 2020 to 16 cases (Figure 58). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 58



Source: COMPdata Informatics 2021

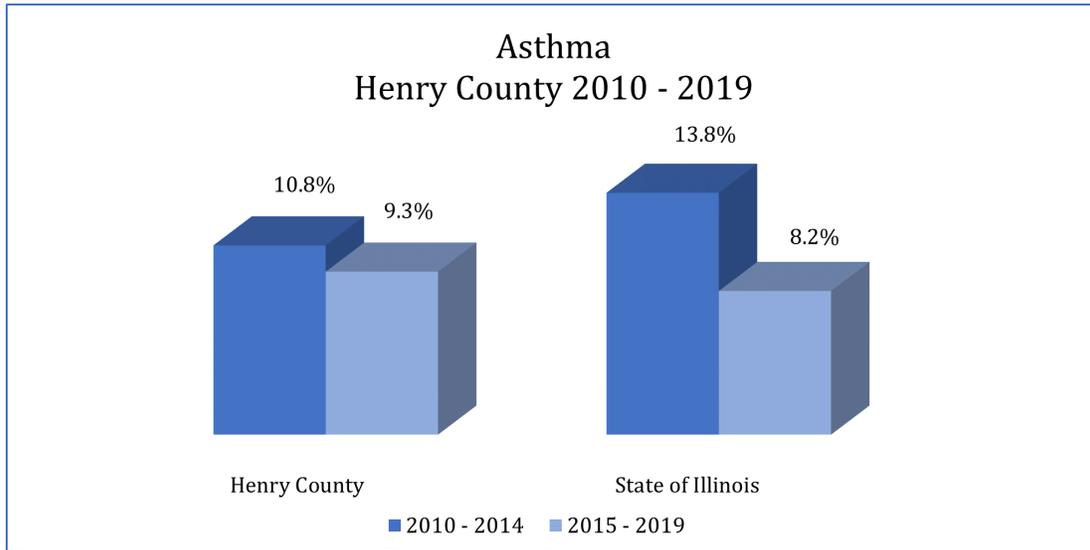
## 4.4 Respiratory

*Importance of the measure:* Disease of the respiratory system includes 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.

### Asthma

The percentage of residents who have asthma in Henry County has decreased between 2010 - 2014 and 2015 - 2019. According to the Illinois BRFSS, asthma rates in Henry County (9.3%) are greater than the State of Illinois (8.2%) (Figure 59). Note that data has not been updated past 2019 by the Illinois Department of Public Health.

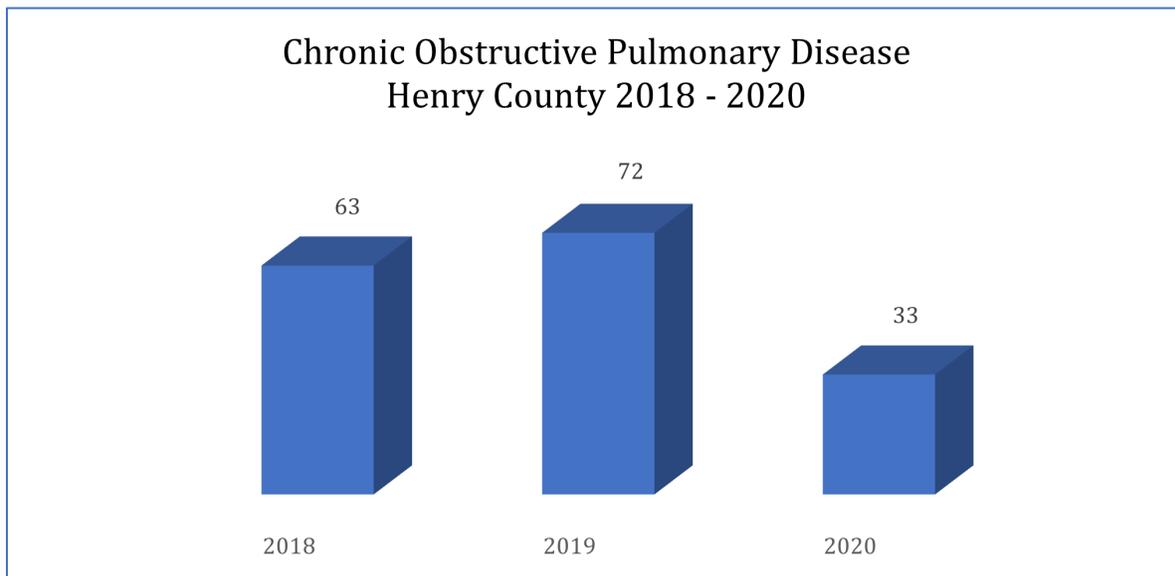
Figure 59



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Henry County area hospitals fluctuated between 2018 and 2020, with a significant decline in 2020 (Figure 60). Note the significant decrease between 2019 and 2020 could be because of the COVID-19 pandemic. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 60



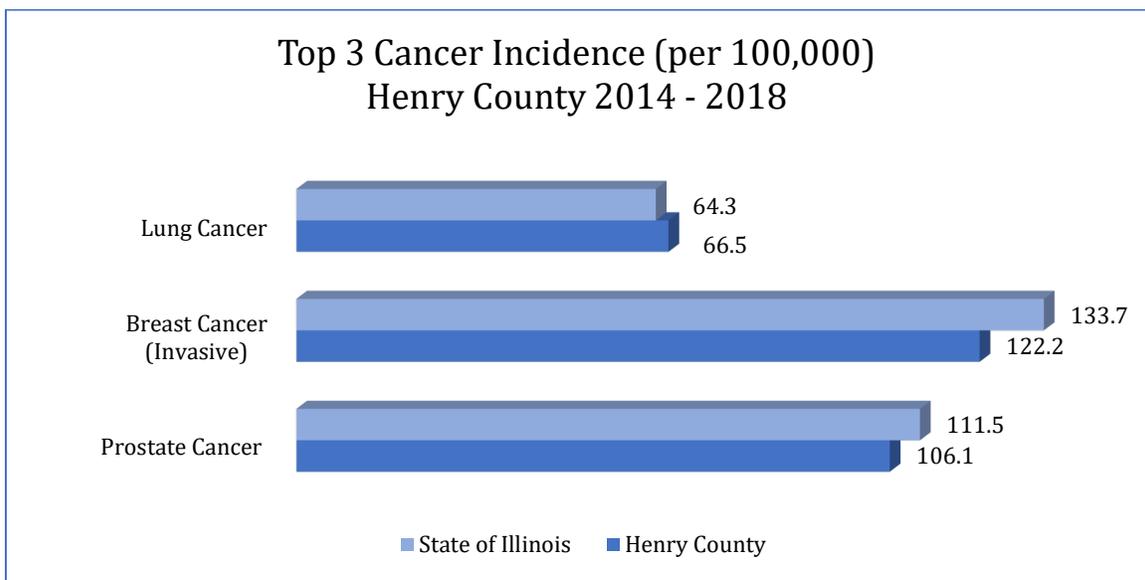
Source: COMPdata Informatics 2021

## 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 Henry County.

For the top three prevalent cancers in Henry County, comparisons are illustrated in the graph that follows (Figure 61). Specifically, prostate cancer and breast cancer are lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois. Note that 2018 is the most recent year of data.

Figure 61



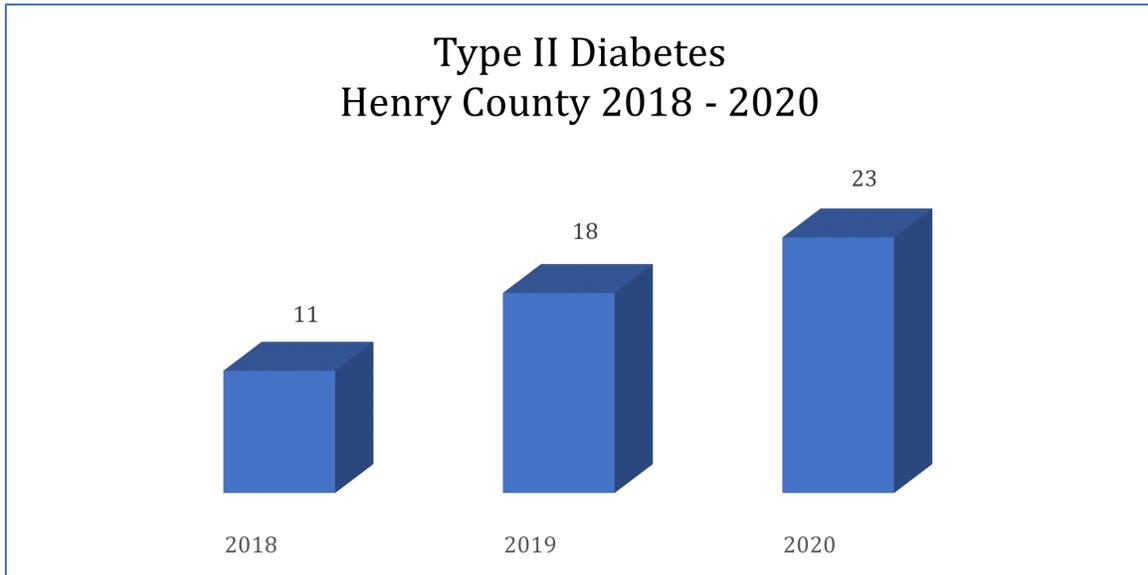
Source: Illinois Department of Public Health – Cancer in Illinois

## 4.6 Diabetes

*Importance of the measure:* Diabetes is the leading cause of kidney failure, adult blindness and amputations and 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). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from Henry County increased between 2018 (11 cases) and 2020 (23 cases) (Figure 62). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

