Community Health Needs Assessment 2019

OSF Saint Francis Medical Center

UnityPoint Health – Central IL

PEORIA COUNTY

TAZEWELL COUNTY

WOODFORD COUNTY

TABLE OF CONTENTS

Community Health Needs Assessment

2019

Collaboration for sustaining health equity

Executive Summary

The Tri-County Community Health-Needs Assessment (CHNA) is a collaborative undertaking spearheaded by the Partnership for a Healthy Community (hereafter referred to as PFHC), a multi-sector community partnership working to improve population health. An ad Hoc committee within the PFHC formed a collaborative team to facilitate the CHNA. This collaborative team included members from OSF Saint Francis Medical Center (OSF), UnityPoint Health – Central IL (UnityPoint), Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Advocate Eureka Hospital, Hopedale Medical Complex, Heart of Illinois United Way, Heartland Health Services and Bradley University. The collaborative team conducted the Tri-County Community Health-Needs Assessment (CHNA) to highlight the health needs and well-being of residents in the Tri-County region.

Several themes are prevalent in the collaborative CHNA – the demographic composition of the Tri-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 PFHC stakeholders, as well as perceptions 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 medications and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most significant health needs in the Tri-County region were identified. Consideration was given to 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, four significant health needs were identified and determined to have equal priority:

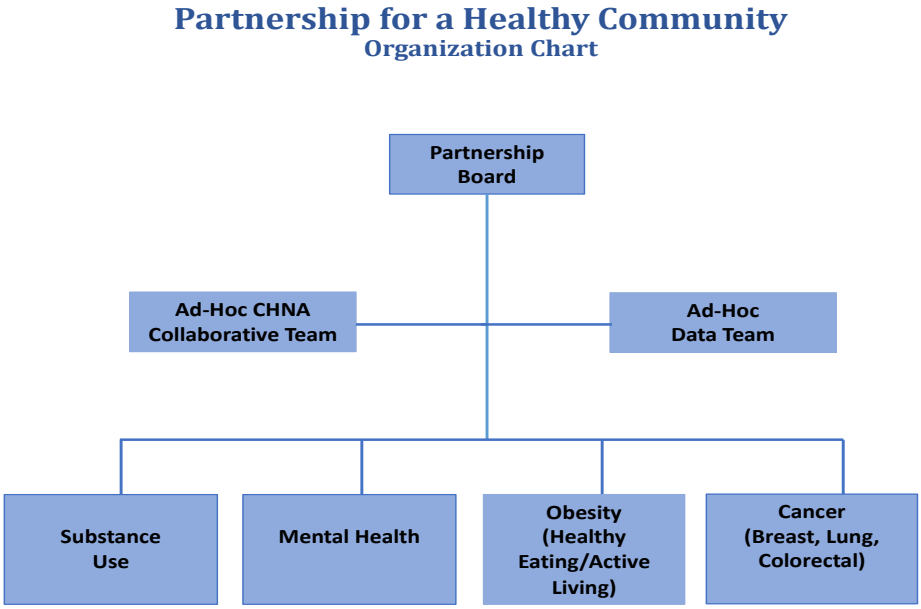
- **Healthy Eating/Active Living –** *defined as active living and healthy eating, and their impact on obesity, access to food, and food insecurity*
- **Cancer -** *defined as incidence of breast, lung, and colorectal cancer and cancer screenings*
- **Mental Health -** *defined as depression, anxiety, and suicide*
- **Substance Use -** *defined as abuse of illegal and legal drugs, alcohol, and tobacco/vaping use*

I. INTRODUCTION

Background

The Partnership for a Healthy Community (PFHC) is a community-driven effort to improve health and wellness in the Central Illinois Tri-County region. Multiple organizations, sectors, and the public participate in population health planning to identify and prioritize health needs and quality of life issues, map and leverage community resources, and form effective partnerships to implement health improvement strategies in Peoria, Tazewell, and Woodford Counties. Using actionable data to identify health needs and priorities, including those related to health disparities, health inequities, and the social determinants of health, members of the PFHC develop subsequent Community Health Improvement Plans. This collaborative effort allows members of the PFHC to share resources, to align strategies to address health needs and to work as partners in improving community health.

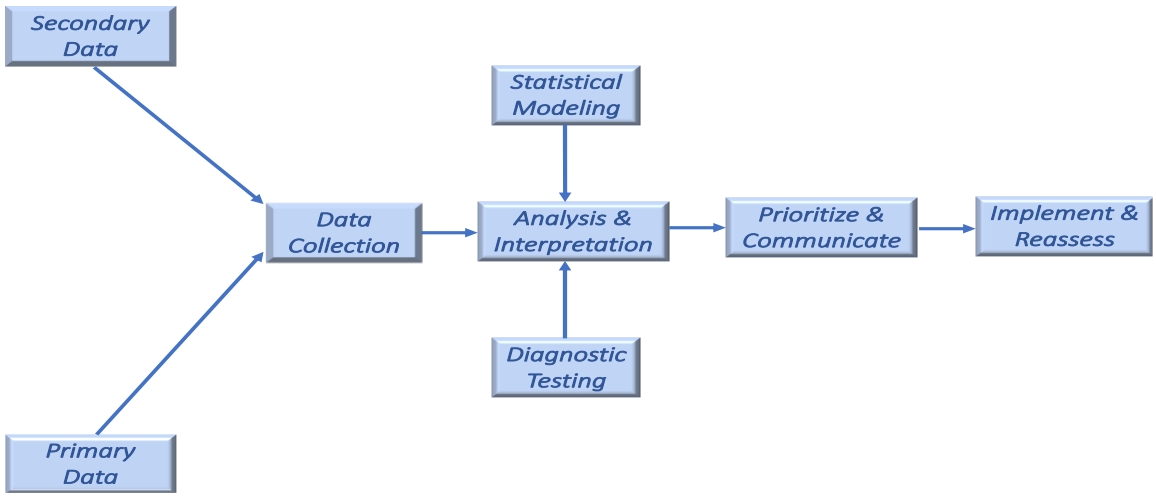
The structure of the PFHC, as shown below, creates the organizational capacity for multiple stakeholders as well as fostering partnerships to address key strategic health priorities.



All members of the PFHC used the collaborative CHNA to prepare Community Health-Needs Assessment Reports. OSF and UnityPoint used the CHNA to prepare and adopt this joint CHNA Report in compliance with Internal Revenue Code Section §501(r) and the final regulations published on December 31, 2014 to implement §501(r). These requirements are imposed on §501(c)(3) tax-exempt hospitals. Illinois law requires certified local health departments to conduct a CHNA and to complete a community health plan. Peoria City/County Health Department, Tazewell County Health Department, and Woodford County Health Department used the CHNA to satisfy the requirements imposed on health departments

under 77 Ill. Adm. Code 600 to prepare an IPLAN. In addition, other PFHC stakeholders used the CHNA to support health identification and improvement planning strategies.

The collaborative CHNA takes into account input from specific individuals who represent the broad interests of the community, 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. The fundamental areas of the CHNA are illustrated below.



Collaborative Team and Community Engagement

A team of professionals from the PFHC was created to guide the CHNA process. Members of the PFHC were carefully selected to ensure representation of the broad interests of the community. In addition, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the health of the community. The team met in the third and fourth quarters of 2018 and in the first quarter of 2019. Additionally, a subcommittee focusing on CHNA data met monthly. Individuals, affiliations, titles and expertise can be found in Appendix 1 to this CHNA report.

Definition of the Community

In order to determine the geographic boundaries for the primary and secondary markets for OSF and UnityPoint, analyses were completed to identify what percentage of inpatient and outpatient activity was represented from Peoria, Tazewell, and Woodford counties. Data show that these three counties represent approximately 83% of all patients for these hospitals. In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community. Note that the at-risk population was defined as those individuals that 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

The collaborative CHNA has been designed to provide necessary information to hospitals, local health departments, clinics and community agencies, in order to create strategic plans in program design, access, and delivery. Results of this study will act as a platform that allows healthcare organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, community agencies and health departments will use this CHNA to improve the quality of health in the Tri-County region. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2016 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2016 CHNA was made widely available to the community to allow for feedback. Specifically, hospitals, local health departments and the PFHC posted both a full version and a summary version of the Hospitals' joint 2016 CHNA Report on their websites. While no written feedback was received to the 2016 CHNA by individuals from the community via the available mechanism, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process in conducting the 2019 CHNA.

Community Health Needs Assessment Report Approval

OSF, UnityPoint, and Advocate Eureka Hospital-used the collaborative CHNA to prepare their 2019 CHNA Reports and to adopt implementation strategies to address the significant health needs identified. The Peoria City/County Health Department, Tazewell County Health Department, and the Woodford County Health Department used the collaborative CHNA to adopt community health plans to meet IPLAN requirements for local health department certification by the Illinois Department of Public Health (IDPH). The Partnership for a Healthy Community is not required to perform a community health needs assessment; however, they are collaborating with the above organizations and using the collaborative CHNA in order to better serve the health needs of the Tri-County region. Hopedale Medical Complex has already completed its Community Health Needs Assessment; however, they are collaborating with the above organizations and using the collaborative CHNA in order to better serve the health needs of the Tri-County region.

OSF, UnityPoint, Advocate Eureka Hospital, Hopedale Medical Complex, the Peoria City/County Health Department, the Tazewell County Health Department, the Woodford County Health Department and the Partnership for a Healthy Community are the primary organizations responsible for conducting the CHNA. Implementation strategies will be developed in coordination with other community social service agencies and organizations to address the significant health needs identified.

This CHNA Report was approved by the OSF Healthcare System's Board of Directors on July 29, 2019 and the UnityPoint Board of Director's on August 29, 2019.

2016 CHNA Health Needs and Implementation Plans

The 2016 CHNA for the Tri-County region identified two significant health needs. These included: **Healthy Behaviors**, defined as healthy eating and active living, and their impact on obesity; and

Mental/Behavioral Health. UnityPoint also addressed three additional needs: **Appropriate Use and Access to Health Services**, **Substance Abuse** and **Cancer**. Specific actions were taken to address these needs. Detailed discussions of goals, strategies to improve these health needs, and impact can be seen in Appendix 2.

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

We first used existing secondary statistical data 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 team of health professionals used COMP data to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes, and infections. In order to define each disease category, we used modified definitions developed by Sg2. Sg2 specializes in consulting for healthcare organizations. Their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify, and analyze primary survey data. Specifically, we discuss 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, we created our own pilot survey in 2018, 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 medications.

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.

After the initial survey was designed, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. A total of 230 surveys were collected in Peoria, IL in May and June 2018. Results from the pilot survey revealed specific items to be included/excluded in the final survey instrument. Item selection criteria for the final survey included validity, reliability and frequency measures based on responses from the pilot sample. A copy of the final survey is included in Appendix 3.

Sample Size

In order to identify our potential population, we first identified the percentage of the Tri-County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for the Tri-County was 15.9% in Peoria County, 8.0% in Tazewell County, and 7.4% in Woodford County for 2017. The populations used for the calculation were 183,011, 133,526 and 38,726 respectively, yielding total residents living in poverty in the three counties at 29,099, 10,682, and 2,866.

We assumed a normal approximation to the hypergeometric distribution 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

pq = population proportions (set at .05)

z = the value that specified the confidence interval (use 90% CI)

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

For the total Tri-County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 1,149. The data collection effort for this CHNA yielded a total of 1,887 usable responses. This exceeded the threshold of the desired 90% confidence interval.

To provide a representative profile when assessing the aggregated population for the Tri-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 county-specific samples were aligned with population demographics according to U.S. Census data. This provided a total usable sample of 1,376 respondents for analyzing the aggregate population. Sample characteristics can be seen in Appendix 4.

Data Collection

Survey data were collected in the 3rd quarter of 2018. 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 we specifically targeted the at-risk population as part of the data collection effort, this became a stratified sample, as we did not specifically target other groups 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, we used several different analytic techniques. 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, we used Pearson correlations, x^2 tests and tetrachoric correlations when appropriate given the characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

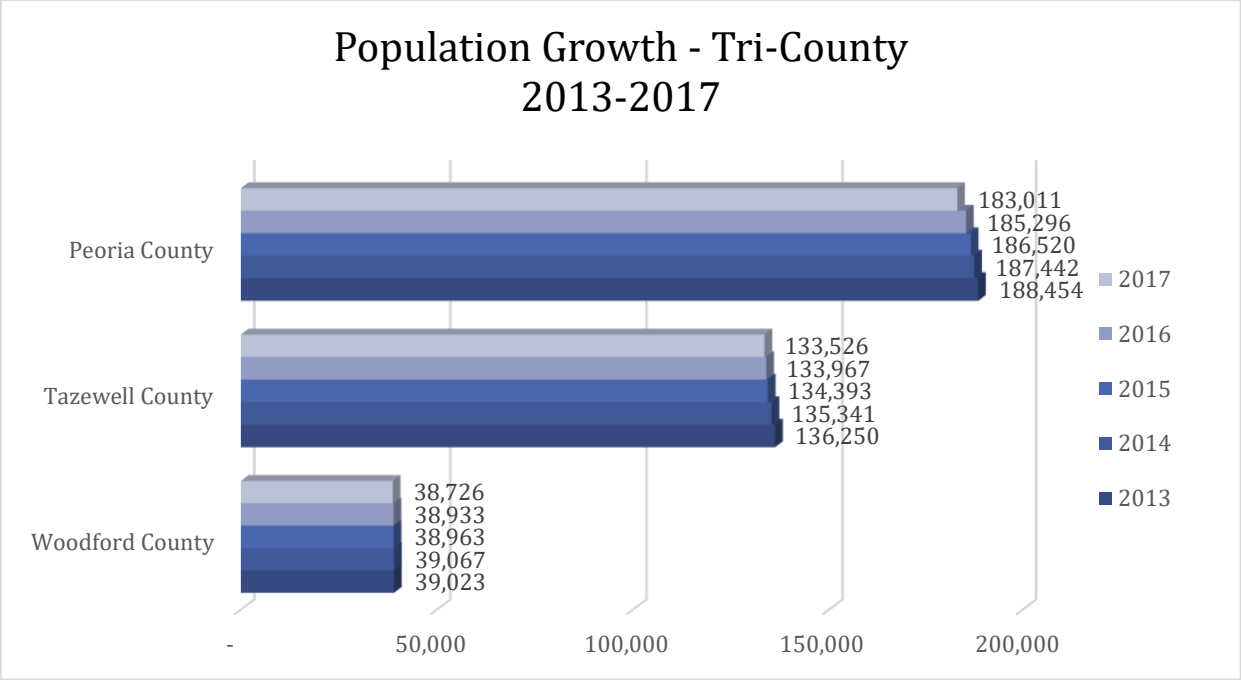
CHAPTER 1
DEMOGRAPHY AND SOCIAL DETERMINANTS

1.1 Population

Importance of the measure: Population data characterize individuals residing in Peoria County, Tazewell County, and Woodford 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 Peoria County has decreased (2.9%) between 2013 and 2017. During the same time period, the populations of Tazewell County and Woodford County also decreased 2.0% and 0.8% respectively.



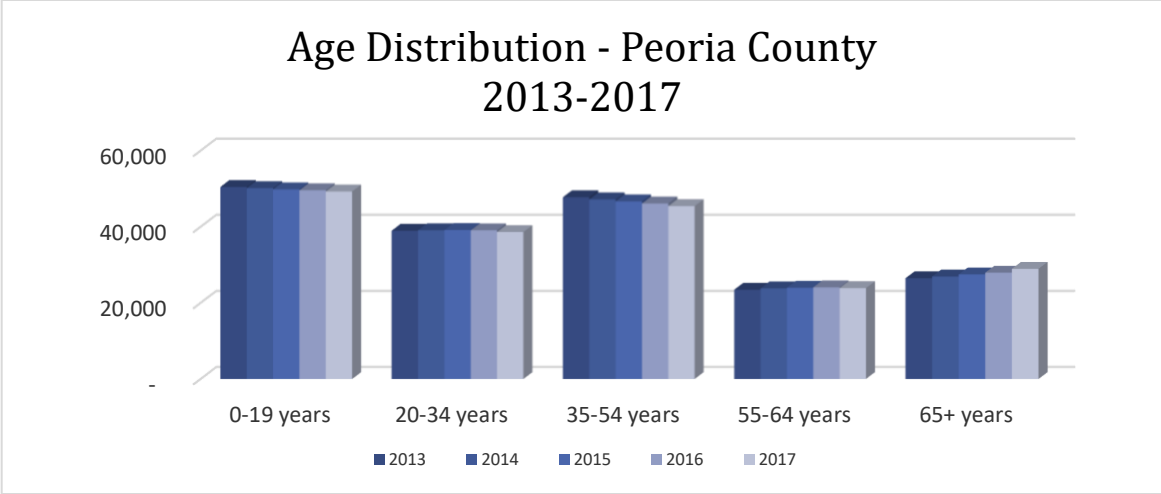
Source: US Census

1.2 Age, Gender and Race Distribution

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

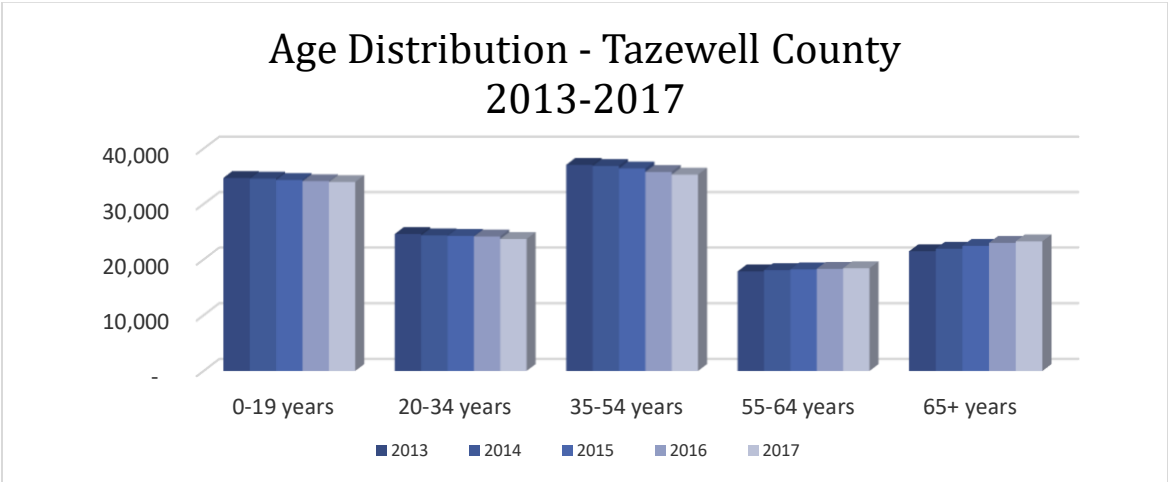
Age

As indicated in the graph below, for the years 2013 to 2017, the percentage of individuals in Peoria County aged 35-54 declined 4.8%, and the percentage of individuals aged 65 and older increased 9.3%. The percentage of individuals in Tazewell County aged 35-54 declined 4.7%, and the percentage of individuals aged 65 and older increased 8.3%. The percentage of individuals in Woodford County aged 35-54 declined 5.8%, and the percentage of individuals aged 65 and older increased 8.7%.



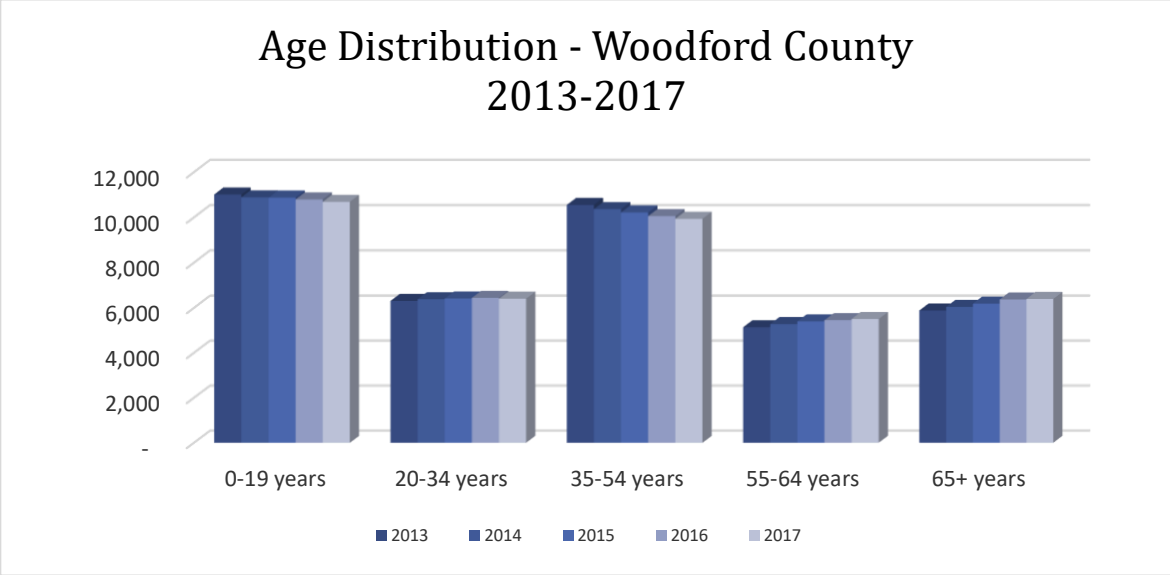
Age	2013	2014	2015	2016	2017
0-19 years	50,458	50,159	49,831	49,603	49,261
20-34 years	38,955	39,078	39,142	39,074	38,615
35-54 years	47,758	47,197	46,685	46,117	45,442
55-64 years	23,462	23,816	23,977	24,084	23,882
65+ years	26,484	26,947	27,477	27,940	28,945

Source: US Census



Age	2013	2014	2015	2016	2017
0-19 years	34,711	34,600	34,342	34,130	33,972
20-34 years	24,609	24,359	24,269	24,154	23,701
35-54 years	37,073	36,873	36,410	35,794	35,313
55-64 years	17,868	18,095	18,225	18,324	18,436
65+ years	21,486	21,945	22,451	22,998	23,273

Source: US Census

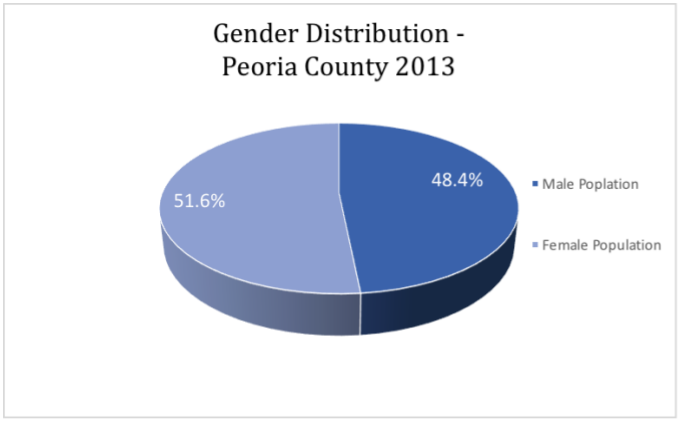


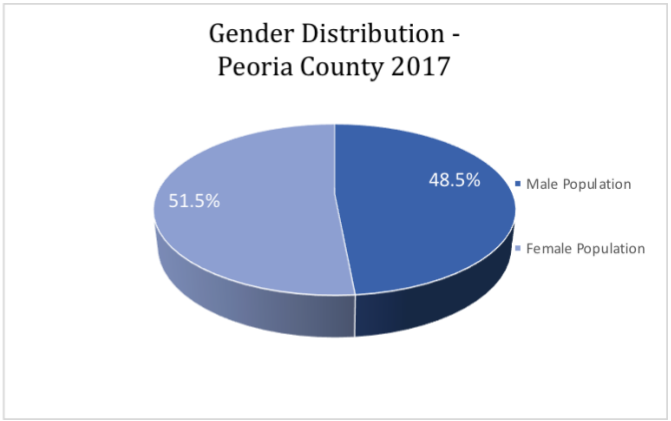
Age	2013	2014	2015	2016	2017
0-19 years	11,013	10,886	10,877	10,795	10,688
20-34 years	6,310	6,385	6,418	6,443	6,409
35-54 years	10,552	10,366	10,220	10,057	9,939
55-64 years	5,141	5,282	5,401	5,456	5,509
65+ years	5,887	6,046	6,190	6,372	6,397

Source: US Census

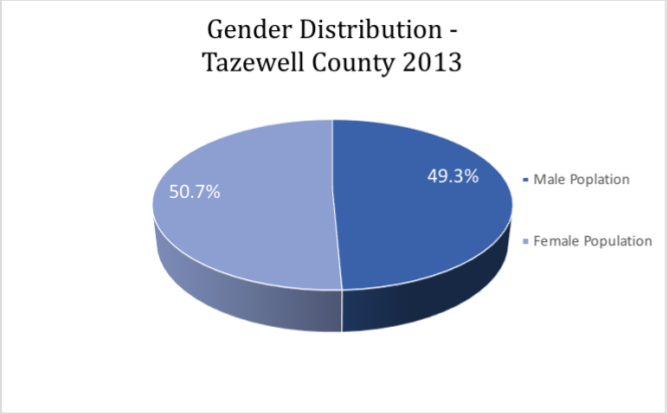
Gender

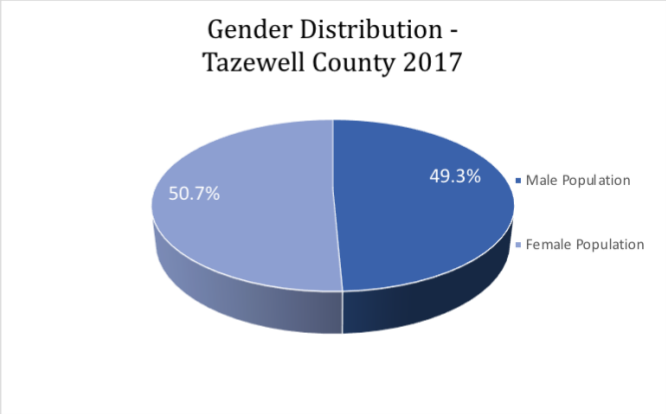
The gender distribution of Peoria, Tazewell, and Woodford County residents has remained relatively consistent between 2013 and 2017.





Source: US Census





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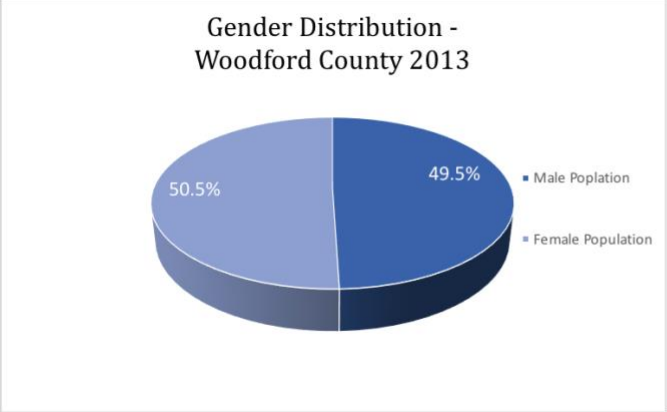
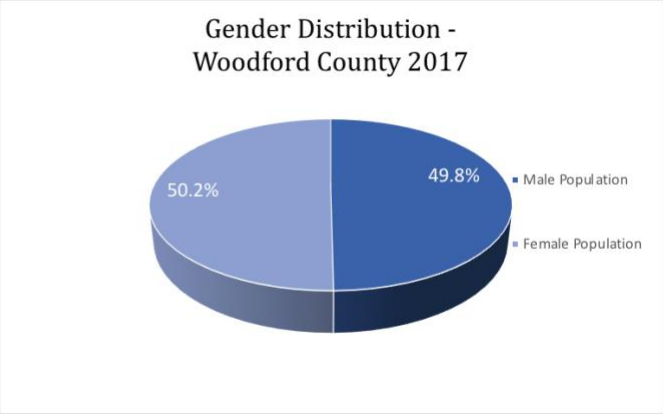
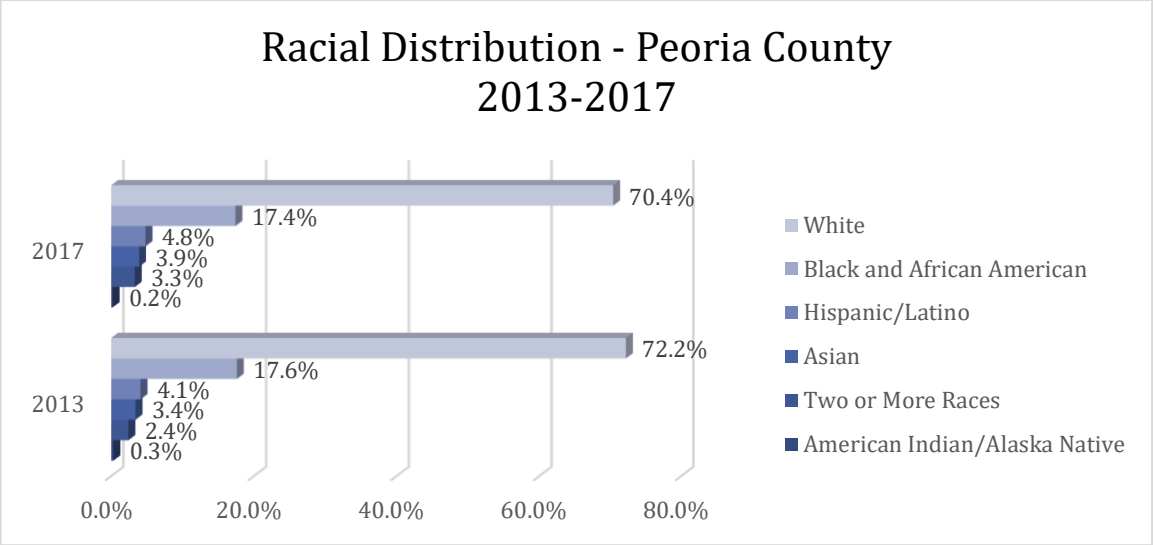


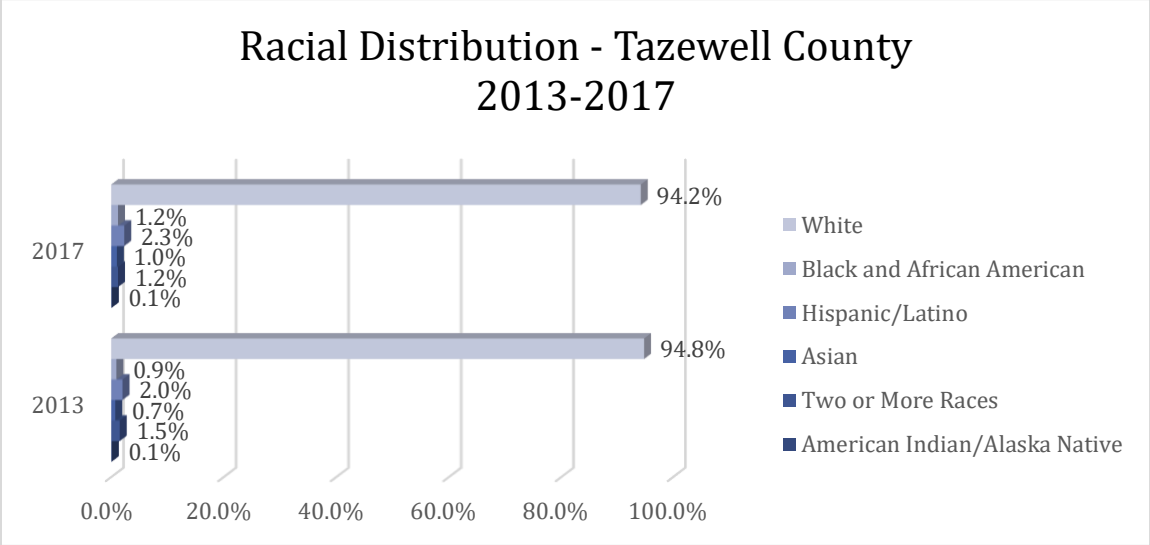


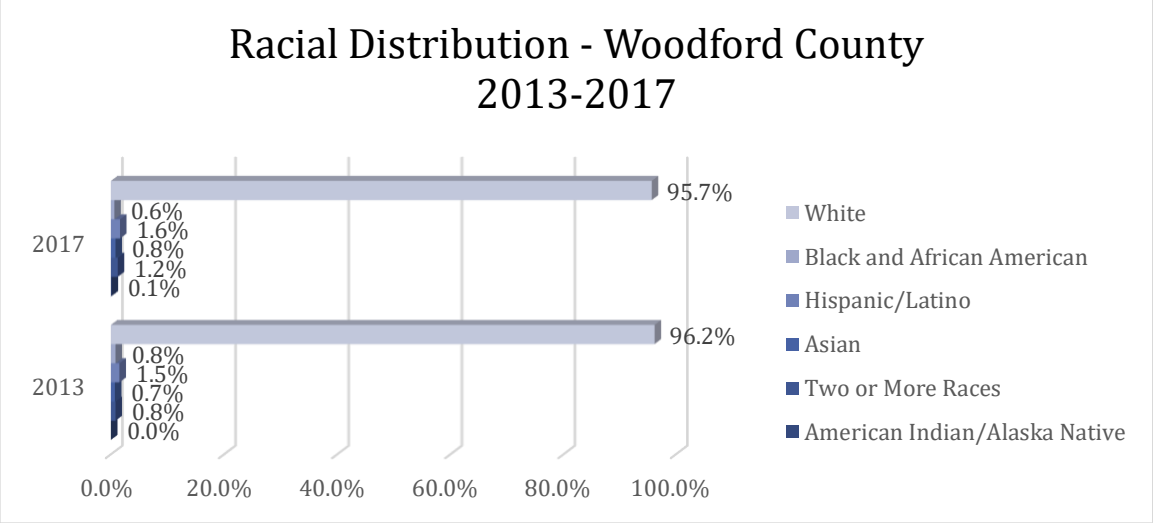
Source: US Census

Race

With regard to race and ethnic background, Peoria County is relatively diverse. Data from 2017 shows that the White population is 70.4%, Black population is 17.4%, and Latino population is 4.8%. Data from 2017 show that both Tazewell and Woodford Counties are largely homogeneous. Data from 2017 suggest that White ethnicity comprises 94.2% of the population in Tazewell County and 95.7% of the population in Woodford County. However, the non-White population is increasing in Tazewell County (5.2% to 5.8% in 2017) and Woodford County (3.8% to 4.3% in 2017).





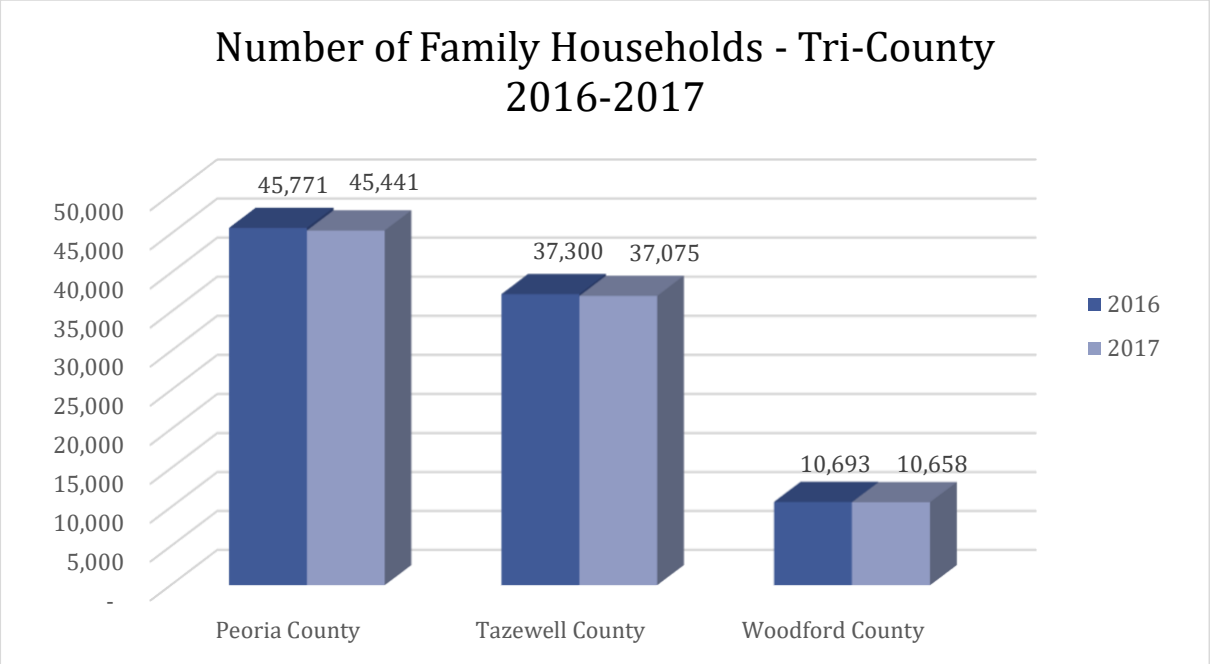


Source: US Census

1.3 Household/Family

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

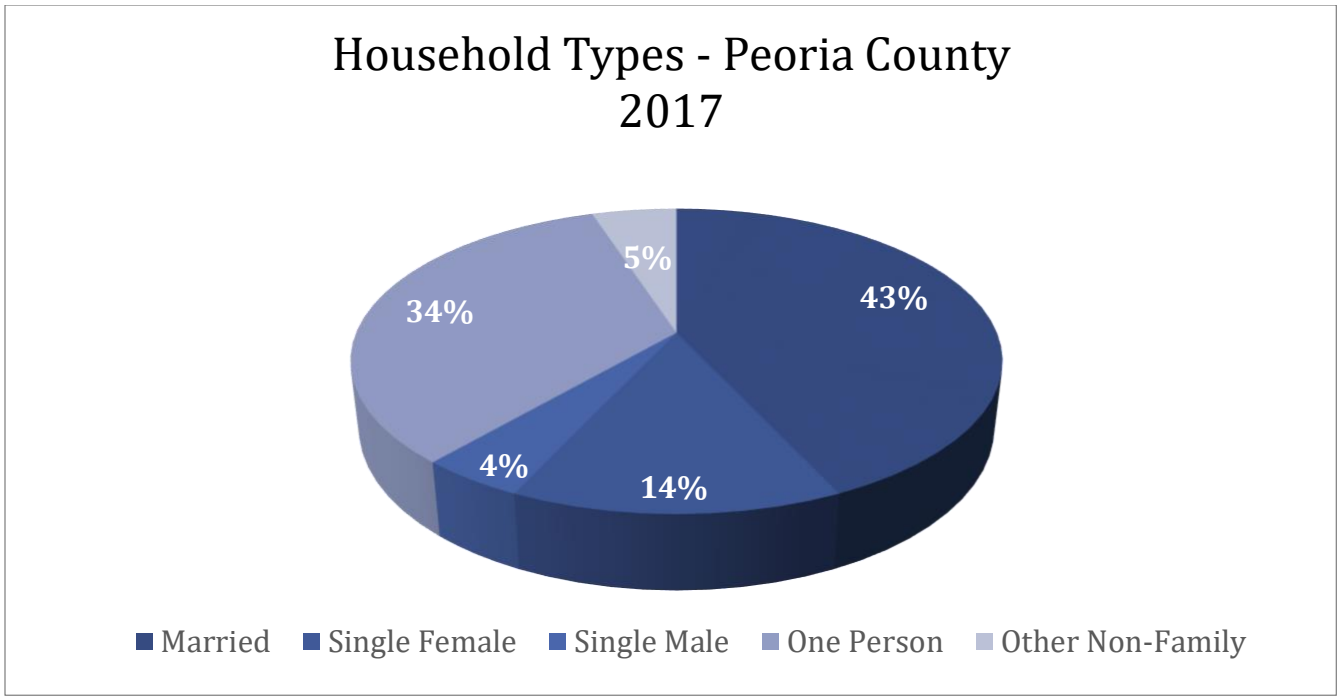
As indicated in the graph below, the number of family households in the Tri-County area decreased slightly from 2016 to 2017.



Source: US Census

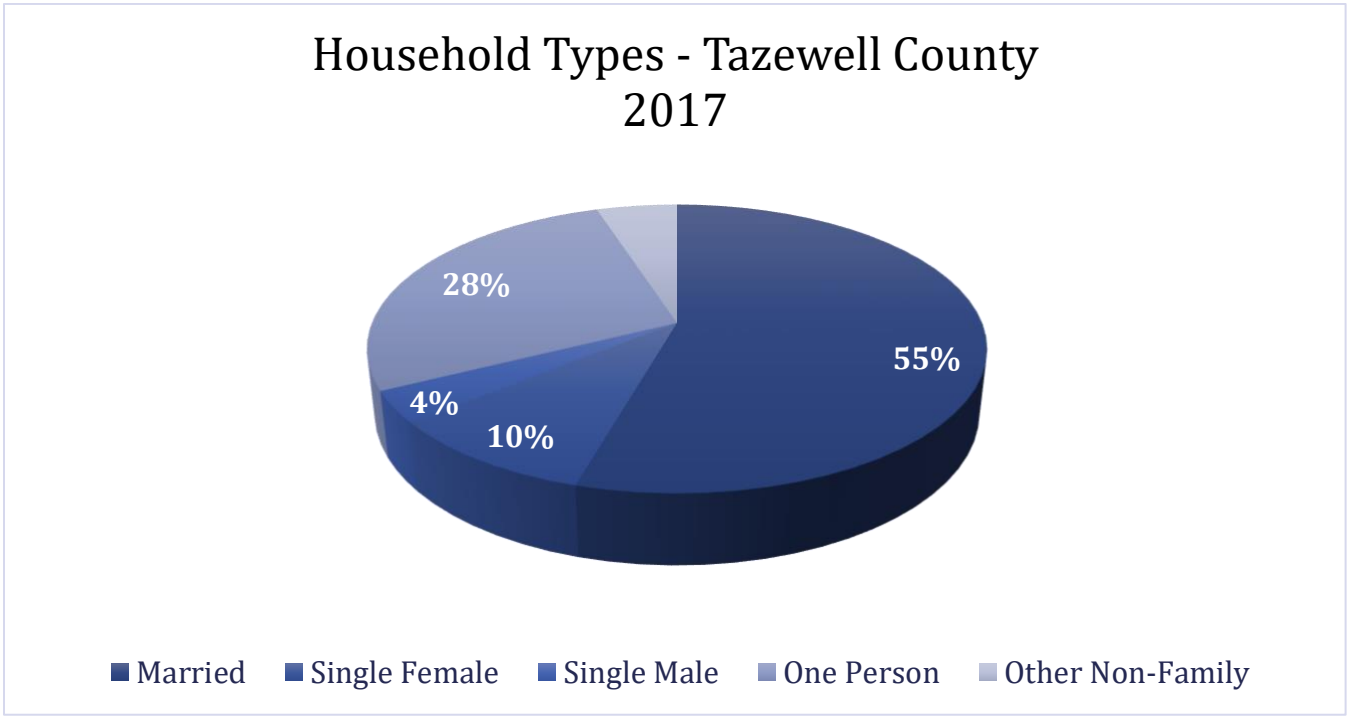
Family Composition

In Peoria County, data from 2017 suggest the percentage of two-parent families is 43%, one-person households represent 34% of the county population, and single-female households represent 14%.