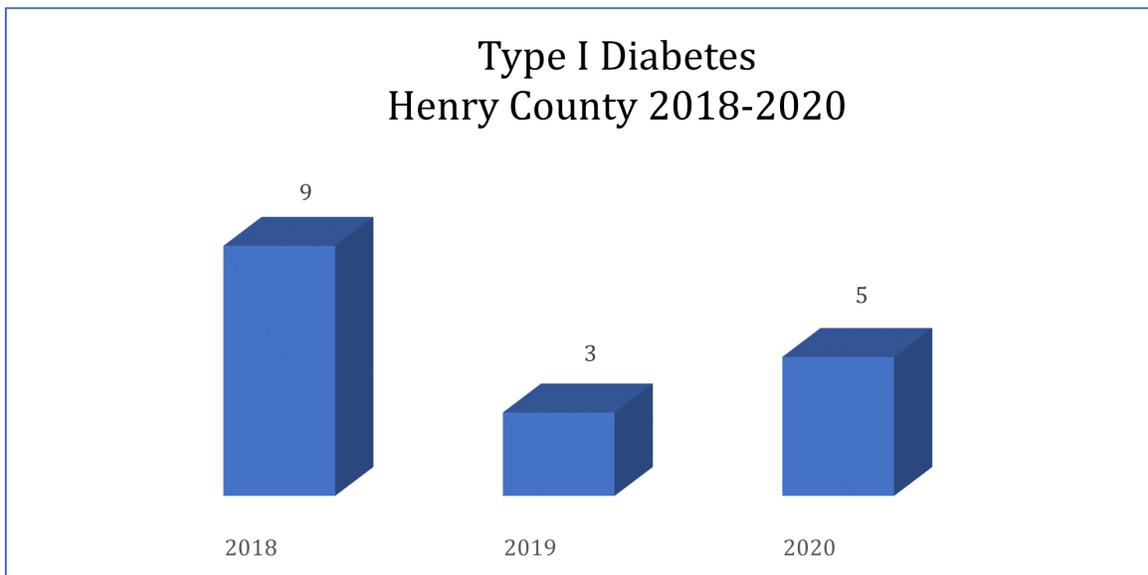
Figure 62



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2018 (9) to 2019 (3) followed by an increase in 2020 (5) for Henry County (Figure 63). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

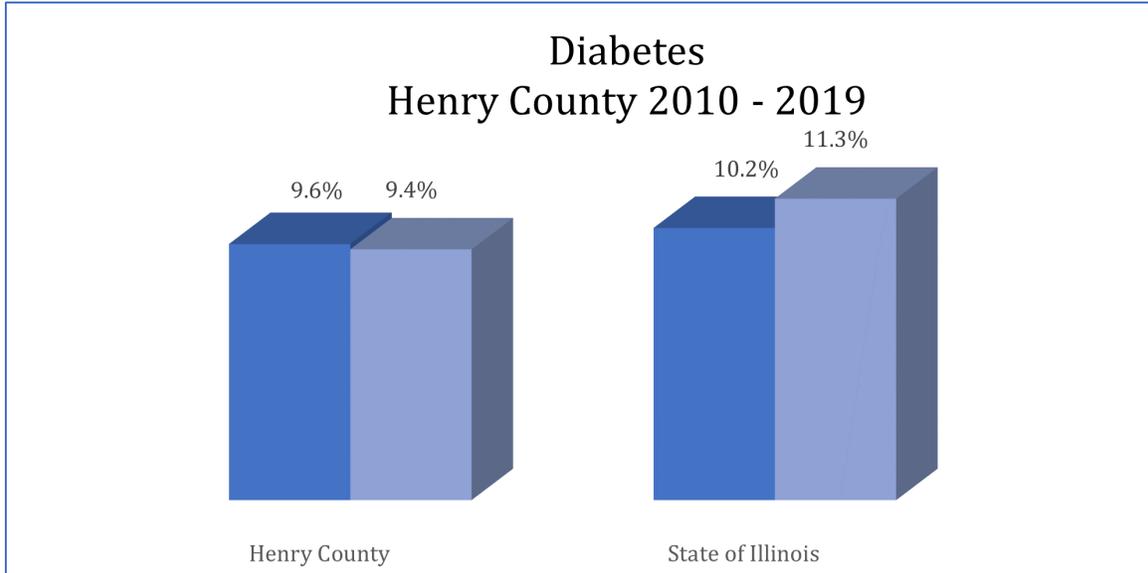
Figure 63



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 9.4% of Henry County residents have diabetes (Figure 64). Trends are concerning, as the prevalence of diabetes is increasing dramatically in the State of Illinois. Note that data have not been updated past 2019 by the Illinois Department of Public Health.

Figure 64



Source: Illinois Behavioral Risk Factor Surveillance System

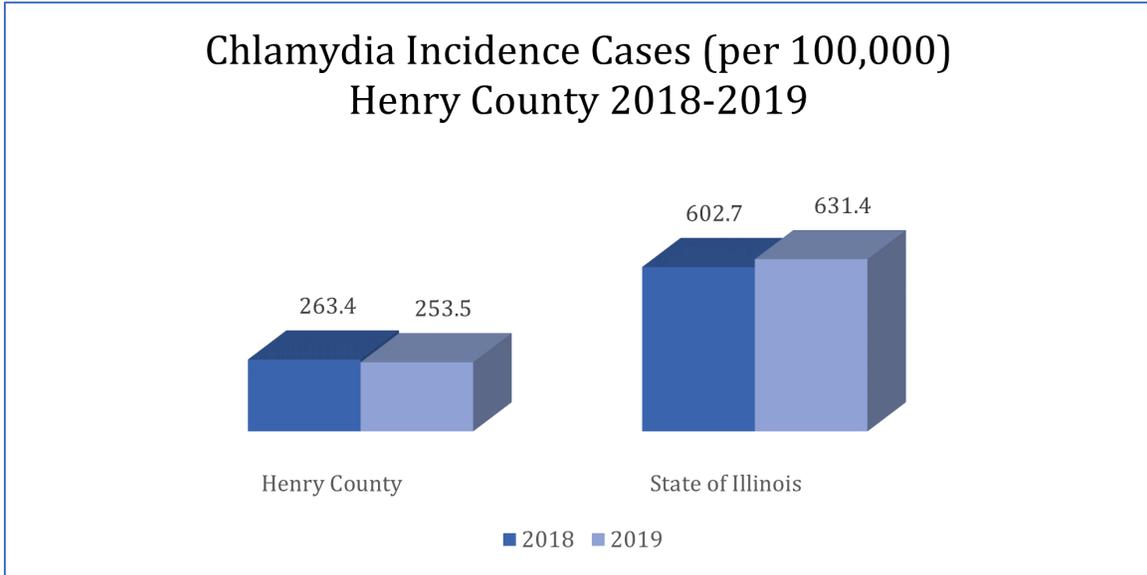
## 4.7 Infectious Diseases

*Importance of the measure:* Infectious diseases, including sexually transmitted infections and hepatitis, are related to high-risk sexual behavior, drug and alcohol abuse, limited access to healthcare, and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

### Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Henry County from 2018-2019 indicate a slight decrease. The incidences of chlamydia across the State of Illinois has increased significantly. Rates of chlamydia in Henry County are lower than State averages (Figure 65).

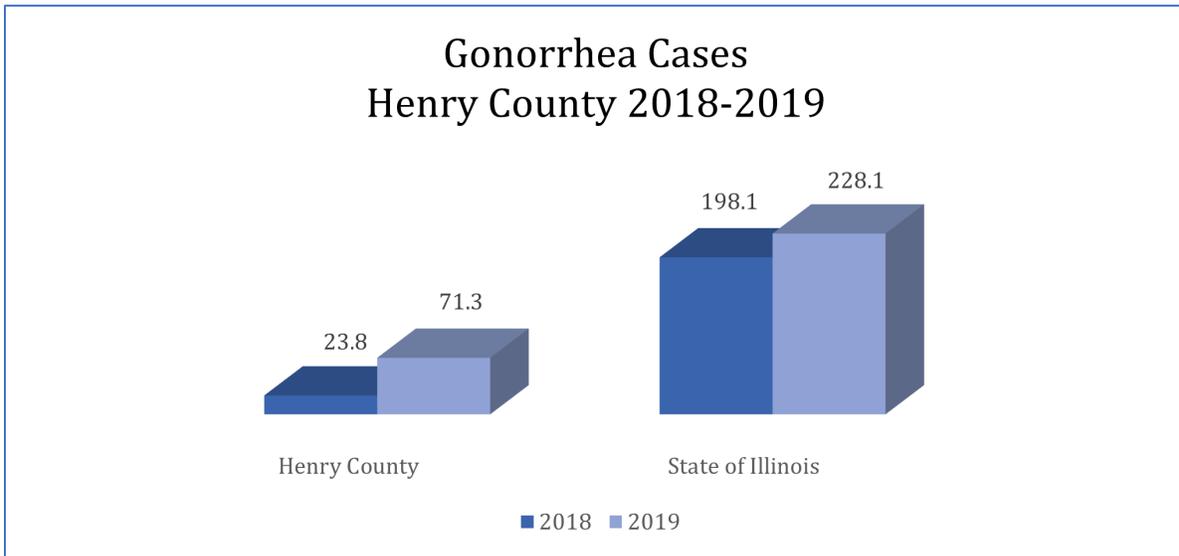
Figure 65



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Henry County and the State of Illinois indicate a significant increase (Figure 66). This is concerning on both a local and State level; however, cases in Henry County are significantly lower than the State average. Note 2019 is the most recent data.

Figure 66



Source: Illinois Department of Public Health

## Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-

preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubeola), Mumps, Rubella (German measles), Diphtheria, Hepatitis B and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. Henry County has shown no significant outbreaks compared to State statistics, but there are limited data available (Table 1 and Table 2). Note data has not been updated beyond years displayed in table. Also note that COVID-19 vaccine rates are presented in Chapter 2 of this CHNA.