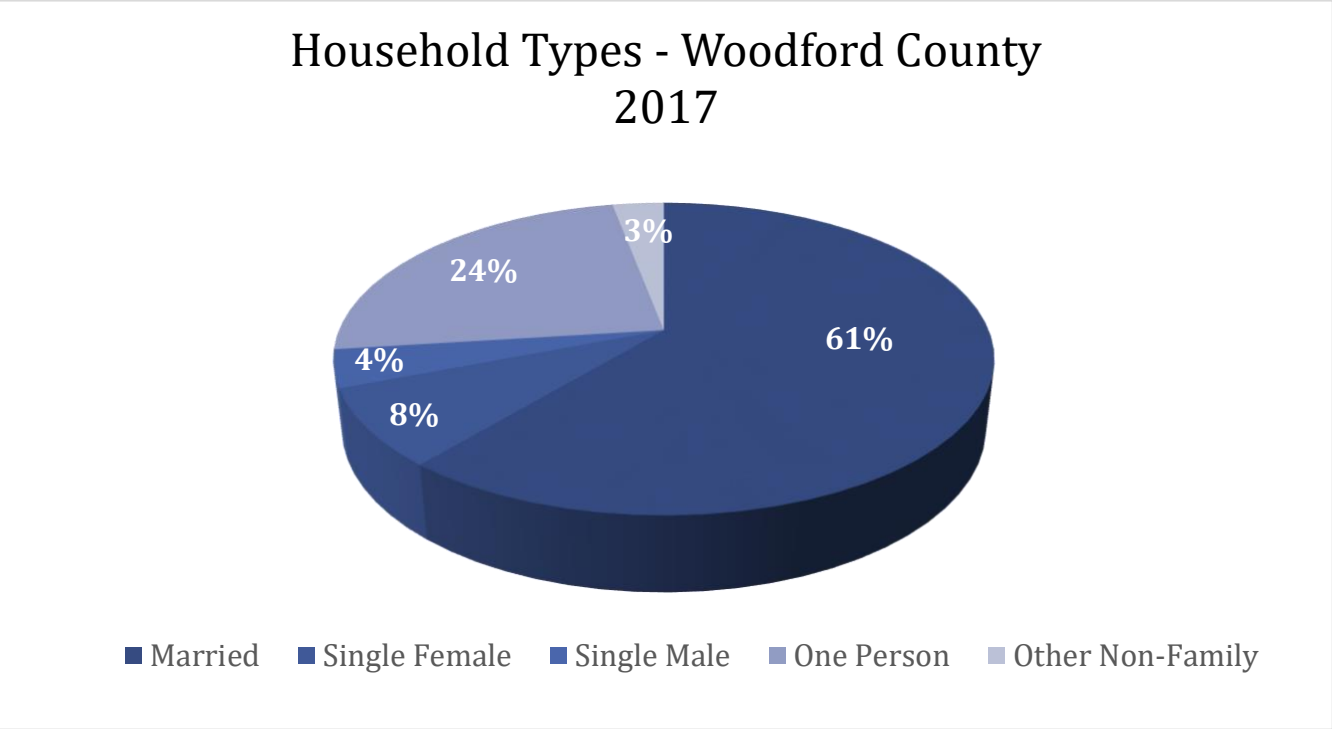
Source: US Census

In Tazewell County, data from 2017 suggest the percentage of two-parent families is 55%, one-person households represent 28% of the county population, and single-female households represent 10%.



Source: US Census

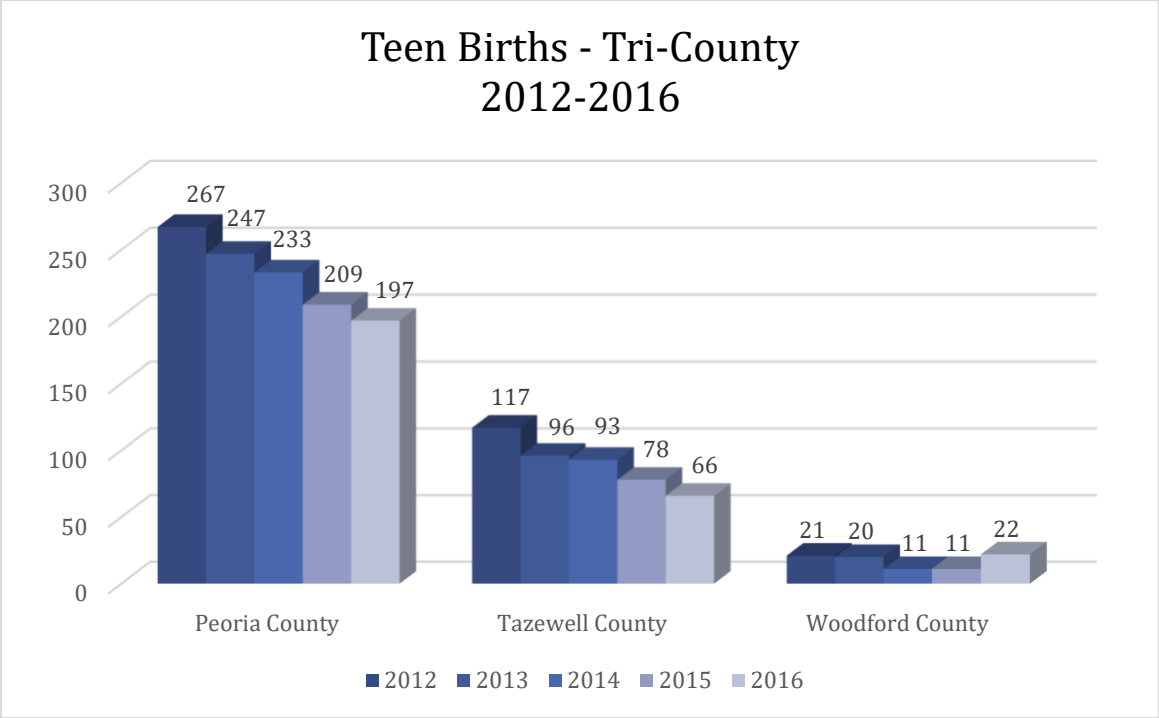
In Woodford County, data from 2017 suggest the percentage of two-parent families is 61%, one-person households represent 24% of the county population, and single-female households represent 8%.



Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Peoria and Tazewell County both experienced a decline in teenage birth count for years 2012 to 2016. The teen birth rate for Woodford County fluctuated from 2012-2016, but has remained relatively stable over time.



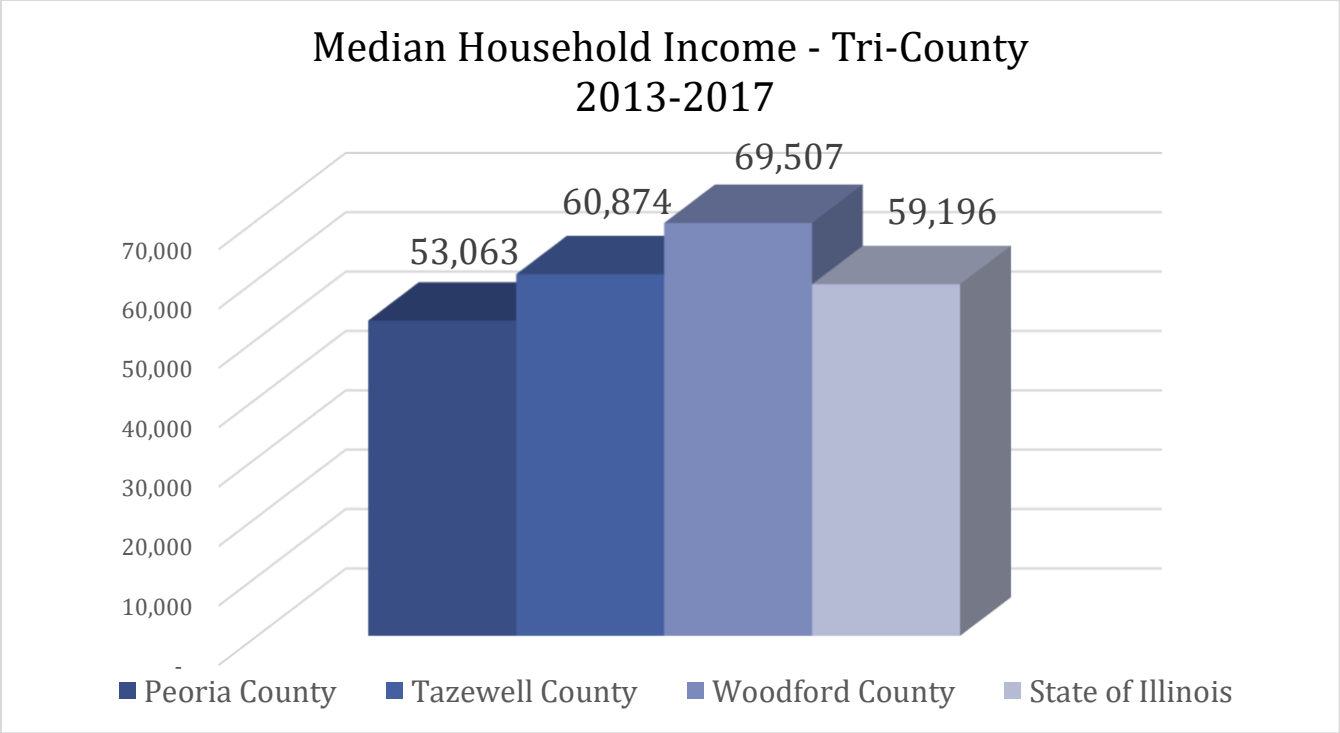
Source: Illinois Department of Public Health

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.

Median Income Level

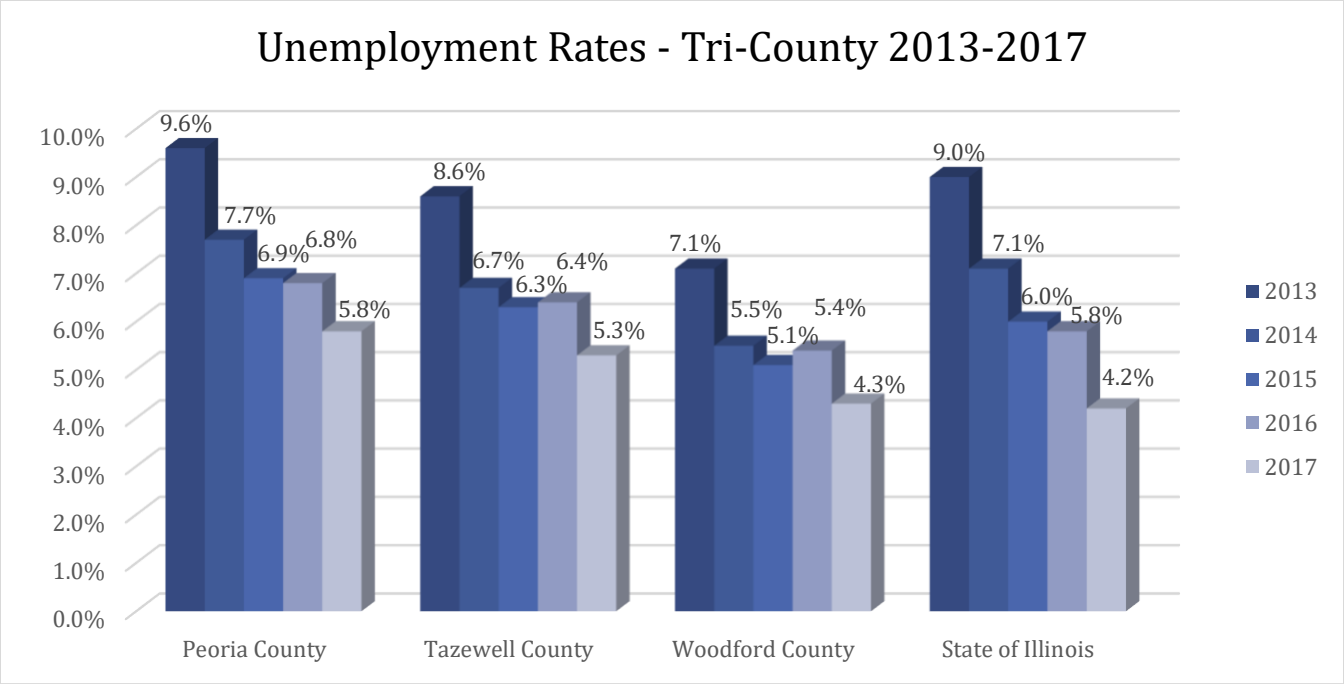
For 2013-2017, the median household income in Peoria County was lower than the State of Illinois. However, both Tazewell and Woodford Counties had median household incomes above the State of Illinois median.



Source: US Census

Unemployment

For the years 2013 to 2017, the Peoria County unemployment rate was higher than the State of Illinois unemployment rate. For the years 2013 and 2014, the Tazewell County unemployment rate was lower than the State of Illinois unemployment rate, but for the years 2015 to 2017, the Tazewell County unemployment rate was higher than the State of Illinois unemployment rate. Woodford County maintained an unemployment rate below the State of Illinois unemployment rate for the years 2013 to 2016, but experienced a slightly higher unemployment rate in 2017.

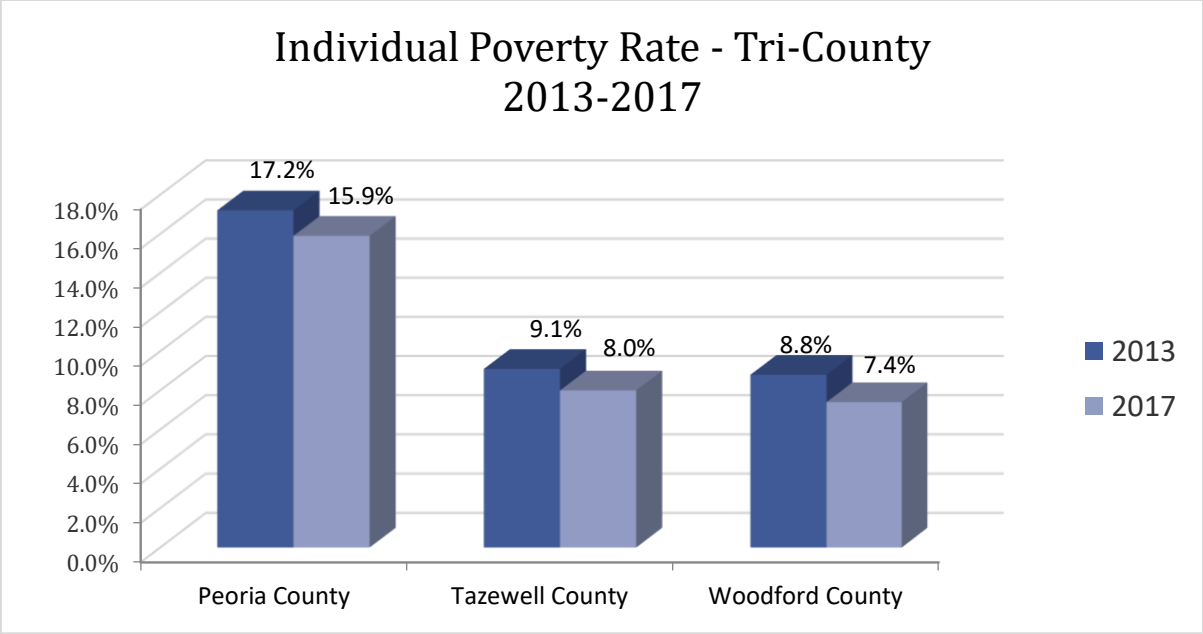


Source: Bureau of Labor Statistics

Individuals in Poverty

The poverty rate for individuals decreased across all counties in the Tri-County area between 2013 and 2017. In Peoria County, the percentage of individuals living in poverty between 2013 and 2017 decreased by 1.3%. The poverty rate for individuals is 15.9%, which is higher than the State of Illinois individual poverty rate of 13.5%. In Tazewell County, the percentage of individuals living in poverty between 2013 and 2017 decreased by 1.1%. The poverty rate for individuals living in Tazewell County is 8.0%, which is significantly lower than the State of Illinois poverty rate of 13.5%. In Woodford County, the percentage of individuals living in poverty between 2013 and 2017 decreased by 1.4%. The poverty rate for individuals living in Woodford County is 7.4%, which is also significantly lower than the State of Illinois poverty rate of 13.5%.

Poverty has a significant impact on the development of children and youth. In 2017 the poverty rate for families living in Peoria County (11.3%) was higher than the State of Illinois family poverty rate (9.8%). Tazewell County and Woodford County reported significantly lower family poverty rates in 2017 (5.6% and 5.8%, respectively) compared to the State of Illinois family poverty rate (9.8%).



Source: US Census

1.5 Education

Importance of the measure: According to the National Center for Educational Statistics[1], "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.

Truancy

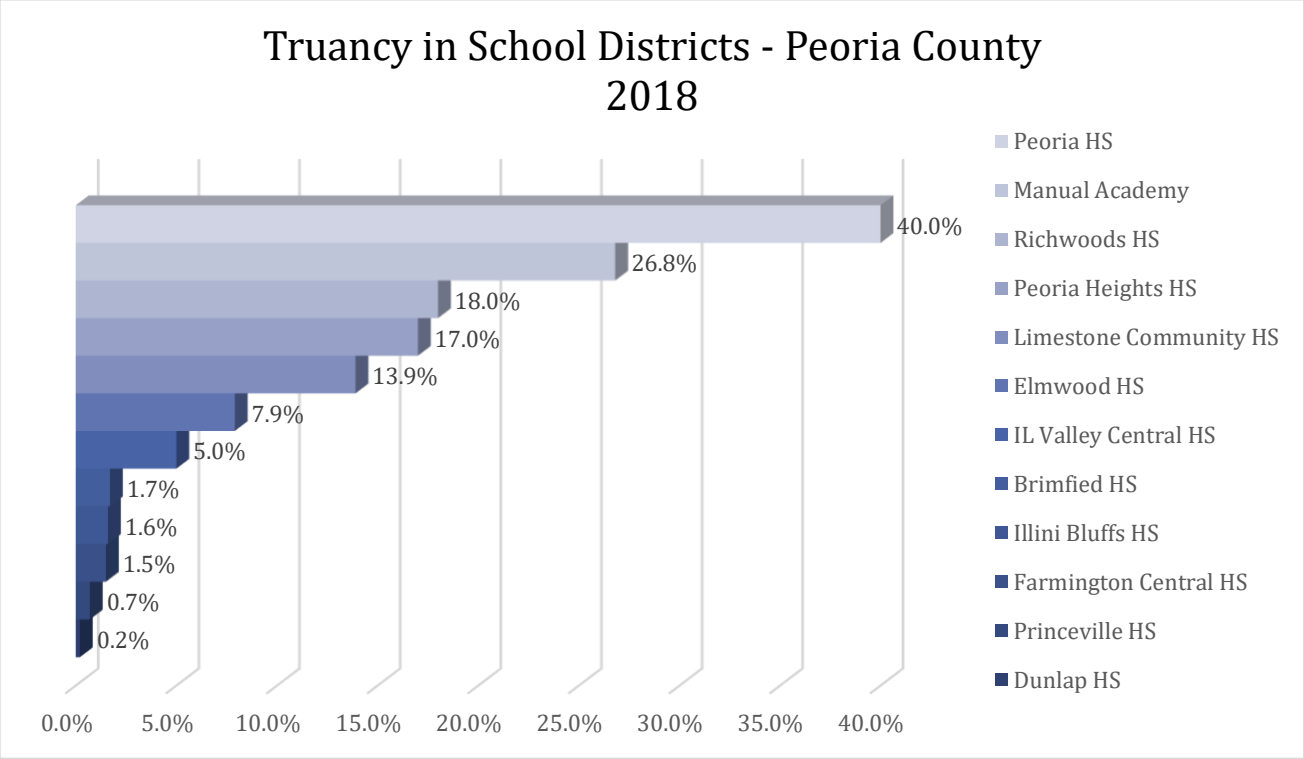
Chronic truancy is a major challenge to the academic progress of children and young adults. The causes of truancy vary considerably for young children. Truancy of middle- and high-school students is more likely a result of the inappropriate behavior and decisions of individual students. Primary school truancy often results from decisions and actions of the parents or caregivers rather than the students themselves. The State of Illinois defines truancy as a student who is absent without valid cause for 5% or more of the previous 180 regular attendance days.

Peoria High School and Manual Academy in Peoria County have the largest percentage of students who were chronically truant in 2018.

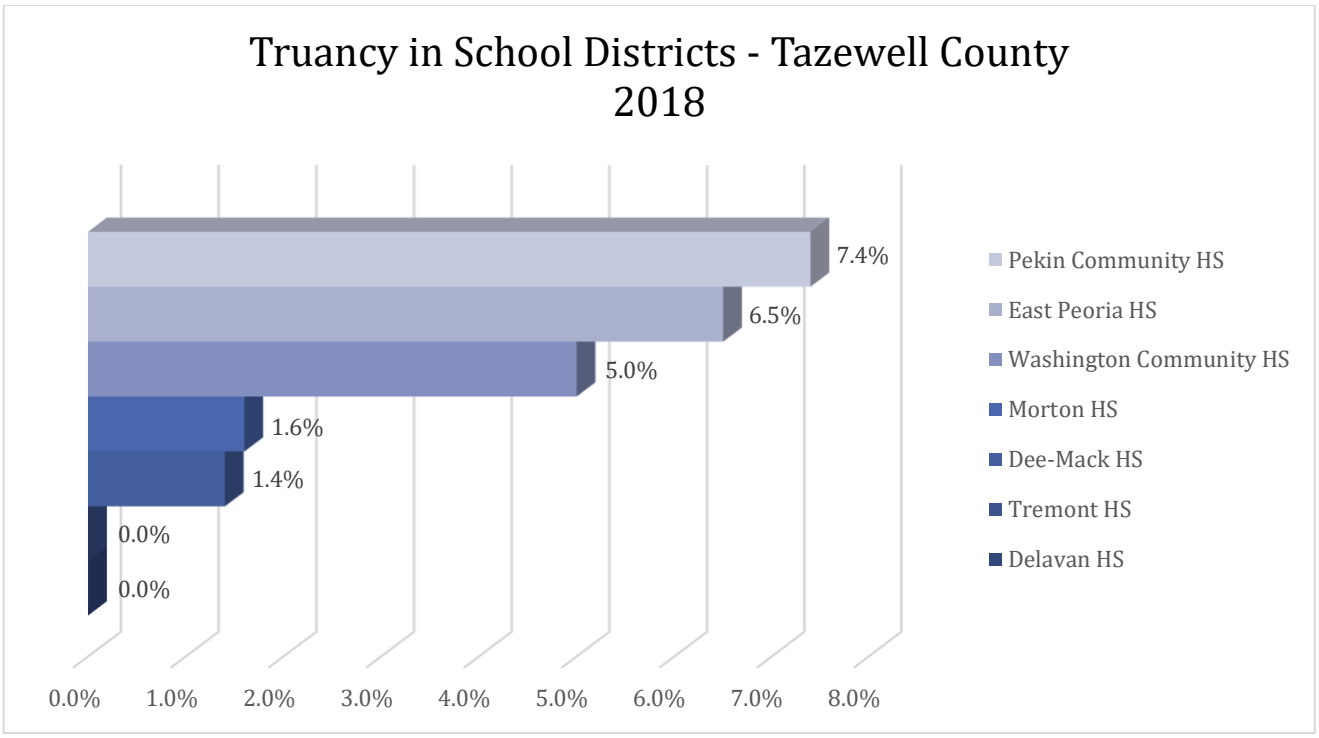
[1] NCES 2005

Pekin Community High School and East Peoria High School in Tazewell County have the largest percentage of students who were chronically truant in 2018.

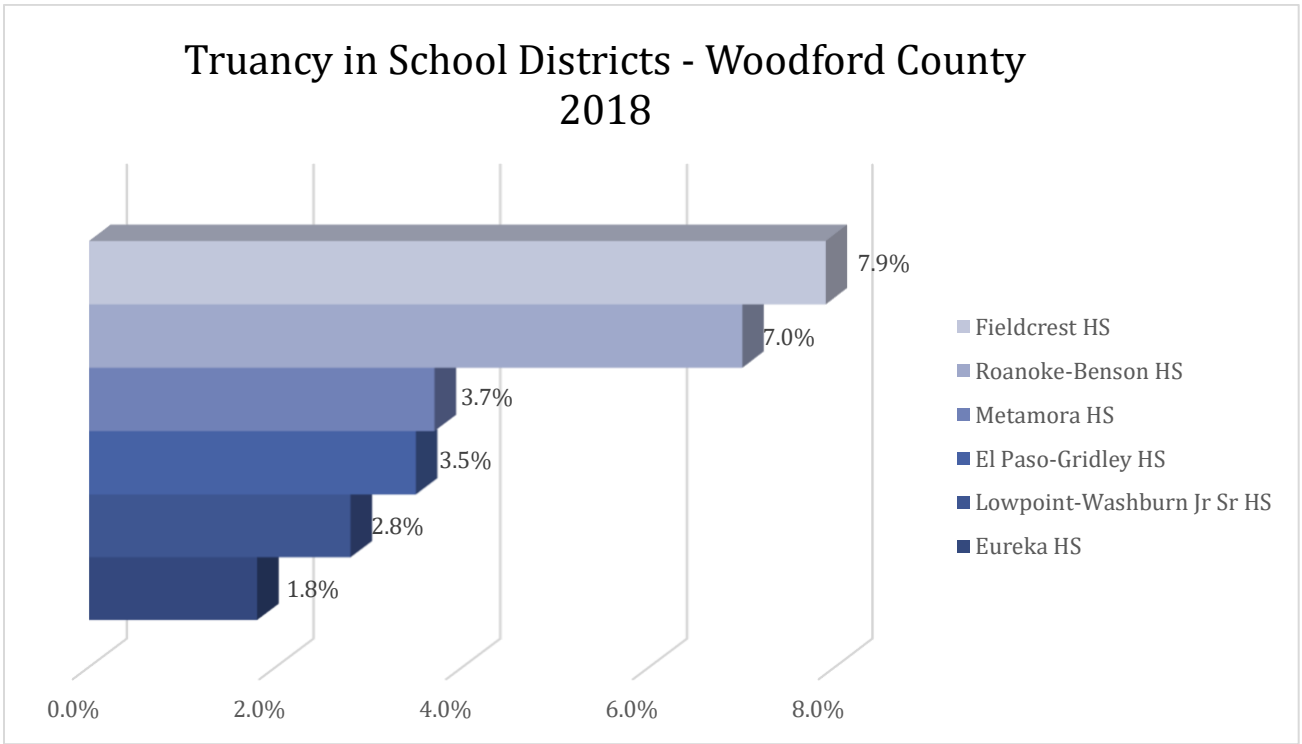
Fieldcrest High School and Roanoke-Benson High School in Woodford County have the largest percentage of students who were chronically truant in 2018.



Source: Illinois Report Card



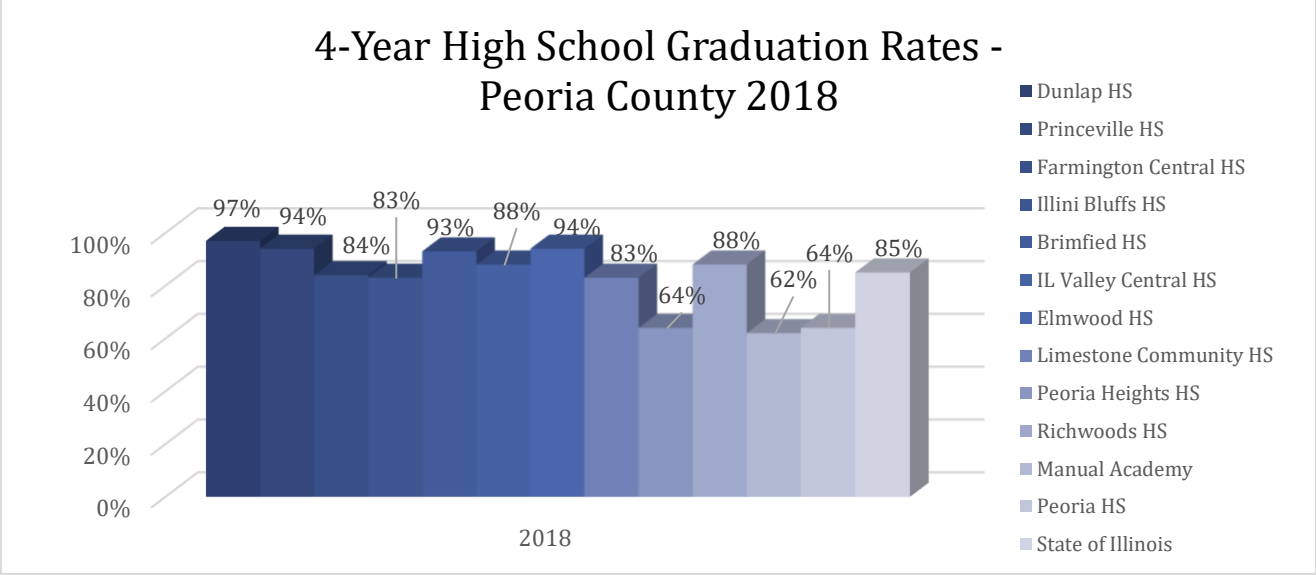
Source: Illinois Report Card



Source: Illinois Report Card

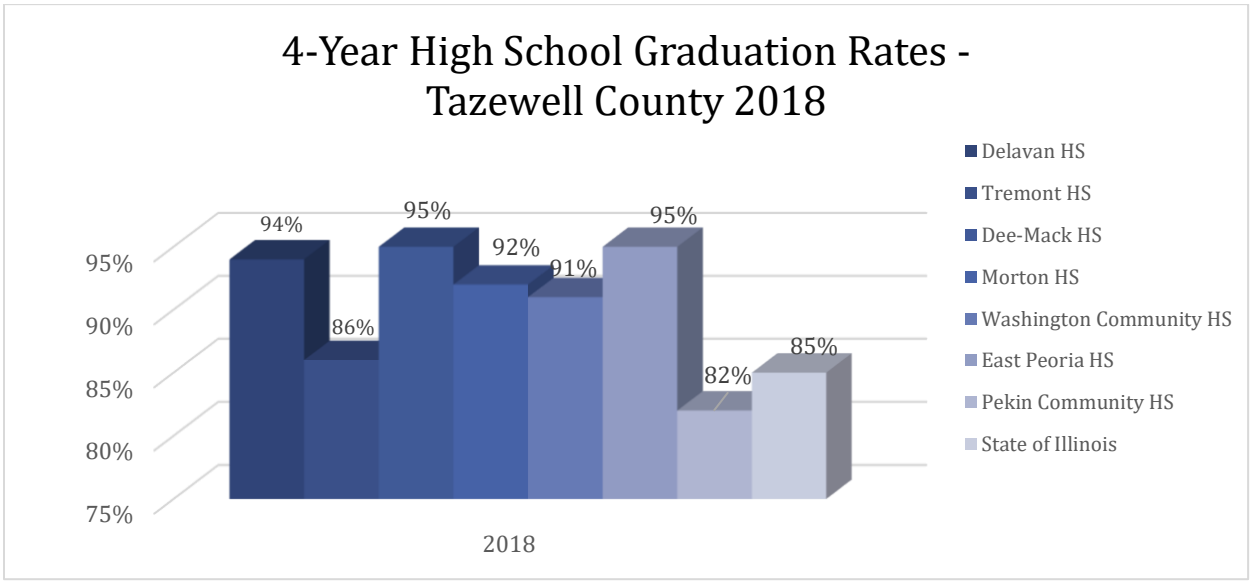
High School Graduation Rates

In 2018, Farmington Central high school, Illini Bluffs high school, Limestone Community high school, Peoria Heights high school, Manual Academy, and Peoria high school in Peoria County reported high school graduation rates that were below the State average of 85%.



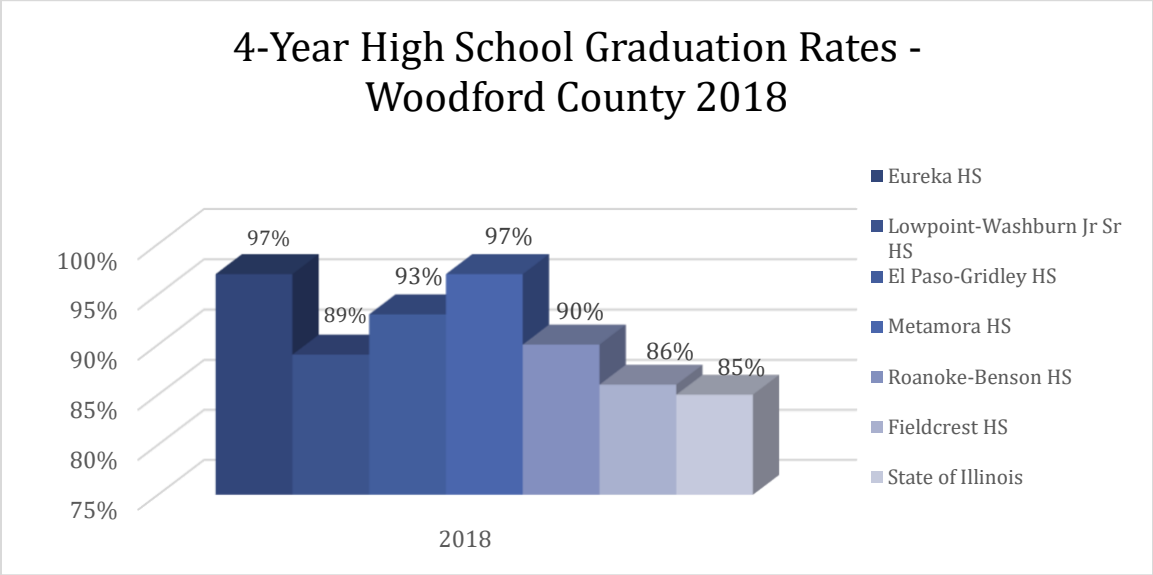
Source: Illinois Report Card

In 2018, Pekin Community high school in Tazewell County reported high school graduation rates that were below the State average of 85%.



Source: Illinois Report Card

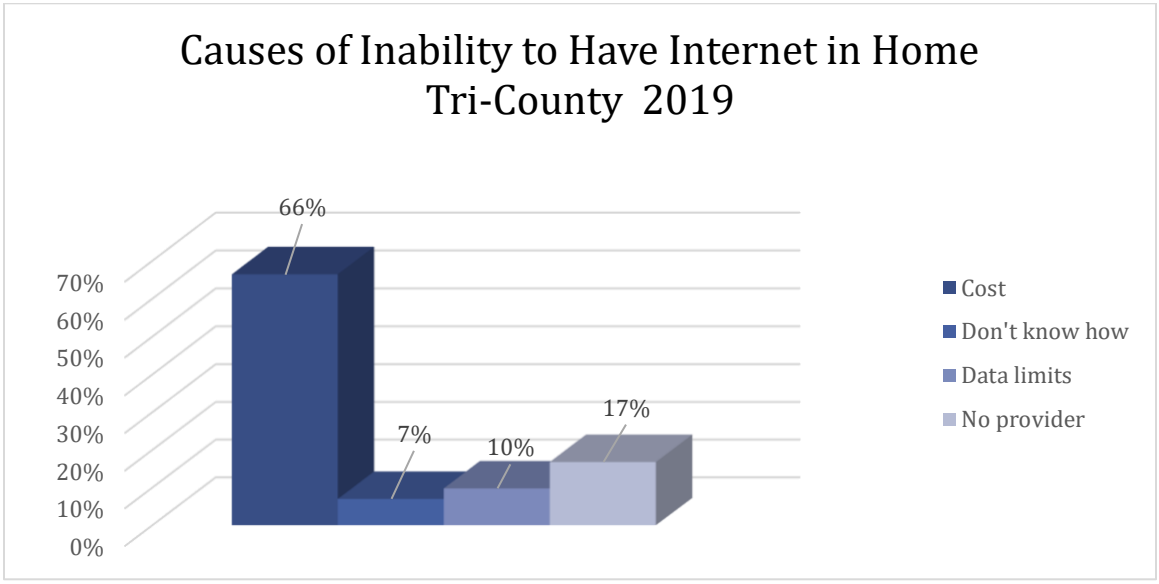
In 2018, none of the schools in Woodford County reported high school graduation rates that were below the State average of 85%.



Source: Illinois Report Card

1.6 Internet Access

CHNA survey respondents were asked if they had access to the Internet. In terms of accessibility, 91% of respondents indicated they had access to free public Internet, and 90% indicated they had Internet in their homes. For those that did not have Internet in their home, cost was the most frequently cited reason.



Source: CHNA Survey

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 White people, those with higher education, those with higher income, and those in Woodford County. Black people and those in Peoria County report lower access to 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-HOUSE-HOUSEHOLD RANGED FROM 8%-14% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ TRUANCY AND GRADUATION RATES IN PEORIA COUNTY (SPECIFICALLY PEORIA PUBLIC SCHOOLS) ARE CONCERNING RELATIVE TO OTHER AREAS IN THE TRI-COUNTY REGION.
- ✓ APPROXIMATELY 2/3 OF THE POPULATION IS INTERESTED IN TELEHEALTH SERVICES.

CHAPTER 2 OUTLINE

CHAPTER 2
PREVENTION BEHAVIORS

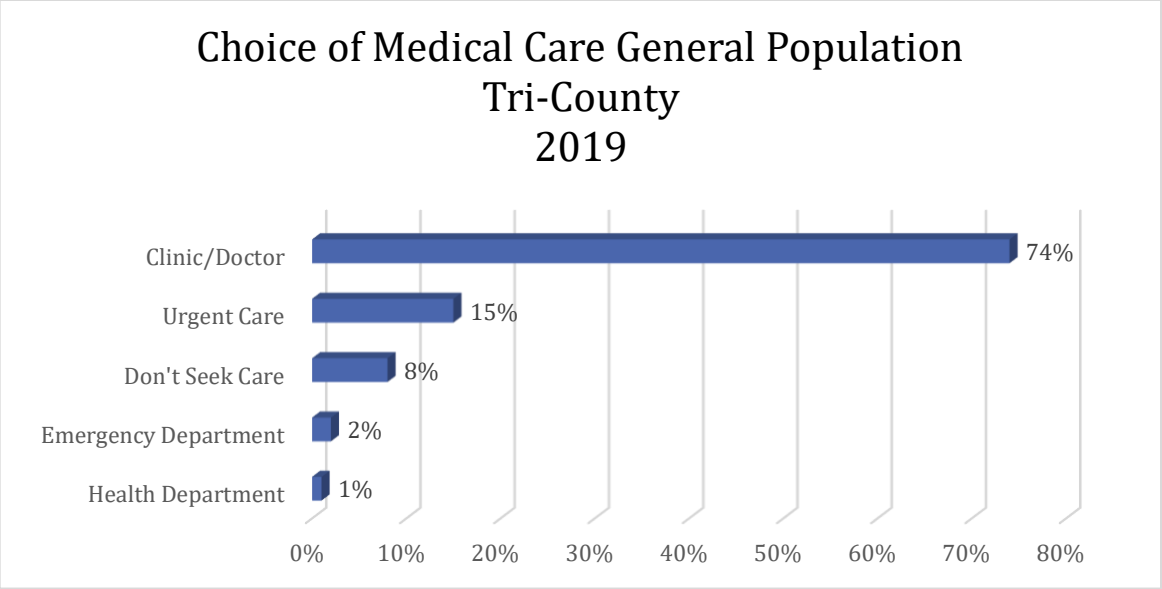
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. 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 74% of survey respondents. This was followed by urgent care (15%), not seeking medical attention (8%), the emergency department at a hospital (2%), and the health department (1%).



Source: CHNA Survey

Comparison to 2016 CHNA

Clinic/doctor's office increased from 71% in 2016 to 74% in 2019, resulting in a decrease in use of emergency departments from 6% in 2016 to 2% in 2019.

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, those with higher education and those with higher income. Clinic/Doctor's office tends to be used less often by Latino people and people with an unstable (e.g., homeless) housing environment.

Urgent Care tends to be used more by younger people.

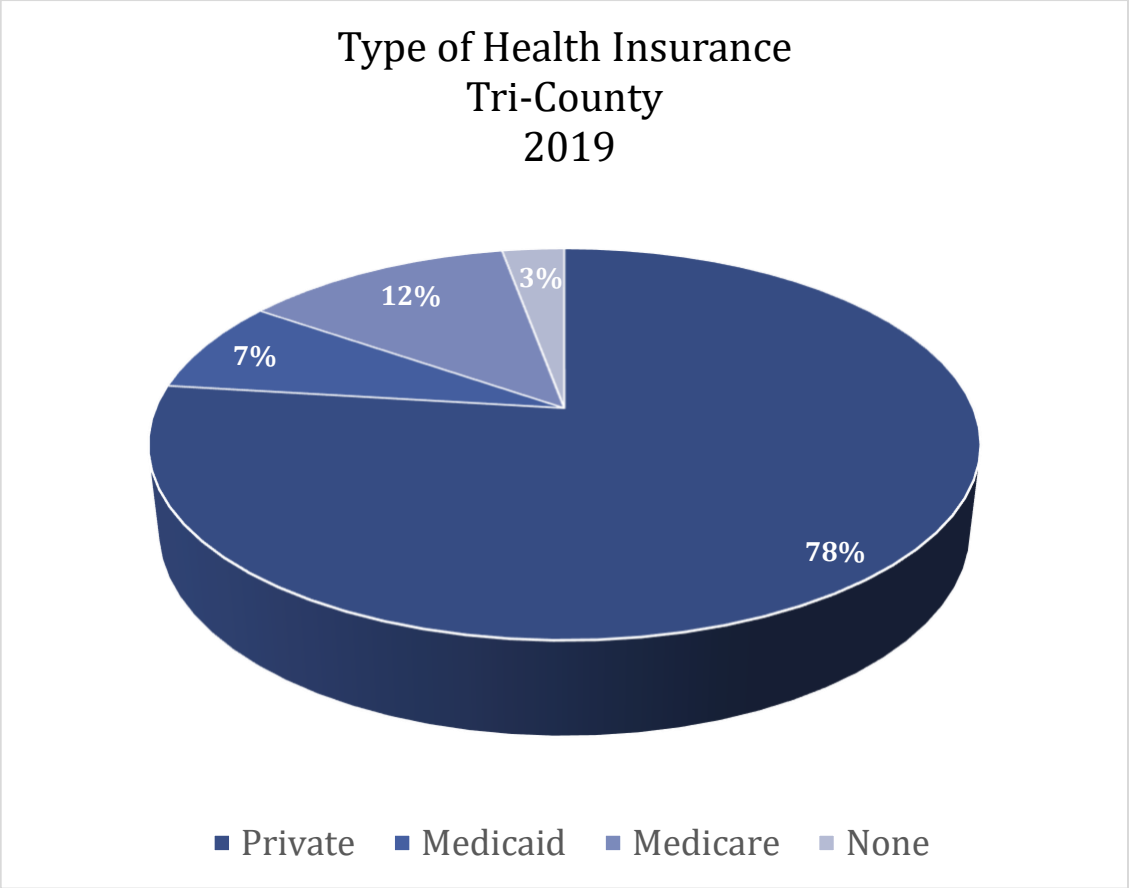
Emergency Department tends to be used more often by Black people, less educated people, those with lower incomes, Peoria County residents, and people with an unstable (e.g., homeless) housing environment. Emergency departments tend to be used less by White people as a primary source of healthcare.

Do Not Seek Medical Care tends to be rated higher by younger people, men, those with an unstable (e.g., homeless) housing environment and Peoria County residents. Not seeking medical care tends to be rated lower for Woodford County residents.

Health Department tends to be rated lower by White people, and those with higher income.

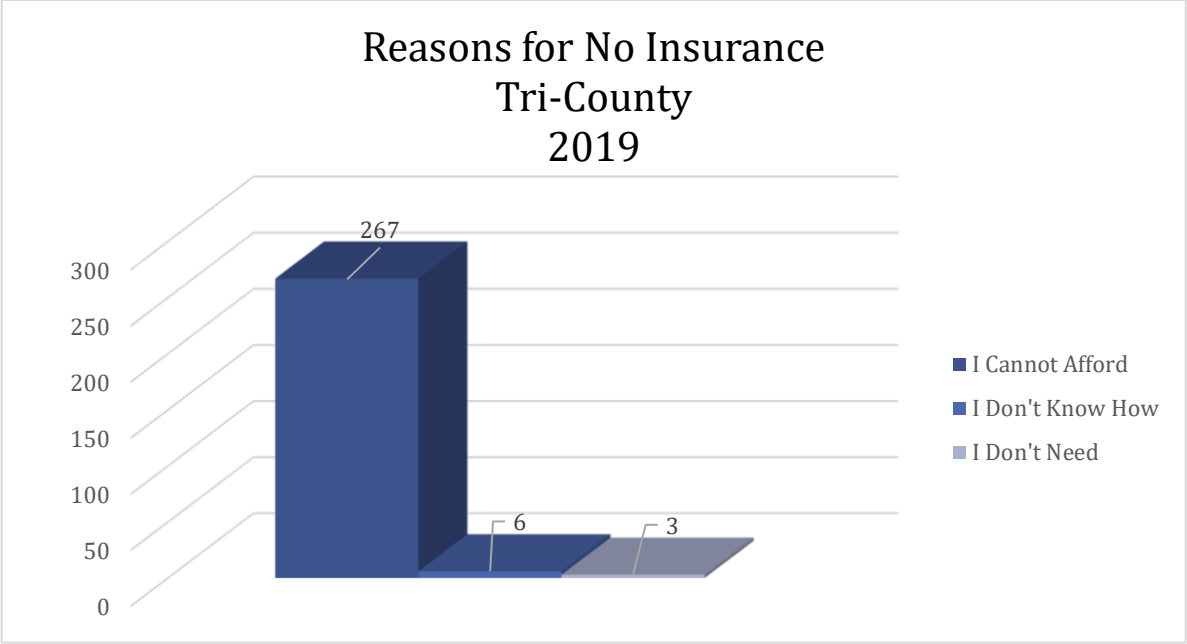
Insurance Coverage

According to survey data, 78% of the residents are covered by private insurance, followed by Medicare (12%), and Medicaid (7%). Only 3% of respondents indicated they did not have any health insurance.