*Table 1  
Vaccine Preventable Diseases 2013-2016 Henry County Region*

Mumps	2013	2014	2015	2016
Henry County	0	0	0	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
Henry County	0	0	1	0
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Henry County	2	8	1	1
State of Illinois	731	596	443	469

*Source: Illinois Department of Public Health*

*Table 2  
Tuberculosis 2019-2020 Henry County  
Region*

Tuberculosis	2019	2020
Henry County	N/A	N/A
State of Illinois	343	216

*Source: Illinois Department of Public Health*

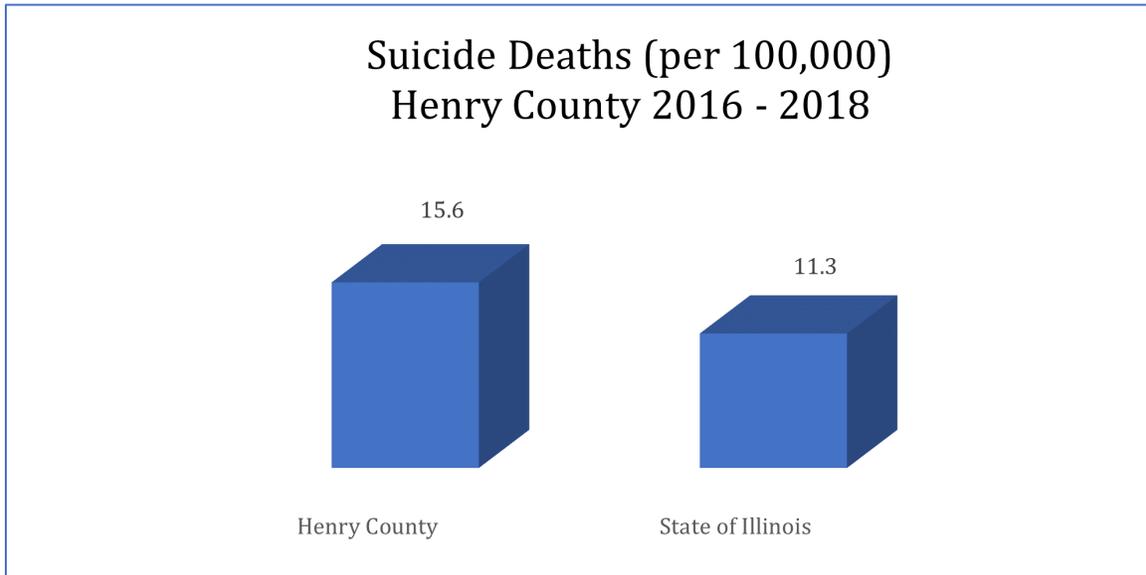
## 4.8 Injuries

*Importance of the measure:* Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues. Unintentional injuries can occur, in part, from violent crimes.

## Suicide

The number of suicides in Henry County indicate higher incidence than State of Illinois averages, as there were approximately 15.6 per 100,000 people in Henry County from 2016-2018 (Figure 67).

Figure 67

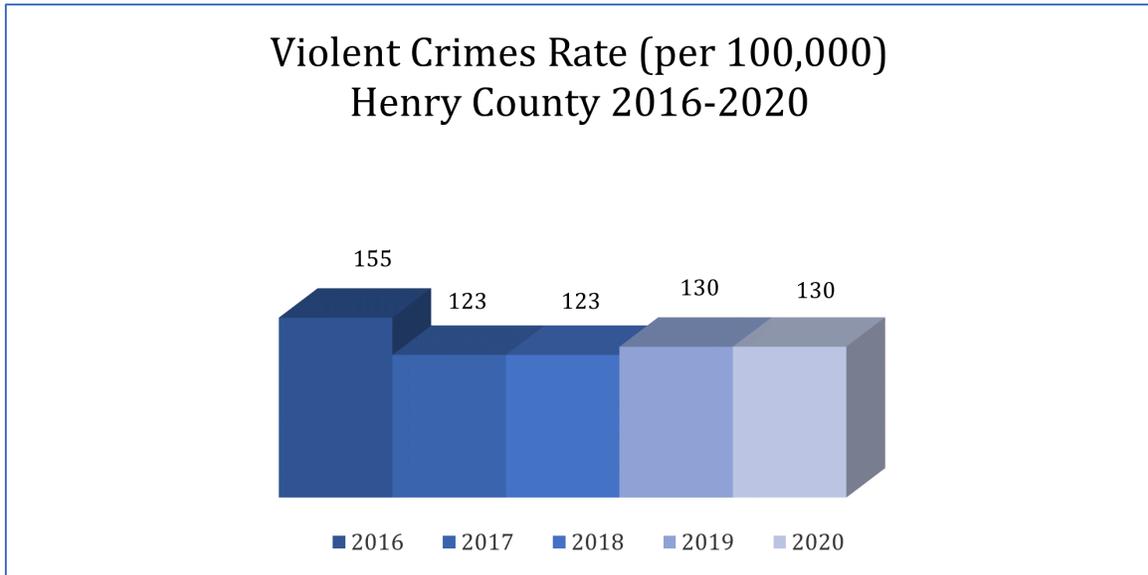


Source: Illinois Department of Public Health

## Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people (Figure 68). The number of violent crimes decreased in 2017 and remained at the same rate in 2018 before slightly increasing in 2019 and remaining at the same rate in 2020 (130). Over the period 2016-2020, the overall rate decreased.

Figure 68



Source: Illinois County Health Rankings 2020 data

## 4.9 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 Henry County are similar as a percentage of total deaths in 2020. Diseases of the heart are the cause of 26.2% of deaths, cancer is the cause of 18.1% of deaths, and COVID-19 is the cause of 9.1% of deaths in Henry County (Table 3).

Table 3

Top 5 Leading Causes of Death for all Races by County and State, 2020		
Rank	Henry County	State of Illinois
1	Diseases of Heart (26.2%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (18.1%)	Malignant Neoplasm (18.1%)
3	COVID-19 (9.1%)	COVID-19 (11.8%)
4	Cerebrovascular Disease (5.2%)	Cerebrovascular Disease (5.4%)
5	Accidents (4.1%)	Accidents (5.1%)

Source: Illinois Department of Public Health

## 4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN HENRY COUNTY ARE SLIGHTLY HIGHER THAN STATE AVERAGES.
- ✓ SUICIDE RATES IN HENRY COUNTY ARE HIGHER THAN STATE AVERAGES.
- ✓ GONORRHEA HAS SHOWN A SIGNIFICANT INCREASE IN HENRY COUNTY; HOWEVER, IT IS STILL MUCH LOWER THAN STATE AVERAGES PER 100,000.
- ✓ HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY IN HENRY COUNTY.
- ✓ COVID-19 IS NOW THE THIRD LEADING CAUSE OF DEATH

## CHAPTER 5 OUTLINE

- 5.1 Perceptions of Health Issues
- 5.2 Perceptions of Unhealthy Behavior
- 5.3 Perceptions of Issues with Well Being
- 5.4 Summary of Community Health Issues
- 5.5 Community Resources
- 5.6 Significant Needs Identified and Prioritized

# 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.

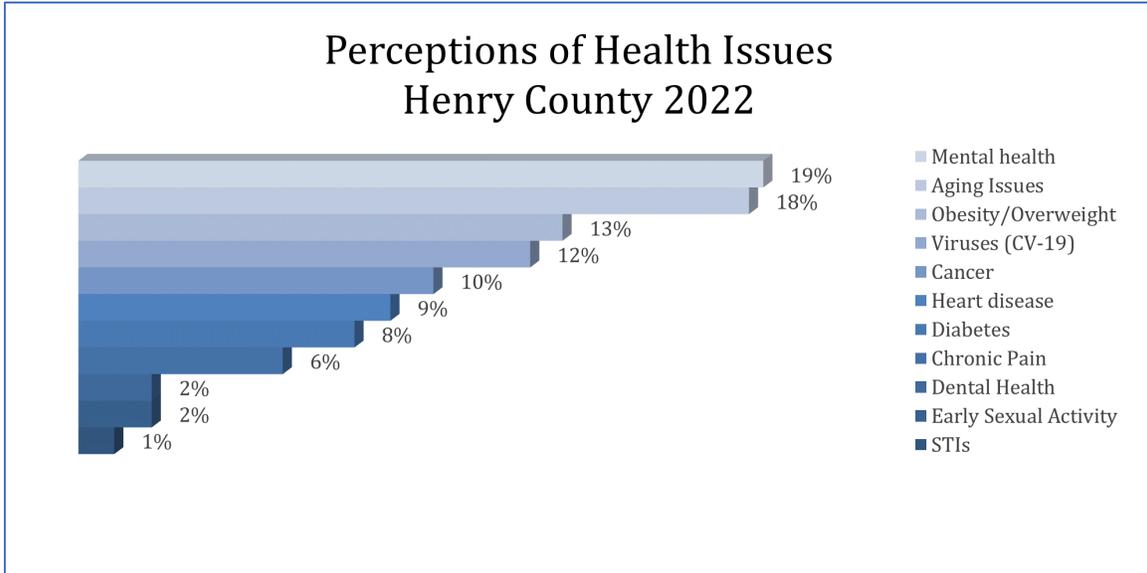
## 5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 11 different options.

The health issue that rated highest was mental health (19%), followed by aging issues (18%) (Figure 69). These two factors were significantly higher than other categories based on t-tests between sample means.

Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing. Also, there is a steady rise in the 65-and-over age population. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 69

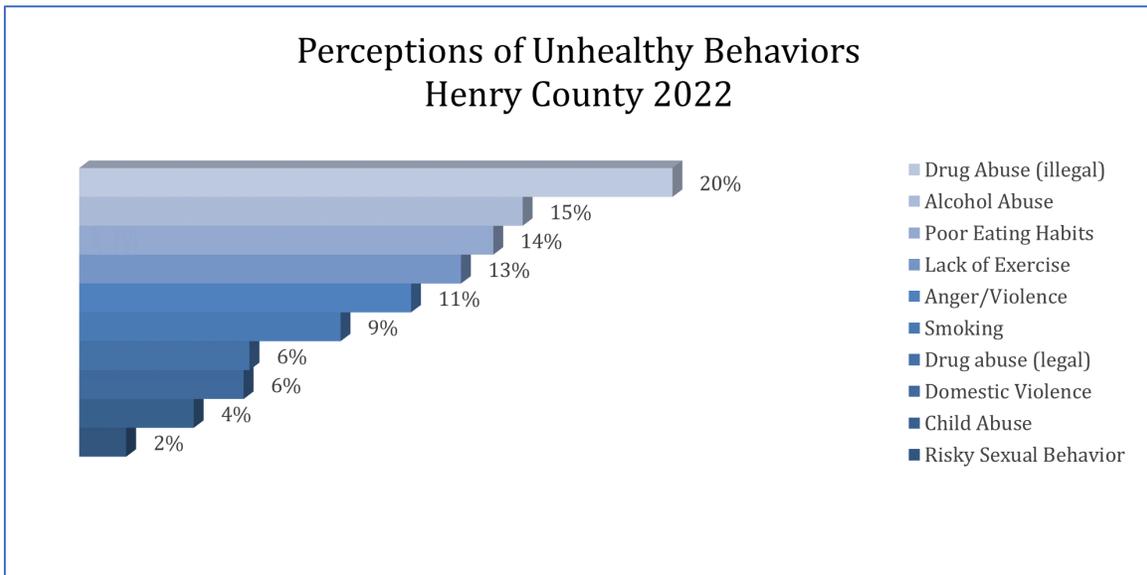


Source: CHNA Survey

## 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 highest rated unhealthy behavior is drug abuse(illegal) (Figure 70).

Figure 70



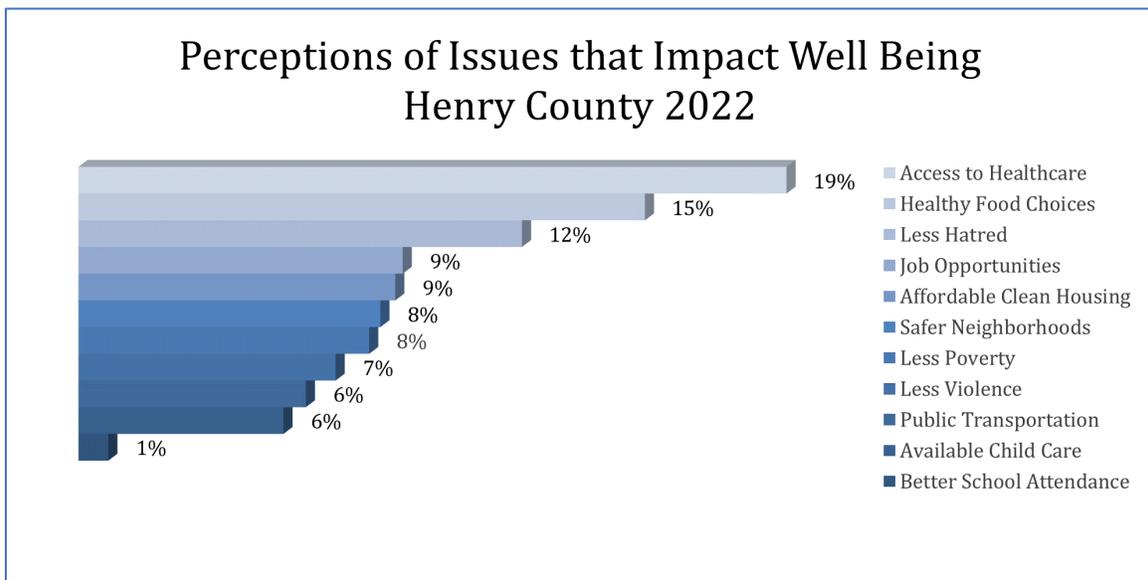
Source: CHNA Survey

## 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 (19%). It was followed by healthy food choices (15%) and less hatred (12%) (Figure 71). These three factors were significantly higher than other categories based on t-tests between sample means.

Figure 71



Source: CHNA Survey

## 5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of 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 and 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 represents 8% of the population

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

- Decreased access to mental-health counseling
- Low COVID-19 vaccine rate
- Prostate screening is relatively 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:

- Inhalants among 8th graders and cigarette usage among 10th graders
- Overweight and obesity
- Risk factors for heart disease
- Opioid use

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

- Lung cancer
- Suicide
- Gonorrhea
- Heart disease and cancer are the leading causes of mortality, followed by COVID-19

## 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**
- **Healthy behaviors – nutrition & exercise**
- **Behavioral health, including depression, anxiety/stress, suicide**
- **Overweight/Obesity**
- **Substance use, particularly misuse of prescription medication**
- **Access – mental-health counseling**
- **Cancer - lung**
- **COVID-19 related issues (vaccine rates and causes of mortality)**

## 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:

- **Healthy Behaviors** – defined as active living and healthy eating, and their impact on obesity
- **Behavioral Health** – including mental health and substance abuse

### HEALTHY BEHAVIORS – ACTIVE LIVING, HEALTHY EATING AND SUBSEQUENT OBESITY

**ACTIVE LIVING.** A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 29% of respondents indicated that they do not exercise at all, while the majority (56%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (30%) or a dislike of exercise (21%).

**HEALTHY EATING.** Almost two-thirds (62%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 6%. The most prevalent reasons for failing to eat more fruits and vegetables were the lack of desire and lack of importance.

**OBESITY.** In Henry County, over two-thirds (67.5%) of residents were diagnosed with obesity and being overweight. In the 2022 CHNA survey, respondents indicated that being overweight was the third most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Henry County. The U.S. 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 impacts educational performance as well; 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. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

## BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

**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 40% indicated they felt anxious or stressed. Depression tends to be rated higher by women, younger people, and those with less income. Stress and anxiety tend to be rated higher for younger people and those with less income. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 30% indicated that they spoke to someone, the most common response was to a doctor/nurse (47%). In regard to self-assessment of overall mental health, 10% of respondents stated they have poor overall mental health. In the 2022 CHNA survey, respondents indicated that mental health was the most important health issue.

**SUBSTANCE ABUSE.** Of survey respondents, 23% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by Black people, those with lower income and those with lower education. Of survey respondents, 6% indicated they improperly use prescription medication each day to feel better and 4% indicated the use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by men. Marijuana use had no significant correlations. Finally, of survey respondents 1% indicated they use illegal drugs on a daily basis.

In the 2022 CHNA survey, respondents rated drug abuse (illegal) as the most prevalent unhealthy behavior (20%) in Henry County, followed by alcohol use (15%).

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### III. APPENDICES

## APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM

**Jackie Kernan** serves as President of OSF HealthCare Saint Luke Medical Center, formerly Kewanee Hospital since 2017, and President of OSF HealthCare Saint Clare Medical Center, formerly Perry Memorial Hospital since July 2021. Prior to her current role, she served as Chief Nursing officer and has been at OSF HealthCare since 2009. She has been a Registered Nurse since 1987 and has held a variety of nursing and leadership roles during her career. She holds an MSN in Nursing Leadership from Saint Francis Medical Center College of Nursing. Jackie led the Perry Memorial Hospital integration into the OSF HealthCare system and was a key leader for the implementation of EPIC at OSF HealthCare Saint Clare Medical Center. Her focus has been on championing a culture around Mission Partner and Patient Engagement and she enjoys achieving improved patient outcomes by leading and collaborating with multidisciplinary teams of Mission Partners, leaders, and providers.

**Lori Christiansen** is the Vice President, Support Services of OSF Healthcare Saint Luke Medical Center. Prior to assuming her current role in 2021, she served as the OF Western Region Rehabilitation Director for five years and Director of Rehabilitation at OSF Saint Luke, formerly Kewanee Hospital for 20 years. Lori has also served in a leadership role with the OSF Saint Luke and Western Region Wellness Programs. She is a licensed Speech/Language Pathologist, receiving both a Bachelor of Science degree in Speech and Hearing Services and a Master of Science degree in Speech/Language Pathology from Bradley University. Lori is currently the Vice President of the Kewanee CUSD 229 Board of Education, President of the Kewanee Schools Foundation Board and serves on the Good Fellows Board of Directors. She is also an active member of the Kewanee Kiwanis Club and Saint John Paul II Parish.

**Samantha Rux** is the Community Relations Coordinator for OSF Saint Clare. Sam holds a bachelor's degree in Health Administration and Planning from the University of Illinois at Urbana-Champaign. She has been working in health care marketing for most of her professional career. She enjoys interdepartmental collaboration with fellow Mission Partners and has been excited to integrate into the Princeton community. Sam resides in Kewanee with her husband and two young sons.

**Connie Wessels** is the Program Manager, Community Health for the Upper Western Region. She has served in that role since November 2020. Previously she served as the Director of Education Resources, which included Community Health and Wellness. Prior to that Connie was the Director of Pediatrics. She has been with OSF St. Mary Medical Center over 44 years. She received her RN from Rockford Memorial School of Nursing and her BSN from the University of Illinois-Chicago. Connie has been involved with many community groups including the Human Service Council, Leadership Greater Galesburg and WIN. Currently she serves on the Galesburg Public Schools Foundation and the Workforce Innovation boards. She is a Relay for Life team member and serves on the outreach committee at First Lutheran church.

**John Bowser** is Director of Finance for OSF Saint Luke Medical Center (Kewanee, IL) and OSF Saint Clare Medical Center (Princeton, IL), serving in the Director role since 2018; CFO from 2013-2018. John has over 20 years of healthcare experience beginning his healthcare career with OSF in 2000 at OSF Saint Joseph Medical Center in Bloomington, IL and then the OSF Multispecialty Group in Peoria, IL. John has a Bachelor's degree from Western Illinois University and a Master of Business Administration from Illinois State University. He is accountable for the financial leadership at both entities and participates in many

committees, projects locally, and ministry wide. John is also a member of the Kewanee Rotary Club and the University of Illinois Unit 7 Extension Advisory Council.

**Stacy Brown** is the Vice President of Behavioral Health Services with Bridgeway Inc. and is a licensed clinician in both Florida and Illinois. After graduating from Monmouth College with a Bachelors in Psychology and Bradley University with a Masters in Counseling, Stacy has continued to work in the behavioral health field for over 25 years as a therapist, trainer and administrator, serving in a variety of environments as well as a variety of service populations.

As a therapist, Stacy has served youth and families within juvenile justice, juvenile male sex offender programs, community youth and adult anger management group work, individual and group therapy in adolescent residential treatment as well as community-based individual and group therapy for issues related to all mental health diagnoses and trauma-related issues.

Administratively, Stacy has had direct, full operational oversight of many various types of behavioral health programs for youth, adults and families. This includes foster care and adoption programs within the child welfare system and also from a community-based perspective; oversight of a 60 bed residential facility for abused, abandoned and neglected youth as well as pregnant teens; youth and adult psychiatry; clinical services within employee assistance programs; medical and behavioral health units within the correctional system; outpatient community-based individual and group therapy services and mobile crisis response teams. Stacy is a Youth and Adult Mental Health First Aid Instructor and enjoys the opportunity to train others regarding behavioral health and wellness. She continues to work to advocate for services, education and the reduction of stigma surrounding behavioral health.

**Duane Stevens** is the Public Health Administrator of the Henry and Stark County Health Departments. He is a graduate of Western Illinois University with a degree in Accountancy. He has been employed with the Health departments since 2005 and has served as the Administrator since 2014. Prior to working at the health department he spent 5 years as the Accounting Administrator with the County of Henry. Duane has been instrumental in obtaining funding and implementing many programs, managing, and coordinating the COVID-19 pandemic and most recently initiated a behavioral health expansion at the health department. He is currently the President of the Illinois Association of Public Health Administrators along with serving on many committees and boards for public health. Duane participates on many community boards including the OSF Saint Luke Community Council and is a volunteer coach in the community.

**Roxanna Crosser** earned her Bachelor of Science degree in Medical Terminology from Western Illinois University in Macomb and was introduced to OSF HealthCare during her clinical internship at OSF St. Francis Medical Center. She received her Master of Hospital Administration from Governors State University. Roxanna started her career with OSF in 1985 as a Laboratory Supervisor at OSF St. Mary Medical Center. She has held numerous positions with OSF St. Mary including Assistant Administrator for Human Resources and Special Projects, Senior Assistant Administrator for Staff Services, Vice President for Operations, President, and most recently CEO, Western Region. She serves on many OSF committees and boards as the organization defines and plans for strategic direction in the ever-changing healthcare environment. She serves as facilitator for the OSF Ministry Development Program and is a mentor for several aspiring leaders within the Ministry. She is active in many professional organizations, including the American College of Healthcare Executives. She has served as an Illinois Performance for Excellence

examiner. She was on the Board of Directors of Bridgeway. On a personal note, family and giving back to the community are extremely important to Roxanna. She is married to Paul; they have three grown children and beautiful grandchildren. She is an active member of her church and participates in many charity and service events offered in the community.

**Mark Rewerts** is Chief Banking Officer and Senior Vice President of the State Bank of Toulon. Mark has been with the Bank for the past 17 years. He has been a lender for 24 years and has worked in the banking industry for 31 years. Mark has a degree in Economics from Western Illinois University and graduated from the Graduate School of Banking at the University of Wisconsin, Madison in 2004. Mark is currently a member of OSF St. Luke Medical Center's Community Advisory Board and is Trustee of the Kewanee Area Healthcare Trust. In addition, Mark is Treasurer of the Kewanee Economic Development Corp. in Kewanee, a member of the Kiwanis Club of Kewanee and Financial Secretary of St. Timothy Lutheran Church in Wyoming, IL.

**David Dyer** is the City Administrator of the City of Galva since March of 2005. Dyer has served as Secretary/Treasurer of the Illinois Society of Certified Public Managers. He has served as Secretary and Vice-Chairman of the U.S. 34 Logistics Corridor Association, is Vice-Chair of the Henry County Economic Development Partnership and served on the board of the Knox County Area Partnership for Economic Development and was subsequently elected to its Executive Committee. Dyer serves with fellow city managers on the Advisory Committee of the Bi-State Regional Commission and belongs to both the International and Illinois City/County Management Association. Dyer has joined the board of the University of Illinois Extension Service, the Black Hawk College East Campus Foundation, and the OSF Saint Francis advisory board. A founding member, Dyer serves as treasurer of the newly formed Elevate Illinois and serves as an appointed commissioner of the Housing Authority of Henry County. Dyer graduated from the University of Texas at Dallas with a degree in Government and Politics and is accredited by the American Academy of Certified Public Managers.

**Jeffrey Johnson** DC is a self-employed Chiropractic Physician for 40 years with Johnson Chiropractic Clinic PC in Kewanee IL. Board member Kewanee Unit School District 229 from 2001-2013 and from 2017 currently serving as Board President, member Board of Directors of Kewanee School Foundation since 2003 currently serving as Vice President. Member Board of Directors for Union Federal Savings and Loan since 2005, formerly held positions as adjunct faculty for Palmer College of Chiropractic as clinical preceptor. Married 30 years to Pamela Johnson, retired Registered Nurse.

**Jill Milroy** is the Executive Director of the YMCA of Kewanee. She has 41 years of experience in programming and community events with a focus on youth development, healthy living and social responsibility. Jill is an active community member of the Bridgeway IPS Steering Committee, Henry County Mental Health Alliance, Human Service Council, Henry County Housing Authority Program Coordinating Committee, Rotary Club, University of Illinois Extension and YMCA Alliance.

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 Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has 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 McMahan-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 McMahan-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 in 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 best sellers. 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 2019 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in the Henry County 2019 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

### 1. Healthy Behaviors defined as - Active Living, Healthy Eating and Their Impact on Obesity

**Goal 1:** *Increase the percentage of youth living at a healthy body weight in Henry County.*

1. Implement Heathy Kids U collaboration. Offer two Healthy Kids U in Motion Programs
  - a. Started the new program in February and was able to hold 5 sessions before cancelling it due to COVID-19. In 2021 there were 13 persons served.
2. Wellness Edge for Kids Program – Healthy Eating, Physical Activity, and Stress Reduction. Increase the number of participants by 2 annually.
  - a. Cancelled due to COVID-19.
3. Provide Diabetes Education and Prevention. Determining Baseline for number of persons educated.
  - a. Baseline was difficult to determine due to COVID-19. Will use 2021 to determine new baseline, no youth participated.

**Goal 2:** *Increase Access to HealthCare and Services within Henry County.*

1. Implement Rural Transportation Program. Determining Baseline for number of persons served.
  - a. Van order was postponed due to COVID-19. Officially ordered in September 2021 with anticipated delays due to manufacturing shortages. So far served 227 patients and 737 rides.
2. Evaluate Ambulatory Telehealth Services. Determining baseline for number of services that can be provided via Telehealth
  - a. There were 675 virtual visits in 2020, which quickly expanded due to COVID-19 in the form of Telephone calls (440), and Video (235). In 2021 there were 1,400 virtual visits - 680 telephone and 720 video.
3. Implement Heathy Kids U collaboration.
  - a. Started the new program in February and were able to hold 5 sessions before cancelling it due to COVID-19. Served - 13 persons.
4. Grow School Flu Immunization Collaboration – Educate and create a lasting healthy habit. Increase free flu immunizations to school aged students and their teachers.

- a. Provided 1,270 free flu immunizations to Kewanee, Wethersfield, & Visitation School students and staff. In 2021 there were 894 and in 2022 there were 1024 flu immunizations with teachers.

## 2. Behavioral Health defined as – Mental Health and Substance Abuse Goal

**Goal 1:** *Decrease the number of residents in Henry County who reported feeling depressed or anxious in the past 30 days.*

1. Increase Outpatient Behavioral Health Access. Increase availability of counselor visits by 30%.
  - a. Behavioral Health counselor visits of 707 impacted due to COVID-19.
2. Increase SilverCloud Utilization. Determine baseline for number of users in Henry County and increase utilization by at least 1% annually.
  - a. 47 Utilizing app in 2020; 40 in 2021.
3. Determine baseline for number of encounters/resources provided. Increasing encounters at least 1% annually.
  - a. Delayed due to COVID-19. 41 used navigators to help with resource.
4. Determine baseline for number of patients seen related to behavioral health and determine the percent screened; achieving 95% of these patients screened for suicide.
  - a. ED screened 95% of all patients in 2020. Will look to maintain this going forward.

**Goal 2:** *Decrease the percent of Henry County residents who responded using substances daily to make them feel better.*

1. Promote the RX Disposal program. Increase pounds of medication collected and destroyed by 9%.
  - a. A total of 472 lbs. of medications were returned in 2020 at a cost of \$2,400. In 2021 there were 392 lbs. returned at a cost of \$1,800.
2. Practice opioid stewardship. Determine a baseline for number of opioids administered in the emergency department and inpatient unit. Decrease a minimum of 1% annually.
  - a. Delayed due to COVID-19.

## APPENDIX 3. SURVEY

# Henry County

## 2021 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.

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**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
- Early sexual activity
- Heart disease/heart attack
- Mental health issues (including depression, anger)
- Obesity/overweight
- Sexually transmitted infections
- Viruses (including COVID-19)

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 abuse (illegal drugs)
- Drug abuse (legal drugs)
- Lack of exercise
- Poor eating habits
- Risky sexual behavior
- 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
- Healthy food choices
- Job opportunities
- Less hatred & more social acceptance
- Less poverty
- Less violence
- 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? (Please choose only one answer).

- Clinic/Doctor’s office
- Emergency Department
- I don’t seek medical attention
- Urgent Care Center
- Health Department
- Other

If you don’t seek medical attention, 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)

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

- Didn't have health insurance.  Too long to wait for appointment.  
 Couldn't afford to pay my co-pay or deductible.  Didn't have a way to get to the doctor.  
 Fear of discrimination.  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.  Pharmacy refused to take my insurance or Medicaid.  
 Couldn't afford to pay my co-pay or deductible.  Didn't have a way to get to the pharmacy.  
 Fear of discrimination.  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.  The dentist refused my insurance/Medicaid  
 Couldn't afford to pay my co-pay or deductible.  Didn't have a way to get to the dentist.  
 Fear of discrimination.  Lack of trust.  
 Not sure where to find available dentist

### 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.  The counselor refused to take insurance/Medicaid.  
 Couldn't afford to pay my co-pay or deductible  Embarrassment.  
 Didn't have a way to get to a counselor.  Cannot find counselor.  
 Fear of discrimination.  Lack of trust.  
 Long wait time.