Source: CHNA Survey

Data from the survey show that for the 3% of individuals who do not have insurance, the most common reason was cost. Note that these data are displayed in frequencies rather than percentages given the low number of responses.



Source: CHNA Survey

Comparison to 2016 CHNA

Compared to survey data from the 2016 CHNA, there has been a significant increase in the percentage of the population with private insurance from 70% in 2016 to 80% in 2019. This has resulted in a decrease in the percentage of individuals with Medicaid from 12% in 2016 to 8% in 2019, and a decrease in those with no insurance from 5% in 2016 to 3% in 2019.

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, Black people, Peoria County residents and those with lower education and income. Medicare is used less often by White people.

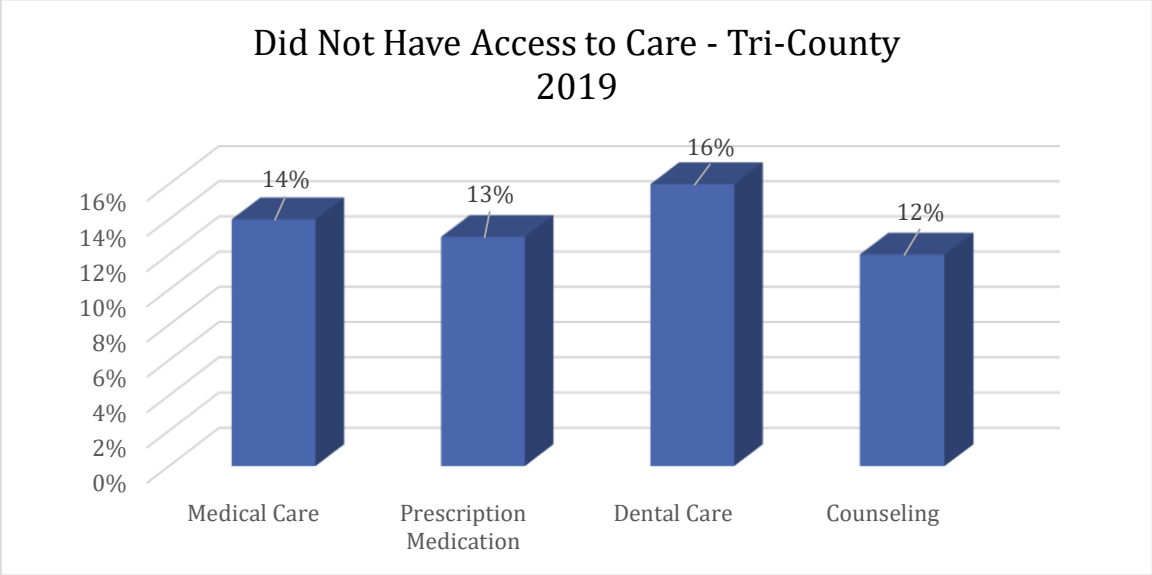
Medicaid tends to be used more frequently by Black people, Latino people, those with lower income, Peoria County residents, and people with an unstable (e.g., homeless) housing environment. Medicaid is used less by White people, and Woodford County residents.

Private Insurance is used more often by younger people, women, White people, and those with higher education, Tazewell County residents and those with higher income. Private insurance is used less by Black people, Latino people and Peoria County residents.

No Insurance tends to be reported more often by Latino people, those with lower education, those with lower income, and 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 medications, dental care, and counseling. Survey results show that 14% of the population did not have access to medical care when needed; 13% of the population did not have access to prescription medications when needed; 16% of the population did not have access to dental care when needed; and 12% of the population did not have access to counseling when needed.



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, those with higher education, those with higher income, Tazewell County residents and those with a stable housing environment. Access to medical care tends to be lower for Black people and Peoria County residents.

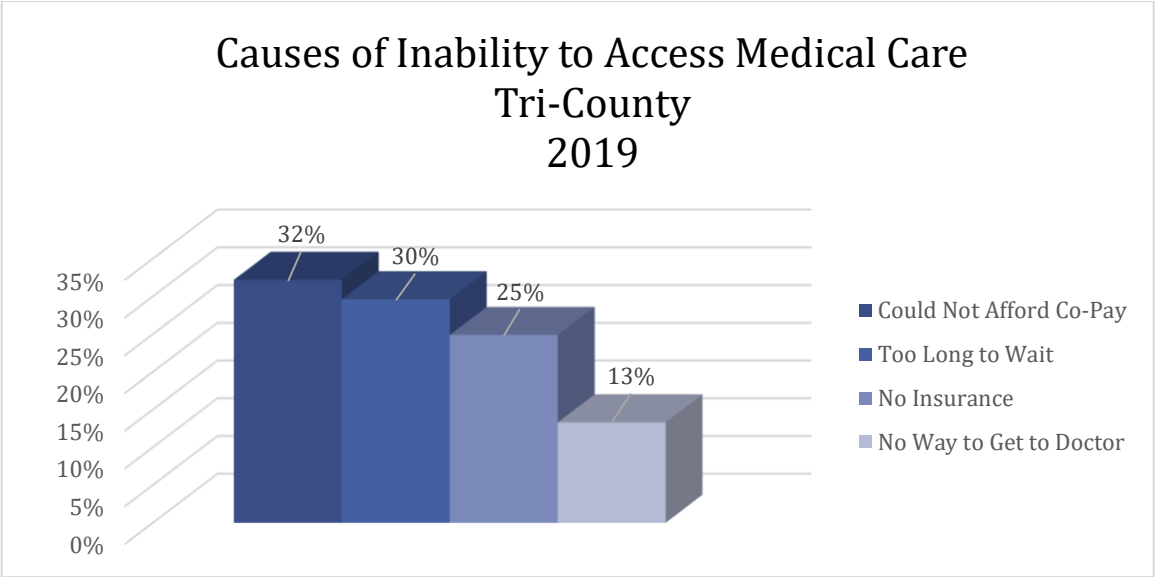
Access to prescription medications tends to be higher for White people, those with higher education, those with higher income, and those with a stable housing environment. Access to prescription medications tends to be lower for Black people and Peoria County residents.

Access to dental care tends to be higher for White people, those with higher education, those with higher income, and those with a stable housing environment. Access to dental care tends to be lower for Black people, Latino people and Peoria County residents.

Access to counseling tends to be higher for White people, those with higher education, those with higher income, and those with a stable housing environment. Access to counseling tends to be lower for Black people.

Reasons for No Access – Medical Care

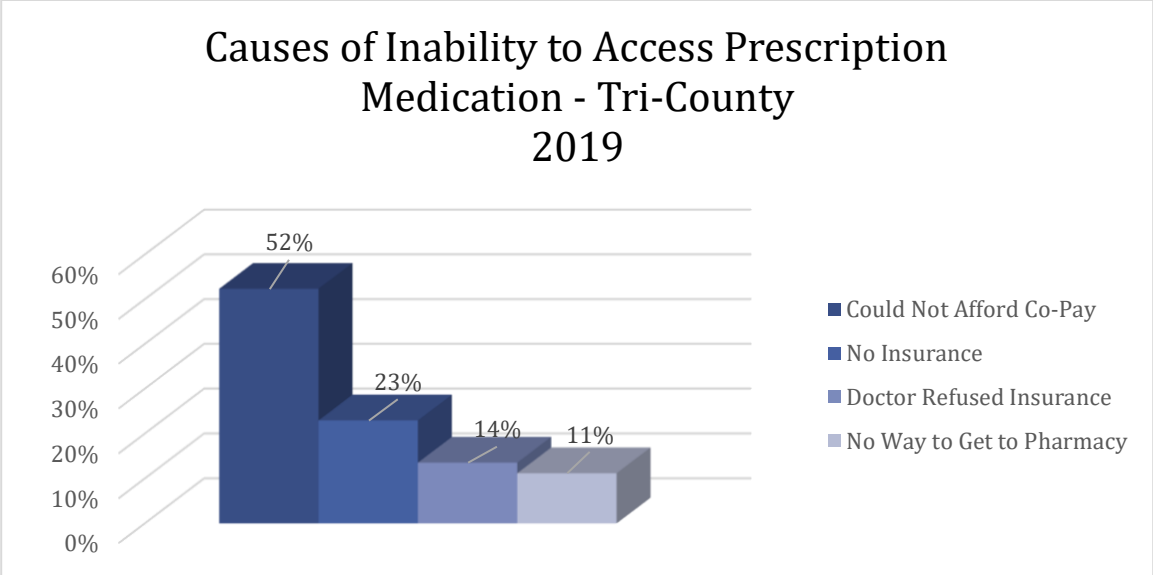
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were the inability to afford the copay (32%), too long to wait for an appointment (30%), no insurance (25%), and no way to get to the doctor (13%).



Source: CHNA Survey

Reasons for No Access – Prescription Medication

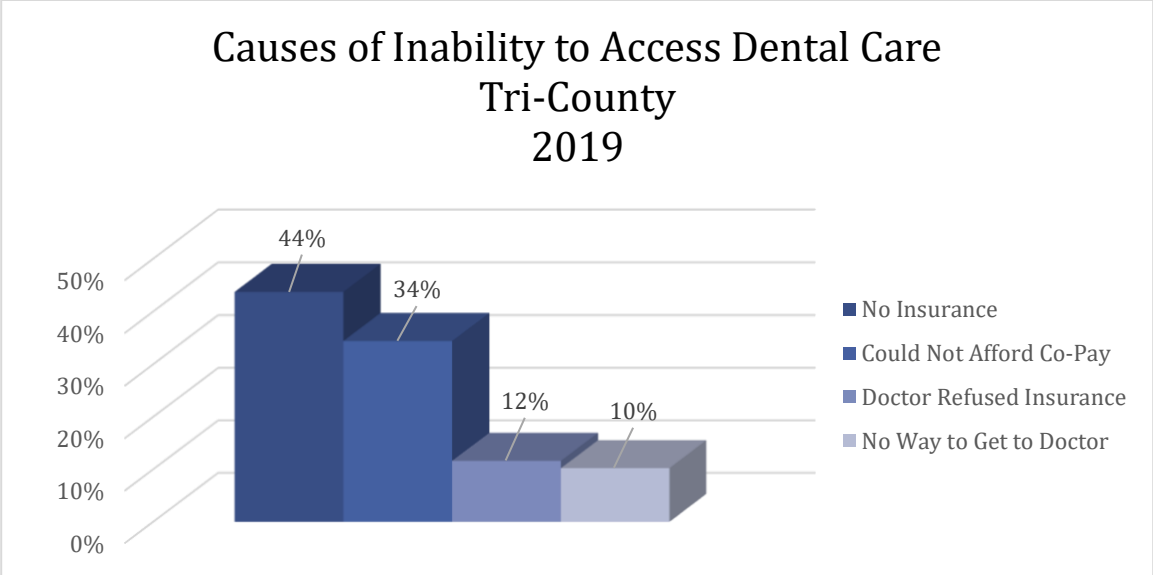
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. The leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (52%) and no insurance (23%).



Source: CHNA Survey

Reasons for No Access – Dental Care

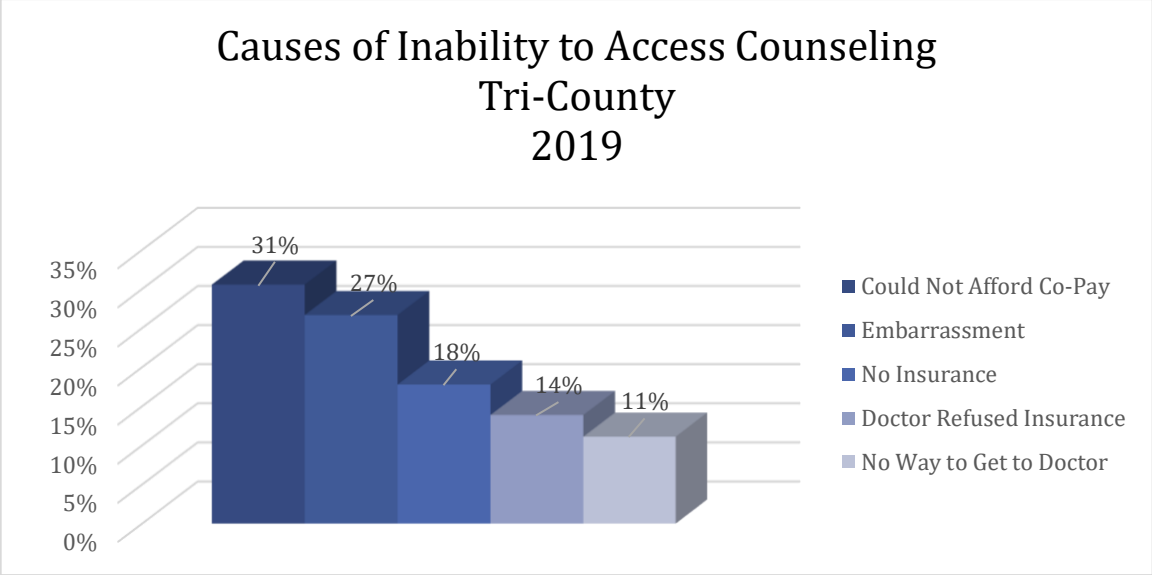
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (44%) and the inability to afford copayments or deductibles (34%).



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. The leading causes of the inability to gain access to counseling were the inability to afford co-pay (31%), embarrassment (27%), lack of insurance (18%), doctor refused insurance (14%), and no way to get to the counselor (11%).



Source: CHNA Survey

Comparison to 2016 CHNA

Access to Medical Care – Compared to 2016, survey results were the same at 14%.

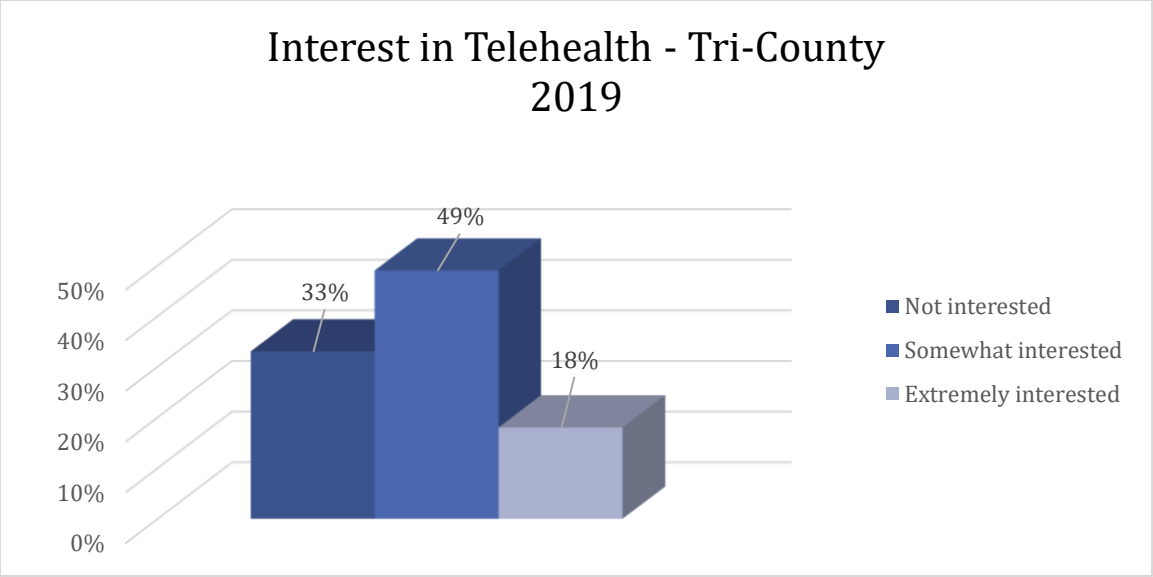
Access to Prescription Medications – Compared to 2016, results show a decrease (2%) in those that were not able to get prescription medications when needed.

Access to Dental Care – Compared to 2016, results show a decrease (2%) in those that were not able to get dental care when needed.

Access to Counseling – Compared to 2016, results show an increase (3%) in those that were not able to get counseling when needed.

Interest in Telehealth

Survey respondents were asked *How interested would you be in health services provided through Internet or phone?* Of respondents, 67% indicated they would be either somewhat or extremely interested. **This is a new section to the 2019 CHNA.**



Source: CHNA Survey

Social Determinants Related to Telehealth

Several factors show significant relationships with an individual's interest in telehealth. The following relationships were found using correlational analyses:

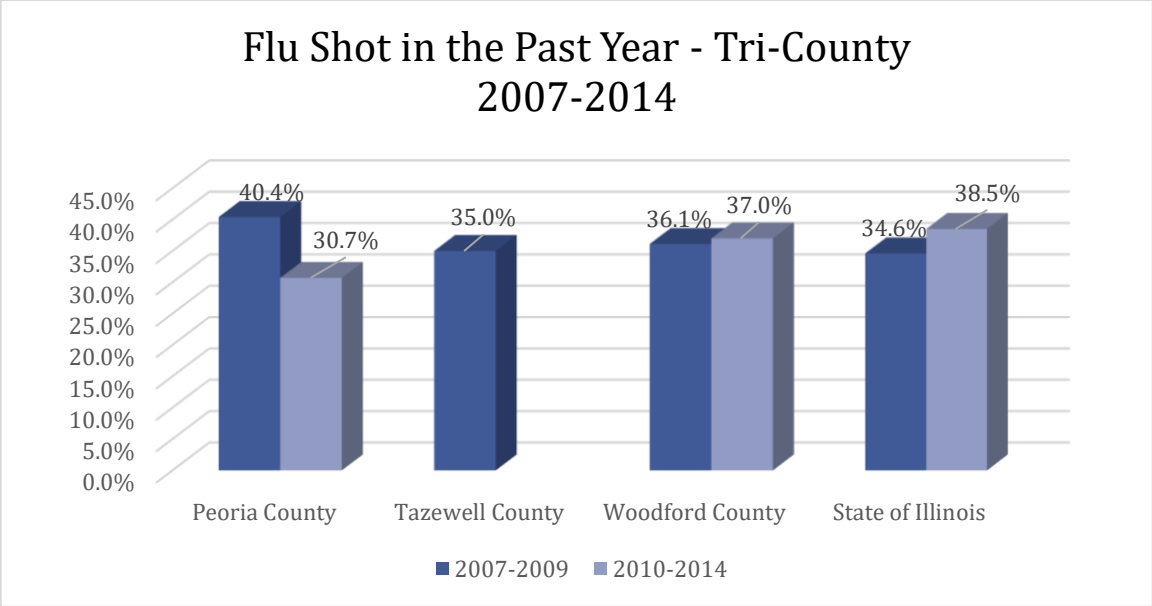
Interest in telehealth tends to be rated higher by younger people.

2.2 Wellness

Importance of the measure: Preventative healthcare 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 healthcare costs.

Frequency of Flu Shots

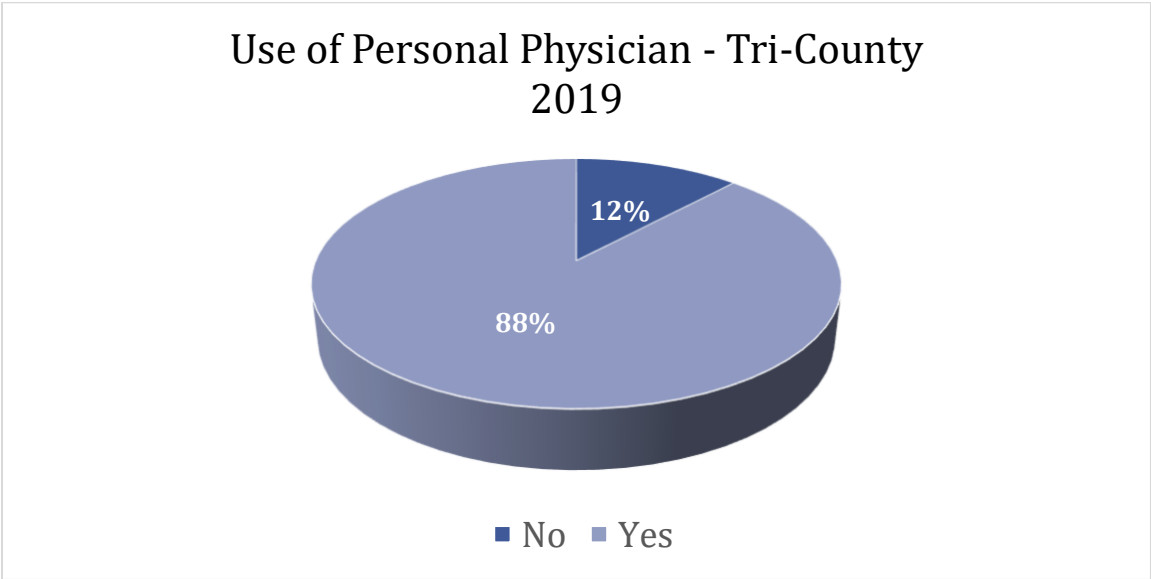
The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year decreased for Peoria County (30.7%) for 2010-2014 compared to 40.4% for 2009. Woodford County experienced a minimal increase from 2009 (36.1%) to 2010-2014 (37.0%). During the same timeframe, the State of Illinois realized an increase of flu immunizations. No updated data were available for Tazewell County for 2010-2014. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

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, 88% of residents have a personal physician.



Source: CHNA Survey

Comparison to 2016 CHNA

The 2019 CHNA survey results for having a personal physician were the same as the 2016 CHNA, where 88% of respondents indicated they had a personal physician.

Social Determinants Related to Having a Personal Physician

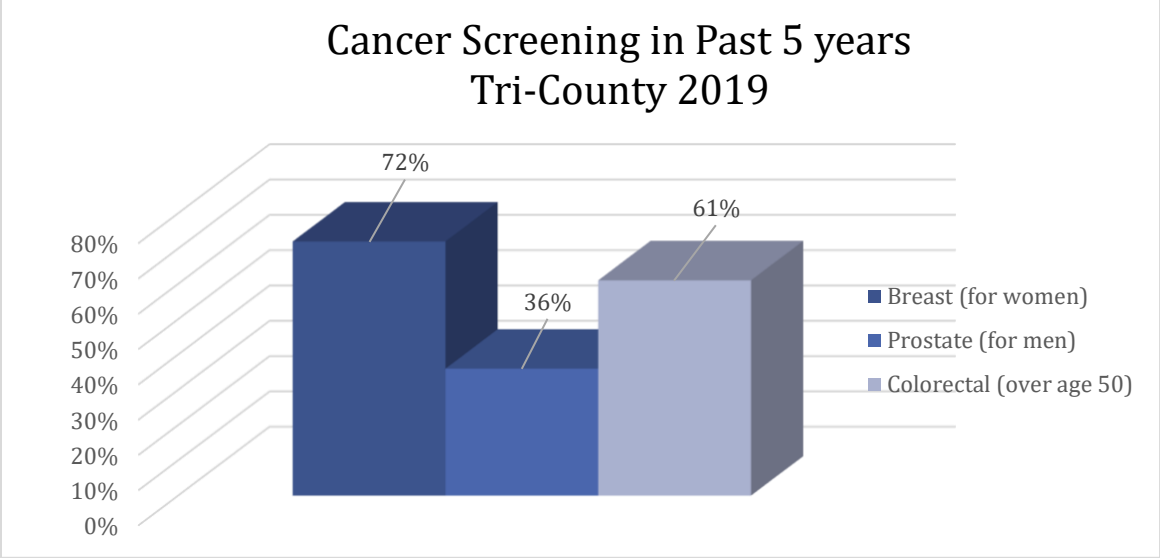
Multiple characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses:

Having a personal physician tends to be higher for those with higher education, those with higher income, and those with a stable housing environment.

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. **Cancer screening is a new section to the 2019 CHNA.** Specifically, three types of cancer screening were measured: breast, prostate, and colorectal.

Results from the CHNA survey show that 72% of women had a breast screening in the past five years. For men, 36% had a prostate screening in the past five years. For women and men over the age of 50, 61% had a colorectal screening in the last five years.



Source: CHNA Survey

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 women, those with a higher level of education, those with higher income and those in a stable housing environment.

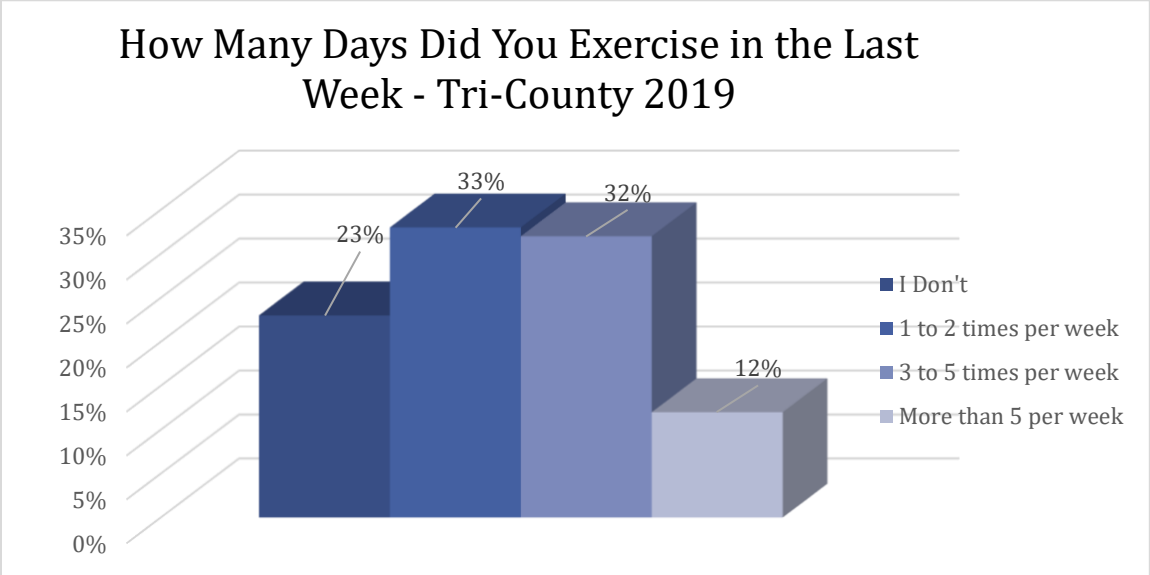
Prostate screening tends to be more likely for older men and those with higher education.

Colorectal screening had no significant correlates.

Physical Exercise

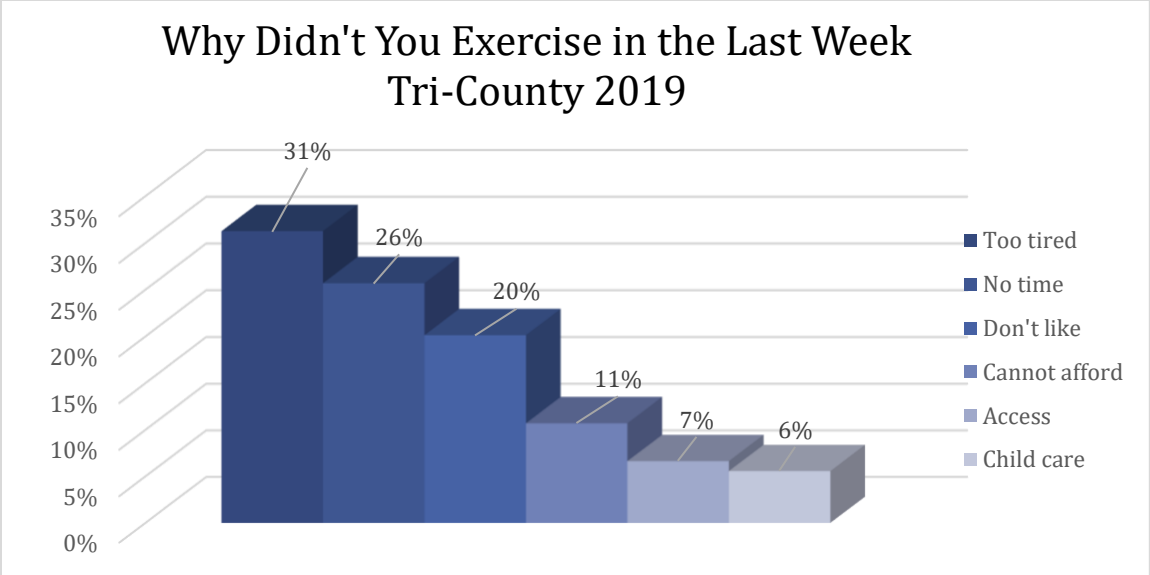
A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being.

Specifically, 23% of respondents indicated that they do not exercise at all, while the majority (65%) of residents exercise 1-5 times per week.



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2016 CHNA, the most common reasons for not exercising are not having enough energy (31%) or time (26%) and a dislike of exercise (20%).



Source: CHNA Survey

Comparison to 2016 CHNA

There has not been a significant change in the frequency of exercise in 2019 compared to data from the 2016 CHNA.

Social Determinants Related to Exercise

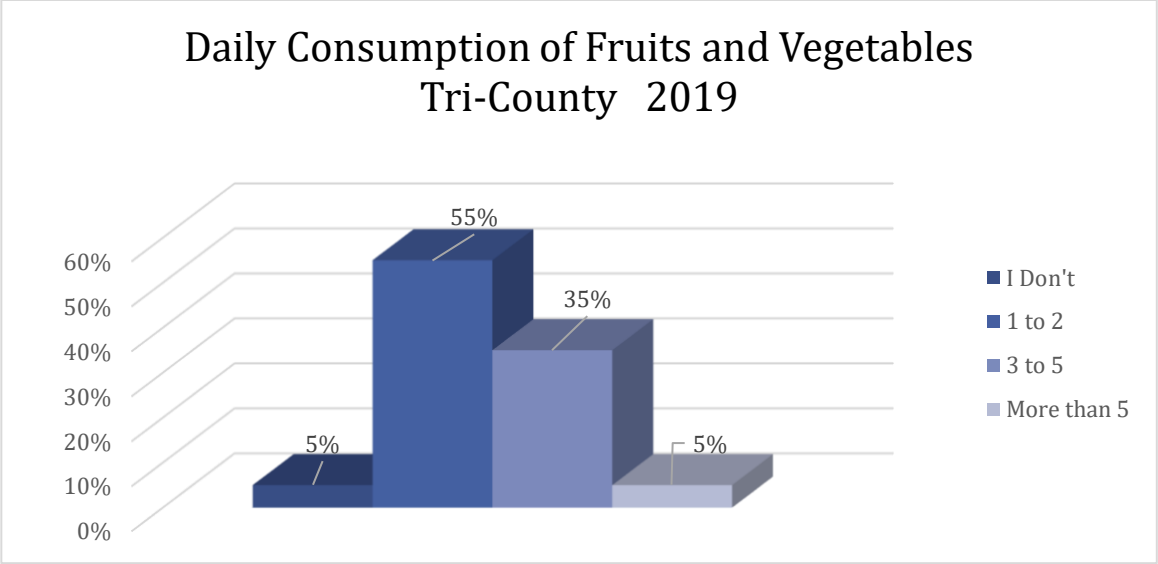
There were no significant relationships with frequency of exercise.

Frequency of exercise had no significant correlates.

Healthy Eating

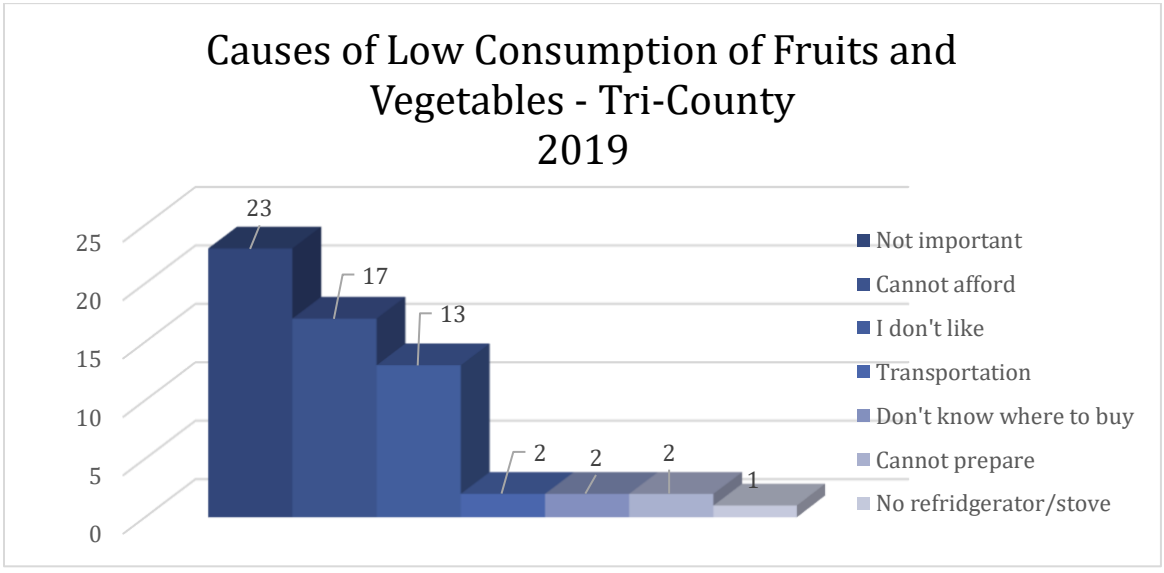
A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental, and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Almost two-thirds (60%) 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 5%.



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 a lack of importance (23), and the expense involved (17) and dislike (13). Note that these data are displayed in frequencies rather than percentages given the low number of responses.



Source: CHNA Survey

Comparison to 2016 CHNA

Results of the 2019 CHNA show improvement compared to the 2016 CHNA, where in 2016, 65% of respondents indicated they had two or fewer servings of fruits and vegetables per day and in 2019, 60% indicated the had two or fewer servings of fruits and vegetables per day.

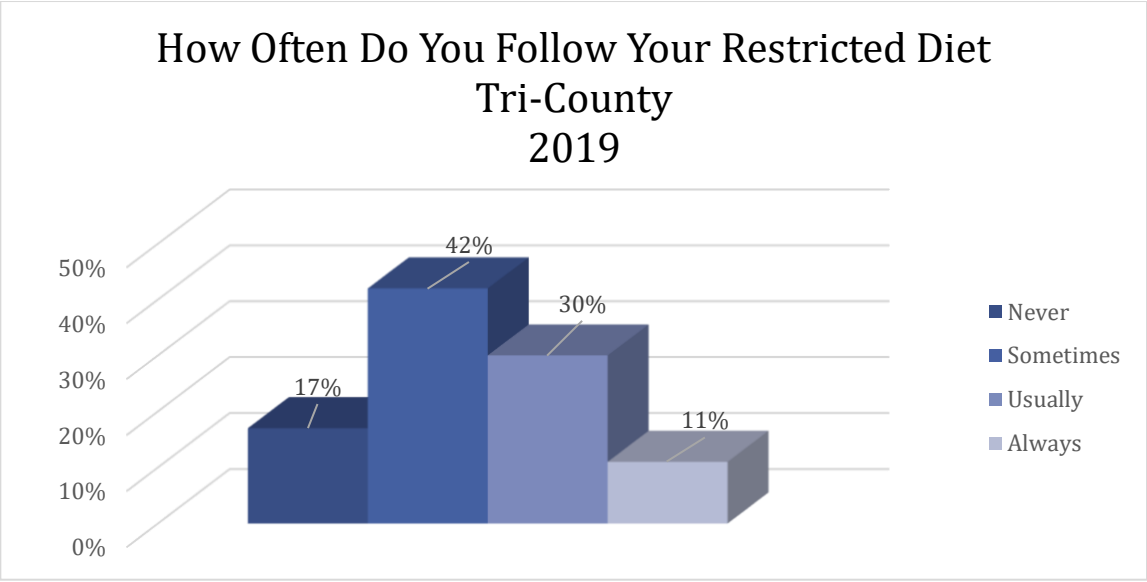
Social Determinants Related to Healthy Eating

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 women, those with a higher level of education, those with higher income, and those with a stable housing environment.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 41% usually or always follow a restricted diet. **This is a new question to the 2019 CHNA.**



Source: CHNA Survey

Morbidities related to following a restricted diet

Individuals with certain morbidities show significant relationships with following a restricted diet. The following relationships were found using correlational analyses:

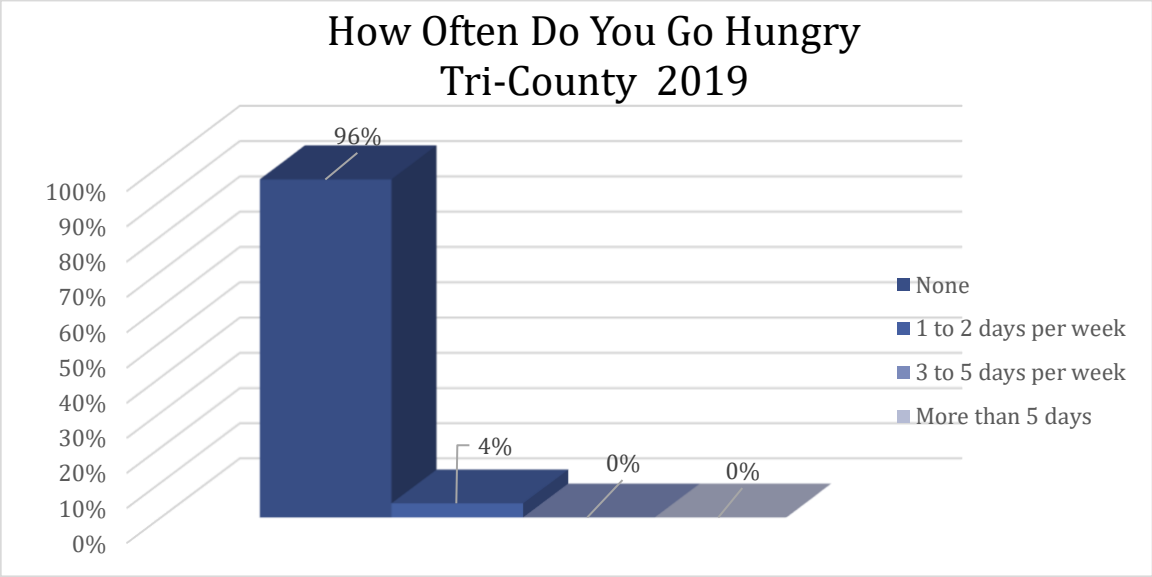
Following a restricted diet tends to be more likely for those diagnosed with diabetes and strokes. Those diagnosed with being overweight or obese are less likely to follow a restricted diet.

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. **This is a new section to the 2019 CHNA.**

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, 4% indicated they go hungry 1-to-2 days per week.



Source: CHNA Survey

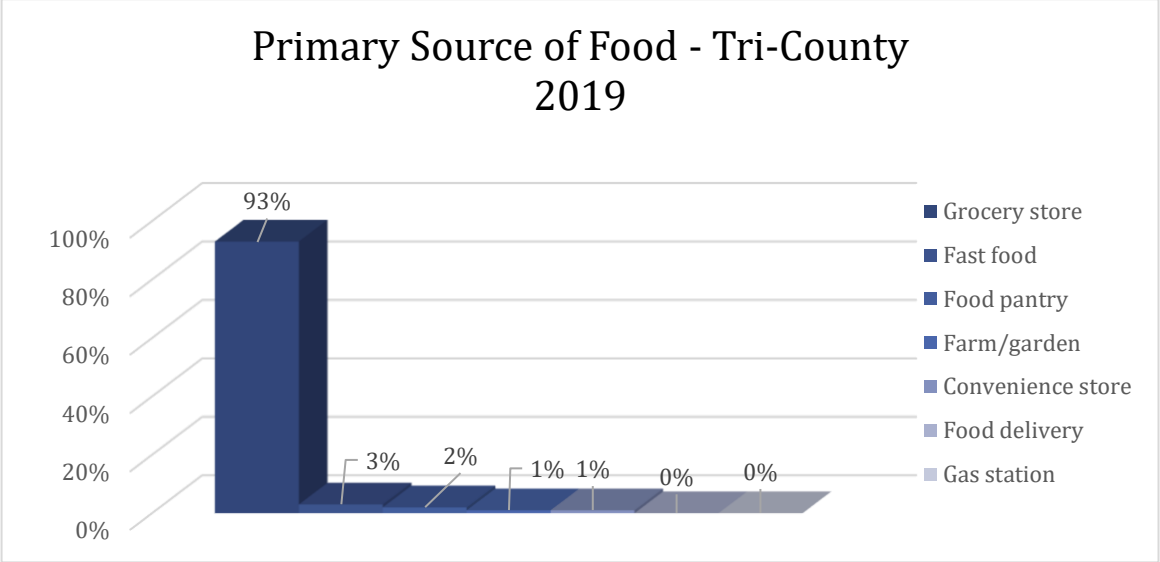
Social Determinants Related to Prevalence of Hunger

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

> **Prevalence of Hunger** tends to be more likely for Black people, those with less education, less income, Peoria County residents, and those in an unstable (e.g., homeless) housing environment. White people are less likely to go hungry.

Primary Source of Food

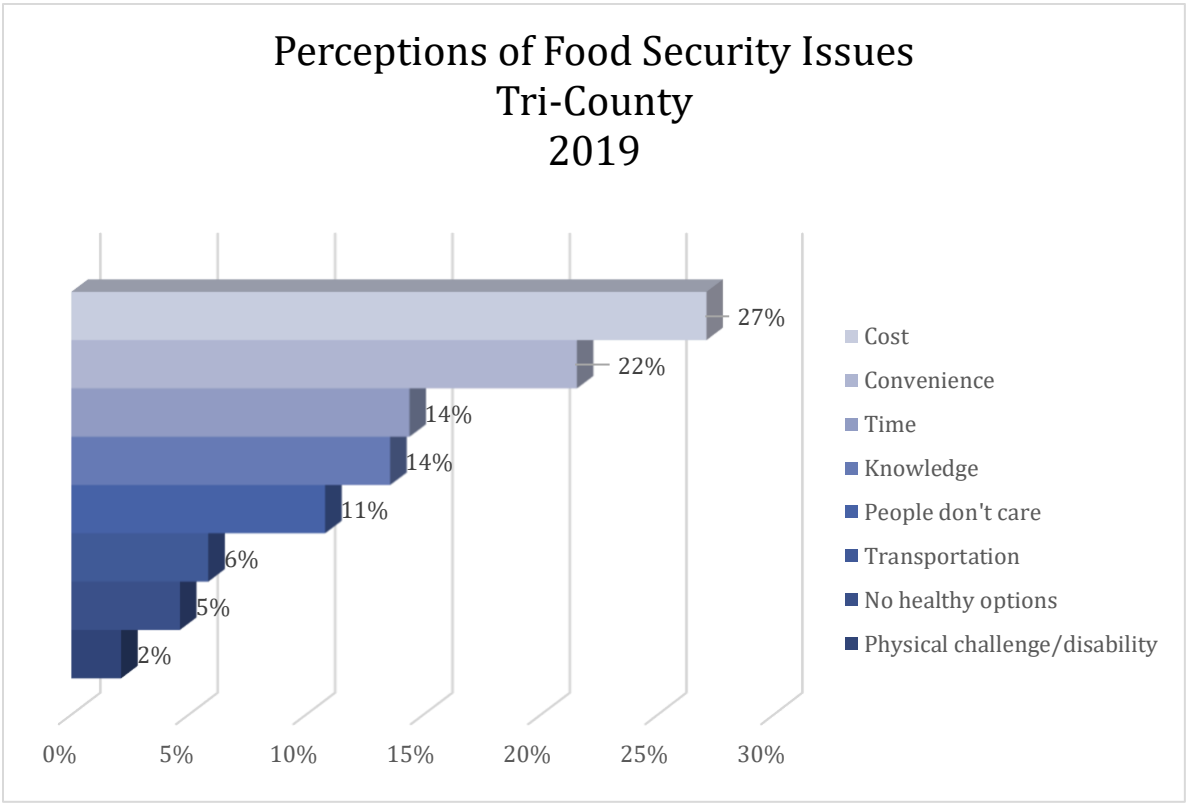
Respondents were asked to identify their primary source of food. It can be seen that the majority (93%) identified a grocery store. **This is a new section in the 2019 CHNA.**



Source: CHNA Survey

Community Perceptions of Causes for Food Insecurity

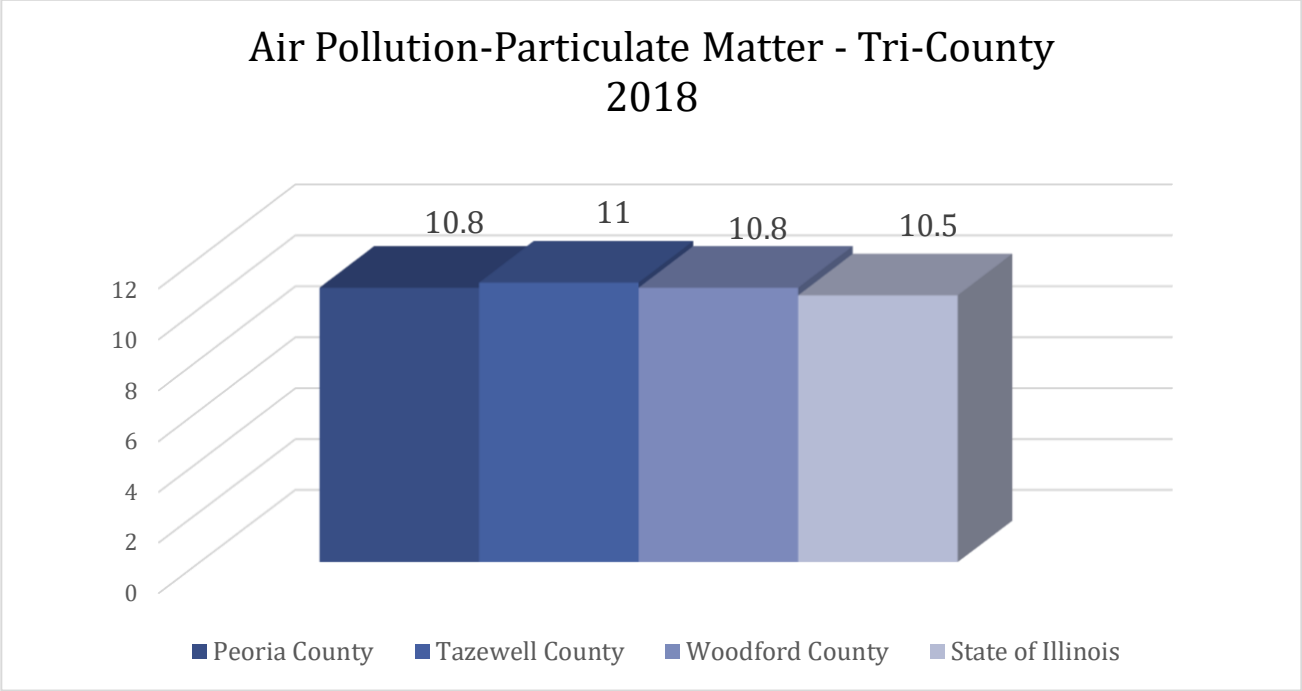
Respondents were asked to identify issues with food insecurity. The most prevalent answer was cost (27%), followed by convenience (22%). **This is a new section to the 2019 CHNA.**



Source: CHNA Survey

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 the Tri-County is slightly higher than the State average of 10.5.