## 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 the last WEEK how many times did you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasted for at least 30 minutes?

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

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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 - 5 servings
  More than 5 servings

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. Where is your primary source of food? (Please choose only one answer).

- Grocery store
  Fast food
  Gas station
  Food delivery program  
 Food pantry
  Farm/garden
  Convenience store

6. 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 #8: Smoking.

- I do not have any health conditions
  Diabetes
  Mental-health conditions  
 Allergy
  Heart problems
  Stroke  
 Asthma/COPD
  Overweight  
 Cancer
  Memory problems

7. If you identified any conditions in Question #6, how often do you follow an eating plan to manage your condition(s)?

- Never
  Sometimes
  Usually
  Always

### Smoking

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

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

### Vaping

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

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

### GENERAL HEALTH

10. 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.). \_\_\_\_\_

11. Do you have a personal physician/doctor?  Yes  No
12. How many days a week do you or your family members go hungry?  
 None  1-2 days  3-5 days  More than 5 days
13. 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
14. 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
15. In the last YEAR have you talked with anyone about your mental health?  
 Yes (please answer #16)  No (please go to #17)
16. If you talked to anyone about your mental health, who was it?  
 Doctor/nurse  Counselor  Family/friend  Other \_\_\_\_\_
17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?  
 None  1-2 times  3-5 times  More than 5 times
18. How many alcoholic drinks do you have on a typical DAY?  
 None  1-2 drinks  3-5 drinks  More than 5 drinks
19. How often do you use marijuana on a typical DAY?  
 None  1-2 times  3-5 times  More than 5 times
20. 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
21. Do you feel safe where you live?  Yes  No
22. In the past 5 years, have you had a:
- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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)

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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?

- Henry  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  Other \_\_\_\_\_

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  Other: \_\_\_\_\_

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  Other: \_\_\_\_\_

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

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12. If you answered that you have housing, does your house have:

- leaking roof       mold       heat       air conditioning  
 running water       rodents       lead       electricity       Internet

13. How many people live with you? \_\_\_\_\_

14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

- Less than once per week       1–2 times per week       3 - 5 times per week       More than 5 times per week

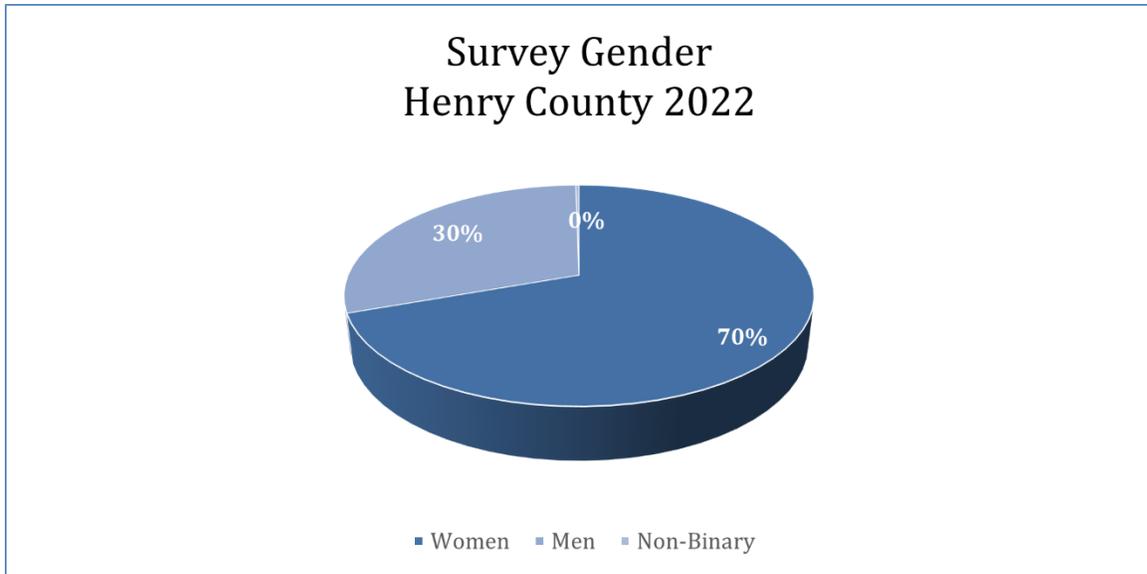
Is there anything else you'd like to share about your own health goals or health issues in our community?

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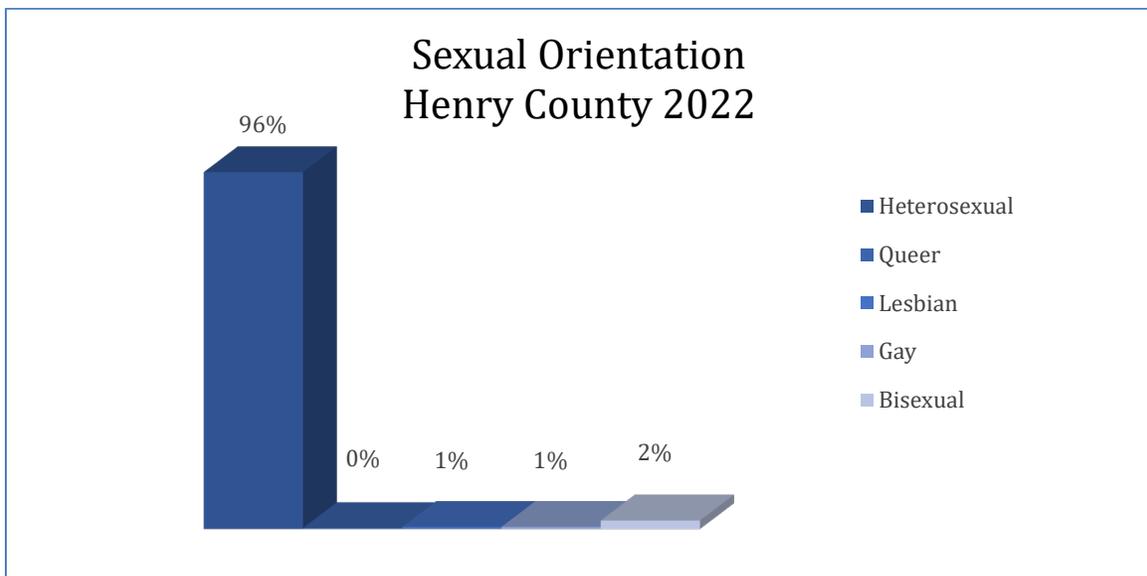
**Thank you very much for sharing your views with us!**

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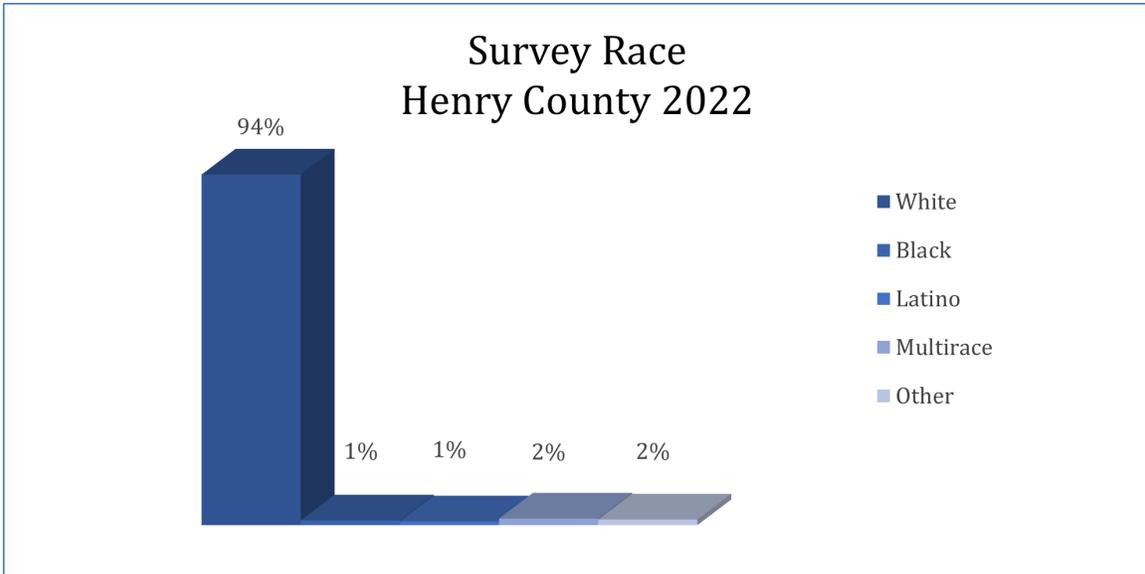
## APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS