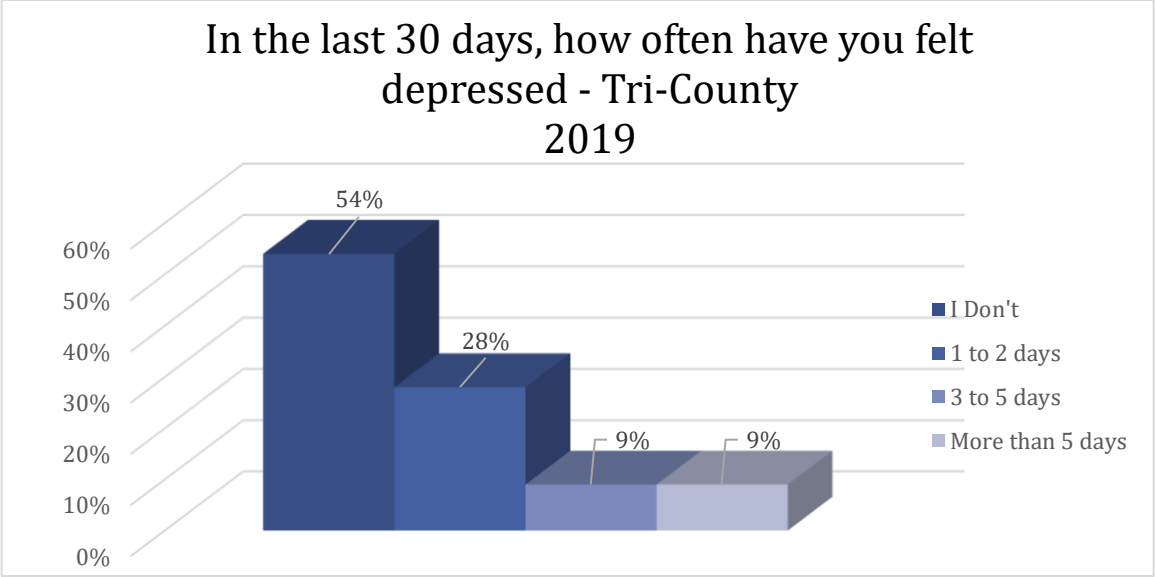
Source: County Health Rankings 2018 Data

2.5 Health Status

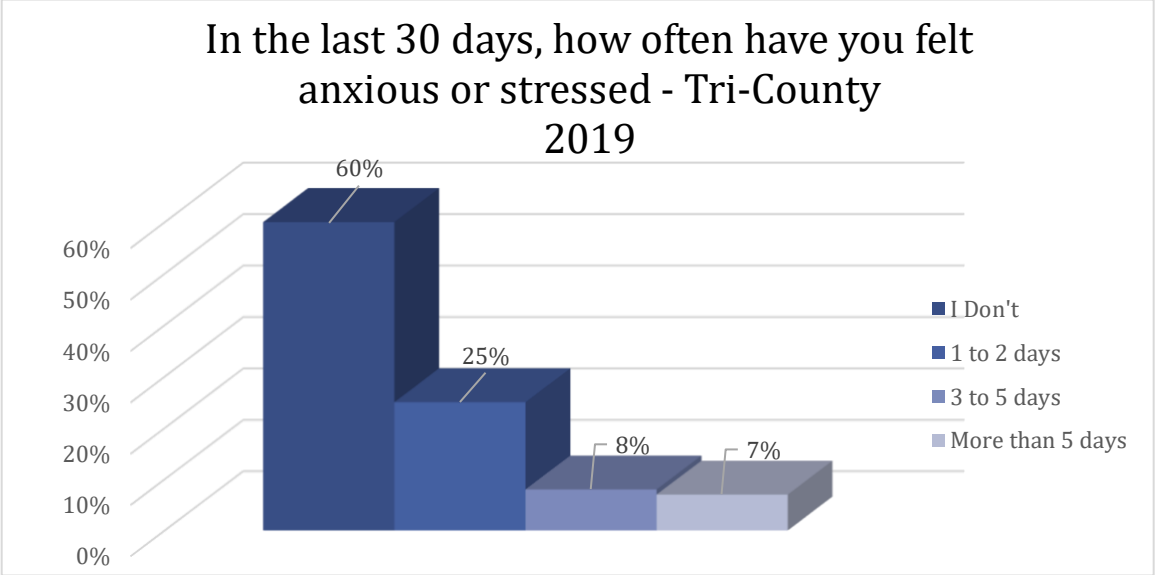
Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Mental Health

The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 54% indicated they did not feel depressed in the last 30 days and 60% indicated they did not feel anxious or stressed. **This is a new section to the 2019 CHNA.**



Source: CHNA Survey



Source: CHNA Survey

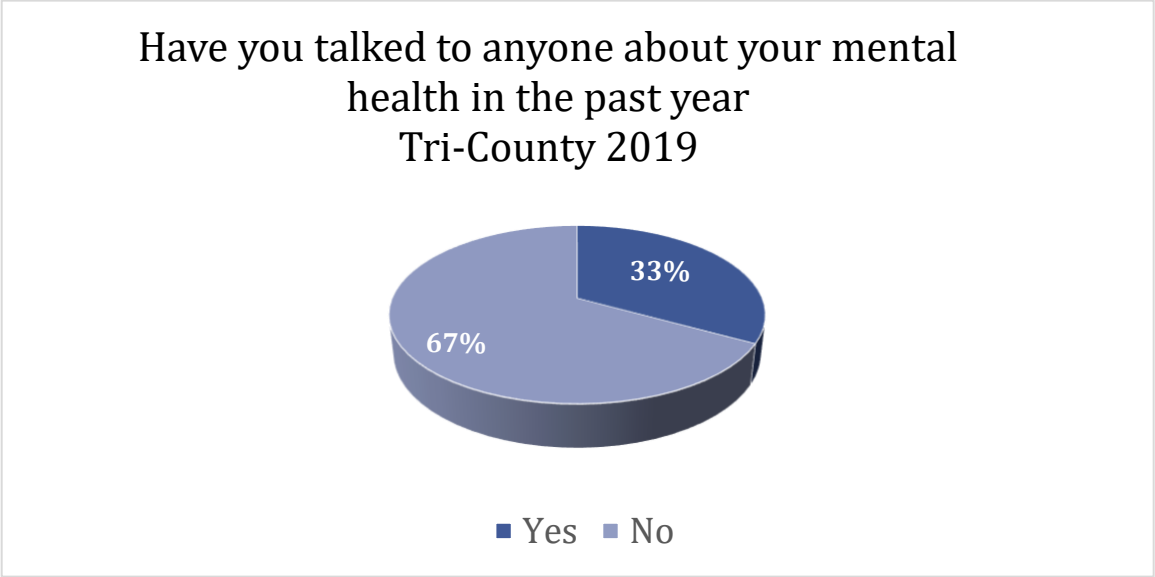
Social Determinants Related to Behavioral Health

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

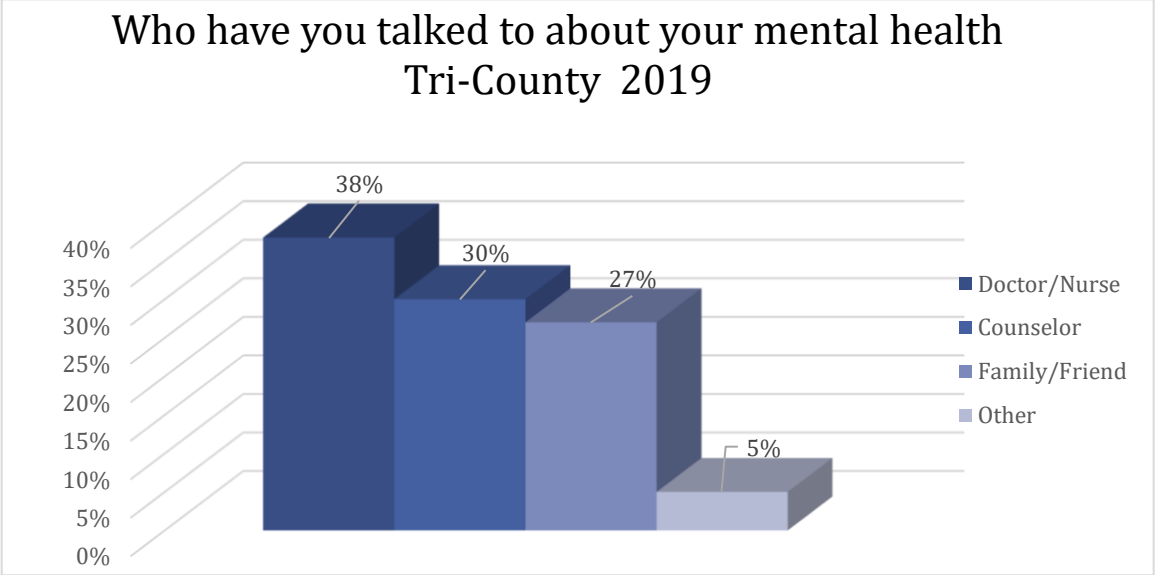
Depression tends to be rated higher for those with less education, those with less income, Peoria County residents, and those in an unstable (e.g., homeless) housing environment. Depression tends to be rated lower by Woodford County residents.

Stress and anxiety tend to be rated higher for younger people, those with less education, those with less income and those in an unstable (e.g., homeless) housing environment.

Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 33% indicated that they spoke to someone, the most common response was a doctor/nurse (38%).



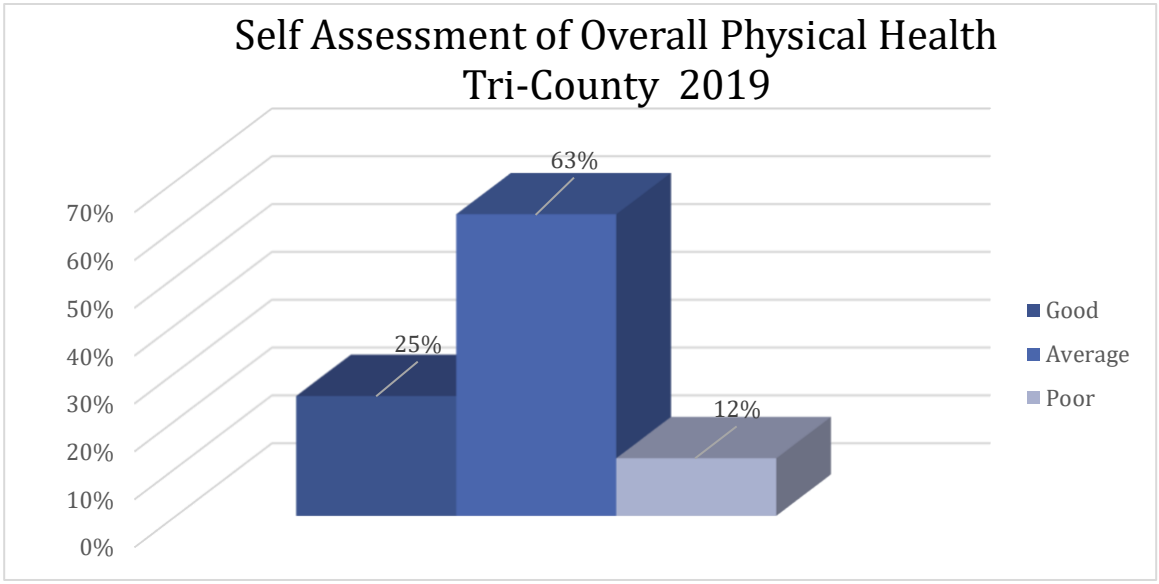
Source: CHNA Survey



Source: CHNA Survey

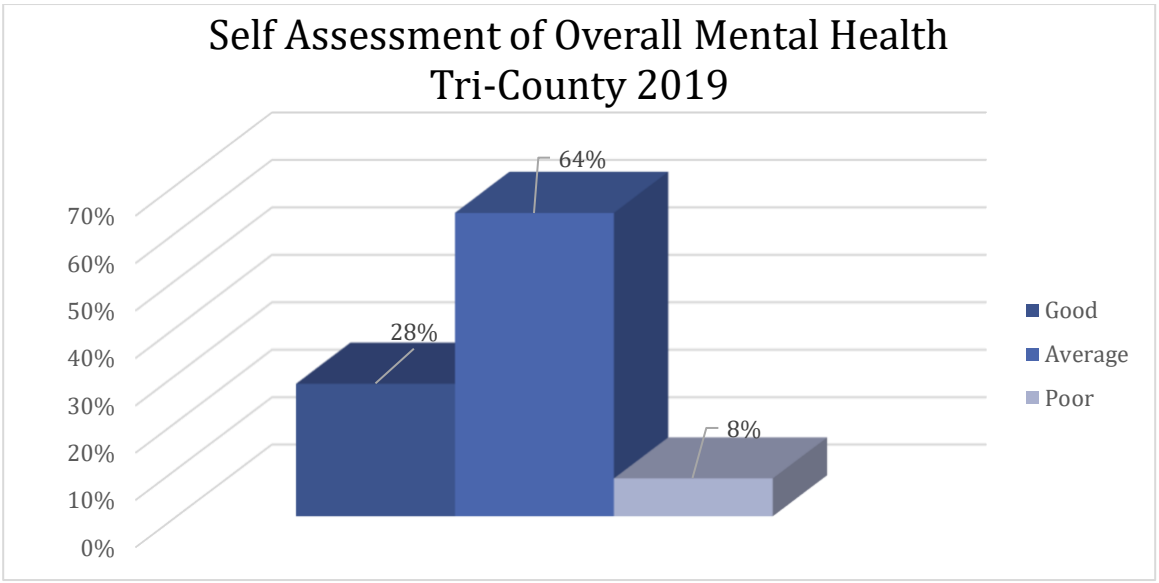
Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 12% of respondents report having poor overall physical health.



Source: CHNA Survey

In regard to self-assessment of overall mental health, 8% of respondents stated they have poor overall mental health.



Source: CHNA Survey

Comparison to 2016 CHNA

With regard to physical health, more people see themselves in poor health in 2019 (10%) than 2016 (4%). With regard to mental health, more people see themselves in poor health in 2019 (5%) than 2016 (1%).

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 those with higher education, those with higher income and those with a stable housing environment. Perceptions of physical health tend to be rated lower by Black people.

Perceptions of mental health tend to be higher for older people, those with higher education and those with higher income and those with a stable housing environment. Women were less likely to report good mental health.

2.6 Key Takeaways from Chapter 2

- ✓ DECREASED UTILIZATION OF EMERGENCY DEPARTMENTS AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ INCREASED RATE OF PEOPLE THAT DO NOT HAVE ACCESS TO COUNSELING.
- ✓ INCREASE IN PRIVATE INSURANCE COVERAGE.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST AND COLORECTAL SCREENING.
- ✓ WHILE IMPROVING, THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ APPROXIMATELY 1/3 OF RESPONDENTS EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

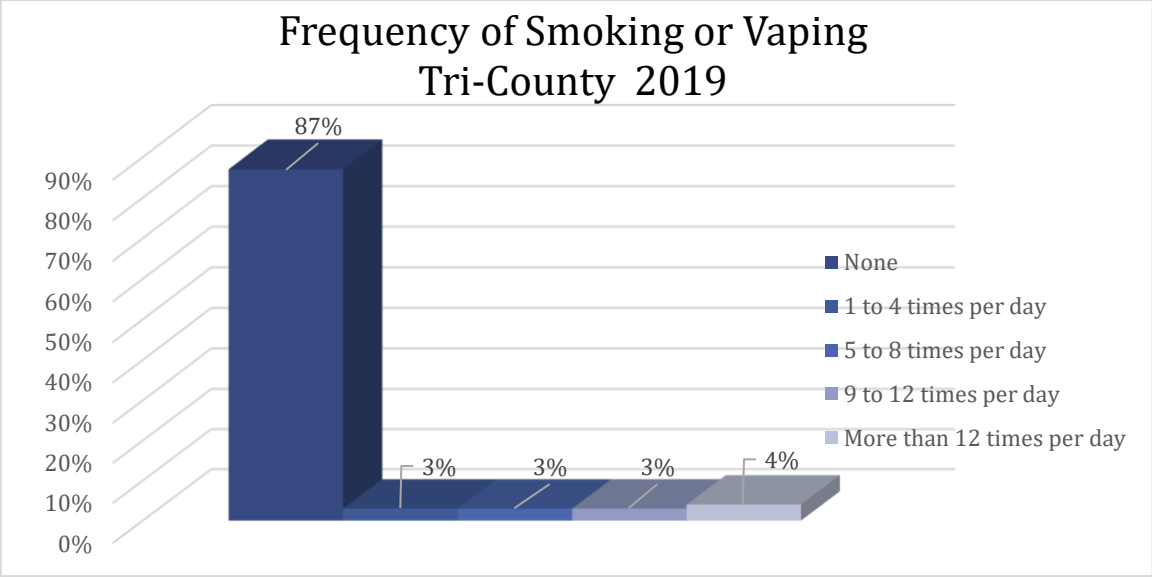
CHAPTER 3 OUTLINE

CHAPTER 3
SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

CHNA survey data show 87% of respondents do not smoke and only 4% state they smoke or vape more than 12 times per day.



Source: CHNA Survey

Comparison to 2016 CHNA

Results improved for the percentage of people that smoke/vape, where 81% of people did not smoke/vape in 2016 and 87% do not smoke/vape in 2019

Social Determinants Related to Smoking or Vaping

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

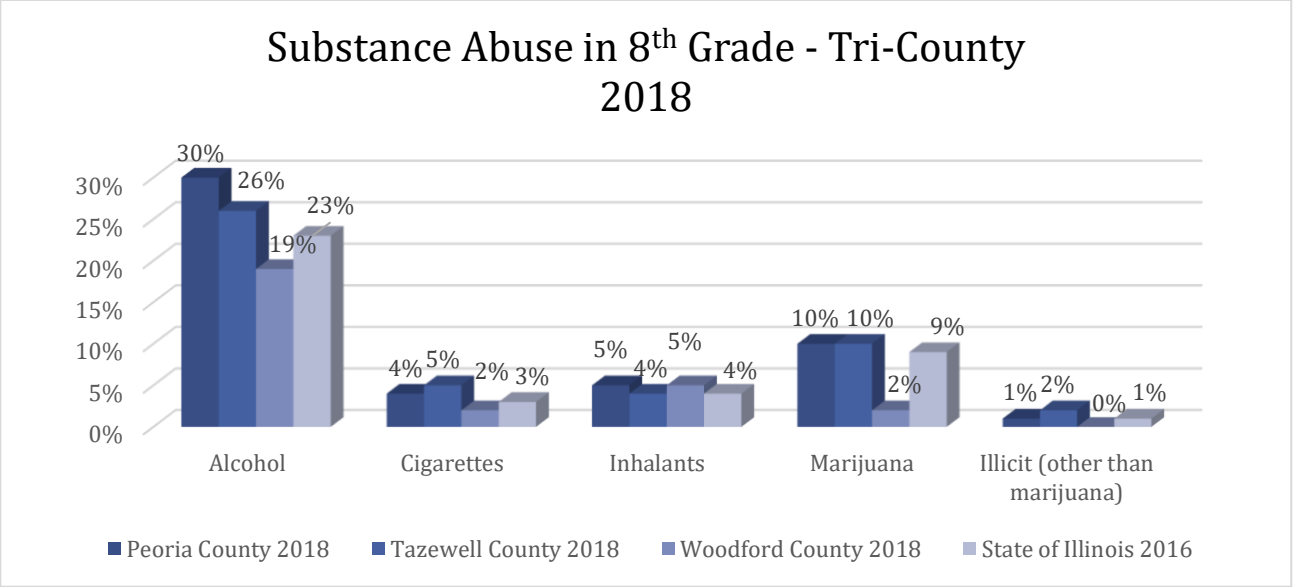
> **Smoking/vaping** tends to be rated higher by men, Black people, those with less education, those with lower income, and those in an unstable (e.g., homeless) housing environment.

3.2 Drug and Alcohol Abuse

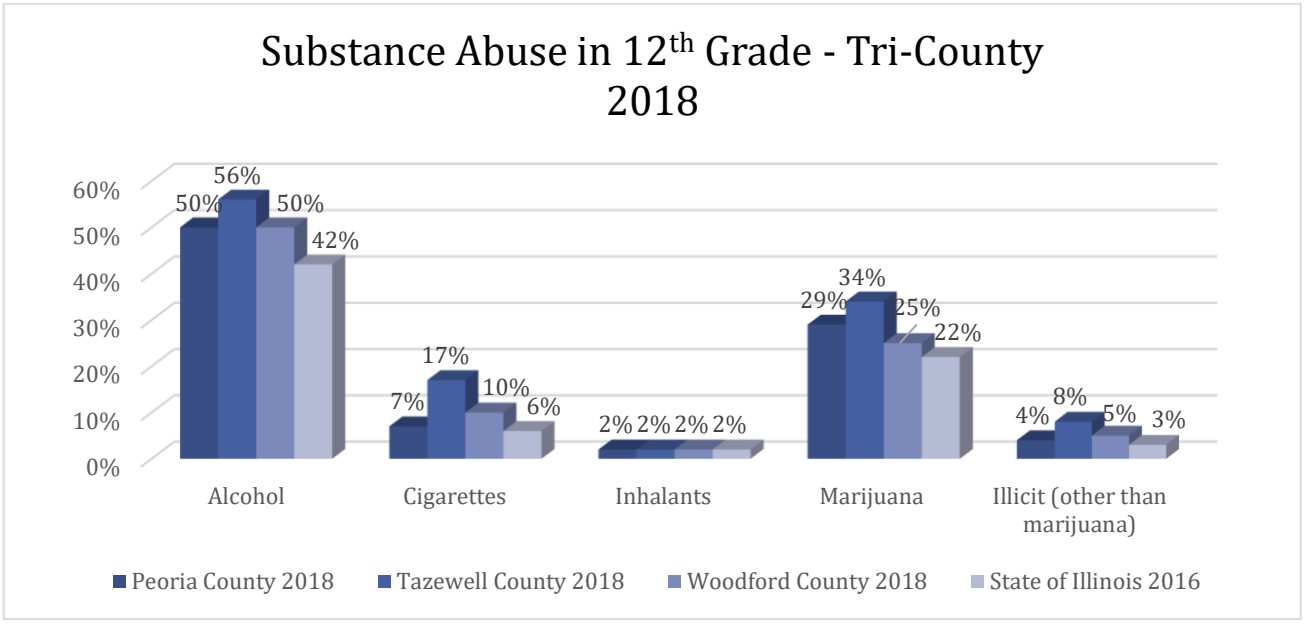
Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors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

Youth Substance Abuse

Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Peoria County is at or above State averages in all categories among 8th and 12th graders. Tazewell County is at or above State averages in all categories among 8th and 12th graders. Woodford County is below state averages in all categories among 8th graders except for one category: inhalants. Among 12th graders, Woodford County is at or above State averages in all categories.



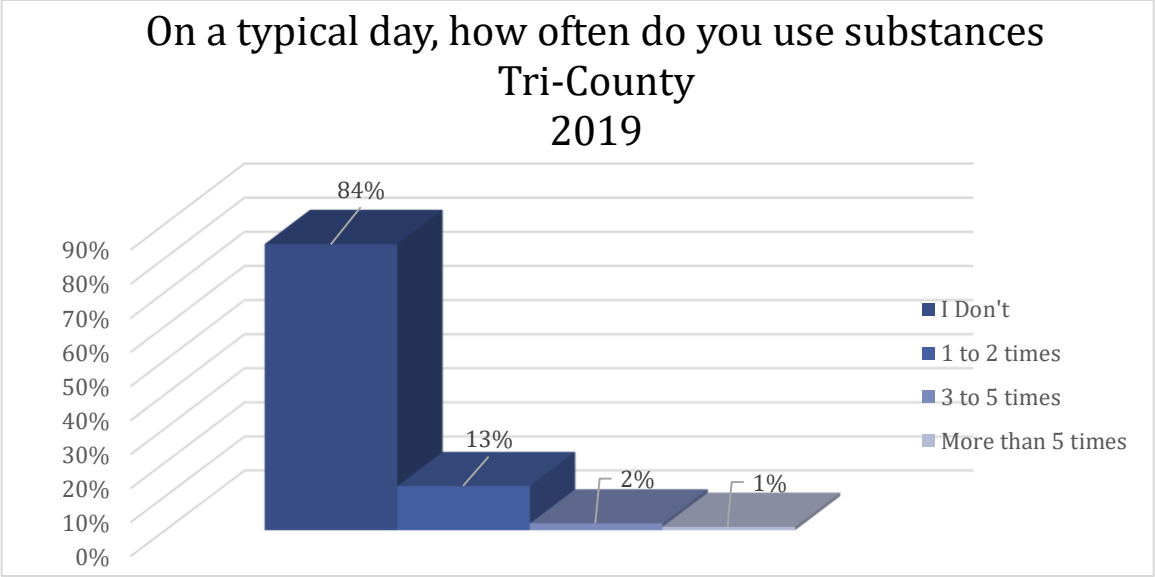
Source: University of Illinois Center for Prevention Research and Development



Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

Survey respondents were asked "On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?" Note given the increase in opioid abuse, use of legal drugs was included in the question. Of respondents, 84% indicated they do not use substances to make themselves feel better. **This is a new section to the 2019 CHNA.**



Source: CHNA Survey

Social Determinants Related to Substance Use

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

> **Use of substances** tends to be rated higher by Latino people, those with less education, those with lower income and those in an unstable (e.g., homeless) housing environment.

3.3 Overweight and Obesity

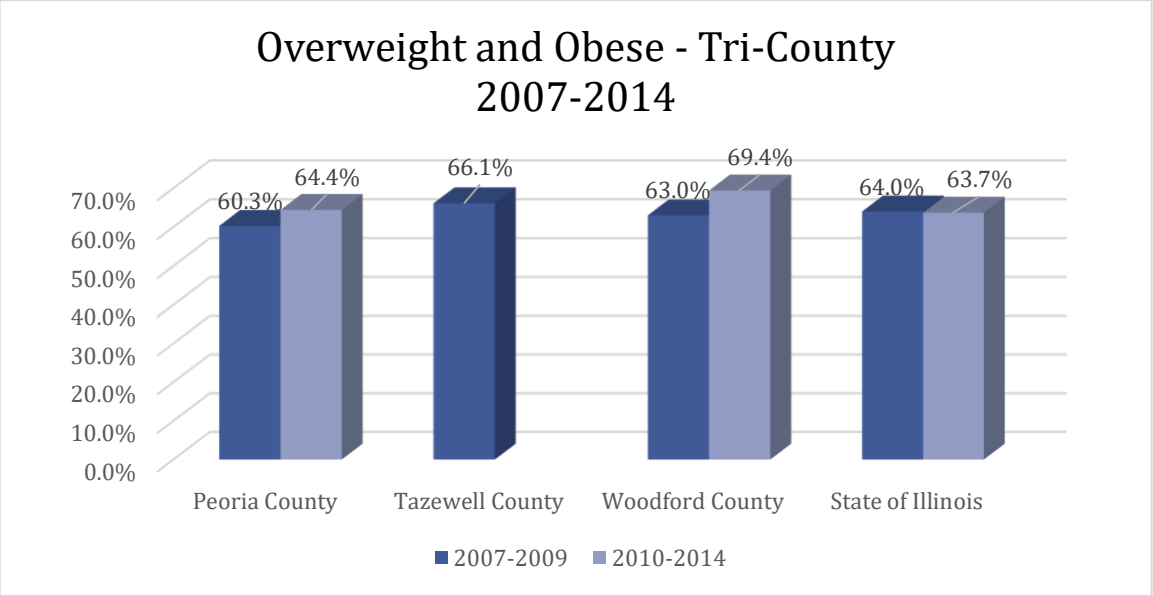
Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Tri-County. 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.

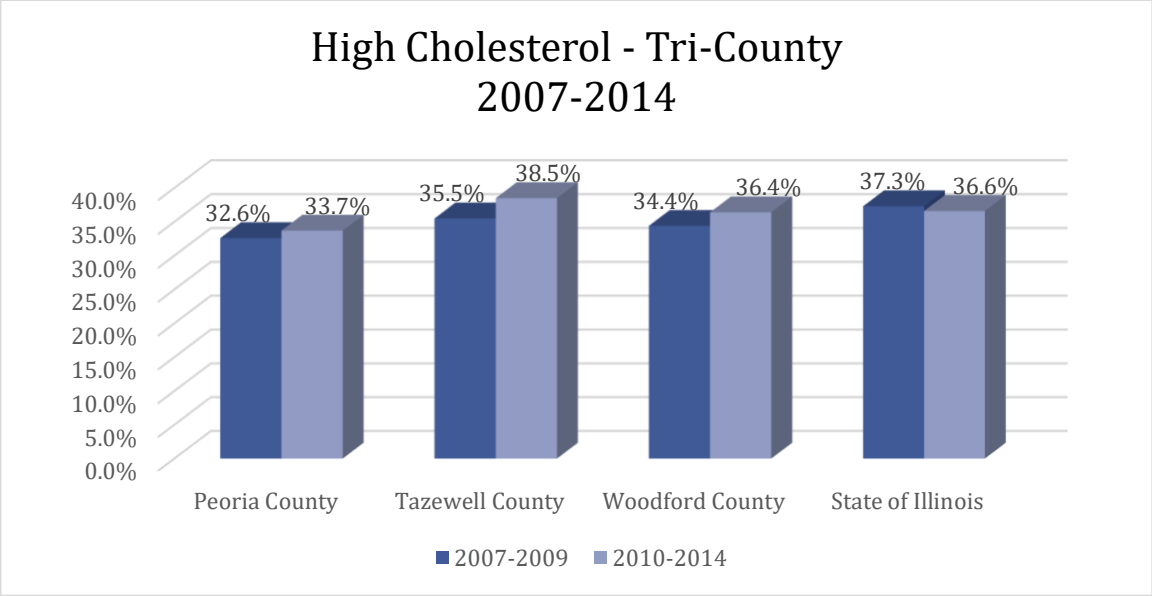
In Peoria County and Woodford County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 60.3% to 64.4% in Peoria County and from 63% to 69.4% in Woodford County. Data are not available for Tazewell County in 2007-2009, but current percentages of overweight and obese residents are similar. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%). Note that data have not been updated by the Illinois Department of Public Health. However, note in the 2019 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.



Source: Illinois Behavioral Risk Factor Surveillance System

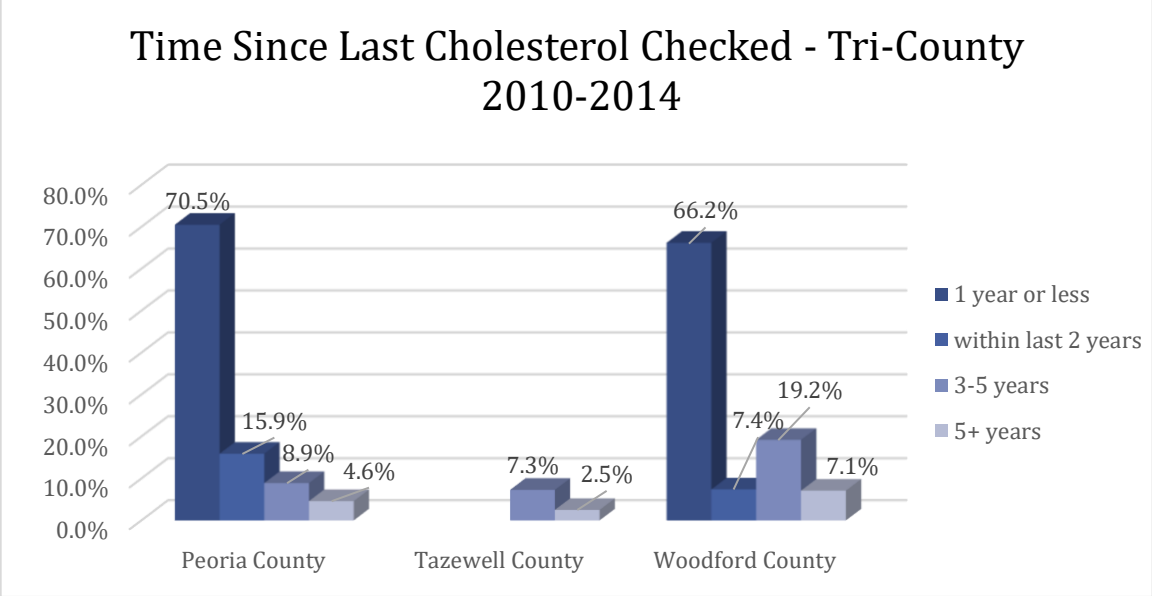
3.4 Predictors of Heart Disease

Residents in the Tri-County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Tazewell County (38.5%) than the State of Illinois average of 36.6%. Peoria County (33.7%) and Woodford County (36.4%) are below the State average. Note that data have not been updated by the Illinois Department of Public Health.



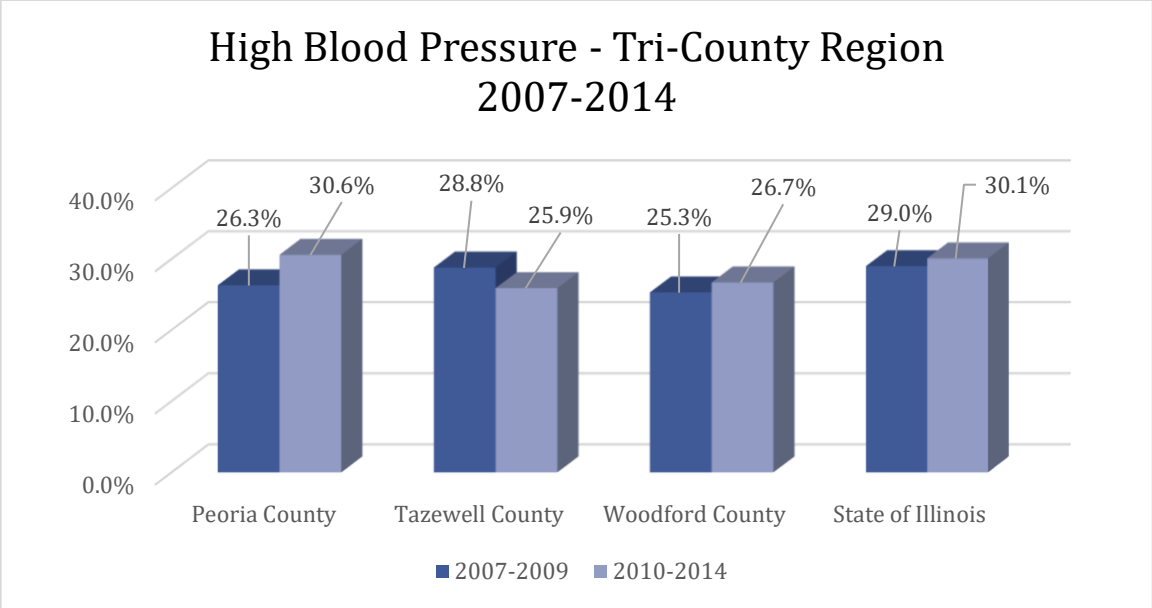
Source: Illinois Behavioral Risk Factor Surveillance System

However, most residents of the Tri-County report having their cholesterol checked recently. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Peoria County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Peoria County residents reporting they have high blood pressure in 2014 increased from 26.3% to 30.6%, in Woodford County, the increase was from 25.3% to 26.7%. Tazewell County saw a decline from 28.8% to 25.9%. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ **Substance use among 8th and 12th graders is at or above State averages in most categories, particularly in Peoria and Tazewell Counties.**
- ✓ **The percentage of people who are overweight and obese has increased.**
- ✓ **Risk factors for heart disease are increasing.**

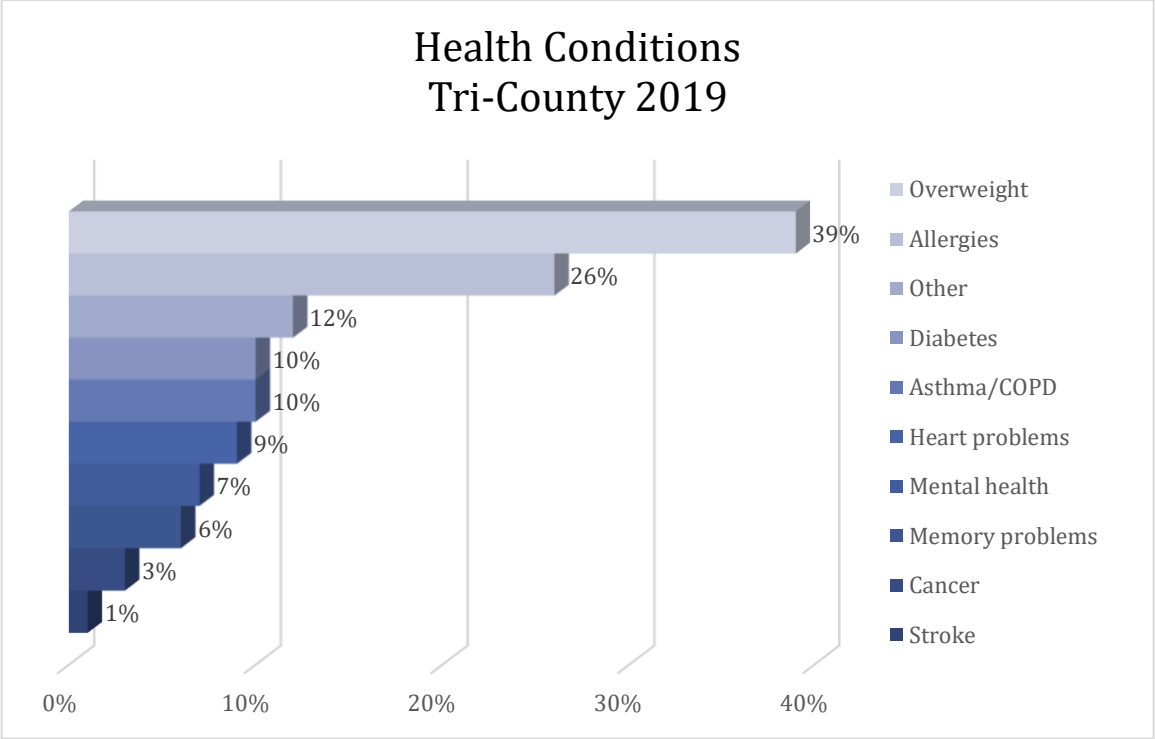
CHAPTER 4 OUTLINE

CHAPTER 4
MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Tri-County hospitals using COMP data. 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 (39%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, 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., diabetes 10%). **This is a new section to the 2019 CHNA.**



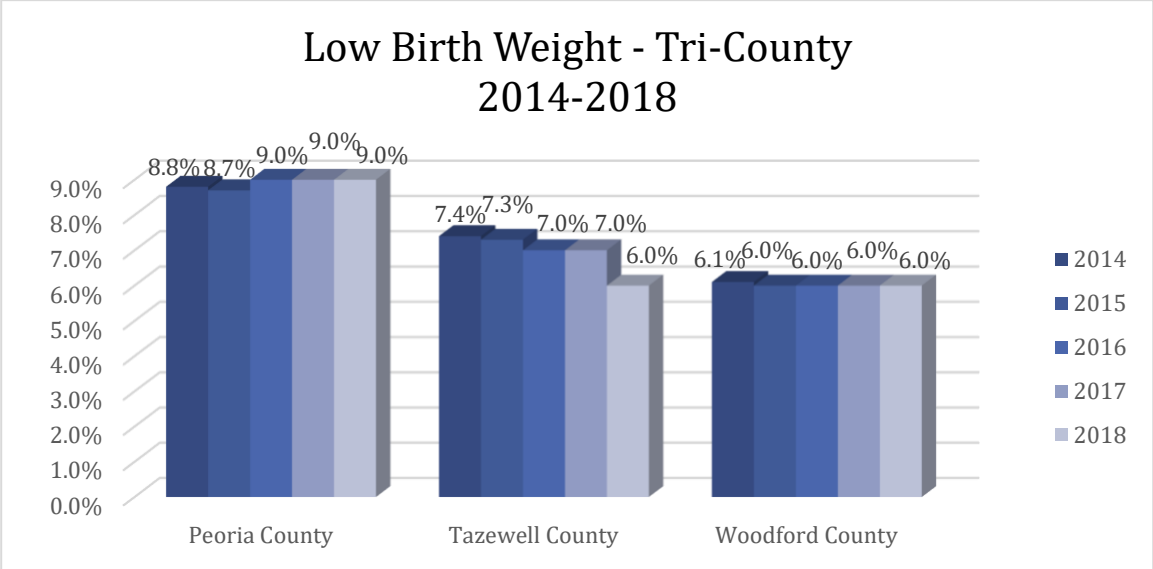
Source: CHNA Survey

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 Peoria County increased from 2014 (8.8%) to 2018 (9.0%). The percentage of babies born with low birth weight in Tazewell County decreased from 2014 (7.4%) to 2018 (6.0%). The percentage of babies born with low birth weight in Woodford County has remained stable (6.0%) between 2014 and 2018.



Source: http://www.countyhealthrankings.org

4.3 Cardiovascular Disease

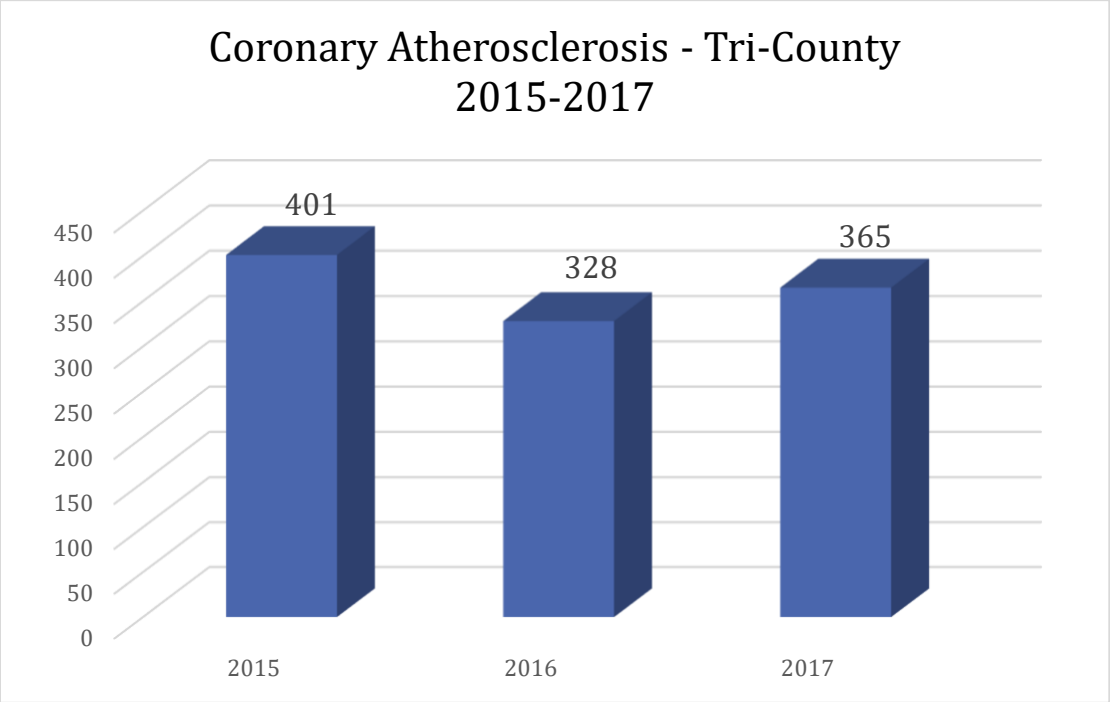
Importance of the measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

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.

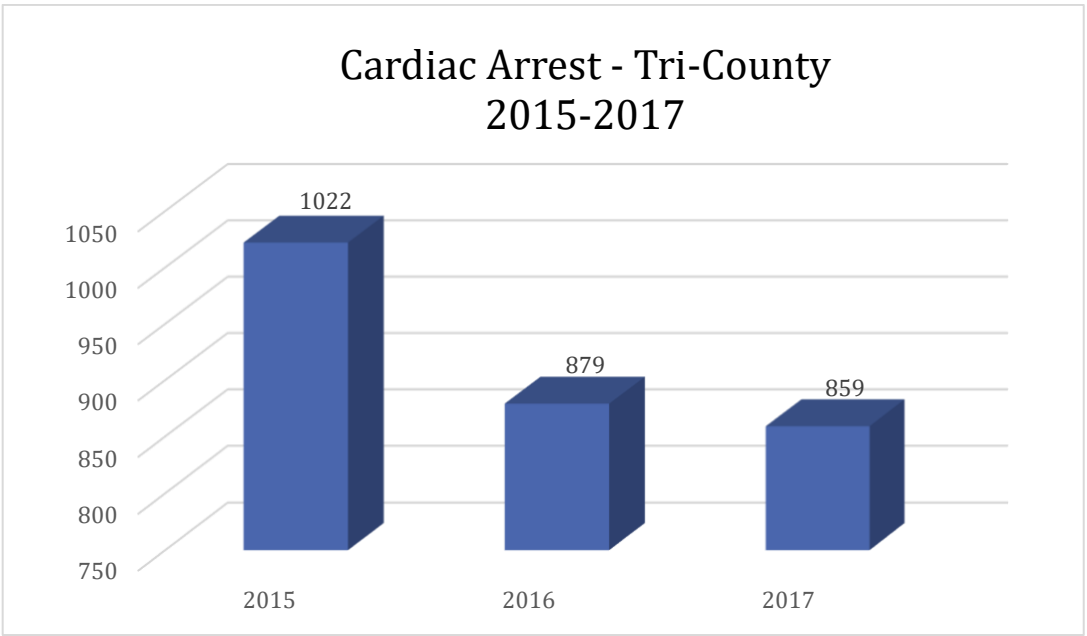
The number of cases of coronary atherosclerosis complication at Tri-County area hospitals has fluctuated between FY 2015 and FY 2017. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2017

Cardiac Arrest

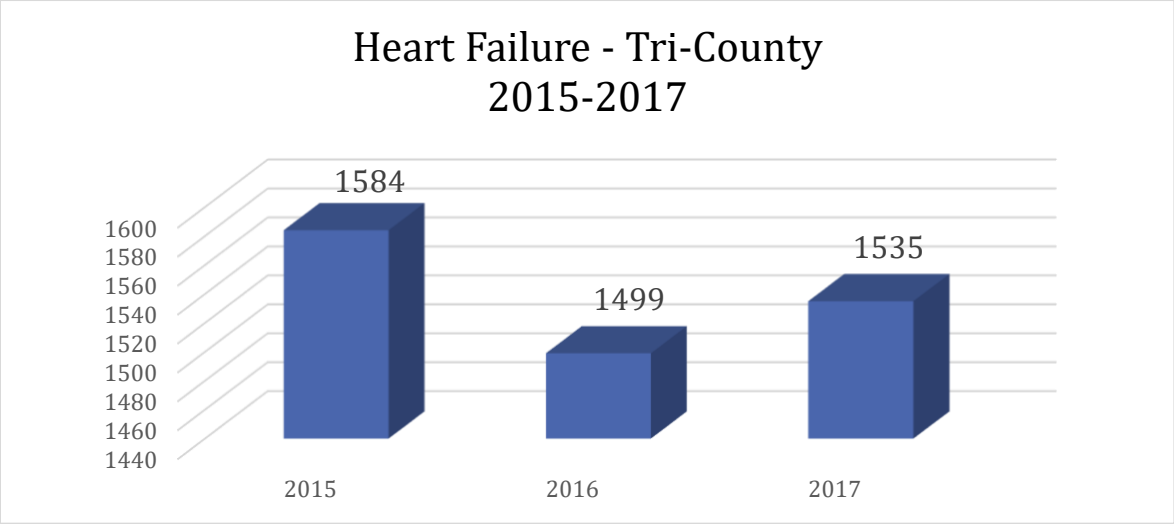
Cases of dysrhythmia and cardiac arrest at Tri-County area hospitals decreased by 163 cases between FY15 and FY17. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Heart Failure

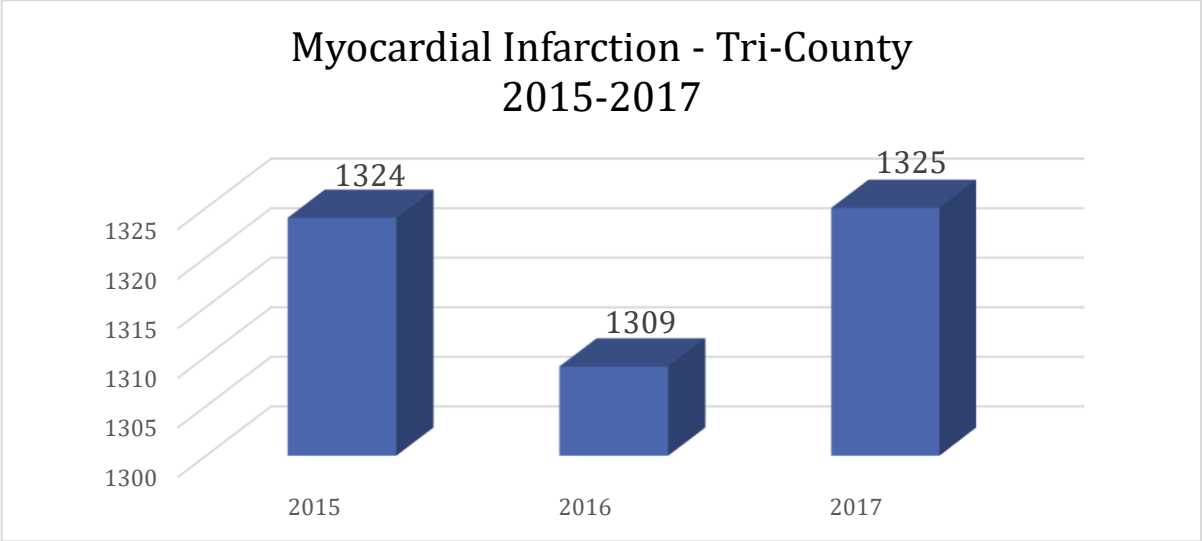
The number of treated cases of heart failure at Tri-County area hospitals fluctuated. In FY 2015, 1584 cases were reported, and in FY 2016, there were 1499 cases reported. However, there was an increase in FY 2017 (1535 cases). Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Myocardial Infarction

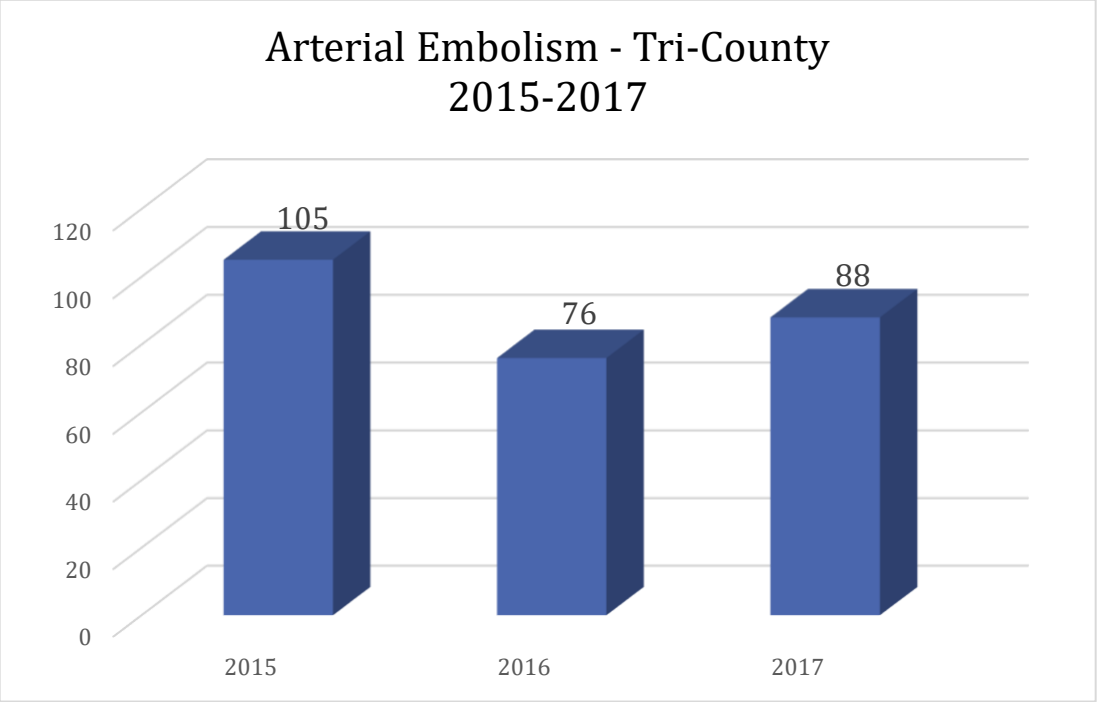
The number of treated cases of myocardial infarction at area hospitals in the Tri-County decreased from 1324 in 2015 to 1309 in 2016. The number of cases of myocardial infarction then increased to 1325 in 2017. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Arterial Embolism

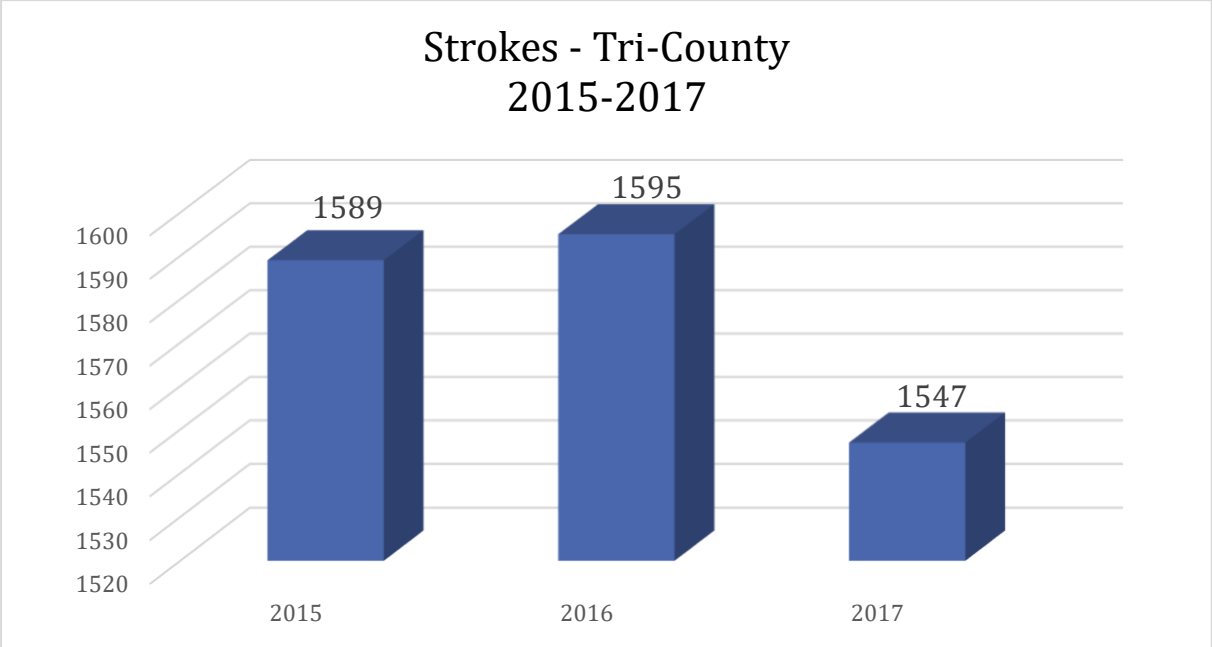
There number of treated cases of arterial embolism at Tri-County area hospitals declined between FY 2015 (105) and FY 2016 (76). However, the number of cases of arterial embolism increased in FY 2017 (88). Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Strokes

The number of treated cases of stroke at Tri-County area hospitals increased slightly between FY 2015 and FY 2016 but significantly decreased in FY 2017. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.



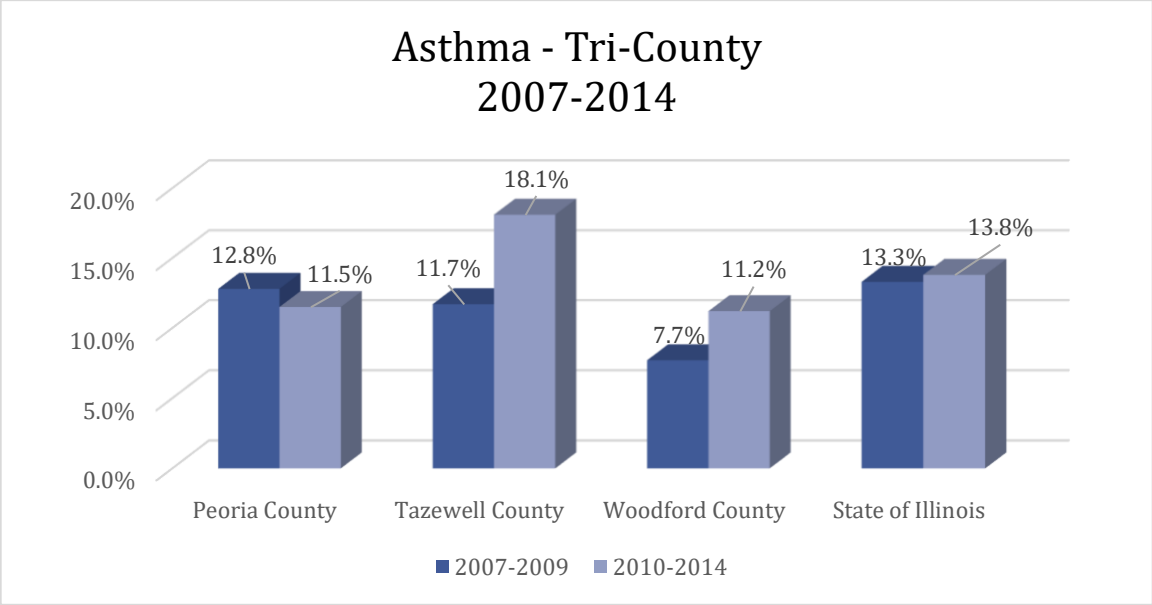
Source: COMPdata 2017

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.

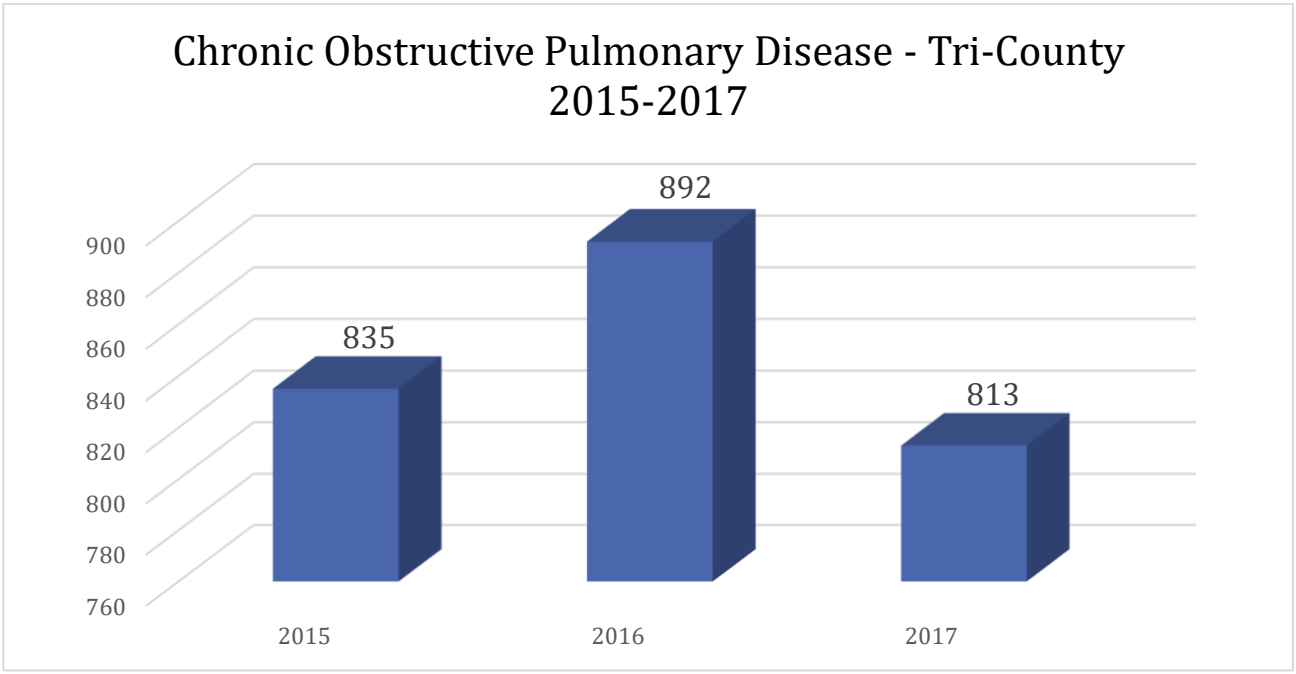
Asthma

The percentage of residents that have asthma in the Tri-County area has decreased in Peoria and increased in Tazewell and Woodford County between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in Peoria County (11.5%) and Woodford County (11.2%) are lower than the State of Illinois (13.8%), while Tazewell County is now higher (18.1%). Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Tri-County area hospitals fluctuated between FY 2015 and FY 2017, with a significant incline in FY16. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures. Note that data have not been updated by the Illinois Department of Public Health.

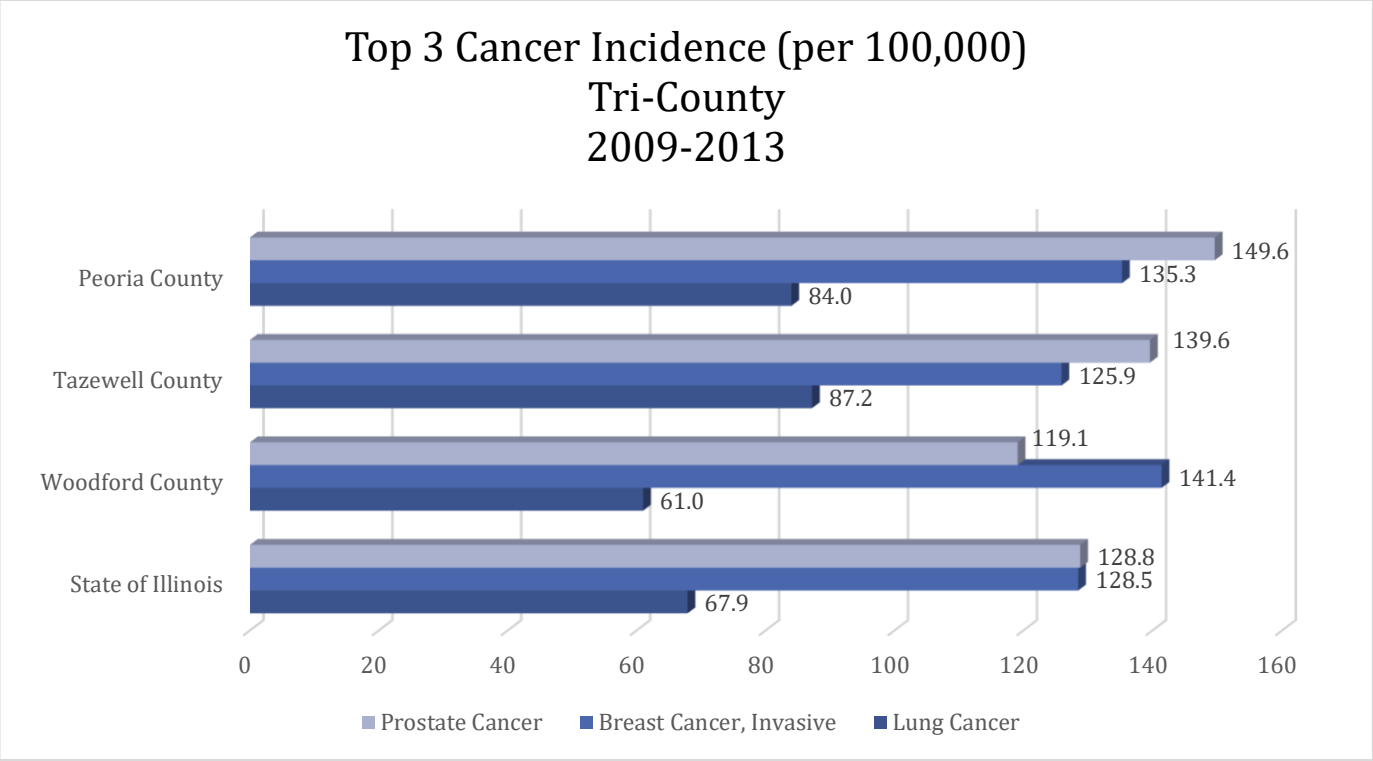


Source: COMPdata 2017

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 the Tri-County.

For the top three prevalent cancers in the Tri-County, comparisons can be seen below. Specifically, all cancer rates in Peoria County are higher than the State of Illinois. Tazewell County reports significantly higher rates of prostate and lung cancer compared to the State of Illinois. Woodford County reports significantly higher rates of breast cancer than the state of Illinois

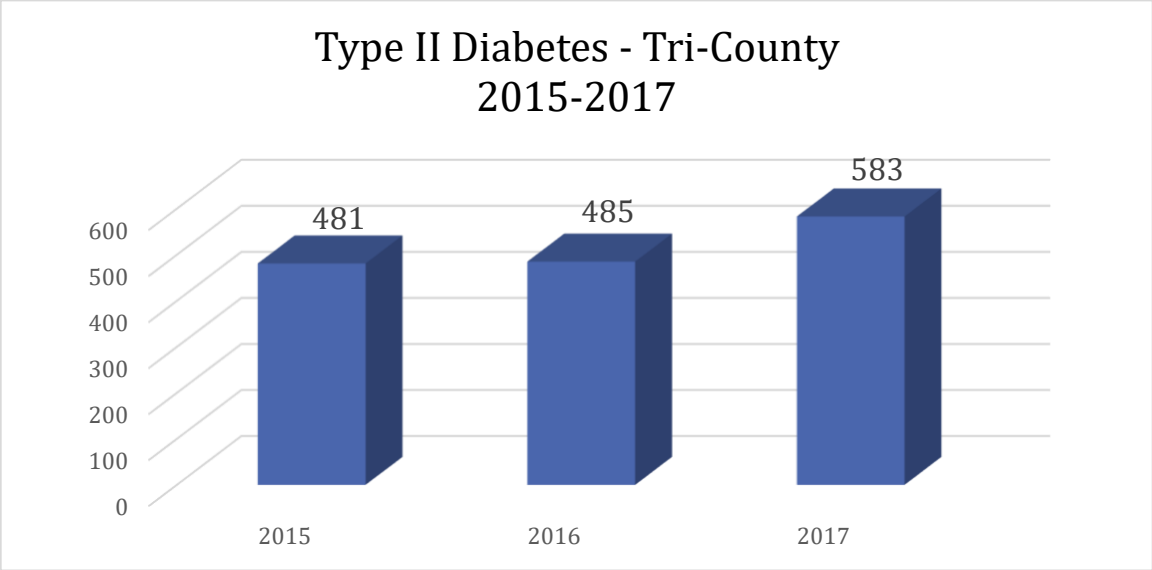


Source: http://dph.illinois.gov/sites/default/files/publications/County-Sec1-Site-Specific-Cancer-Incdence-ers1605.pdf

4.6 Diabetes

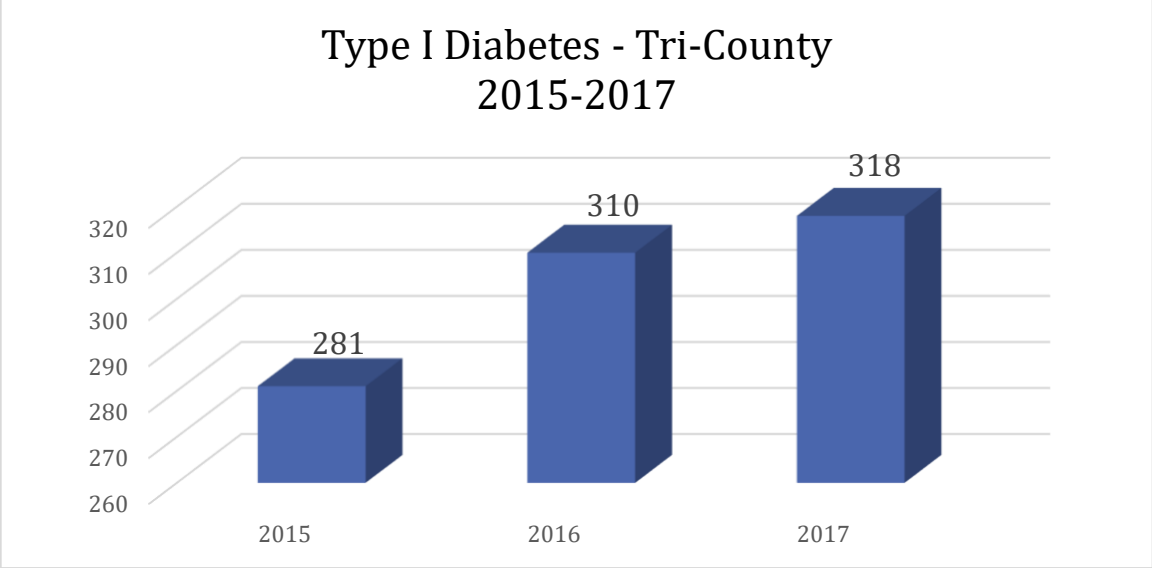
Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness, and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10%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

Inpatient cases of Type II diabetes from the Tri-County increased between FY 2015 (481 cases) and FY 2017 (583 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



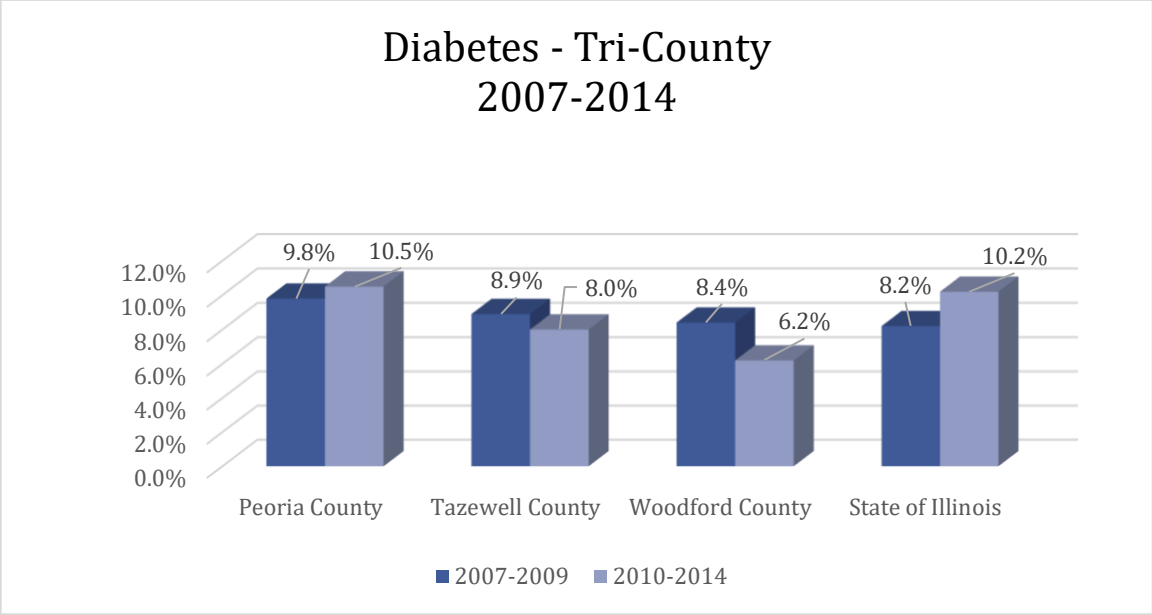
Source: COMPdata 2017

Inpatient cases of Type I diabetes show an increase from 2015 (281) to 2017 (318) for the Tri-County. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2017

Data from the Illinois BRFSS indicate that 10.5% of Peoria County residents have diabetes, 8% of Tazewell County residents have diabetes, and 6.2% of Woodford County residents have diabetes. Trends are concerning in Peoria County, as the prevalence of diabetes is increasing and now higher compared to data from the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.



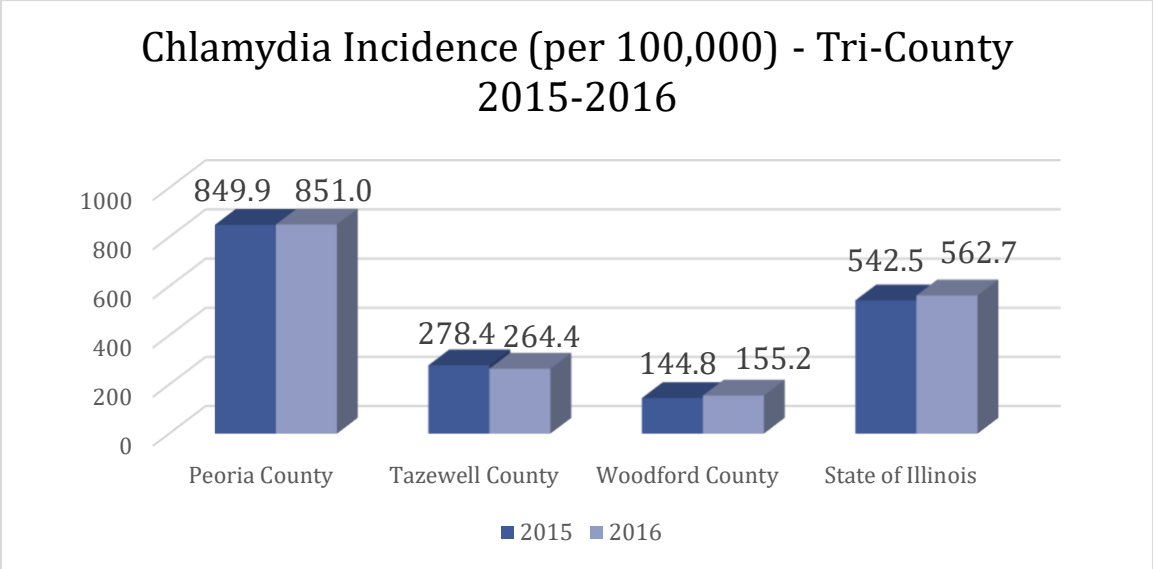
Source: Illinois Behavioral Risk Factor Surveillance System

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.

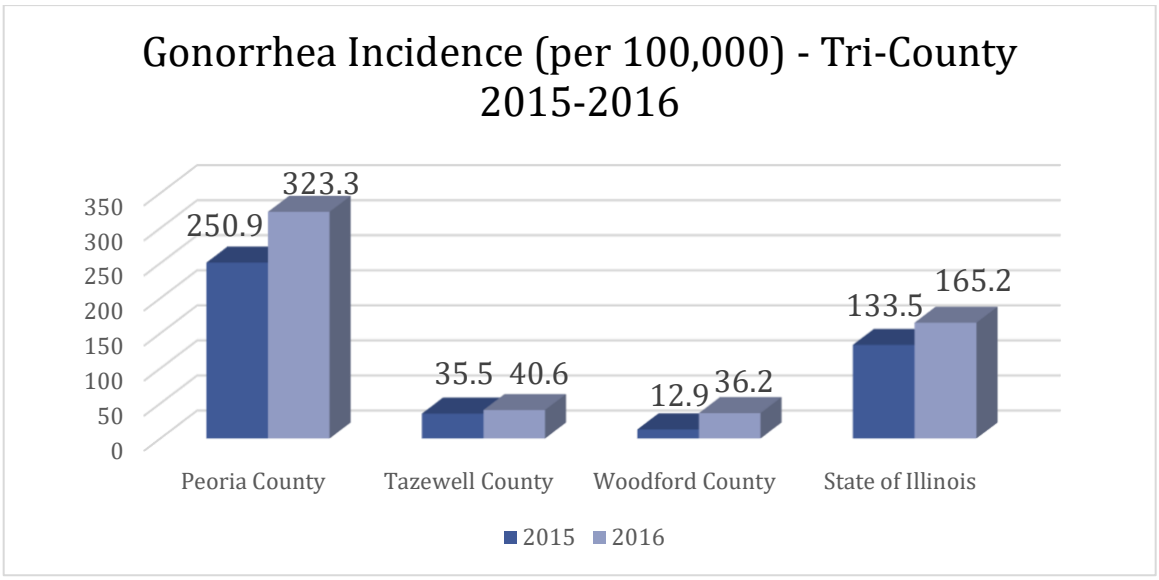
Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Peoria and Woodford County from 2015-2016 indicate an increase. There is a decrease of incidence of chlamydia in Tazewell County. Across the State of Illinois, incidence of chlamydia increased. Note that rates of chlamydia in Peoria County are significantly higher than State rates.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in the Tri-County indicate an increase in 2015-2016, while the State of Illinois also experienced a significant increase from 2015-2016. Note that the rates of gonorrhea in Peoria County are significantly higher than State rates.



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. Tri-County has shown no significant outbreaks compared to state statistics, but there are limited data available.[2]

Vaccine Preventable Diseases 2013-2016 Tri-County Region

Mumps	2013	2014	2015	2016
Peoria County	0	0	0	0
Tazewell	0	0	1	1
Woodford County	0	0	0	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
Peoria County	8	12	3	4
Tazewell	1	10	10	2
Woodford County	0	2	4	1
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Peoria County	9	7	4	3
Tazewell	10	11	14	7
Woodford County	5	8	2	0
State of Illinois	731	596	443	469

Source: http://iquery.illinois.gov/DataQuery/Default.aspx

2 *Source: http://www.idph.state.il.us/about/vpcd.htm*

Tuberculosis 2014-2017 Tri-County Region

Tuberculosis	2014	2015	2016	2017
Peoria County	0	1	1	3
Tazewell	1	0	0	0
Woodford County	0	0	0	0
State of Illinois	320	343	341	336

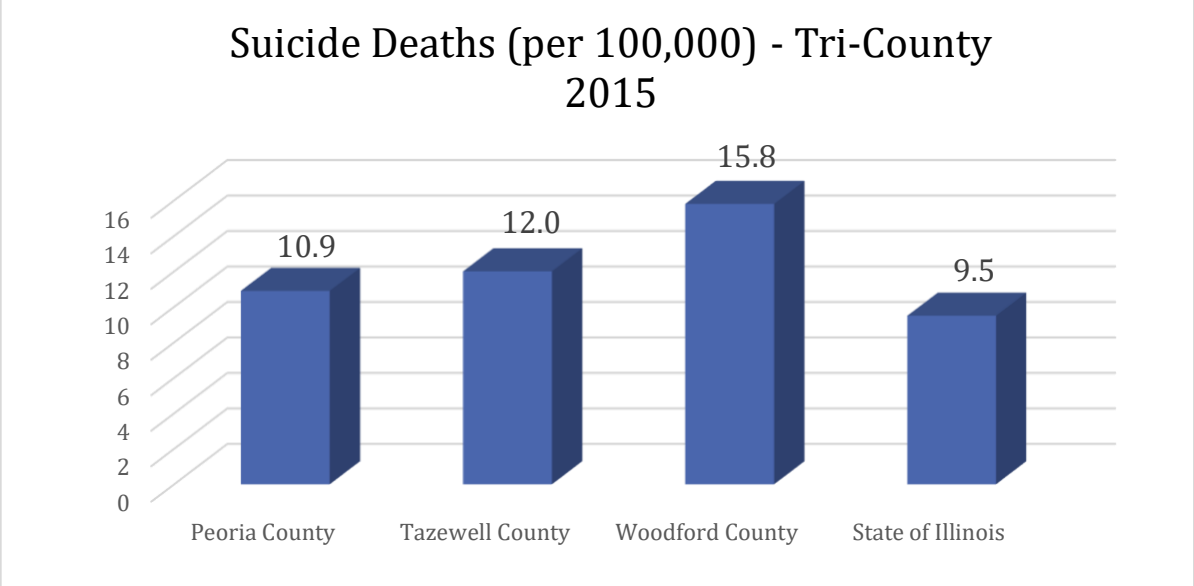
Source: http://iquery.illinois.gov/DataQuery/Default.aspx

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

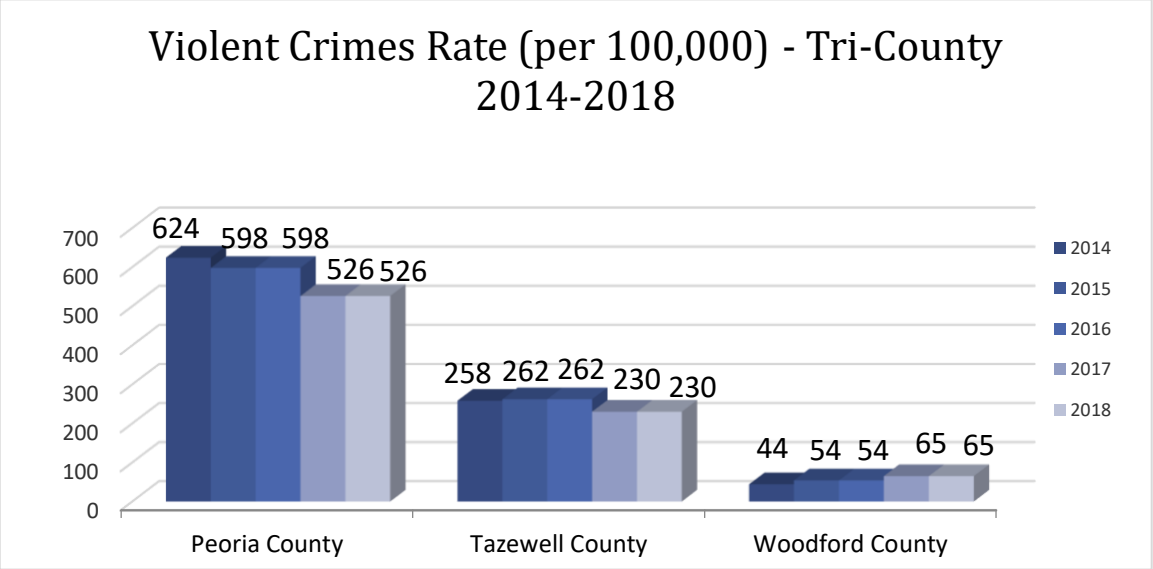
The number of suicides in the Tri-County indicate higher incidence than State of Illinois averages for 2015.



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. The number of violent crimes has decreased significantly for 2014-2018 in Peoria County. The number of violent crimes fluctuated in Tazewell County, but have declined overall. The number of violent crimes in Woodford County increased for 2014-2018.



Source: Illinois County Health Rankings and Roadmaps

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 two leading causes of death in the State of Illinois and the Tri-County are similar as a percentage of total deaths in 2017. Diseases of the Heart are the cause of 20.1% of deaths and Cancer is the cause of 20.9% of deaths in Peoria County. Diseases of the Heart are the cause of 25.4% of deaths and Cancer is the cause of 21.7% of deaths in Tazewell County. Diseases of the Heart are the cause of 23.4% of deaths and Cancer is the cause of 20.9% of deaths in Woodford County.

Top 5 Leading Causes of Death for all Races by County, 2017				
Rank	**Peoria County**	**Tazewell County**	**Woodford County**	**State of Illinois**
1	Malignant Neoplasm (20.9%)	Diseases of Heart (25.4%)	Diseases of Heart (23.4%)	Diseases of Heart
2	Diseases of Heart (20.1%)	Malignant Neoplasm (21.7%)	Malignant Neoplasm (20.9%)	Malignant Neoplasm
3	Accidents (6.4%)	Chronic Lower Respiratory Disease (5.6%)	Alzheimer's Disease (8.0%)	Cerebrovascular Disease
4	Chronic Lower Respiratory Disease (6.4%)	Accidents (4.8%)	Chronic Lower Respiratory Disease (6.0%)	Accidents
5	Stroke (5.0%)	Stroke (4.3%)	Stroke (4.5%)	Chronic Lower Respiratory Disease

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ **PROSTATE, BREAST AND LUNG CANCER RATES ARE HIGHER THAN STATE AVERAGES IN AT LEAST ONE-OR-MORE COUNTIES.**
- ✓ **WHILE STATE AVERAGES HAVE ONLY SEEN A SLIGHT INCREASE, DIABETES IS TRENDING UPWARD SIGNIFICANTLY IN THE TRI-COUNTY REGION AND IS APPROACHING STATE AVERAGES.**
- ✓ **SEXUALLY TRANSMITTED INFECTIONS IN PEORIA COUNTY ARE INCREASING AND SIGNIFICANTLY HIGHER THAN THE OTHER COUNTIES AND STATE AVERAGES.**
- ✓ **CANCER AND HEART DISEASE ARE THE LEADING CAUSES OF MORTALITY .**

CHAPTER 5 OUTLINE

CHAPTER 5
PRIORITIZATION OF HEALTH-RELATED ISSUES

In this chapter, we identify the most critical health-related needs in the community. To accomplish this, we first consider community perceptions of health issues, unhealthy behaviors, and issues related to well-being. Using key takeaways from each chapter, we then identify important health-related issues in the community. Next, we complete a comprehensive inventory of community resources; and finally, we prioritize the most significant health needs in the community.