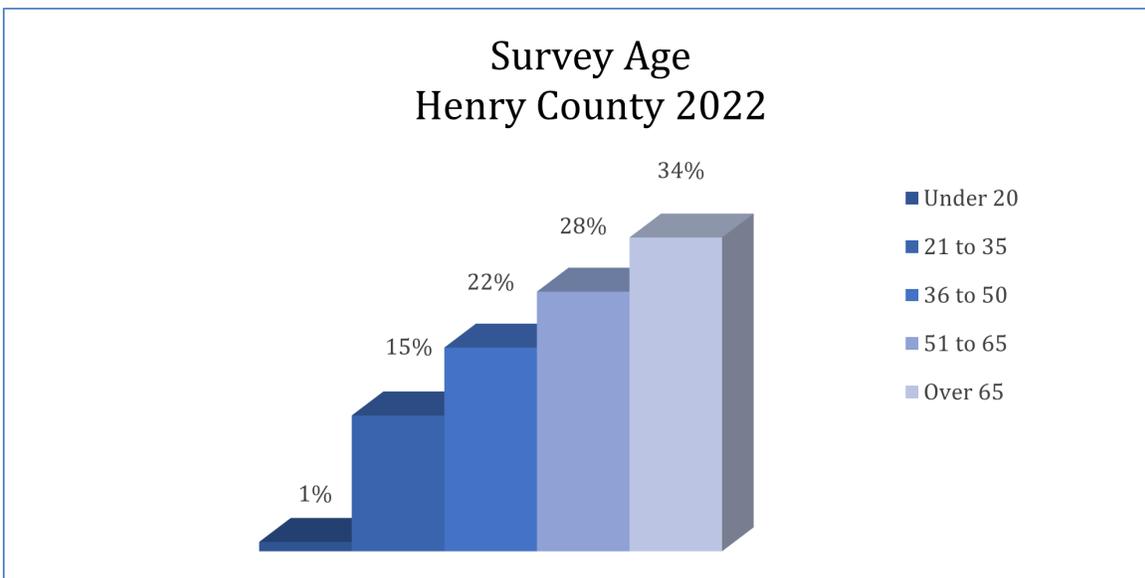
Source: CHNA Survey



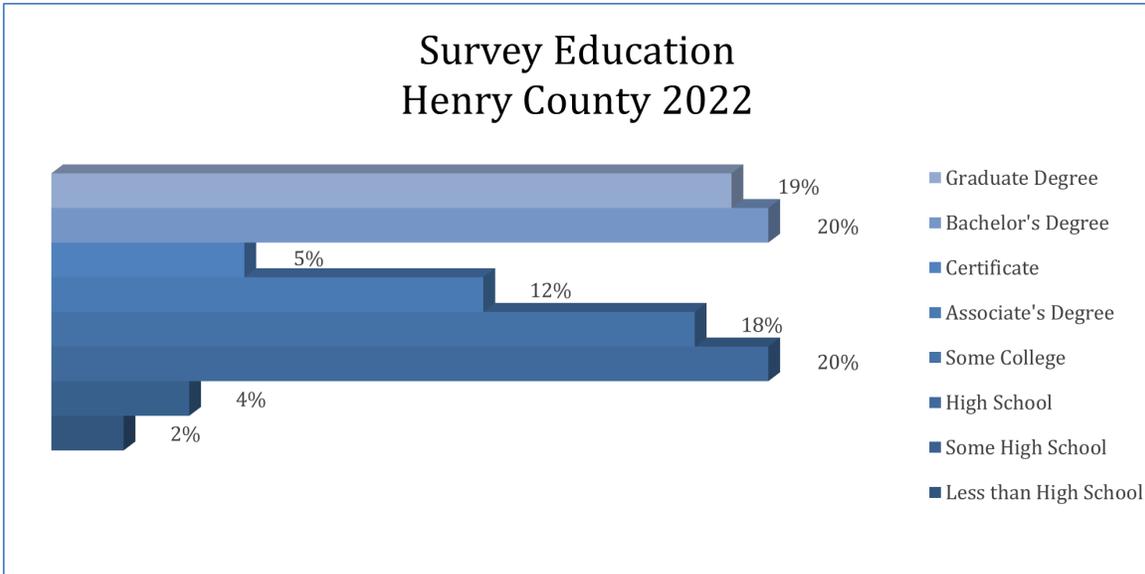
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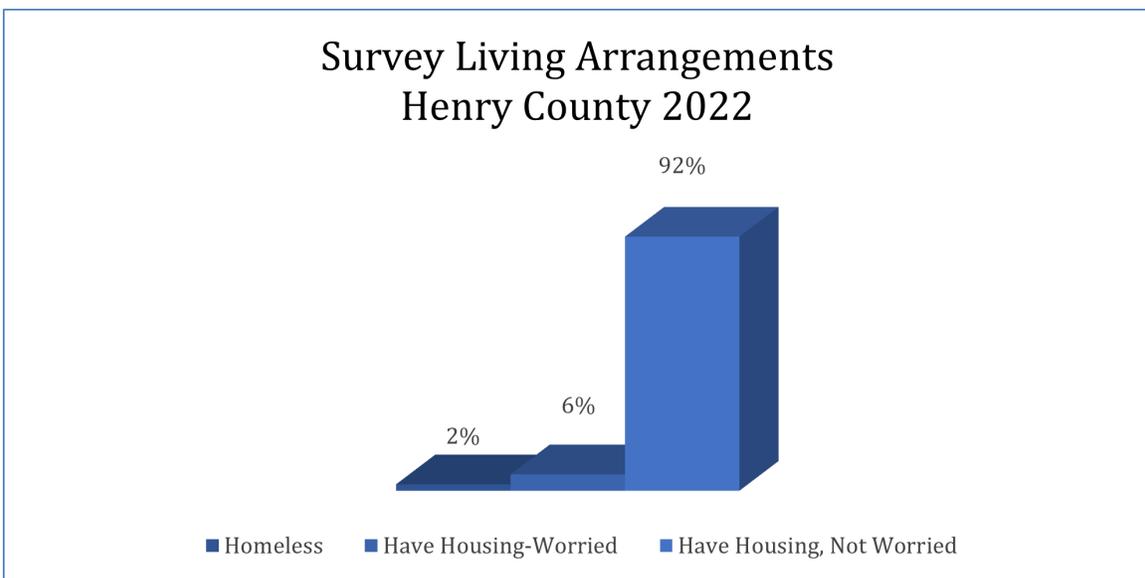
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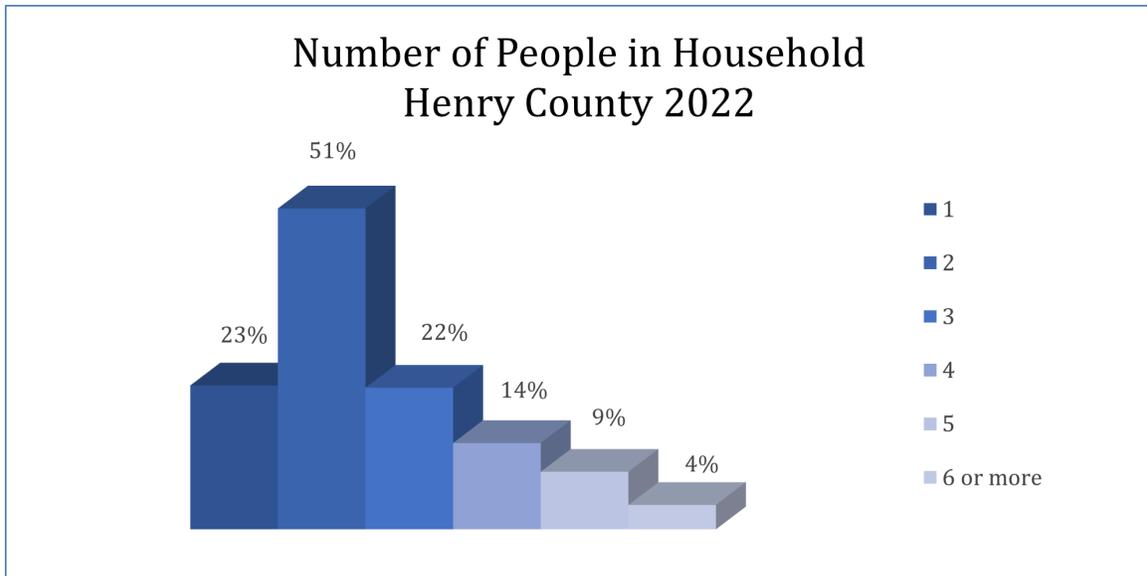
Source: CHNA Survey