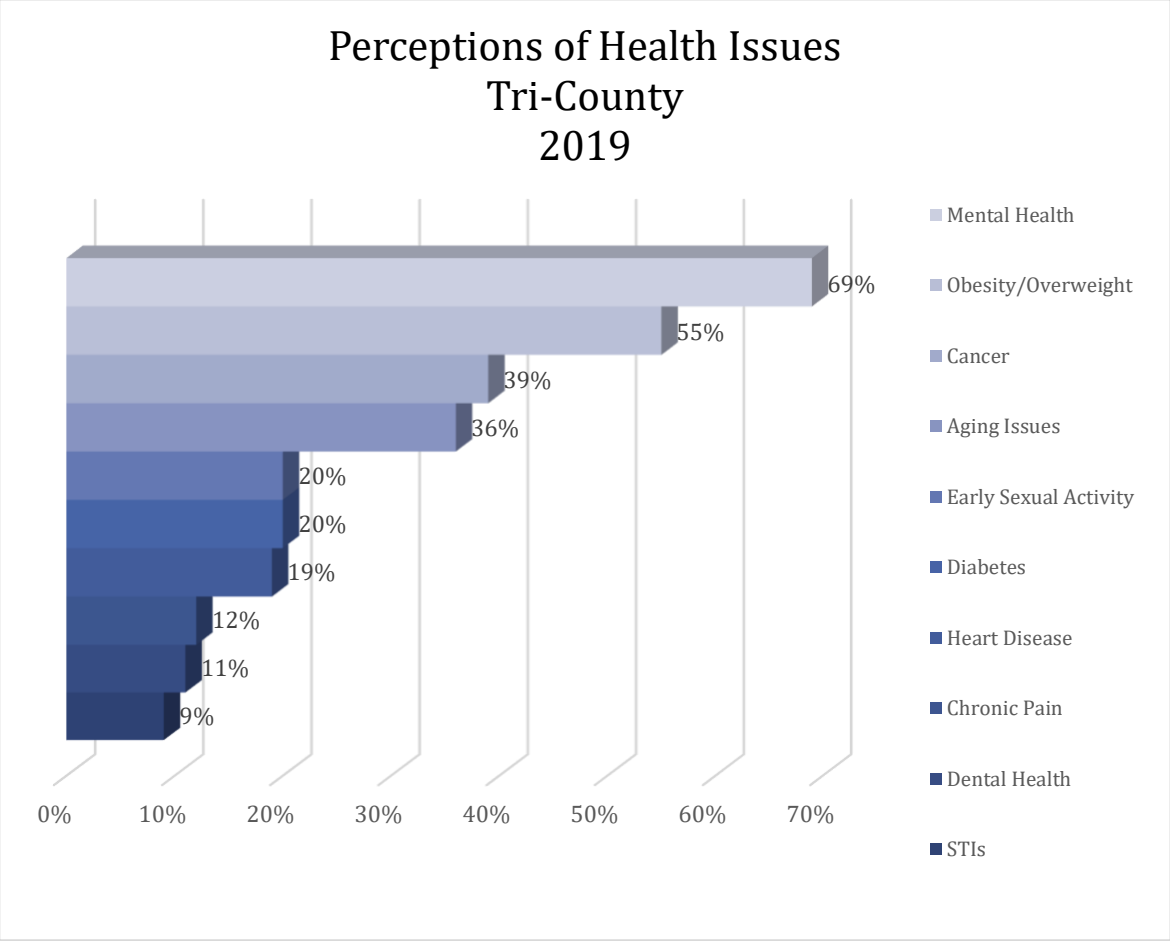
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

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 10 different options. Note that respondents could choose up to three health issues, so total percentages are greater than 100.

The health issue that rated highest was mental health (69%), followed by obesity/overweight (55%), cancer (39%), and aging issues (36%). These four factors were significantly higher than other categories based on *t-tests* between sample means.

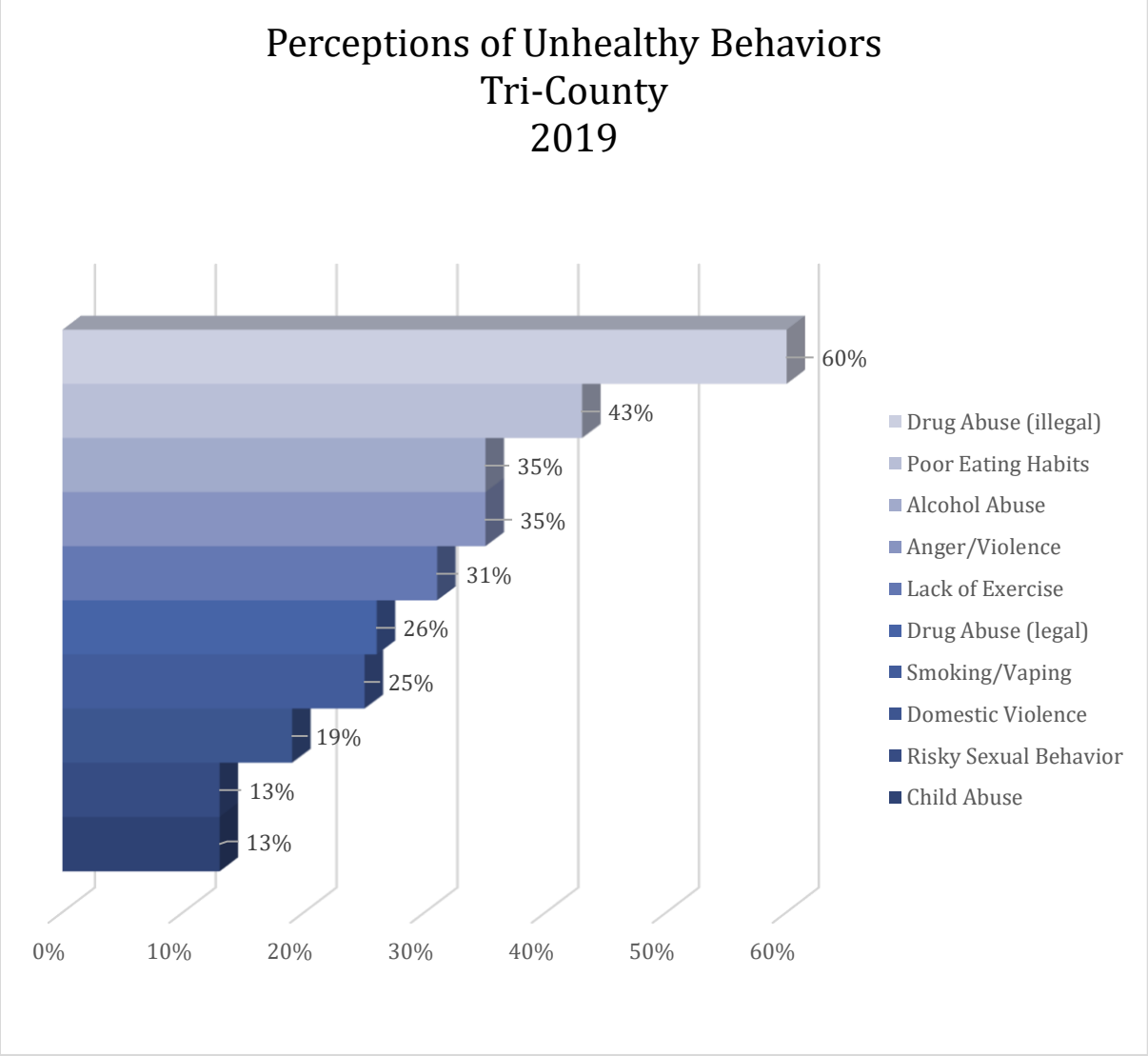
Note that perceptions of the community were accurate in some cases. For example, cancer is a leading cause of mortality. Also, obesity is an important concern and the survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.



Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The two unhealthy behaviors that rated highest were drug abuse (illegal) at 60% and poor eating habits (43%). Note that drug abuse (legal) rated relatively high given the increase, in part, of opioid abuse.

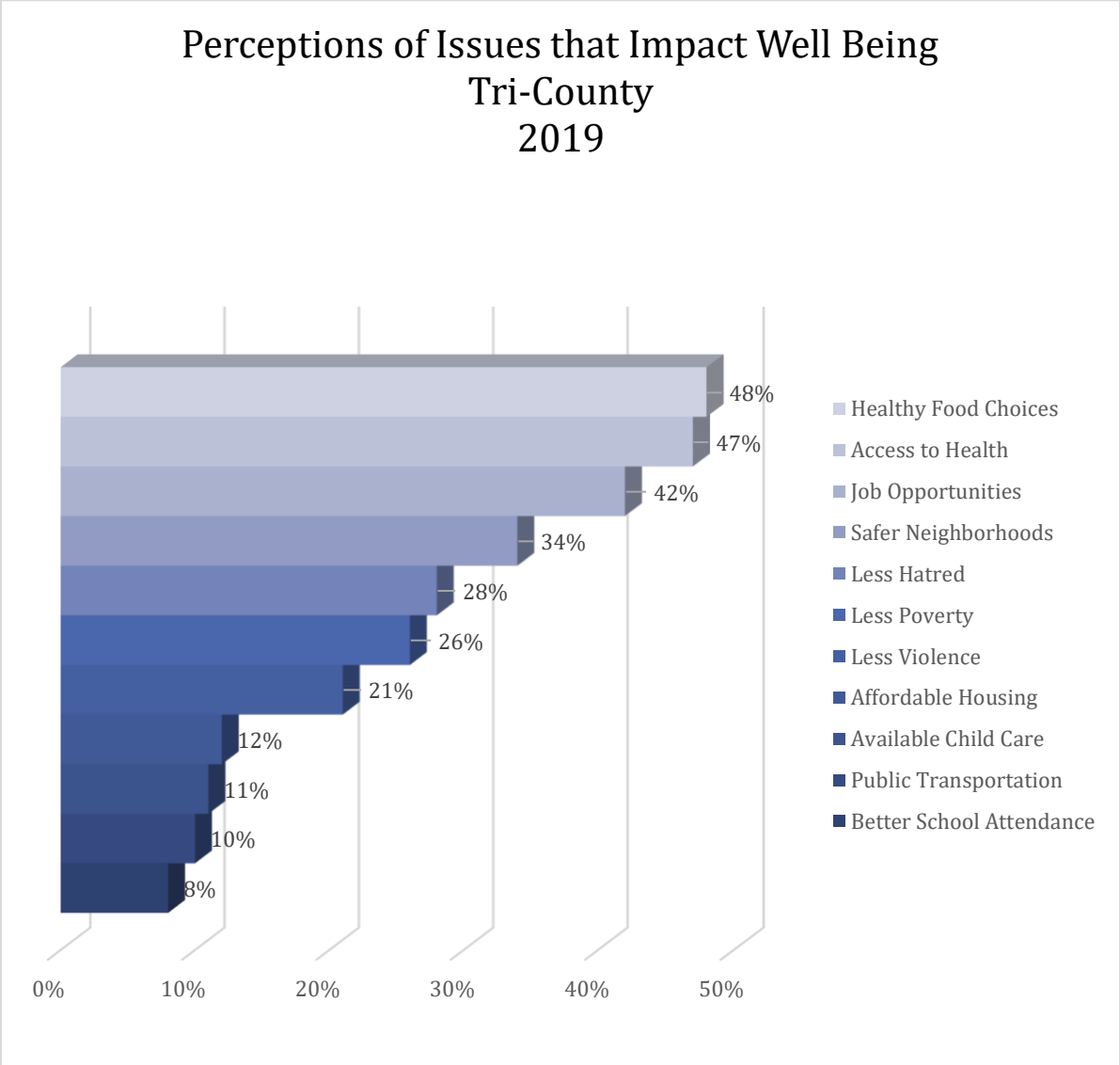


Source: CHNA Survey

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 healthy food choices (48%), followed by access to health (47%). Other highly rated issues included job opportunities (42%), and safer neighborhoods (34%).



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) – Six 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%-14% of the population
- Telehealth
- Changing population – increasing Latino population
- Truancy and graduation rates are concerning in Peoria County.

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

- Decreased utilization of emergency departments
- Access to counseling decreased
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Substance use
- Overweight and obesity
- Risk factors for heart disease

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

- Cancer
- Diabetes is trending upward
- Cancer and heart disease are the leading causes of mortality
- Sexually transmitted infections (in Peoria County)

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 7 potential categories. Based on similarities and duplication, the 7 potential areas considered are:

- **Access to health**
- **Aging population**
- **Cancer**
- **Low birth rates/STIs**
- **Mental health (including anxiety and depression)/suicides**
- **Healthy behavior/Obesity**
- **Substance use**

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 7 health-related areas were being addressed. A resource matrix can be seen in Appendix 5 relating to the 7 health-related issues.

There are numerous forms of resources in the community. They are categorized as county health departments, community agencies, and area hospitals/clinics. A detailed list of community resources and descriptions appears in Appendix 6.

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, based on the size of issue based on percentage of the population was impacted by the issue); (2) **seriousness** of the issues, based seriousness of outcomes, economic impact, urgency and future trends and forecasts; (3) **effectiveness considerations**, based on potential impact through collaboration, community support, and measurement of impact. Using a modified version of the Hanlon Method (as seen in Appendix 7), the collaborative team identified four significant health needs and considered them equal priorities:

- **Healthy Eating/Active Living** – *defined as active living and healthy eating, and their impact on obesity, access to food and food insecurity*
- **Cancer -** *defined as incidence of breast, lung and colorectal cancer and cancer screenings*
- **Mental Health -** *defined as depression, anxiety and suicide*
- **Substance Use -** *defined as abuse of illegal and legal drugs, alcohol and tobacco/vaping use*

Healthy Eating / Active Living

In the Tri-County region, the number of people diagnosed with obesity and being overweight has increased from 2009 to 2014 (these are the most recent data). Note specifically that the percentage of obese and overweight people is higher than State averages in all counties, ranging from 64.4% to 69.4%. Overweight and obesity rates in Illinois have decreased from 64% in 2009 to 63.7% in 2014. Moreover, survey respondents were asked to self-identify any health conditions. Note that being overweight (39%) was significantly higher than any other health conditions.

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 23% of respondents in the Tri-County region indicated that they do not exercise at all, and 33% of residents exercise only 1-2 times per week.

Healthy Eating. Almost two-thirds (60%) of Tri-County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of Tri-County residents who consume five or more servings per day is only 5%.

Access to Food and Food Insecurity. 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. In the Tri-County region, approximately 4% of residents go hungry 1-2 times per week.

Cancer

Cancer is the first or second leading cause of mortality in all three counties in the Tri-County region. Breast, lung, and colorectal cancer are more prevalent in the Tri-County region when compared with the State of Illinois.

Breast Cancer. Breast cancer is the most common cancer in women in Illinois. The incidence of breast cancer per 100,000 residents in the Tri-County region is 134.2 people per 100,000 compared to Illinois State average of 128.5.

Lung Cancer. Lung cancer is second most common cancer among men and women in Illinois. The incidence of lung cancer per 100,000 residents in the Tri-County region is 79.7 people per 100,000 compared to Illinois State average of 67.9. Incidence of smoking in the Tri-County area (19.1%), is higher than State of Illinois averages (18.4%). Moreover, in 2018, 10% of the Tri-County population smoked and/or vaped 5 or more time per day.

Colorectal Cancer. Colorectal cancer is the third most common cancer among men and women in Illinois. All three counties in the Tri-County area report higher incident and age-adjusted death rates for colorectal cancer compared to the State of Illinois, the U.S. and are above the are 3-6% higher than the *Healthy People 2020* target. While early detection of precancerous polyps can prevent colorectal cancer, 39% of the population over 50 years old in the Tri-County area has not had a colorectal screening in the past five years.

Mental Health

According to the CHNA survey, 33% of respondents talked to someone about their mental health in the last 30 days. In the Tri-County area, almost 1/3 (31.3%) of 10th grade students indicated that in the past 12 months they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped some usual activities. Mental health was rated as the most important health issue in the community by 69% of survey respondents.

Depression. According to the CHNA survey, 46% of respondents felt depressed in the last 30 days. Specifically, 28% of respondents felt depressed 1-2 days and 18% felt depressed 3 or more days in the last 30 days.

Anxiety. According to the CHNA survey, 40% of respondents felt anxious in the last 30 days. Specifically, 25% of respondents felt depressed 1-2 days and 15% felt anxious 3 or more days in the last 30 days.

Suicide. In the Tri-County region, all three counties had higher suicide rates than State of Illinois averages. Specifically, suicide rates per 100,000 residents were 10.9 in Peoria County, 12.0 in Tazewell County and 15.8 in Woodford County. The State of Illinois average was 9.5 suicide deaths per 100,000 residents. In the Tri-County area, 16.7% of 10th graders indicated they seriously considered attempting suicide in the past 12 months.

Substance Use

Substance Use. Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests substance use values and behaviors of students is a leading indicator of adult substance use in later years. Data from the 2018 Illinois Youth Survey measures illegal substance use for alcohol, cigarettes, inhalants, marijuana and other illicit drugs among adolescents. For all three counties, 12th graders are at or above State averages in all categories. Moreover, CHNA survey results show that 16% of the Tri-County population uses substances (either legal or illegal) on a typical day to make themselves feel better.

APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM

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

Melissa Adamson was the Director of Community Health Policy & Planning/Assistant Administrator at the Peoria City/County Health Department. She holds a MPH in Health Education from Emory University, Rollins School of Public Health and has over 20 years' experience in public health. Melissa is passionate about improving population health through investing in programs and advocating for policies that address the underlying causes of disease and build capacity to respond effectively to changing needs. *We would like to thank her for the work she has done to drive this community approach as she has moved into a new role.*

Hillary Aggertt is the Administrator at the Woodford County Health Department. She holds a Bachelor's Degree in Community Health/Health Education from Southern Illinois University and a Master's Degree in Prevention Science from the University of Oklahoma. Hillary has ten years of public health experience including emergency preparedness, health education, grant writing and community collaboration. She is passionate in improving health outcomes. Ms. Aggertt is also currently president-elect for Illinois Association of Public Health Administrators and currently the co-chair of the Partnership for a Healthy Community Board.

Karla Burress is currently the Assistant Administrator for Tazewell County Health Department (TCHD). Ms. Burress has been leading the performance management/quality improvement program throughout the department for the last 6 years. She is currently a member of the Bradley Department of Nursing Council. Ms. Burress has worked in Public Health for 28 years and started her career as a nutritionist for WIC in Danville Illinois. She moved to Tazewell County Illinois in 1994 and continued her Public Health career at TCHD as a Nutritionist eventually becoming the Director of the Maternal Child Health programs. Karla holds a Bachelor of Science degree in Food/Nutrition/Dietetics from Illinois State University in Normal Illinois.

Greg Eberle is the Community Health Coordinator for Hopedale Medical Complex where he leads community health initiatives and related programs. He is passionate about creating healthy environments, enhancing the places where people live, work and play so that they promote health and well-being. Greg graduated with a BS in physical education and athletic training from Illinois State University. He is currently a certified athletic trainer.

Taylor Eisele, MPH has been the Epidemiologist at Tazewell County Health Department since May 2018. Ms. Eisele received her MPH in 2018 from Indiana University Purdue University Indianapolis and a BS in 2016 from the University of Illinois Urbana-Champaign. Ms. Eisele has previously worked in the areas of occupational health, vector-borne disease, and health promotion.

Amy Fox is the administrator at Tazewell County Health Department. Ms. Fox has worked in public health for over 28 years in areas of community health improvement planning, health promotion, substance abuse prevention, coalition development and emergency preparedness. Currently, in addition to responsibilities in Tazewell County, Ms. Fox is the Co-Chair of the Public Health Committee of the

Illinois Terrorism Task Force and the Co-Chair of PHIST- Public Health is Stronger Together, a statewide group made up of all associations that work in governmental public health.

Lisa Fuller, MS, MHA, is the Vice President of Outpatient and Ancillary Services at OSF Healthcare, Saint Francis Medical Center. She is responsible for Saint Francis Medical Center Outpatient Departments, including, but not limited to outpatient services at the Centers for Health Rt 91, Morton Center for Health, Washington Outpatient Center, Glen Park Center for Health, Sleep Lab, Cancer Services, Sisters' Clinic, SFMC Imaging, Lab Services, RiverPlex and Behavioral Health. She is currently the co-chair for the Partnership for a Healthy Community Board.

Sally Gambacorta (MS, Illinois State University; MA, University of Iowa) is the Community Health Director at Advocate BroMenn Medical Center and Advocate Eureka Hospital. Both hospitals are located in Central Illinois. She has worked for Advocate Aurora Health for 25 years in Wellness and Community Health. Sally hold a Bachelor's of Science degree in Business Administration from Augustana College, a Master's of Science degree in Industrial/Organizational Science from Illinois State University and a Master's of Arts degree in Leisure Studies with a concentration in Corporate Fitness and Health Promotion from the University of Iowa. In her community health role, Sally is responsible for the Community Health Needs Assessment and Community Benefits at both hospitals. She has extensive experience in collaborating with community partners to improve the health of the community. Sally is a member of the McLean County Community Health Council Executive Steering Committee and facilitates the McLean County Behavioral Health Improvement Plan Priority Action Team. She also serves on the leadership committee for the McLean County Wellness Coalition, is a member of the McLean County Mental Health First Aid Collaborative and is on the Partnership for a Healthy Community Board for Woodford, Tazewell and Peoria County.

Tim Heth currently serves as the Manager of Planning and Property Management for UnityPoint Health's Central IL Region. Mr. Heth was first employed by the Methodist Medical Center in 1985 in Laboratory Medicine and Toxicology Services and later joined the administration in a planning capacity in 2000. Mr. Heth is accountable for all aspects of planning and property management for UPH Methodist | Proctor | Pekin. He earned his Master's Degree in Business Administration from Bradley University in 1996 and is a former Baldrige National Quality Award Examiner.

Monica Hendrickson, MPH is currently the Public Health Administrator for the Peoria City/County Health Department primarily working on fulfilling the mission of engaging, educating, and promoting health, preventing disease, and providing for a safe environment through collaborative partnerships, leveraging of resources, and Health in All Policy advocacy. Most recently, Ms. Hendrickson was the Epidemiologist at Peoria City/County Health Department from 2013-2017 and the Director of Health Protection at Knox County Health Department from 2010-2013. Ms. Hendrickson graduated with a MPH in from the University of Michigan and a BS from the University of Illinois Urbana-Champaign. She currently facilitates the Behavioral Health Committee for the Partnership for a Healthy Community Tri-County Improvement Plan, as well as a Board Member for WTVP and on the Solution Council for Heart of Illinois United Way.

Gregg D. Stoner, M.D. Chief Medical Officer of Heartland Health Services and Clinical Professor of Family and Community Medicine, University of Illinois, College of Medicine. Heartland Health Services is a federally qualified health center which provides primary medical care to patients in Central Illinois through their seven clinics located in Peoria.

FACILITATORS

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 has acted as the coordinator for 13 Hospital Community Health Need Assessments. In addition, she has coordinated the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over ten years. Dawn served as the Vice President, President-Elect and two terms as a Chapter President on the board of Directors with the McMahon-Illini HFMA Chapter. She currently serves 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 2016 CHNA PRIORITIZED NEEDS

The 2016 CHNA for the Tri-County region identified two significant health needs. These included: **Healthy Behaviors**, defined as healthy eating and active living, and their impact on obesity; and **Mental/Behavioral Health**, including mental health and substance abuse. UnityPoint also addressed three additional needs: **Appropriate Use and Access to Health Services**, **Substance Abuse** and **Cancer**. Specific actions were taken to address these needs. Detailed discussions of goals, strategies to improve these health needs and impact can be seen for each hospital.

Goals, Strategies, Impact for OSF

1. Healthy Behaviors – Active Living, Healthy Eating and Obesity

Goals:

- *Increase percentage of adults consuming three or more servings of fruits and vegetables per day*
- *Increase the percentage of individuals exercising with in the last week*
- *Monitor sleep hygiene, nutrition, exercise, healthy weight, safety, spirituality, and avoidance of substance use*

Healthy Behaviors – Active Living, Healthy Eating and Obesity's Measurement and Impact

The 2016 goals identified for Healthy Behaviors were achieved:

- The percentage of adults consuming three or more servings of fruits and vegetables per day increased by 5% from 2016 to 2019
- The percentage of individuals exercising in the last week increased from 2016 to 2019. The number of respondents indicating they exercised one or more times in the last week increased by 11%.
- Sleep hygiene, nutrition, exercise, healthy weight, safety, spiritualty and avoidance of substance abuse was monitored through strategic initiatives of the Faith Community Nursing program (FCN), Care-A-Van and other programing.

The following activities and initiatives helped to support the goals for Healthy Behaviors from 2016 to 2018:

OSF's FCN program offers a unique partnership between two healing entities; our hospitals and the faith community. The focus of the program is on preventative healthcare and individuals are helped to lead healthier lives through education, screening and referrals to community resources. The FCNs also staff the OSF Care-A-Van, which is a mobile health center that connects residents with screenings, immunization, education, health risk assessments, signing up for healthcare coverage, exploring advanced care planning and more.

Strategic initiatives of the FCN Program and Care-A-Van were executed and baseline utilization to provide healthy behaviors education to neighborhoods and schools with the greatest percentage of poverty was established.

Since established in 2016, the Care-A-Van has served the following community members:

- 426 in FY16
- 538 in FY17
- 929 in FY18

Continued connections with volunteer nurses and faith-based organizations helped the FCN program to expand community outreach. FCN partnerships and outreach included:

- 20 faith-based organizations and 27 nurses in FY16
- 29 faith-based organizations, 22 nurses and 23,000 outreach contacts in FY17
- 27 faith-based organizations, 21 nurses and 28,000 outreach contracts in FY18

Additional community outreach activities for the Care-A-Van and FCNs included, but were not limited to, education at:

- The Riverfront market
- Senior and Caregiver Expo
- Walk with the Care-A-Van event
- Hy-Vee Heart Healthy event

Additional services were provided in conjunction with our partner organizations, such as Sophia's Kitchen, Southside Mission, Catholic Charities, Neighborhood House, Friendship House, Salvation Army, Dream Center and others.

OSF provided nutrition and exercise education aimed at healthy behaviors and a baseline relating to participation rates were established. Nutrition and exercise activities and initiatives from 2016 to 2018 are as follows, but are not limited to:

- Annual OSF Women's Lifestyle show, which had 3,000 attendees in 2016, 3,250 in 2017 and 3,000 in 2018
- Over 1200 children participated in National Walk to School Day
- Asthma and health screenings were provided and hygiene kits distributed during basketball camps for underprivileged youth
- 100+ nutrition education events and cooking demonstrations, reaching over 10,000 individuals, which included cooking class in partnerships with the Peoria RiverPlex, RiverPlex Heart Healthy Month Fair, UFS Stroke Fair, City of East Peoria Smart Snacking Fair and more
- Medical Nutrition Therapy was provided by a dietitian to 66 patients at Heartland Health Services
- Dietetic interns worked with children to make healthy family-friendly snacks and a campaign was created to share this work on social media. The campaign was viewed 1,847 times
- OSF Children's Advocacy attended 80 other events to promote nutrition and exercise and interacted with over 11,000 community members
- Over 2,500 fitness trackers were distributed to children
- Back to school and Healthy Lives 4 Kids events serving thousands of children

- Including OSF HealthCare Children's Hospital of Illinois and Kohl's Cares hold Healthy Lives 4 Kids Days. These events were packed with interactive games and activities that families enjoyed which promoted health and wellness in children. Each child received a variety of giveaways related to wellness at the events.
- Sponsored posts promoting Healthy Lives 4 Kids events in Peoria and Tazewell County which were viewed 75,308 times via Facebook and Instagram
- Peoria Farm to Table Food samples were given to over 250 community members

Media and social media interaction was used to help OSF improve communication and education of healthy behaviors. Between 2016 and 2018:

- Approximately 40 healthy recipes were shared via OSF social media
- Over 50 articles from OSF Dietitians were posted on the Peoria Journal Star Fit for Life Blog
- OSF Dietitians appeared over 100 times on local television and radio

OSF4Life, OSF's worksite wellness program, was rolled out in May, 2016. Through this program a baseline for OSF employees engaged wellness was established. Participation continues to increase, with the following number of employees (Mission Partners) enrolled in the program each year:

- 405 in FY16
- 1,349 in FY17
- 2,083 in FY18

In addition to working with OSF Mission Partners, OSF4Life's team participated in 12 community outreach events sponsored by local businesses and provided healthy behaviors education and presentations for employers.

The Wholesome Food Fund (WFF) is a partnership formed in 2010 between OSF Saint Francis Medical Center, The Peoria Riverfront Market, and Community Foundation of Central IL. WFF allows people to double their dollars to purchase fresh, locally grown produce at the Market, benefitting local farmers, residents and the environment. Dietitians provided education on nutrition and food prep to WFF customers.

The Garden of Hope, a community garden, is a collaborative effort between St. Ann's Catholic Church, OSF Saint Francis Medical Center and other community partners. Located on the City of Peoria's South Side, the community garden serves a dual purpose of growing nutritious foods for people in need while also improving and beautifying the community. The garden also serves as a host to community events and nutrition education. In 2018, 1300+ plants and over 350 cups of produce were harvested and distributed to the community.

2. Mental Health

Goals:

- *Improve Mental Health within the Tri-County populations.*
- *Increase the percentage of adults who self-reported good or better mental health from 72% to 75% with a stretch goal of 80%. (HP2020 Health – Related Quality of Life/Well-Being Objective 1.2)*

- *Decrease the percentage of people with poor health days, current is 35%.*
- *Increase screening and intervention in mental health issues including depression and (safe home) abuse.*

Mental Health's Measurement and Impact

OSF Saint Francis Medical Center increased screenings and interventions for mental health concerns, including depression and (safe home) abuse.

The following activities and initiatives helped to support the identified goals for mental health from 2016 to 2018:

Depression screening tools were implemented:

- A depression screening tool was utilized in the OSF Medical Group offices. This tool was used for screening purposes on all inpatients. If this tool screen was positive, an additional level of screening was completed.

Baselines were established for patients treated for mental health. Patients treated by OSF Saint Francis Medical Center adult behavioral health program include:

- 6,203 in FY16
- 6,155 in FY17
- 7,023 in FY18

Patients treated within OSF Medical Group Psych offices include:

- 10,738 in FY16
- 11,952 in FY17
- 11,272 in FY18

The Behavioral Health Operations Council for the OSF System meets monthly to plan and implement tactics related to behavioral health care coordination and tele-psych.

A web based resource called Silver Cloud was launched in 2017. Silver Cloud offers secure, immediate access to online supported cognitive behavioral therapy programs, tailored to the individual's specific needs. Since its launch in April 2017, there were 547 Silver Cloud users in the Peoria region.

In collaboration with Heartland Health Services, tele-psychiatry services have been provided to Heartland Health Clinic and OSF Community Clinic patients. From October 2017 to December 2018, 150+ tele-psych visits occurred and 100+ referrals received.

A Strive Trauma Recovery Program provided free, comprehensive psychological services as well as resource management and support services for individuals 14 and older who have been a victim of trauma from a crime that has occurred in the previous 3 years. The Program offers assessments, counseling and case management for both inpatients and outpatients. This was a grant-funded program provided in collaboration with Peoria Public Schools, Children's Home, area police departments, local

domestic violence shelters, legal services and other community agencies. The program was implemented in the fall of 2018. Since its implementation, 52 patient encounters have occurred in 2018. The program has grown significantly to 269 patient encounters being completed in the first two quarters of 2019.

Various other community events focusing on mental health occurred including parent training on suicide awareness and mental health training for staff of District 150.

Goals, Strategies, Impact for UPH – Central IL Methodist Campus

1. Healthy Behaviors: Healthy Eating and Active Living

Goals:

- *Increase the percent of children who met CDC guideline for at least 60 minutes of physical activity per day to 50%.*
- *Decrease the percent of respondents who eat two or fewer servings of fruits and vegetables per day from 35% to 25% [the percentage of respondents indicating they eat two or fewer servings of fruits and vegetables per day improved to 30% for the 2019 survey – 5% short of the target but still an improvement]*
- *Decrease the rate of adult physical inactivity from 34% to 25% [the percentage of respondents indicating that they do not exercise at all dropped to 23% for the 2019 survey – meeting the objective]*

Healthy Eating and Active Living Measurement and Impact

- *Over 890 free Wellmobile community screening events have been held through May YTD 2019 with nearly 11,000 screening participants.*
- *UPH Wellness performed over 6,000 BMI screens in 2017 and 2018. Of over 2,300 participants that screened for both years, over 1,000 reduced there BMI. Over 2,500 hours of free health coaching services were provided.*
- *Optimum Health Solutions has provided over 200 screening events through May YTD 2019 with nearly 11,000 participants.*
- *HULT Center health education programs have provided education to 150,000 youth and young adults on a variety of health topics related to both healthy and risky behaviors.*

- *Over 600 students educated on health and wellness through HULT during the Pekin High School Health Fair on April 2019.*
- *HULT educated nearly 14,000 community area adults through the HULT Centers Encore Program on pertinent health education topics to reduce their health risk and help manage their chronic conditions.*

- *HULT Center staff implemented an eight-week, evidence-based 'Matter of Balance' program offered to nearly 600 adults to help reduce the risk of falls. Nearly 100% of participants indicated they reduced their fear of falling and increased physical activity levels.*

- *Provided the year-long, evidence-based National Diabetes Prevention Program to nearly 200 high-risk, pre-diabetic adults to implement healthy lifestyle changes and reduce the risk of type 2 diabetes by up to 71%. Nearly 2,000 pounds have been lost by program participants, to date.*

- *Increased the physical activity level of nearly 7,000 individuals through Hult Center healthy living classes, including aerobics, strength training, yoga, and Tai Ji.*

- *Educated over 36,500 youth on nutrition and fitness through the Hult Center using evidence-based CATCH (Coordinated Approach to Child Health) curriculum.*

- *Funded a Dietitian for nutrition consultations for obesity and diabetes for at-risk youth attending Peoria Public Schools District 150.*

- *Wellpower 8 week classes for nutrition, physical workouts, and weight loss: March YTD 2019 – over 100 participants with over 400 pounds lost.*

- *Wellness Center events and activities: Averaged over 520 participants per month from 2017 through May YTD 2019.*

2. Mental Health

Goals:

- *Increase the proportion of adults reporting good mental health through the CHNA survey from 72% to 80% by 2019 [the percentage of respondents reporting good mental health actually declined to 64% for the 2019 survey with 92% responding that they had average to good mental health – down from 97% in the 2016 survey].*
- *Reduce the suicide rate by 10% for Tri-County residents moving from 11.0 deaths per 100,000 down to 9.9 deaths per 100,000.*
- *Reduce acute care utilization through improved access to community-based providers and through primary care screening for depression.*
- *Reduce patient outmigration for acute mental health services by expanding bed capacity.*

Mental Health Measurement and Impact

- *Added Hult Center Psychosocial Counselor resource for area schools that has provided education, training, and counseling services to over 24,000 individuals.*

- *Expanded the ED behavioral health intake center with direct UPH funding.*

- *Added funding for 1.8 FTEs of Mental Health Clinicians to embed in the primary care offices. The clinicians have seen over 4,000 patients through May YTD 2019 in the primary care setting and have provided over 2,000 hours of behavioral health consultation.*

- *Through collaborative efforts - reduced the UPH behavioral health 30-day readmission rate by over 50% as of 1st quarter 2019.*

- *Expanded capacity for Adult OP clinic services with the addition of 0.5 FTE APN.*

- *UnityPlace formation – (March 20, 2019 – Peoria, IL) – UnityPoint Health®, Human Service Center and Tazwood Center for Wellness announced the formation of UnityPlace, a new non-profit organization dedicated to meeting the growing behavioral health care needs of the community.*

  Key goals in the formation of UnityPlace include:
  - *improve access through provider recruitment, technology, and centralized scheduling to provide a fully-coordinated regional network of behavioral health care providers, specialists and substance abuse and rehabilitation services*
  - *fulfill the urgency for those with need to be seen quickly*
  - *create a comprehensive community and hospital-based system of behavioral health care*
  - *integrate inpatient and outpatient services and utilize active population-focused health management strategies*
  - *integrate primary care and behavioral health services to improve the overall health of those served*
  - *attract and retain talented professional providers*
  - *collaborate with health care, social service, education, religious, and criminal justice institutions*

  UnityPlace results for chosen measures will be tracked through the end of 2019 and into the next three-year improvement cycle.

- *Continue with UPH strategy for adding Mental Health IP bed capacity for the communities served.*

3. Appropriate Use and Access to Health Services – Emergency Services, Dental, and Primary Healthcare

Goals:

- *Reduce the number of avoidable ED visits, with a focus on dental related visits.*
- *Assure inpatients are discharged with prescription drugs.*
- *Expand UPH services to help meet the needs of the underserved.*

Access to Healthcare Measurement and Impact

- *Collaborated with Walgreens to offer low cost prescriptions at the time of discharge. Walgreens med to bed program has experienced an ~ 60% enrollment acceptance rate. Over 7,400 patients have had low cost scripts provided at discharge on the Methodist campus.*

- *Collaborated with Walgreens to increase access to influenza and pneumonia vaccinations at the Hult Center's Annual Senior Health Fair and provided over 1,000 community seniors with access to over 120 different community resources.*

- *Hult Center dental health education was provided to over 24,000 PreK, K, 1st, and 2nd graders in the community and free dental hygiene supplies were provided to over 18,000.*

- *Funded and staffed In-School Health Program in over 15 Peoria area sites [not including the 11 Pekin schools] and provided over 53,000 free/low cost clinical care visits along with education, immunizations, screening and counseling to students.*

- *From a baseline year of 2016 through April YTD 2019 the number of ED dental visits has declined by 40%.*

- *From 2017 through May YTD 2019 the % of avoidable [Non-Emergent] ED visits has been reduced by over 30%.*

- *Expanded primary care and specialist providers in the Pekin market with UPH provider staffing at the new Pekin East ambulatory office.*

4. Substance Abuse

Goals:

- *Decrease the amount of UPC Peoria provider opioid prescribing by 10% in the first six months of the project.*
- *Decrease the amount of UPC Peoria provider opioid prescribing by 25% after one year.*

- *Educate community adults and youth on the dangers of alcohol, tobacco, and drug use [both illicit and prescription substances].*

Substance Abuse Measurement and Impact

- *Opioid orders by UPH employed providers in the UPH Central IL region declined by 13.5% in the first six months of the project [March 2016 to September 2016].*

- *Opioid orders by UPH employed providers in the UPH Central IL region were decreased by 29.5% by 2017 year end.*

- *Five CME educational events for medical providers were provided on opioid prescribing and abuse with over 125 attendees.*

- *Hult Center health education programs have provided education to 150,000 youth and young adults on a variety of health topics related to both healthy and risky behaviors*.

- *State Opioid Response - Hospital Screening and Warm Handoff Project: [1.7M two year grant awarded in the Spring 2019]: It is estimated that 250,000 IL residents have an OUD (opioid use disorder). Between 1999 and 2016, opioid related overdose deaths increased 300%. The grant supports the creation of UPH hospital-based programs that provide robust, evidence-based screening, brief intervention, and referral to treatment and warm handoff services to persons with opioid use disorders and other substance use disorders. 24/7 assessment and referral services are provided within the hospital setting. Approximately 40 providers are being trained to become DATA (Drug Addiction Treatment Act) waivered to provide buprenorphine therapy, were indicated, in the hospital setting. The therapy will help bridge hospitalized patients over to community-based outpatient follow-up care along with case management and referral support. The program will also link with the UPH OB project through the Illinois Perinatal Quality Collaborative to care for pregnant women with opioid use disorder.*

  The project demonstrates the importance of a strong handoff between hospital-based services and those provided by our Community Mental Health Center partners and is a part of the vision for UnityPlace. Results will be tracked through the end of 2019 and into the next three year improvement cycle.

5. Cancer

Goals:

- *Offer a lung screening program to increase early diagnosis and decrease mortality.*
- *Recruit Physician providers for underserved specialties of dermatology and breast surgery.*
- *Expand oncology navigator program to ensure each patient has appropriate follow up and care by coordinating appointments and facilitating referrals for support services.*

Cancer Measurement and Impact

- *Lung Screens: Over 100 CT screens per year [325 done through 1st quarter of 2019]. More than 320 lung patients were navigated for follow-up and treatment.*
- *Over 30,000 mammography screens provided through May YTD 2019. More than 400 breast cancer cases were navigated for follow-up and treatment.*
- *Over 30,000 patients with a documented smoking hx (heavy smoker, light smoker, former smoker, current everyday smoker) were identified as at-risk.*
- *Over 100 women have been screened in the Peoria High Risk Breast Clinic since opening.*
- *Dermatology Provider added in 2017, a Breast Surgeon added in 2018, and a GYN/ONC surgeon and mid-level added in 2017.*
- *Oncology navigator program expanded with over 1,000 patients navigated for breast, lung, or colon cancer in 2017 and 2018 – an 80% increase over the prior two years.*
- *Over 1,500 massages provided to increase the quality of life of individuals undergoing cancer treatment, survivors, and caregivers by HULT Massage Therapists who have received specialized training in oncology massage.*
- *Provided group counseling through HULT Support Groups to over 1,200 individuals undergoing cancer treatment, survivors, and caregivers.*
- *HULT Center's Registered Dieticians presented to over 1,500 individuals on preventing and managing cancer through nutrition and provided over 2,500 free one-on-one nutrition consultations to oncology patients.*

Goals, Strategies, Impact for UPH – Central IL Pekin Campus

1. Access to Healthcare: Uninsured/Limited Insurance; and Lack of Primary Care Physicians

Goals:

- *Insure more patients in the Hospital's service area*
- *Expand access to Medicaid health benefits*
- *Ease access to primary care services*

Access to Healthcare Measurement and Impact

- *Pekin patient navigators enrolled 209 patients into commercial plans in 2017 and 2018 and made over 800 public aid enrollments*
- *Pekin provided over $2.4M in charity care in 2017 and 201*
- *Pekin increased the number of Primary Care and Pediatric Visits over FY 2016 the base year = 33,764; 2017 = 33,215 Primary and Pediatric Visits; 2018 = 38,368 Primary and Pediatric Visits; *2019 projected (based on May YTD) = 40,740 Primary and Pediatric Visits*
- *Other initiatives:*
  - *Pekin Hospital opened a Medical Office Building [Pekin East] in January 2018 and with UPH expanded the number of primary care providers in the market. The Medical Office Building located at the corner of Veterans Drive and Griffin Avenue is 52,000-square-foot, three story facility. The building was designed for ease of access to ambulatory care for the community. Each floor has 26 exam rooms and two procedure rooms. Pediatrics is located on the first floor and offers extended hours to cater to working parents. Family Medicine providers are located on the first and second floor. The building also contains Lab and Radiology services for one stop health care. The First floor also contains a First Care clinic which accepts walk-in and primary care patients as per First Care's open access model. The building also has a community room for health education classes and physician presentations.*
  - *The third floor is reserved for specialty services to be staffed by affiliated specialists with UnityPoint Health in order to provide greater access to specialists for the Pekin community.*
- *Pekin In-School Health program expanded to additional sites.*

2. Healthy Behaviors and Lifestyle Choices

Goals:

- *Reduce the number of adults and children who engage in no leisure time / physical activity through Pekin Health and Wellness and other activities*
- *Improve access to comprehensive, quality preventive care through screenings and education*
- *Combat obesity through education on weight loss*
- *Combat heart disease through prevention, detection, and treatment of risk factors for heart attack and stroke*

Healthy Behaviors and Lifestyle Choices Measurement and Impact

- *Community Screenings: Pekin Hospital provided a variety of free community screenings within the Pekin area. The following screenings were provided: skin screening, bone density, heel scans, blood pressure checks, body composition, spirometry testing, and physical therapy fitness. The following screenings were offered at variety of companies including: Parkside Athletics Club, Miller Center, Mackinaw Community Center, Pekin Park District for Heart of Illinois 50+ Games, Riverplex in Peoria for the New Millennium Institute Community Health and Wellness Expo, CEFCU in Peoria, City /County of Pekin Health Fair, and Pekin Insurance.*

- *HULT Center Education Programs: Over 6,000 Pekin students were provided Healthy Eating Active Living Education in 2017 and 2018 and over 1,000 Pekin pre-K students were provided health and fitness education through the HULT Center's 'Your Amazing Body' program.*

- *In the last 12 months [Aug 2018 thru Jun 2019] UPH Pekin In-School Health expanded to eleven school sites with over 50,000 visits to the health centers and 6,000 visits related to diabetes and healthy eating/active living programs.*

- *2018 and 2019: over 250 Pekin adult participants registered in the HULT Encore program.*

- *Provided year-long evidence based National Diabetes Prevention Program in 2018 to nearly 20 Pekin area high-risk pre-diabetic adults to implement healthy lifestyle changes for the prevention of type 2 diabetes. To date, this cohort has lost a total of nearly 200 pounds to reduce their risk for type 2 diabetes by up to 71%.*

- *As part of National Mammography Day, Pekin Hospital partnered with Tazewell County Health Department to offer free mammograms to Tazewell County women ages 40 and over who are uninsured. There were 17 free mammograms provided, with 13 normal and 4 abnormal results. This was the 15th year for the annual event.*

- *Health Fairs: Pekin Hospital participated by providing screenings at a number of local health fairs.*

- *New Millennium Institute Community health and Wellness Expo held in Peoria: 7 were screened for bone density, 13 for spirometry screening and 7 for fitness testing.*
- *CEFCU Employee Health Fair: 38 screened for bone density, 36 screened for spirometry.*
- *City of Pekin/Tazewell County Health Fair: 23 received bone density screenings, 27 had skin screenings, 7 spirometry screenings and 35 had physical therapy fitness screenings.*
- *Miller Center Senior Fitness Event*
- *Diabetes Workshops: Eleven (three-hour) community diabetes classes were offered to include a total of 80 participants.*
- *Medication Reconciliation: To raise community awareness on this topic, wallet cards that assist patients in keeping accurate lists of medications were placed in all inpatient folders. The wallet cards were also provided at our retail pharmacy, Senior Expo events, and other community events.*
- *Over 600 students educated on health and wellness through HULT during the Pekin High School Health Fair - April 2019.*

- *Public Lectures and Programs:*
  - *Pekin Head Start School: Spoke to 120 preschool children and their teachers about heart health.*
  - *PHN Leap Into Wellness Program: Offered a free nine week weight loss program to 7 local businesses in the PHN network.*
  - *PHN Leap into Wellness Program Lunch and Learn: Pekin Hospital Registered Dietician spoke to 22 participants on My Plate Guidelines and How to Read Food Labels.*
  - *Pekin Insurance Retirement Group Speaking Engagement: Dr. John Lindell spoke to 38 retirees about Healthy Eating and the importance of exercise.*
  - *Pekin Head Start School: spoke to 120 preschoolers about the importance of healthy eating and the My Plate Guidelines.*
  - *PHN Leap Into Wellness Program Lunch and Learn: Dr. John Lindell spoke to 14 program participants about Fast and Slow Oxidizers.*
  - *PHN Leap Into Wellness Program Lunch and Learn: Financial Advisor from Unland Companies spoke to participants about Financial Wellness.*
  - *YWCA of Pekin: Spoke to 10 participants about volunteering in the local community.*
  - *PHN Leap Into Wellness Program Lunch and Learn: Professional Therapy Services spoke to 10 program participants about Ergonomics in the workplace.*
  - *PHN Leap Into Wellness Program Lunch and Learn: Financial Advisor from Unland Companies spoke to 5 program participants about Financial Wellness.*
  - *Pekin Pain Management/Midwest Orthopaedic Community Presentation: Hip and Joint Awareness 25 participants.*

- *5K Dash At Dusk*
  - *465 participants in the 2017 and 2018 Dash to Dusk*

- *Number of participants in the weight loss program*
  - *860 participants in the 2017 and 2018 weight loss programs with over 2,130 lbs lost*

- *Number of participants in wellness coaching:*
  - *2017: 598*
  - *2018: 602*

Additional Pekin Market Measurement and Impact

- *Cancer: 2019 opening of a new UPH High-Risk Breast Clinic in Pekin: June 5, 2019 at Pekin East location.*
- *Substance Abuse: Limiting opioid scripts with Pekin employed physicians.*
- *Access to Care: Addition of UPH specialists to the Pekin market to provide greater access to care.*

APPENDIX 3. SURVEY

COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, so we are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 10 minutes to complete. All of your individual responses are confidential. We will use the survey results to better understand and address health needs in our community.

This survey was reviewed by the Committee on the Use of Human Subjects and Research, Bradley University Institutional Review Board (IRB) in June, 2018

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
- ☐ Cancer
- ☐ Chronic pain
- ☐ Dental health (including tooth pain)
- ☐ Diabetes
- ☐ Other _____
- ☐ Early sexual activity
- ☐ Heart disease/heart attack
- ☐ Mental health issues, such as depression, hopelessness, anger
- ☐ Obesity/overweight
- ☐ Sexually transmitted infections

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)
- ☐ Other _____
- ☐ Drug abuse (legal drugs)
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Risky sexual behavior
- ☐ Smoking

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

- ☐ Access to health services
- ☐ Affordable clean 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
- ☐ Other _____

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
- ☐ Urgent Care Center
- ☐ Emergency Department
- ☐ Health Department
- ☐ I don't seek medical attention
- ☐ Other _____

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

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

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

☐ Didn't have health insurance. ☐ 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. .
Are there any other reasons why you could not access medical care?

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. ☐ The 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.
Are there any other reasons why you could not access prescription medicine?

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.
Are there any other reasons why you could not access a 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 my insurance/Medicaid
☐ Couldn't afford to pay my co-pay or deductible. ☐ Embarrassment.
☐ Didn't have a way to get to a counselor.
Are there any other reasons why you could not access a mental-health counselor?

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, golf, 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

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.
Are there any other reasons why you could not exercise in the last week?

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 ☐ 3 - 5 ☐ More than 5

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
Are there any other reasons why you do not eat 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 ☐ Other_____

6. What are the biggest challenges to eating healthy in our community? (Please choose all that apply).

☐ Knowledge ☐ Convenience ☐ People don't care ☐ Physical challenge/Disability
☐ Cost ☐ Time ☐ No healthy options ☐ Transportation ☐ Other

7. Please check the box next to any of the 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 #9: Smoking.

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

8. If you identified any conditions in Question #7, how often do you follow an eating plan to manage your condition(s)? ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ Not applicable

Smoking

9. On a typical DAY, how many cigarettes do you smoke, or 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 medical information? (Please choose only one answer).

☐ Doctor ☐ Friends/family ☐ Internet ☐ Pharmacy ☐ Nurse at my church

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. On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?

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

18. When you were a child, did a parent or other adult often swear at you, insult you or make you feel afraid?

☐ Yes ☐ No

19. Do you feel safe where you live? ☐ Yes ☐ No

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

Breast/mammography exam	☐ Yes	☐ No	☐ Not applicable
Prostate exam	☐ Yes	☐ No	☐ Not applicable
Colonoscopy/colorectal cancer screening	☐ Yes	☐ No	☐ Not applicable

Overall Health Ratings

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

INTERNET

1. How interested would you be in health services provided through Internet or phone?

☐ 1	☐ 2	☐ 3
Not interested	Somewhat interested	Extremely interested

2. Can you get free wi-fi in public locations? ☐ Yes ☐ No

3. Do you have Internet in your home (or where you live)? For example, can you watch Youtube?
☐ Yes (please go to next section – BACKGROUND INFORMATION) ☐ No (please answer #4)

4. If don't have Internet, why not? ☐ Cost ☐ No available Internet provider ☐ Data limits
☐ I don't know how ☐ Other _____

BACKGROUND INFORMATION

1. What county do you live in?

☐ Peoria ☐ Tazewell ☐ Woodford ☐ Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).

☐ Medicare ☐ Medicaid ☐ Private/Commercial ☐ None (Please answer #4)

4. If you answered "none" to the question about health insurance, why **don't** you have insurance? (Please choose all that apply).

☐ Can't afford health insurance
☐ Don't know how to get health insurance
☐ Don't need health insurance
☐ Other _____

5. What is your gender? ☐ Male ☐ Female

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

7. What is your racial or ethnic identification? (Please choose only one answer).

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino
☐ Pacific Islander ☐ Native American ☐ Asian/South Asian
☐ Multiracial ☐ Other: _____

8. 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 ☐ Bachelor's degree
☐ Graduate or professional degree ☐ Other: _____

9. 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

10. What is your housing status?

☐ Do not have ☐ Have housing, but worried about losing it ☐ Have housing, **NOT** worried about losing it

11. How many people live with you? _____

12. What is your job status? **(**Please choose only one answer).

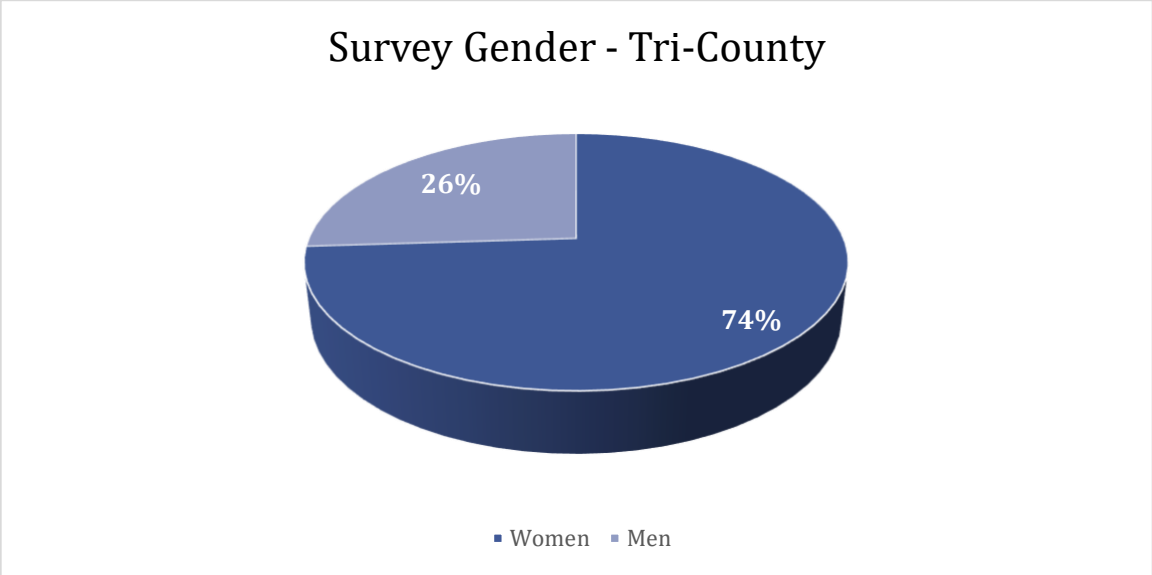
☐ Full-time ☐ Part-time ☐ Unemployed ☐ Homemaker
☐ Retired ☐ Disabled ☐ Student ☐ Armed Forces

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

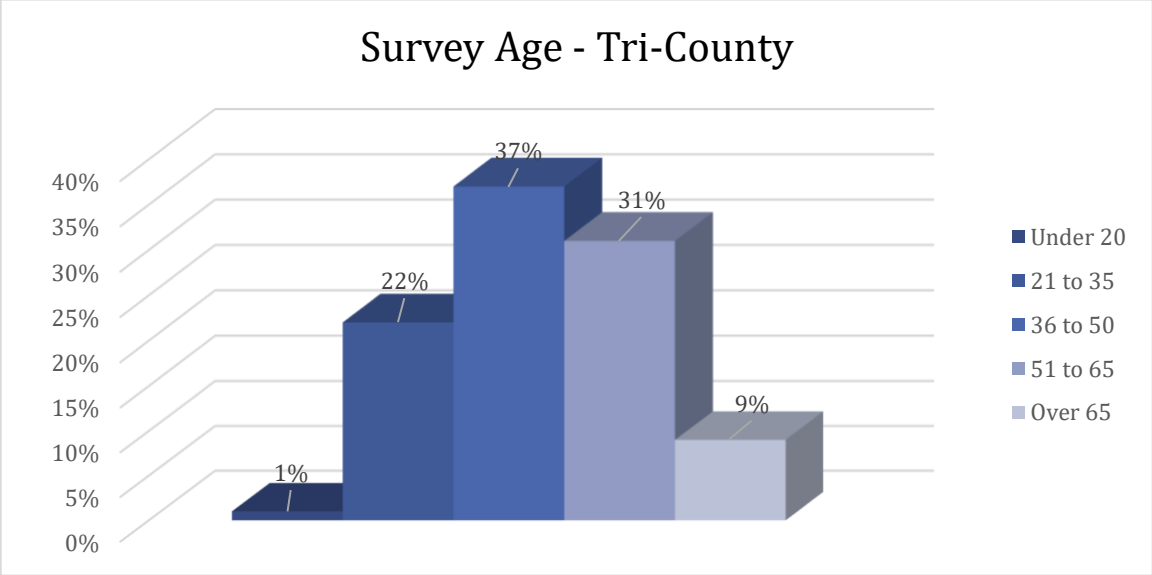
_____

Thank you very much for sharing your views with us!

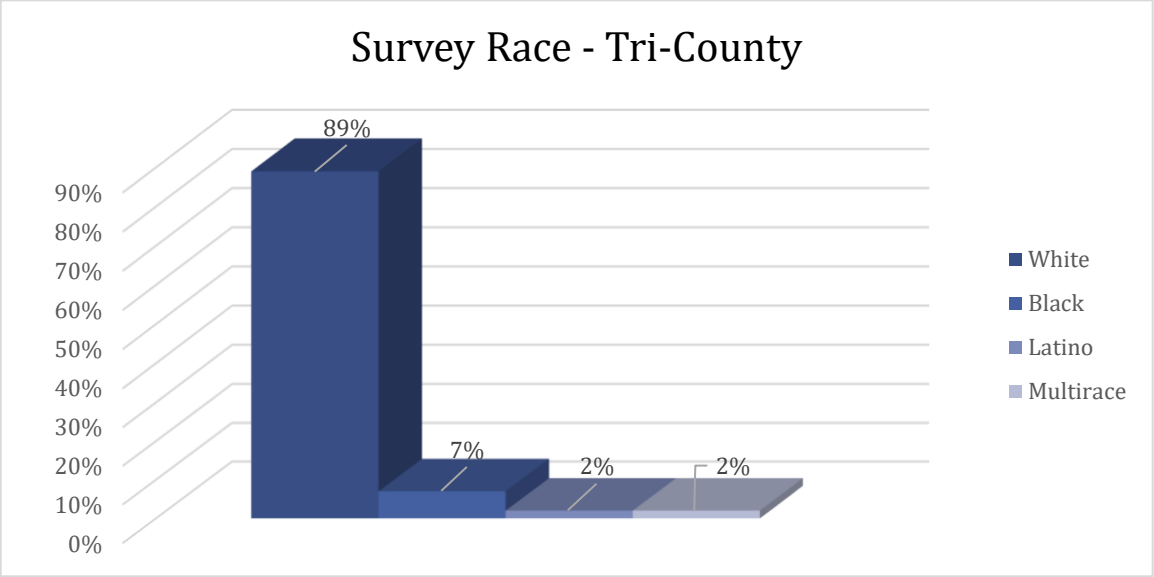
APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS



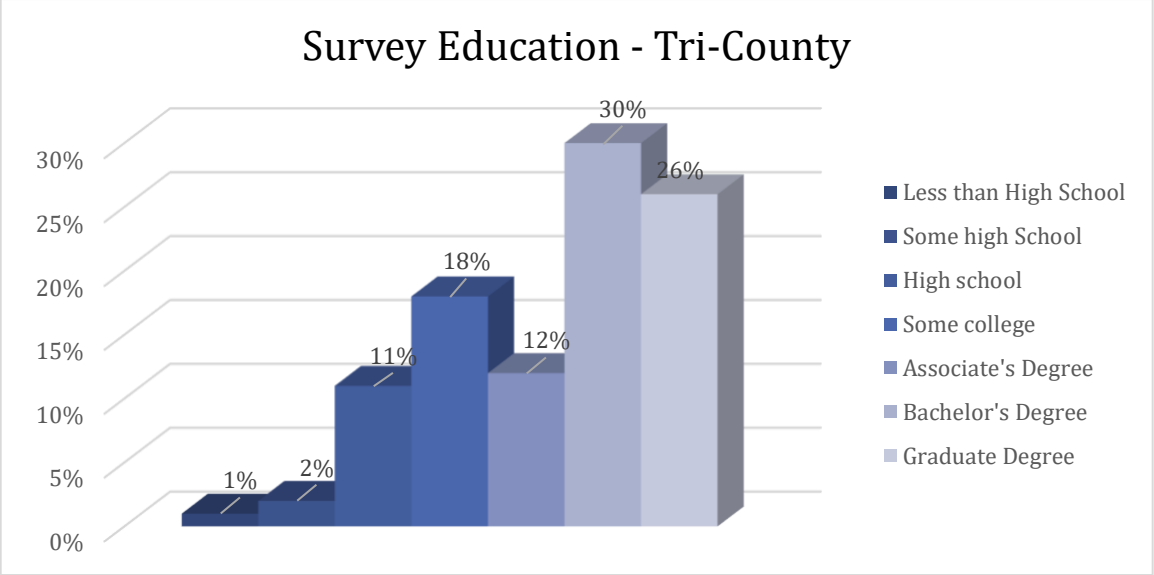
Source: CHNA Survey



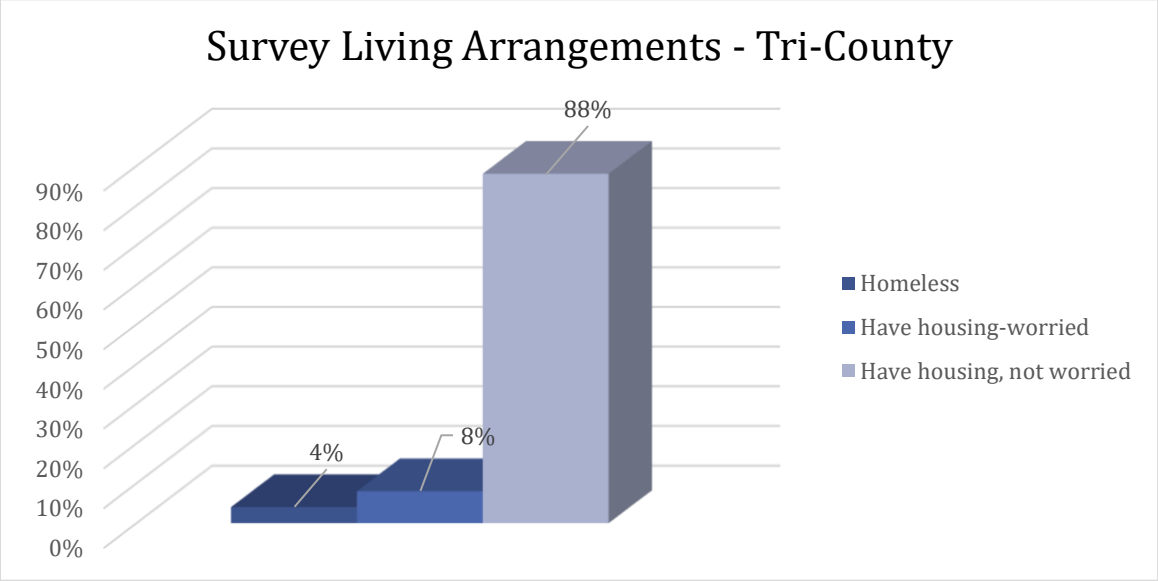
Source: CHNA Survey



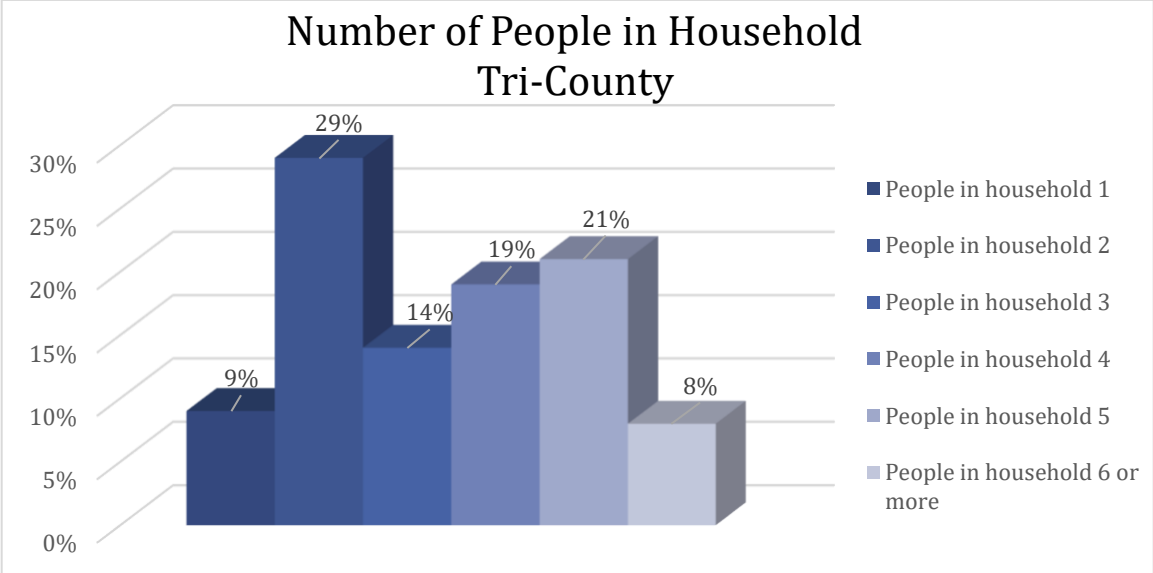
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5. RESOURCE MATRIX*

	Access to Health Services	Aging Issues	Cancer	Healthy Eating/Active Living	Mental Health	Reproductive Health	Substance Use
Health Departments							
Peoria County Health Department	S (2); T (2)	S(1)	T(1);S(2)	T(3); S (3)	T(2) S(3)	T(3) S(3)	T(2) S(3)
Tazewell County Health Department	T (2); S (1)	S(1)	T(3); S(3)	T(3); S (3)	T(2) S(2)	T(1) S(2)	T(2) S(2)
Woodford County Health Department	S (1); T(1)	S(1)	T(1);S (2)	T(3); S (3)	T(1) S(2)	T(1) S(1)	T(1) S(2)
Hospital/Clinics							
Advocate Eureka Hospital	S(3) T (3)	S (1)	T(2) S(2)	T(2) S(2)	T(3) S(3)	T(1) S(1)	T(1) S(2)
Heartland Health Services	S(3);T(3)	S(1)	S(2);T(3)	S(2):T(2)	S(3);T(3)	S(2);T(2)	S(3);T(3)
Hopedale Medical Complex	S(3) T (3)	S (1)	T(2) S(2)	T(2) S(2)	T(3) S(3)	T(1) S(1)	T(1) S(2)
OSF Saint Francis Medical Center	S(3);T(3)	S(2);T(3)	S(3);T(3)	S(2);T(2)	S(3);T(3)	S(2);T(2)	S(3);T(3)
UnityPoint Pekin Campus	S(3); T(3)	S(1)	S(1);T(1)	S(3); T(3)	S(1);T(1)	S(1); T(1)	S(1); T(1)
UnityPoint Peoria Campus	S(3); T(3)	S(1); T(1)	S(3);T(3)	S(3); T(3)	S(3);T(3)	S(1); T(2)	S(3); T(3)
Community Agencies							
Heart of Illinois United Way	S(3); T(3)	S(3)	S(3)	S(3)	S(3)	S(3)	S(3)

***Note: S - indicates strategic focus, T- indicates tactical focus**

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

APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

Health Departments

Peoria City/County Health Department
The goal of the Peoria City/County Health Department is to protect and promote health and prevent disease, illness and injury. Public health interventions range from preventing diseases to promoting healthy lifestyles and from providing sanitary conditions to ensuring safe food and water.

Tazewell County Health Department:
The Tazewell County Health Department promotes and protects the public's health and wellbeing through programs targeting the following concerns: dental, emergency planning, environmental, health promotion, MCH/WIC, nursing, and concerns for the 21st century.

Woodford County Health Department
The Woodford County Health Department sponsors programs in the following areas: maternal and child health, infectious diseases, environmental health, health education, and emergency preparedness.

Hospitals/Clinics

Advocate Eureka Hospital (Eureka Hospital)

Advocate Eureka Hospital is one of 27 hospitals in the Advocate Aurora Health system. Advocate Aurora Health is the 10th largest not-for-profit, integrated health system in the United States. As an Advocate Aurora Health Hospital, Eureka Hospital embraces the system purpose of "We help people live well". Eureka Hospital is a 25-bed facility that has served and cared for the people of Woodford County and the surrounding area since 1901. Eureka Hospital is the only hospital in Woodford County and is a critical access hospital as certified by the Centers for Medicare and Medicaid Services. By functioning in this capacity, Eureka Hospital plays a vital role in serving the health needs of a primarily rural area.

Heartland Health Services
The Heartland Health Services is a Federally Qualified Health Clinic which provides accessible, high quality, comprehensive primary health care services for the medically underserved, regardless of ability to pay, and to conduct high quality programs in health professions education through collaborative community partnerships.

Hopedale Medical Complex
Hopedale Hospital is a Critical Access Hospital with a total of 25 beds that are interchangeable between our acute care and swing bed services. Hopedale Hospital offers 24 hour emergency services, an intensive care unit, general and advanced vascular surgery, orthopedic surgery, cardiopulmonary services, diagnostic radiology imaging services, and numerous outpatient services.

OSF Healthcare Saint Francis Medical Center
OSF Saint Francis Medical Center is the fourth largest medical center in the state of Illinois. With a medical staff of more than 800 physician and 616 patient beds, it is a major teaching affiliate of the

University of Illinois College of Medicine at Peoria, the area's only Level 1 Trauma Center and tertiary care medical center, and home to the Children's Hospital of Illinois. Specific centers of interest include the Pediatric Diabetes Resource Center at the Children's Hospital, Joslin Diabetes Center Affiliate, Saint Francis Community Clinic, Mobile MRI/PET, community screenings, Faith Community Nursing and the CARE-A-VAN.

UnityPoint Health – Central IL (including Methodist, Proctor and Pekin campuses, UnityPlace, and UnityPoint Clinics]
UnityPoint Health – Central IL includes 646 licensed beds across three hospital campuses with over 5,000 employees and over 750 participating board-certified providers in the Tri-County area; UnityPlace including UPH Behavioral Health Services, the Human Service Center, and Tazewood Center for Wellness; and UnityPoint Clinic including over 50 clinical sites, seven urgent care centers, and over 250 employed physician and advanced practitioner providers. UPH – Central IL also includes two University of Illinois College of Medicine programs in Family Practice and Psychiatry; Methodist College with over 600 students in baccalaureate, masters and certification programs; UnityPoint at Home home health, hospice and DME services; HULT Center for Healthy Living; Illinois Institute for Addiction Recovery; and other OP services, joint ventures, and partnerships throughout the community. Specific centers of interest for the community impact include UPH Methodist Wellmobile, UPH Mammography and High Risk Breast Clinics, UPH Wellness Center programs, HULT Center for Healthy Living educational programs; and UnityPoint Health In-School Health programs at over 25 locations.

Community Agencies

Heart of Illinois United Way
The Heart of Illinois United Way brings together people from business, labor, government, health and human services to address community's needs. Money raised through the Heart of Illinois United Way campaign stays in community funding programs and services in Marshall, Peoria, Putnam, Stark, Tazewell and Woodford Counties.

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[3]
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?

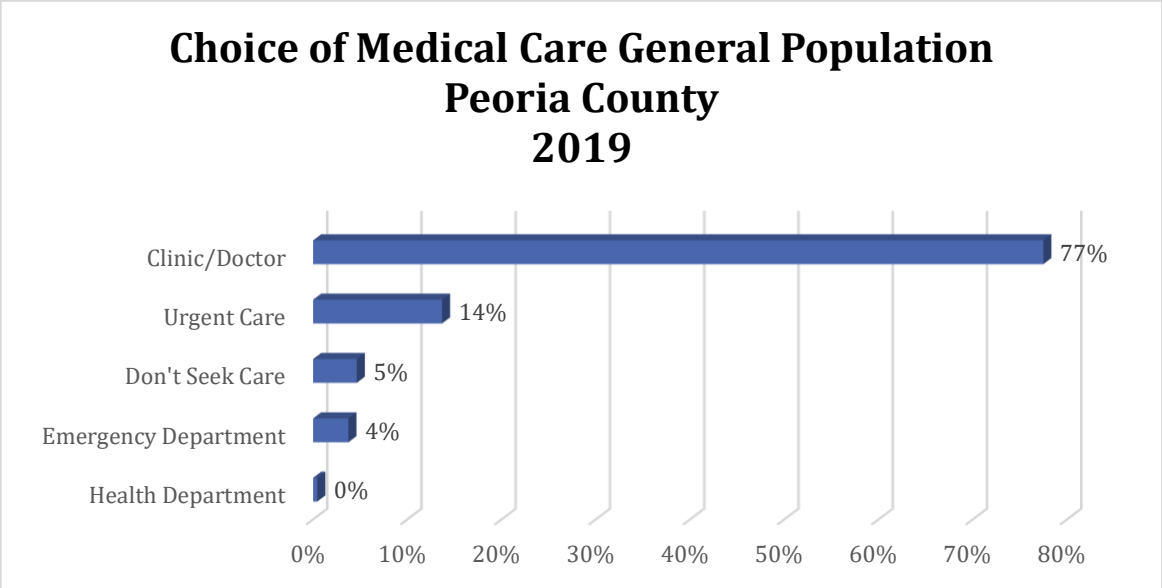
Step 4. Use Voting Technique to Narrow Potential Issues

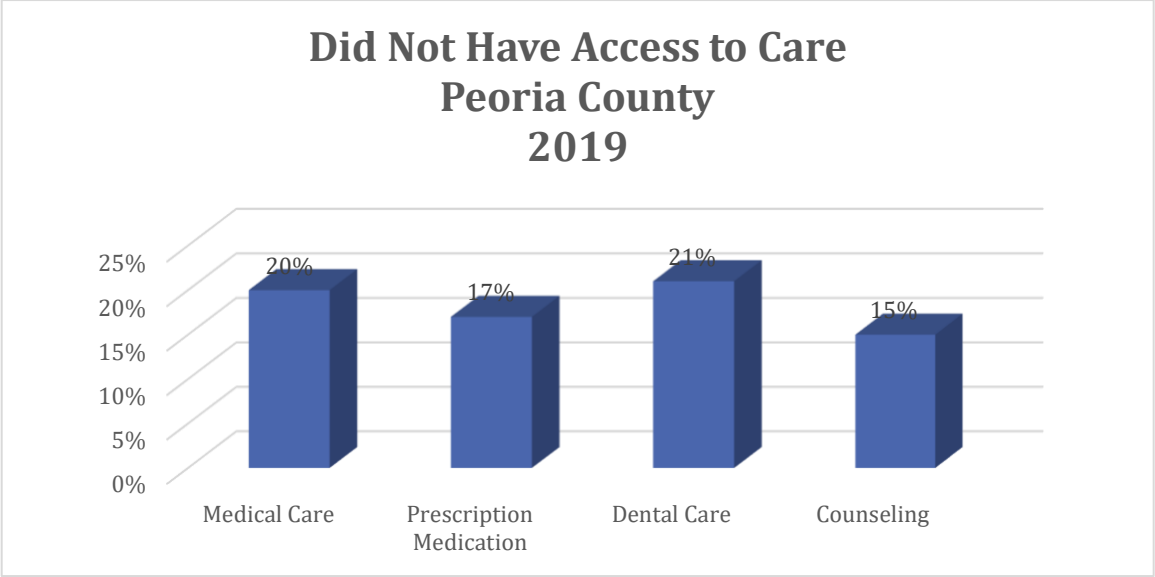
Step 5. Prioritize Issues. Use a weighted-scale approach (1-10 scale) to rate remaining issues based on:

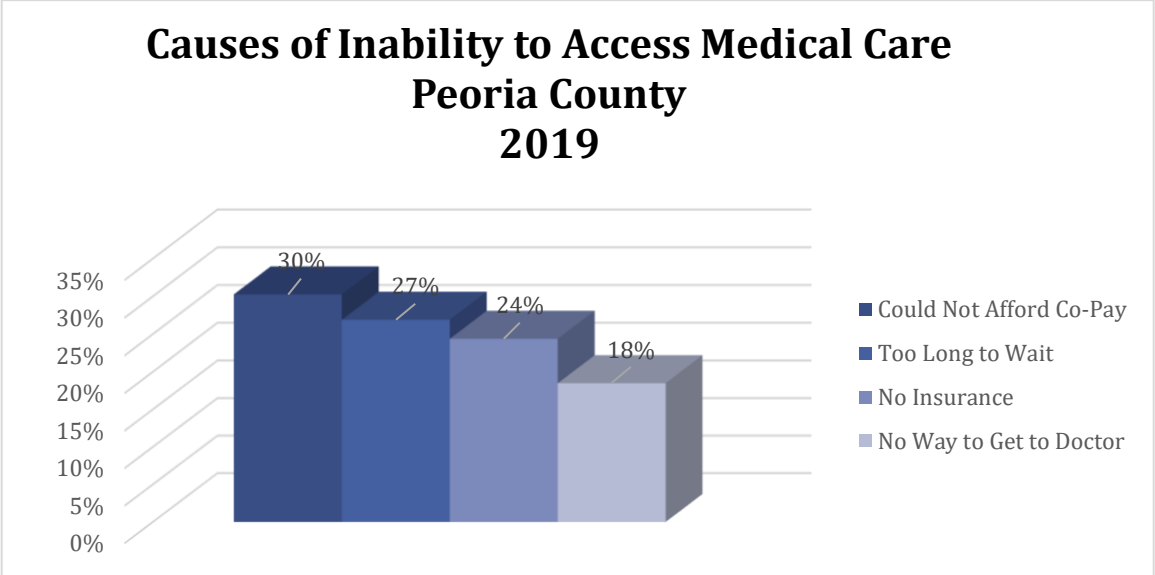
1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:
- Percentage of general population impacted
2. Seriousness – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:
- Does an issue lead to serious diseases/death
- Economic impact of the issue for the community
- Urgency of issue to improve population health
- Future trends and forecasts
3. Effectiveness – can management of the issue make a difference in the community?
Considerations include, but are not limited to:
- Potential for impact through collaboration
- Community support for the issue
- Is the issue measurable to assess impact

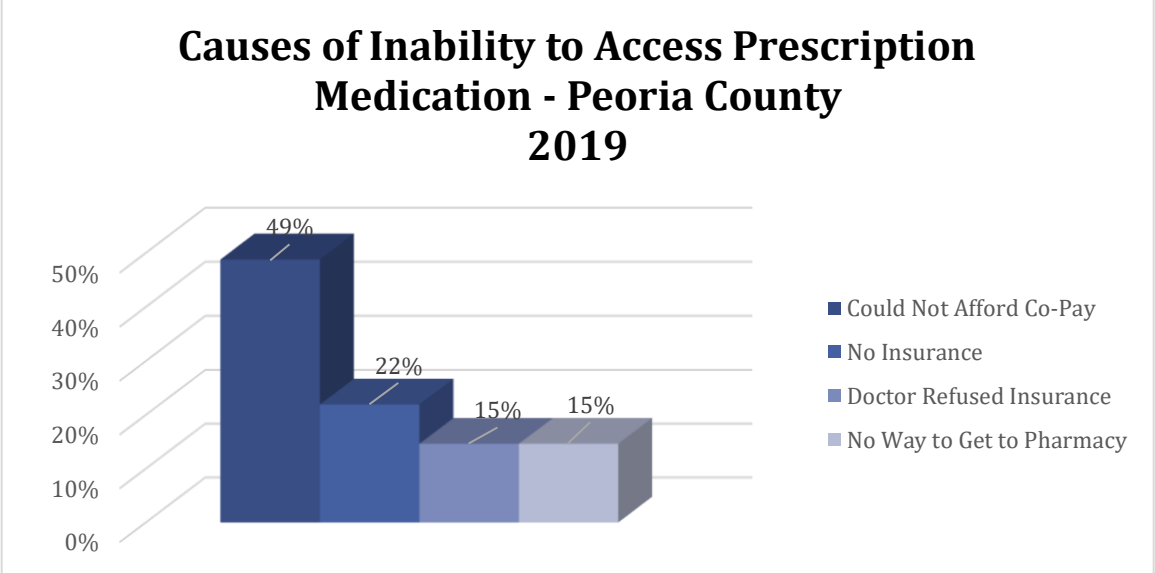
3 "Guide to Prioritization Techniques." National Connection for Local Public Health (NACCHO)

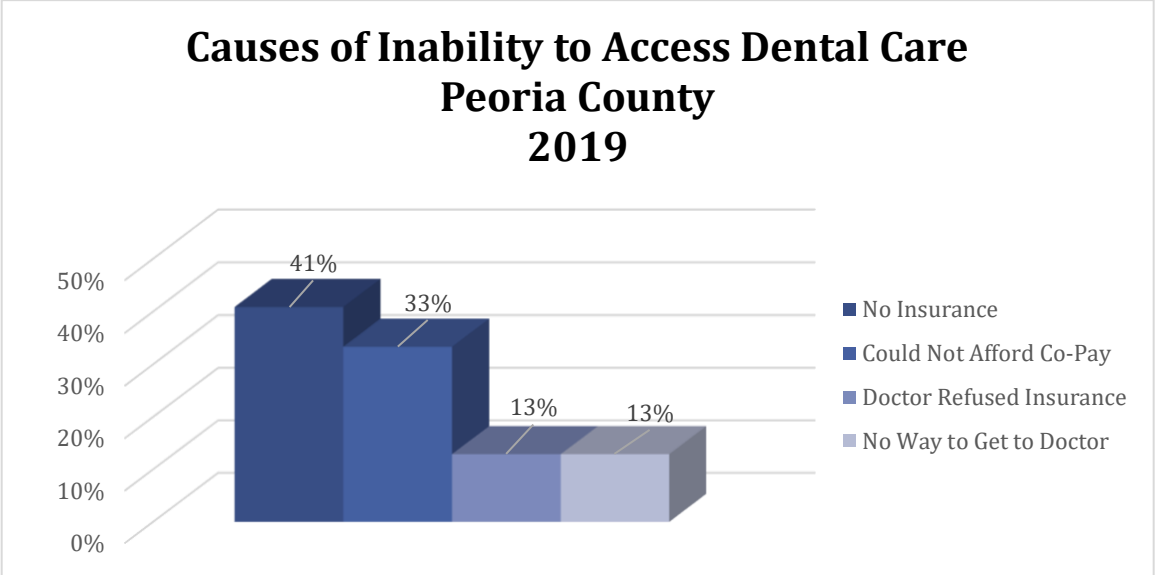
APPENDIX 8. CHNA SURVEY RESULTS FOR PEORIA COUNTY

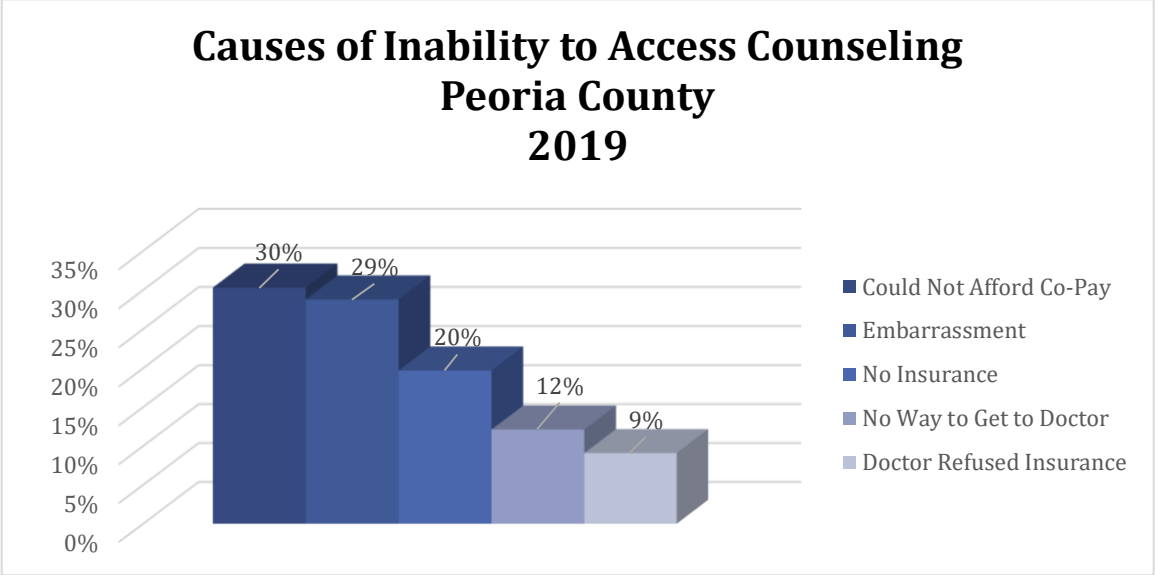


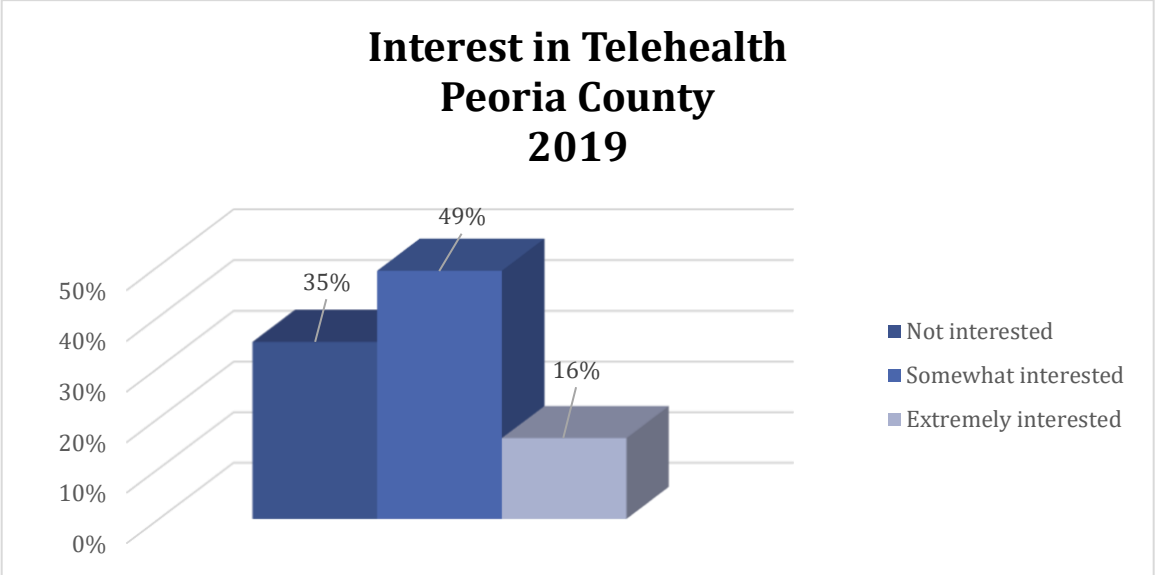


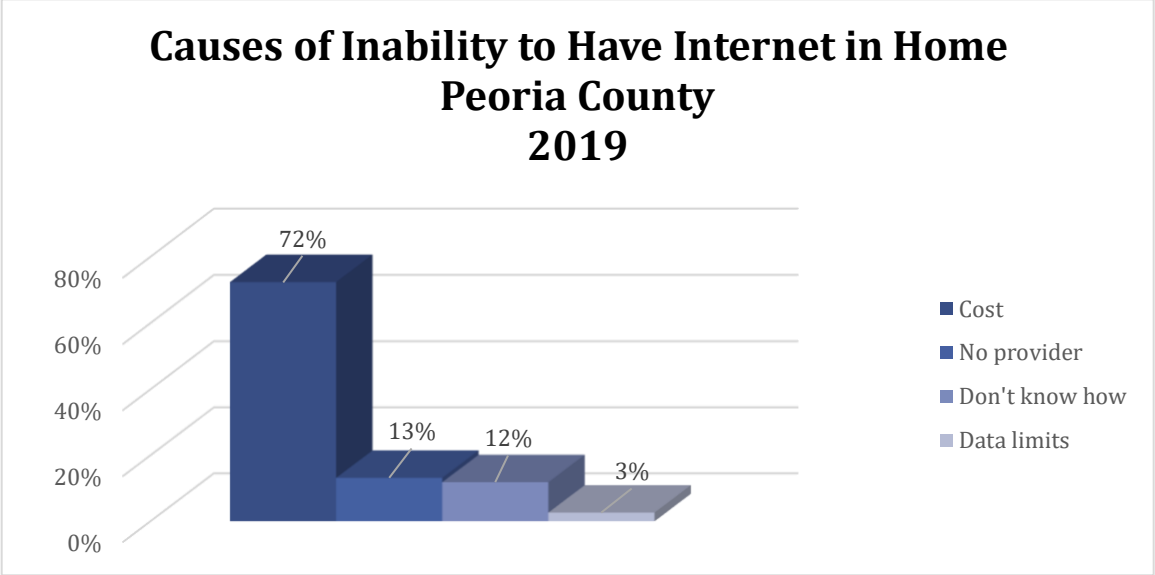

Causes of Inability to Access Medical Care
Peoria County
2019
35%
30%
25%
20%
15%
10%
5%
0%
30%
27%
24%
18%
Could Not Afford Co-Pay
Too Long to Wait
No Insurance
No Way to Get to Doctor


Causes of Inability to Access Prescription
Medication - Peoria County
2019
50%
40%
30%
20%
10%
0%
49%
22%
15%
15%
Could Not Afford Co-Pay
No Insurance
Doctor Refused Insurance
No Way to Get to Pharmacy