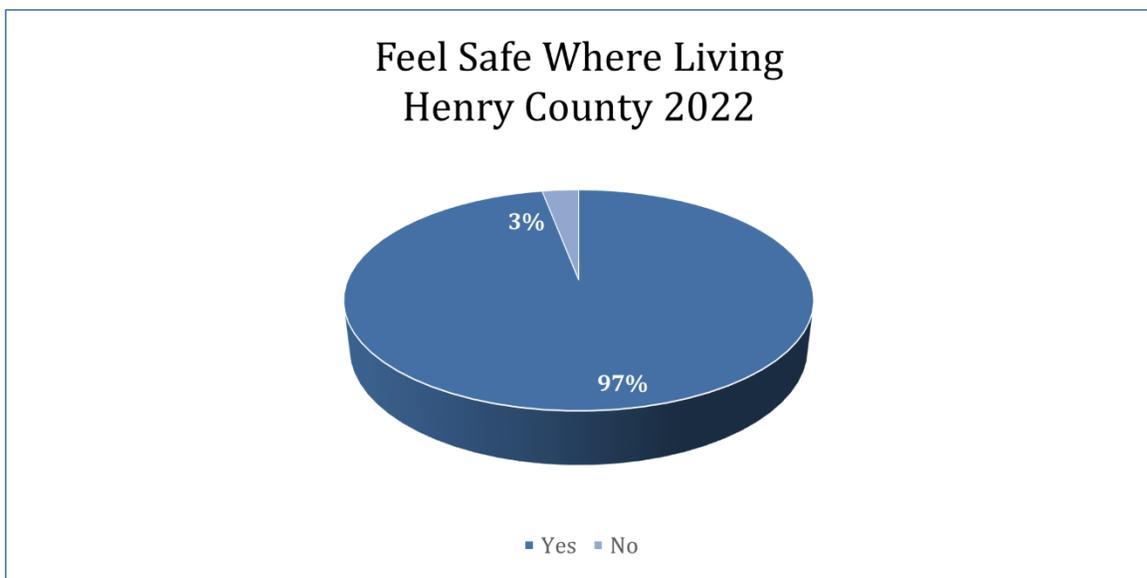
Source: CHNA Survey



Source: CHNA Survey



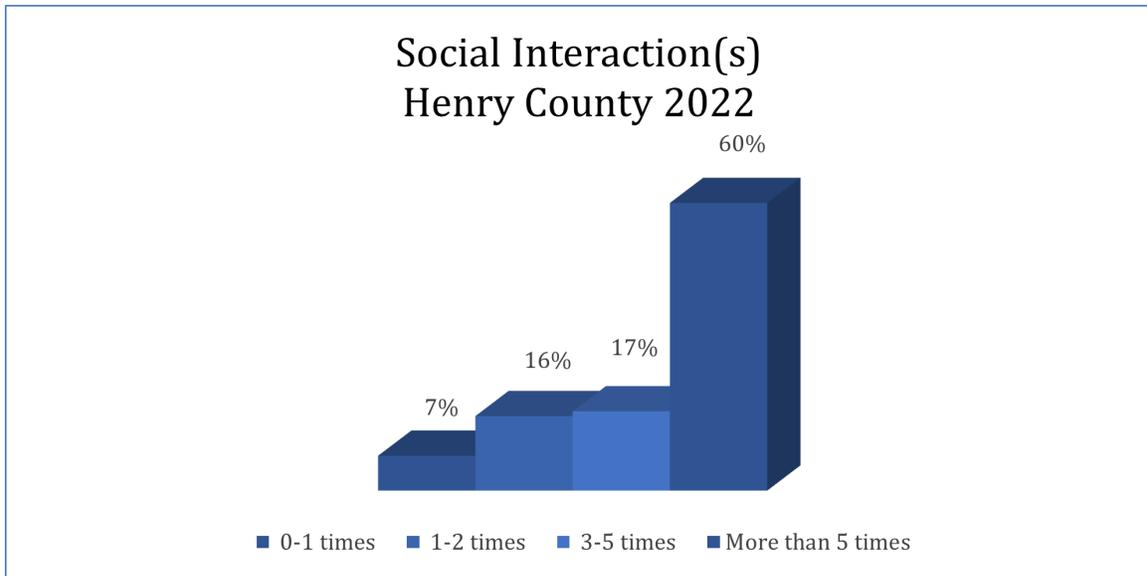
Source: CHNA Survey



Source: CHNA Survey

## Housing Environment

Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For Henry County, 33% of the population is at elevated risk for Housing environment. This is the same as the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022)



Source: CHNA Survey

## APPENDIX 5. RESOURCE MATRIX

	Aging Issues	Mental Health Access	COVID-19 Issues	Lung Cancer	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Substance Abuse	Food Insecurity	Health Literacy
<b>Recreational Facilities</b>										
YMCA	2				3		1			
Kewanee Park District	1				2		1			
Geneseo Park District	1				2		1			
<b>Health Departments</b>										
Henry County Health Department	2		2		2	2	1	1	1	
<b>Community Agencies</b>										
Abilities Plus / Henry County Public Transportation	1				2	1				
Alcoholics Anonymous								2		
Bridgeway	2					3		2		
Henry County Mental Health Alliance		2			1			1		
Henry County Youth Services Bureau					2	1				
Galva Senior Center	1				1					
OSF Saint Luke Transportation Van	2									
Kewanee Food Pantry					2				1	
Bureau-Henry Stark Regional Office of Education		1			2			1		
University of Illinois Extension	1				2			1		
United Way-Kewanee area	1				1	1		1	1	
Housing Authority of Henry County	2				1				1	

	Aging Issues	Mental Health Access	COVID-19 Issues	Lung Cancer	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Substance Abuse	Food Insecurity	Health Literacy
<b>Hospitals / Clinics</b>										
OSF Saint Luke Medical Center (Kewanee)	3	1		3	3	3	1	3		
OSF Medical Group - Kewanee/Galva	3	1		3	3	3	2	3		
OSF Multi-Specialty Group	2			1	2	1	1	2		
OSF Home Care and Hospice	2			2	2	1				
Hammond-Henry Hospital (Geneseo)	2			3	3	3		1		
Ahearn & Associates Medical Center	2			3	3	3		1		
Regional Family Health Center	2			1						
Preferred Home Healthcare & Hospice	2			2	2	1				

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

## APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

### RECREATIONAL FACILITIES (3)

#### **YMCA of Kewanee**

YMCA of Kewanee strives to be a safe place where all people feel welcomed regardless of background. They bring people of all ages and ethnicities together to help them make meaningful connections, improve health and well-being, to teach and reinforce positive values and find a sense of respect, belonging and engagement. The Y will strengthen our entire community through youth development, healthy living and social responsibility.

#### **Kewanee Park District**

The Kewanee Park District exists to provide care for public lands and opportunities for personal growth. They work with citizens of Kewanee to provide a broad spectrum of opportunities to renew, restore and recreate, balancing often stressful lifestyle. The Park District encourages participation of individuals and families to develop the highest possible level of physical and mental well-being with the intent of creating a well-balanced and healthy community.

#### **Geneseo Park District**

The Geneseo Park District provides recreation opportunities that contribute to the Geneseo well-being of all citizens, by establishing and maintaining a comprehensive public park and recreation system.

### HEALTH DEPARTMENTS (1)

#### **Henry County Health Department**

The Henry County Health Department diagnoses and investigates health problems and health hazards in the community. They inform, educate and empower people about health issues. The Health department mobilizes community partnerships and actions to identify and solve health problems. They develop policies and plans that support individual and community health efforts. The Henry County Health Department is made up of four divisions: vital records, environmental health, public health nursing and emergency preparedness.

### COMMUNITY AGENCIES (12)

#### **Alcoholics Anonymous**

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Alcoholics Anonymous meetings are offered in the Henry County area.

#### **Bridgeway Mental Health and Family Services**

Bridgeway is an organization providing community-based health and human services to a wide variety of individuals in need. Bridgeway's three core programs are: Behavioral Health Services, Developmental and Intellectual Disabilities services and Community and Center based employment opportunities for people with disabilities.

**Galva Senior Center**

The Galva Senior Center is located in Galva, Ill.

**Henry County Mental Health Alliance**

The Mental Health Alliance is a community-based organization established to provide advocacy, education, support, mental health/illness awareness and suicide prevention outreach. The Alliance meets the last Monday of every month at 1000 at Saint Luke in Kewanee.

**Henry County Youth Services Bureau**

The mission of the Henry County Youth Services Bureau is to empower youth to succeed by serving them in their home, school and community. They are dedicated to providing free counseling services to youth ages 3 to 21. YSB Counselors provide a wide array of services, including: Individual counseling, Diversion Program for youth involved with Henry County Court Services, Assessments, Referral Services, and Group Counseling. YSB Staff provide counseling services at a location that is convenient to the client and their family. Counseling sessions are offered year round, and can be held at a client's school, home, community center, or the YSB office.

**Kewanee Community Drug & Alcohol Task Force**

The Mission of the Kewanee Community Drug and Alcohol Task Force is to decrease the use and abuse of alcohol and other drugs among youth in the Kewanee area. The task force works with community groups such as the YMCA to provide meaningful activities.

**Kewanee Food Pantry**

The Kewanee Food Pantry is dedicated to providing for the needs of hungry people by collecting and distributing food and grocery products and educating the community about nutrition.

**Bureau, Henry and Stark Regional Office of Education**

The vision of the Bureau, Henry and Stark County Regional Office of Education is to be a proactive intermediate educational agency serving the learning community through innovative and collaborative leadership. Learning support services include a variety of programs including community learning centers, truancy prevention, early childhood, homeless, services for drop-outs and a regional safe school program.

**Kewanee Area United Way**

The United Way works with government and organizations to form collaborative partnerships that benefits residents in Henry and Stark Counties. Programs on Healthcare, Education, achieving financial stability, and Single Care are supported through 16 agencies.

**University of Illinois Extension**

The University of Illinois Extension organization provides educational programs to the community on numerous subjects including health and nutrition to both youth and adult audiences.

**Housing Authority of Henry County**

The Housing Authority of Henry County provides qualified individuals with affordable housing and resources to assist in their personal growth. There are several services provided at the Housing Authority including administering the federal rental assistance program and providing affordable

apartments for low-income families, elderly residents and persons with disabilities. The Housing Authority also administers the Section 8 voucher program.

### **Abilities Plus / Henry County Public Transportation**

Abilities Plus serves individuals of all ages with disabilities. The Mission of Abilities Plus is to promote opportunities that result in independence and active decision making for people with disabilities and their families. Services offered are adult day programs, residential services, community support and children services. Abilities Plus also operates Henry County Public Transportation. All vans are handicap accessible and the service is open to anyone in the community.

## **HOSPITALS/CLINICS (7)**

### **OSF HealthCare Saint Luke Medical Center**

OSF HealthCare Saint Luke Medical Center has been serving the Kewanee area for over 100 years. The 25-bed critical access hospital provides services to Kewanee and surrounding communities. Healthcare services include access to specialized clinics, inpatient care, rehabilitation, emergency, surgical and ancillary services. OSF Saint Luke also has a Rural Transportation Program to those in need to access healthcare services.

### **OSF Multi-Specialty Group**

OSF Multi-Specialty Group offers a wide range of medical and surgical care, as well as other specialty services, through provider offices located at OSF Saint Luke Medical Center.

### **OSF Home Care and Hospice**

OSF Home Care and Hospice offer health care and services to home bound individuals as well as services at end of life through Hospice.

### **Hammond-Henry Hospital**

Hammond-Henry Hospital is a Critical Access Hospital located in Geneseo, Illinois. The hospital provides Inpatient and Emergency services, preventive, diagnostic, therapeutic and rehabilitative services.

### **Ahearn & Associates Medical Center, Inc.**

Ahearn & Associates Medical Center, Inc. provides office care for acute and chronic illnesses as well as wellness exams and preventive health-care services.

### **Regional Family Health Center**

Regional Family Health Center is a Hammond-Henry medical group practice specializing in Family Medicine and General Surgery.

### **Preferred Home Health Care & Hospice**

Preferred Home Health Care is a home healthcare agency offering Senior and Pediatric care. Services include Home Healthcare and Hospice, Private duty and medical solutions.

## APPENDIX 7: 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<sup>2</sup>

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

<sup>2</sup> “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)