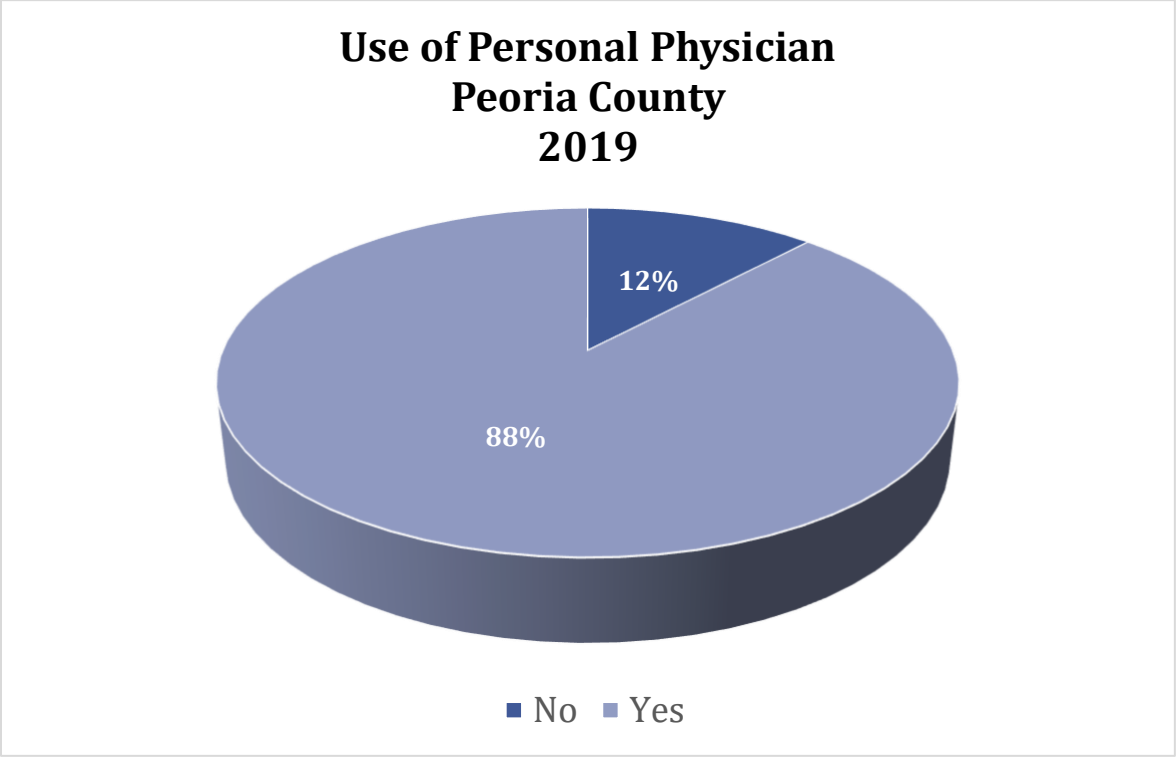

Causes of Inability to Access Dental Care
Peoria County
2019
50%
40%
30%
20%
10%
0%
41%
33%
13%
13%
No Insurance
Could Not Afford Co-Pay
Doctor Refused Insurance
No Way to Get to Doctor

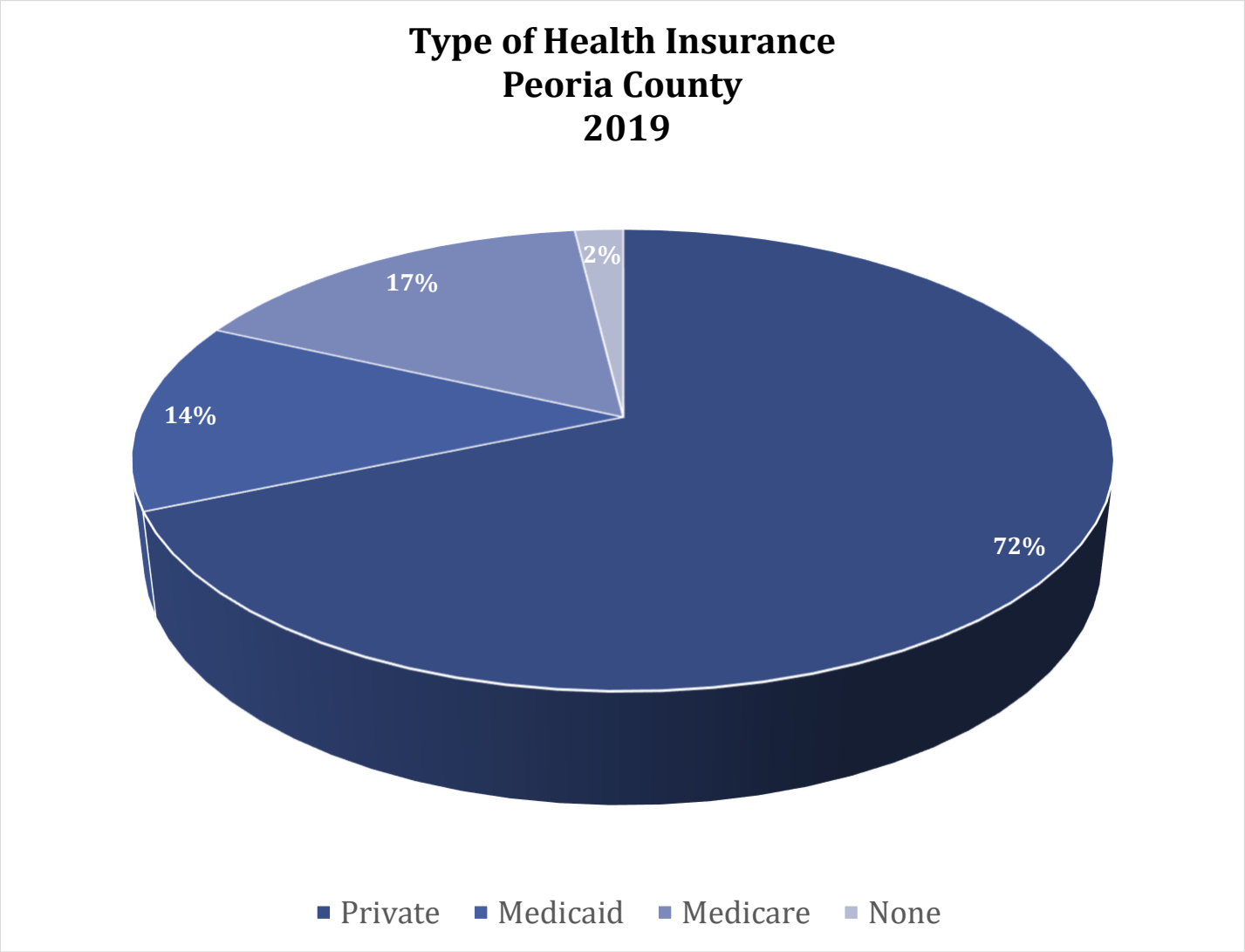

Causes of Inability to Access Counseling
Peoria County
2019
35%
30%
25%
20%
15%
10%
5%
0%
30%
29%
20%
12%
9%
Could Not Afford Co-Pay
Embarrassment
No Insurance
No Way to Get to Doctor
Doctor Refused Insurance

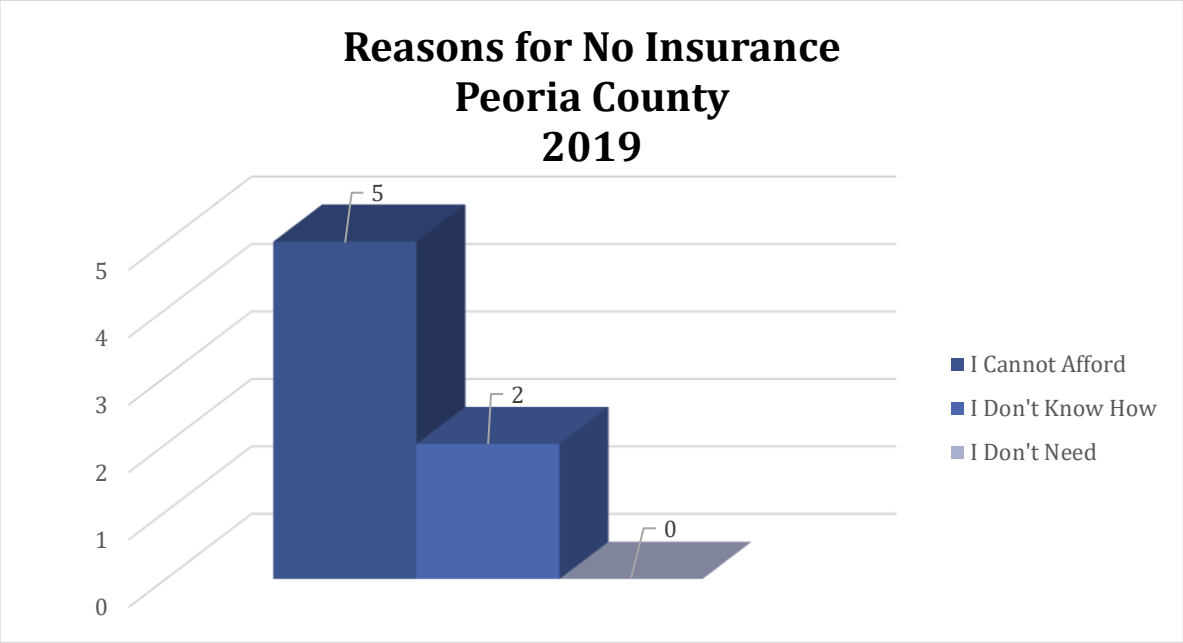


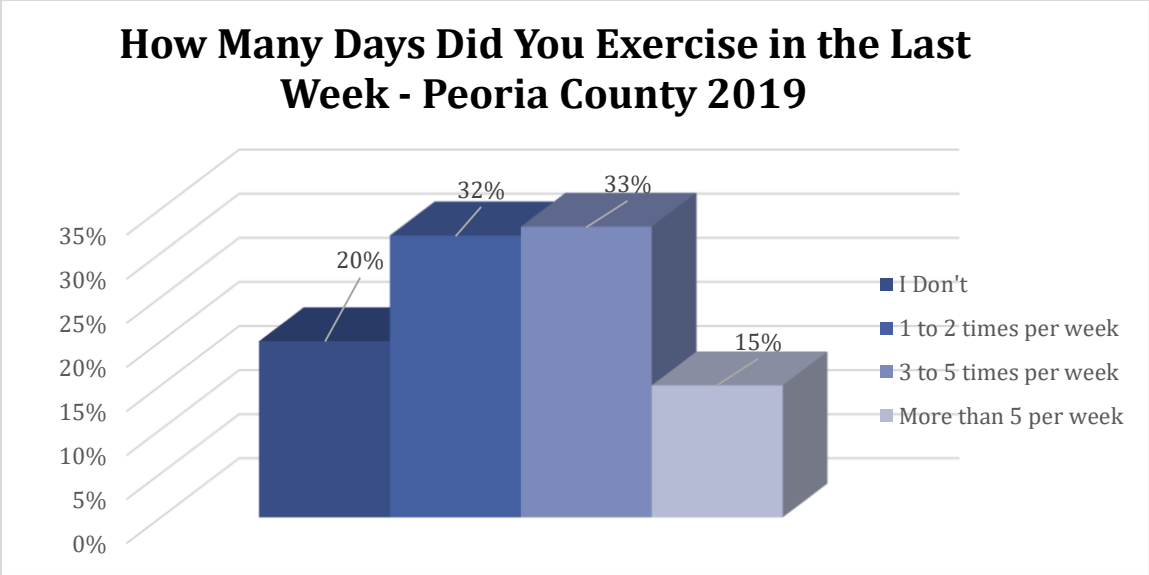


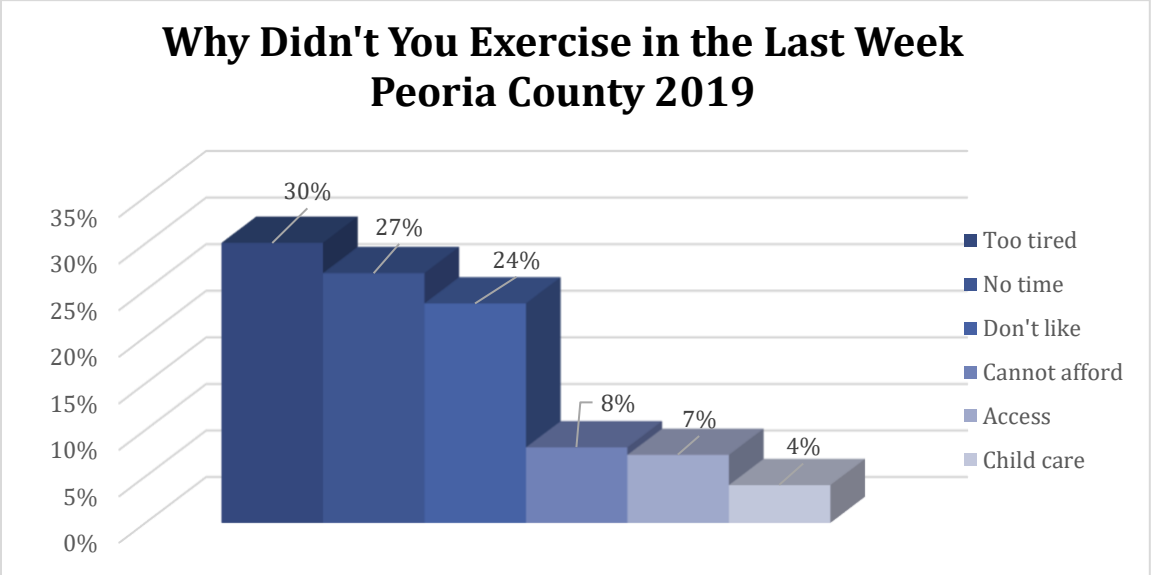
Free public Internet	
Yes	90
No	10
Internet in home	
Yes	84
No	16

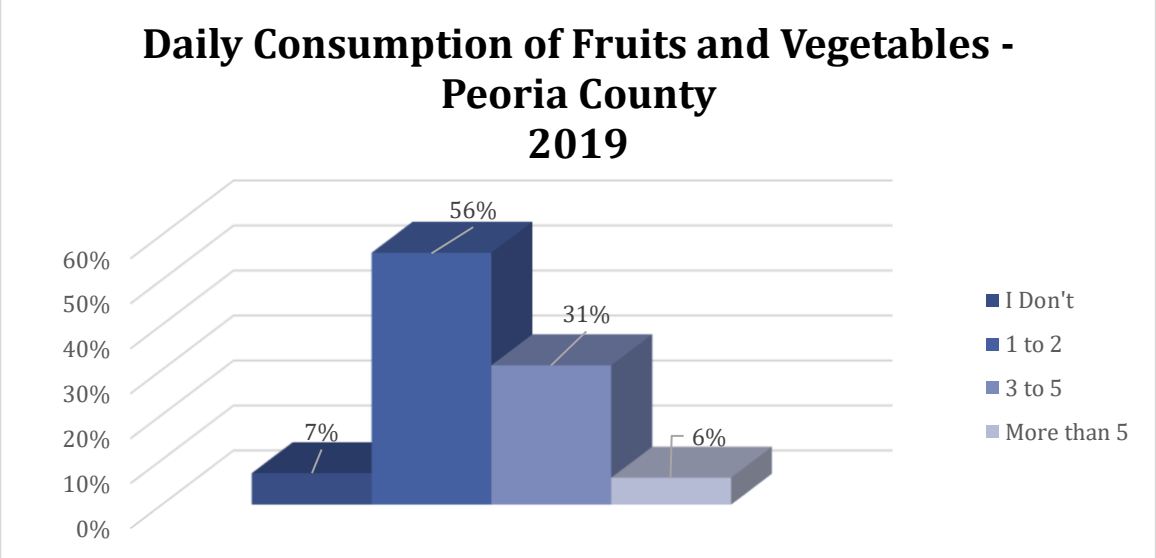

Use of Personal Physician
Peoria County
2019
12%
88%
No
Yes

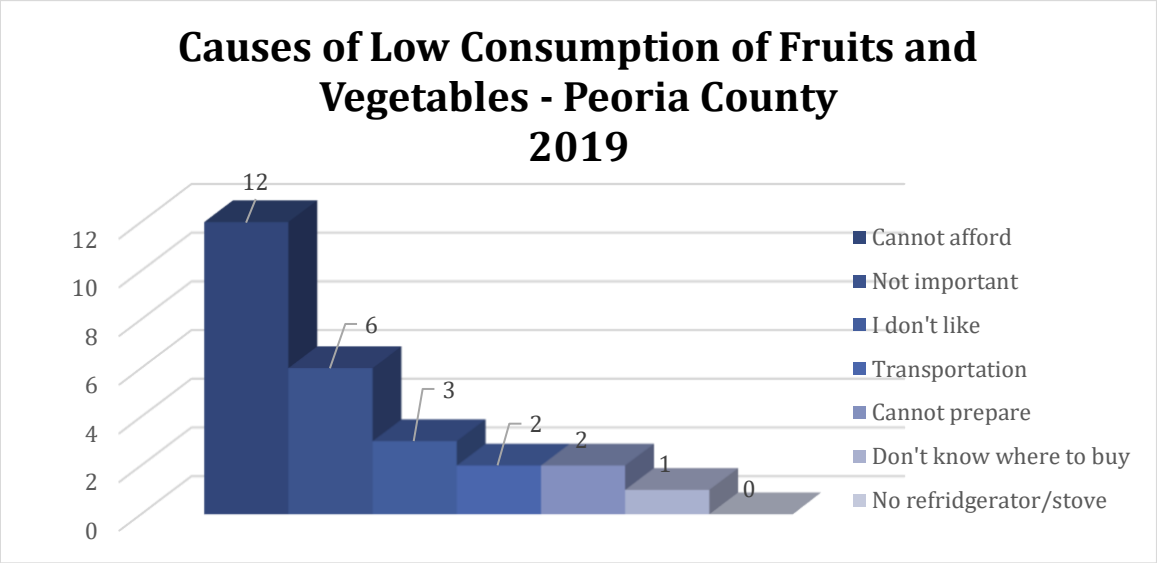

Type of Health Insurance
Peoria County
2019
2%
17%
14%
72%
Private
Medicaid
Medicare
None

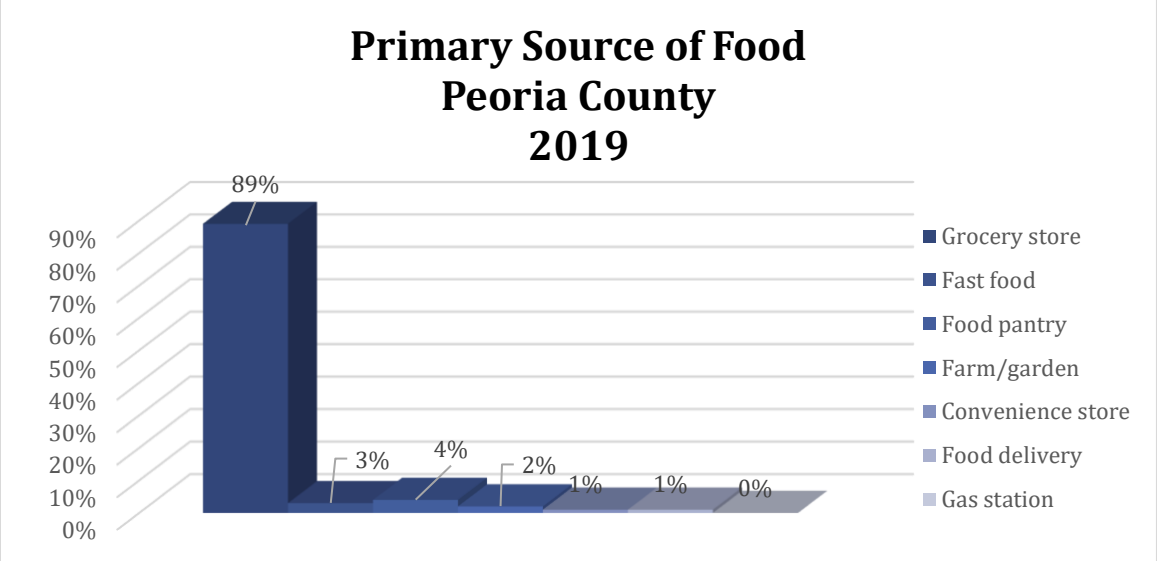

Reasons for No Insurance
Peoria County
2019
5
2
0
5
4
3
2
1
0
I Cannot Afford
I Don't Know How
I Don't Need

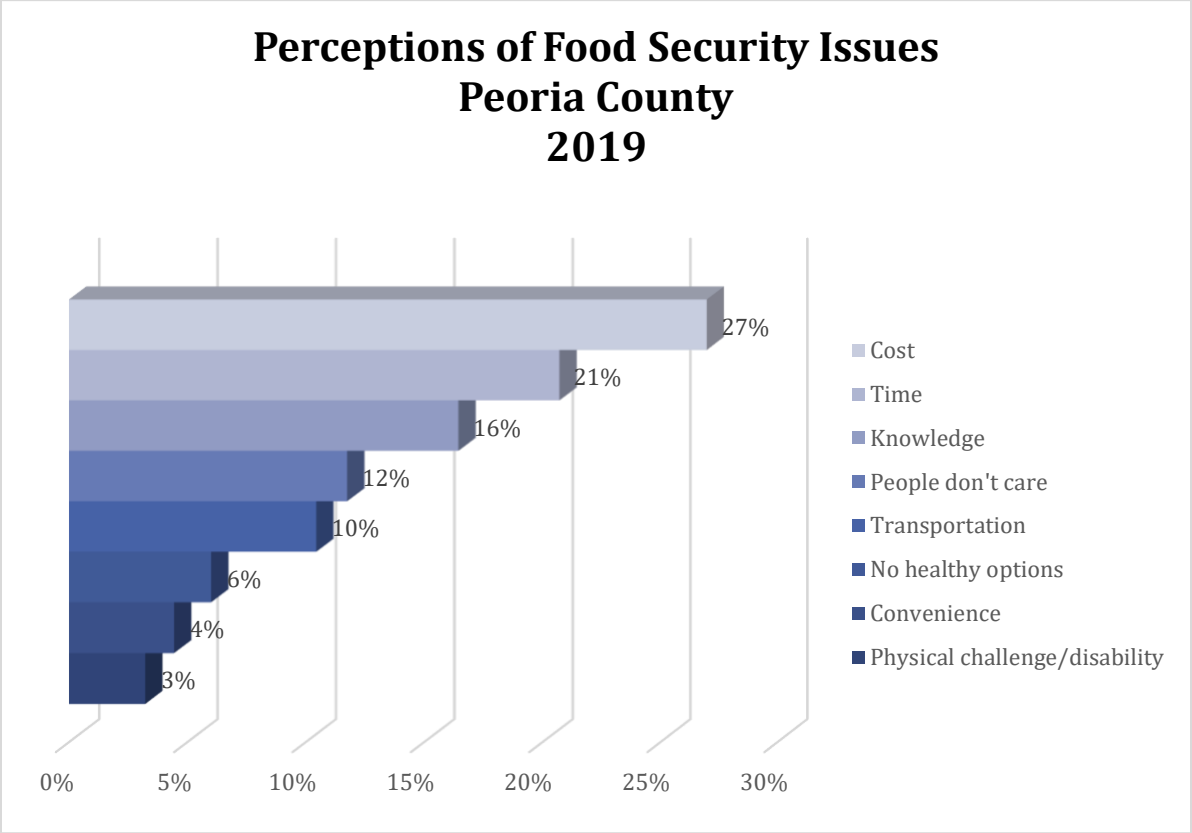

How Many Days Did You Exercise in the Last Week - Peoria County 2019
20%
32%
33%
15%
35%
30%
25%
20%
15%
10%
5%
0%
I Don't
1 to 2 times per week
3 to 5 times per week
More than 5 per week

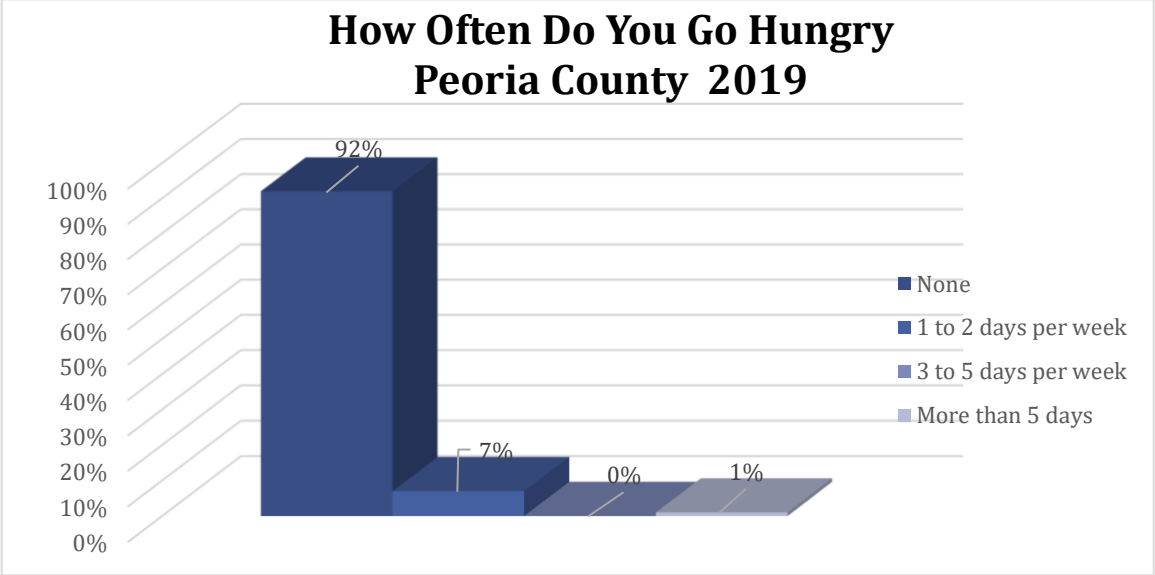

Why Didn't You Exercise in the Last Week
Peoria County 2019
35%
30%
25%
20%
15%
10%
5%
0%
30%
27%
24%
8%
7%
4%
Too tired
No time
Don't like
Cannot afford
Access
Child care

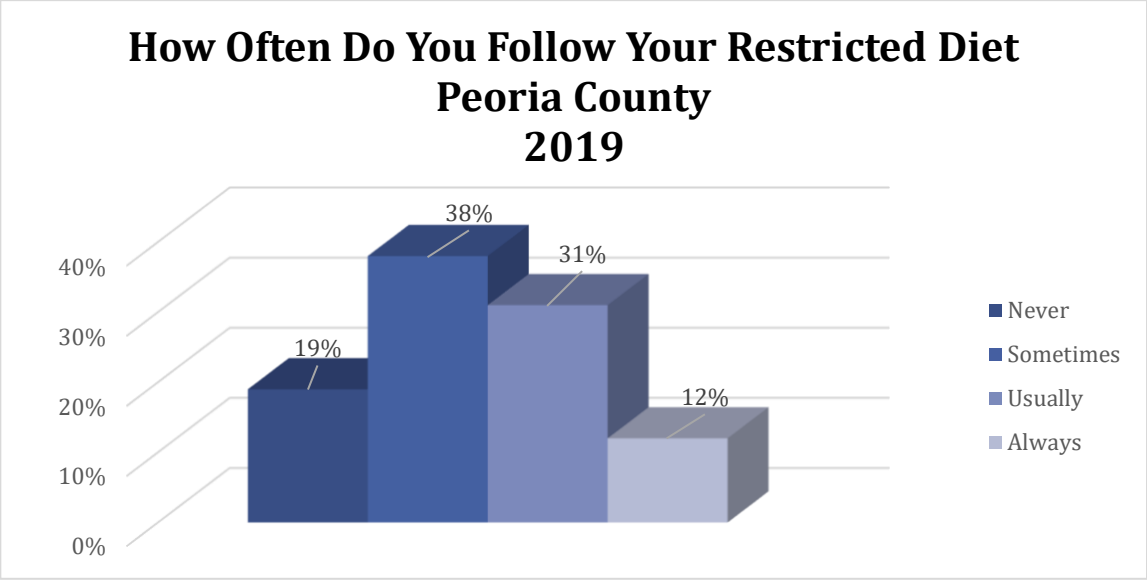

Daily Consumption of Fruits and Vegetables -
Peoria County
2019
60%
50%
40%
30%
20%
10%
0%
56%
31%
7%
6%
I Don't
1 to 2
3 to 5
More than 5

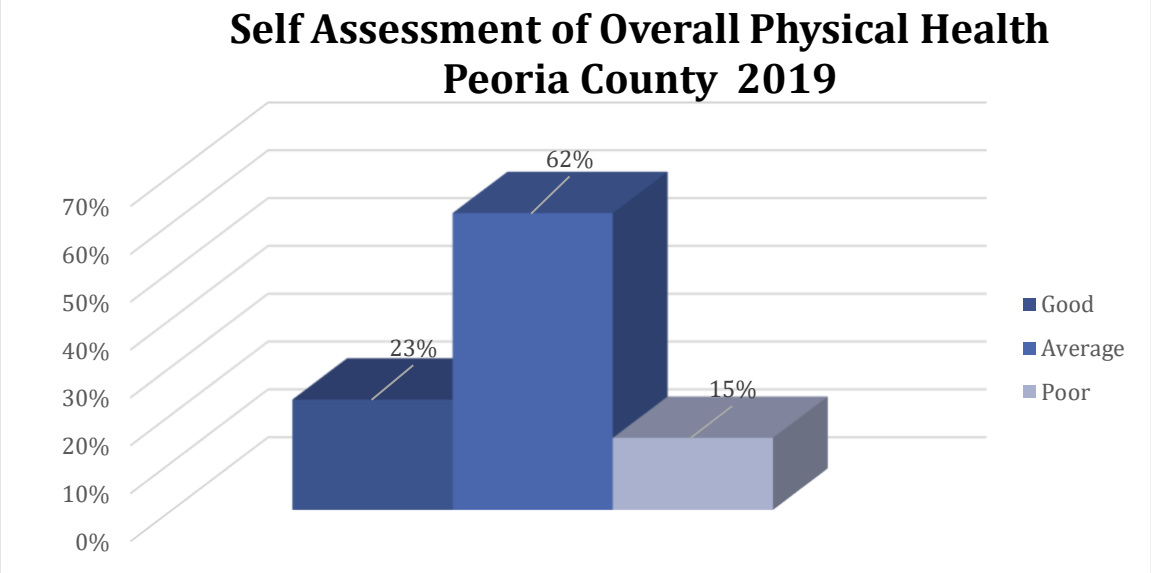

Causes of Low Consumption of Fruits and Vegetables - Peoria County 2019
12
6
3
2
2
1
0
12
10
8
6
4
2
0
Cannot afford
Not important
I don't like
Transportation
Cannot prepare
Don't know where to buy
No refridgerator/stove

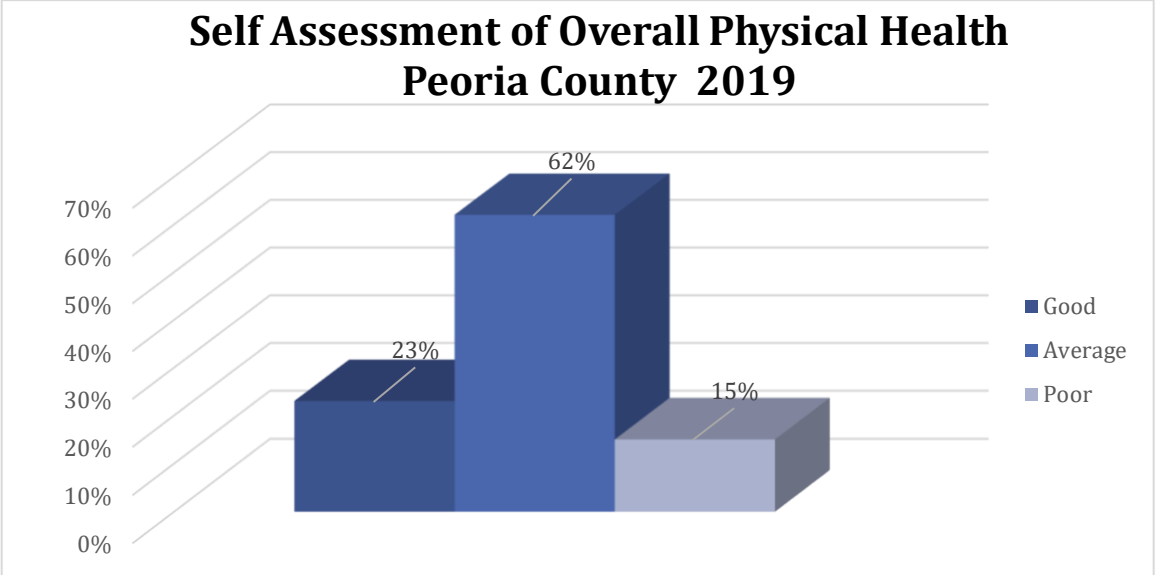

Primary Source of Food Peoria County 2019
89%
3%
4%
2%
1%
1%
0%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Grocery store
Fast food
Food pantry
Farm/garden
Convenience store
Food delivery
Gas station

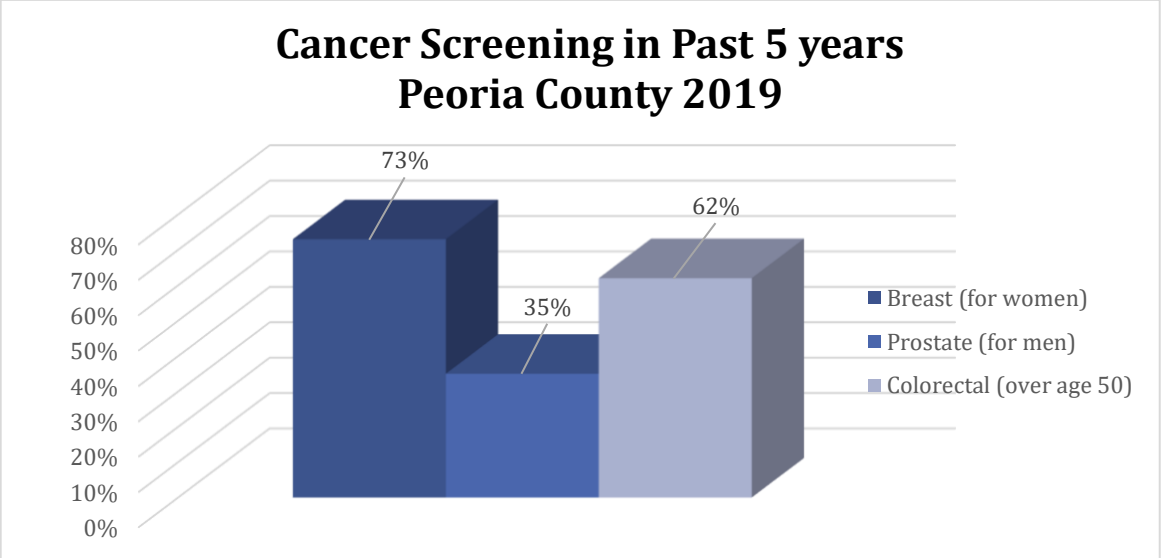

Perceptions of Food Security Issues
Peoria County
2019
27%
21%
16%
12%
10%
6%
4%
3%
0%
5%
10%
15%
20%
25%
30%
Cost
Time
Knowledge
People don't care
Transportation
No healthy options
Convenience
Physical challenge/disability

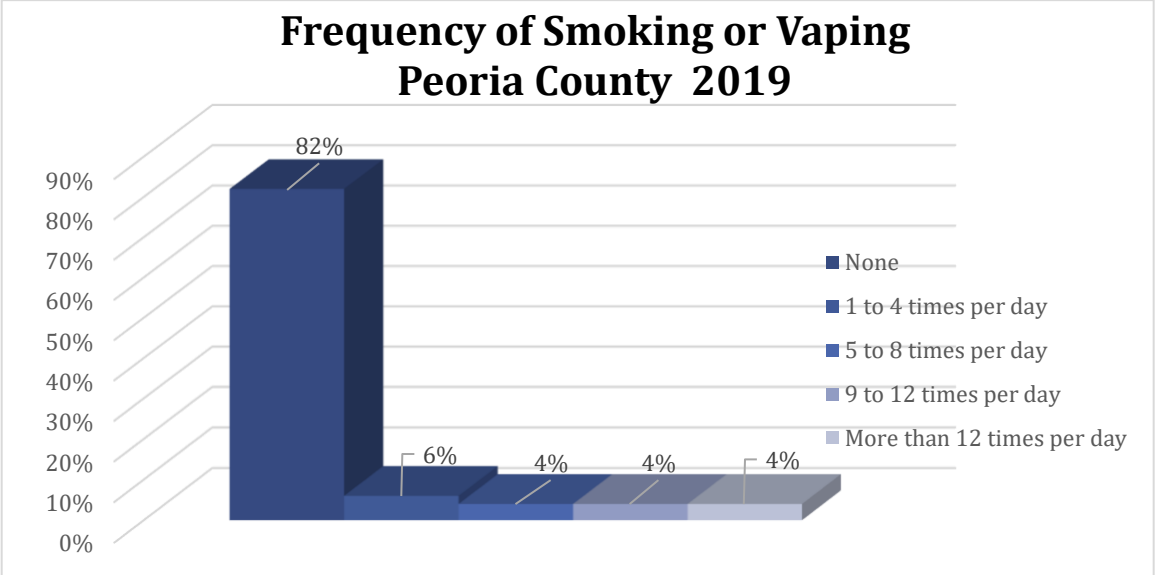

How Often Do You Go Hungry
Peoria County 2019
92%
7%
0%
1%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
None
1 to 2 days per week
3 to 5 days per week
More than 5 days

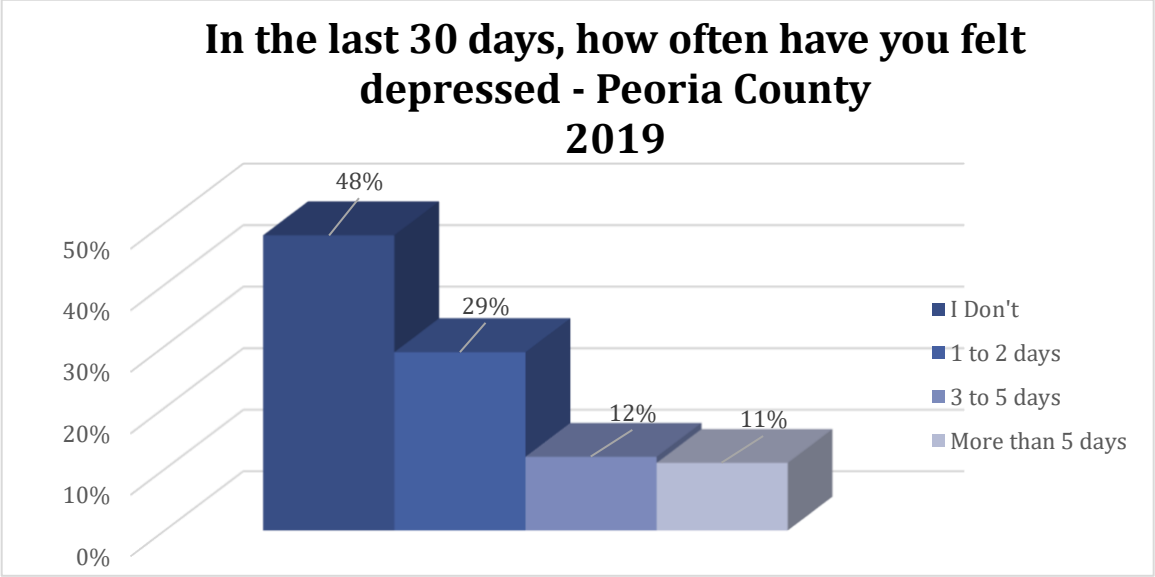

How Often Do You Follow Your Restricted Diet
Peoria County
2019
40%
30%
20%
10%
0%
19%
38%
31%
12%
Never
Sometimes
Usually
Always

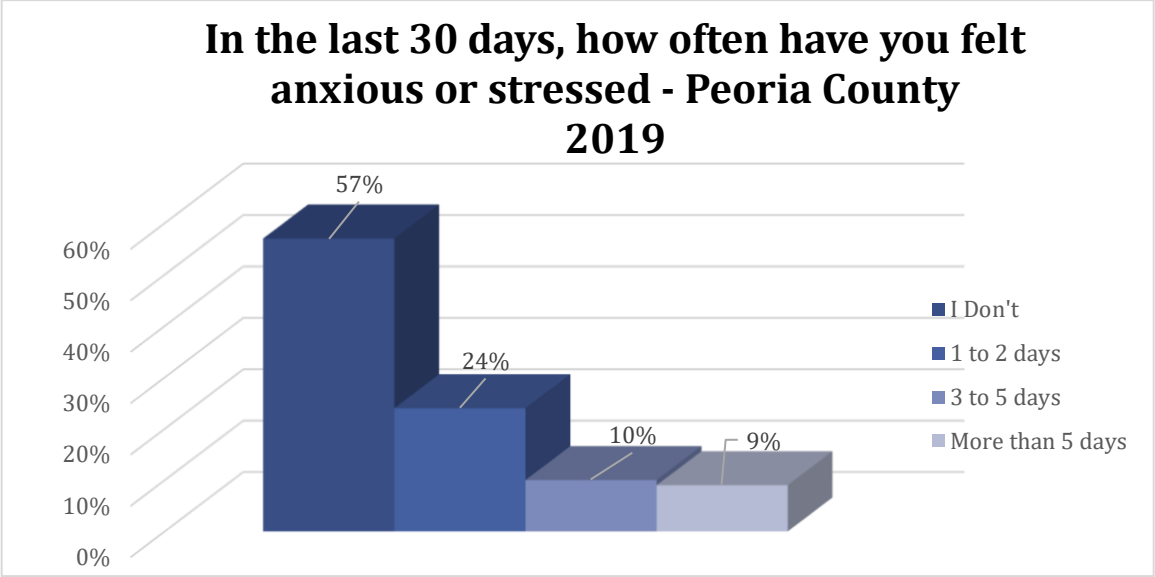

Self Assessment of Overall Physical Health
Peoria County 2019
70%
60%
50%
40%
30%
20%
10%
0%
23%
62%
15%
Good
Average
Poor

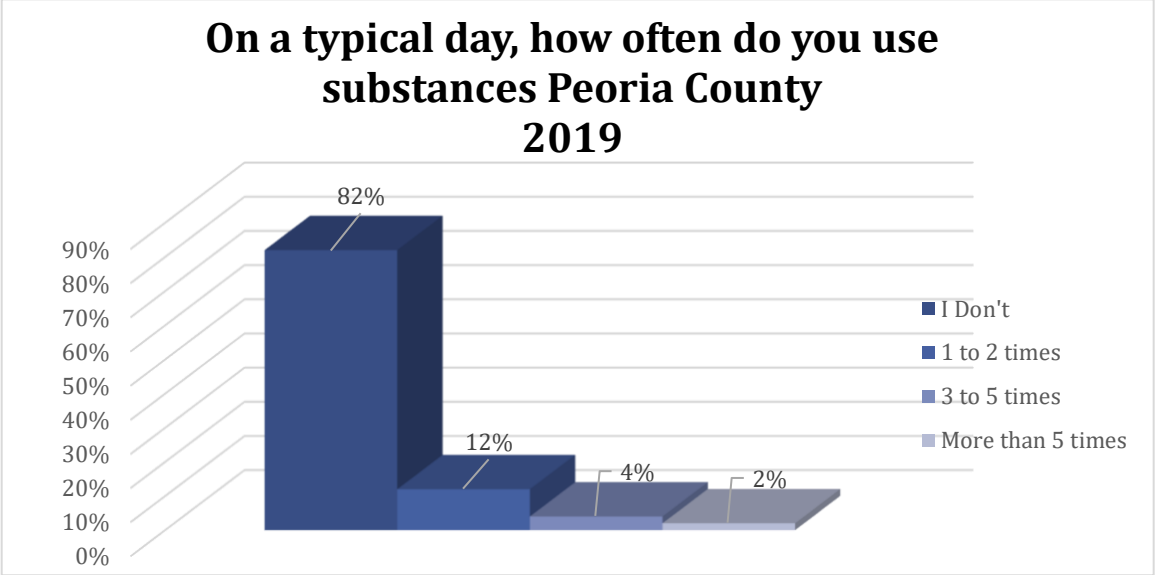

Self Assessment of Overall Physical Health
Peoria County 2019
70%
60%
50%
40%
30%
20%
10%
0%
62%
23%
15%
Good
Average
Poor

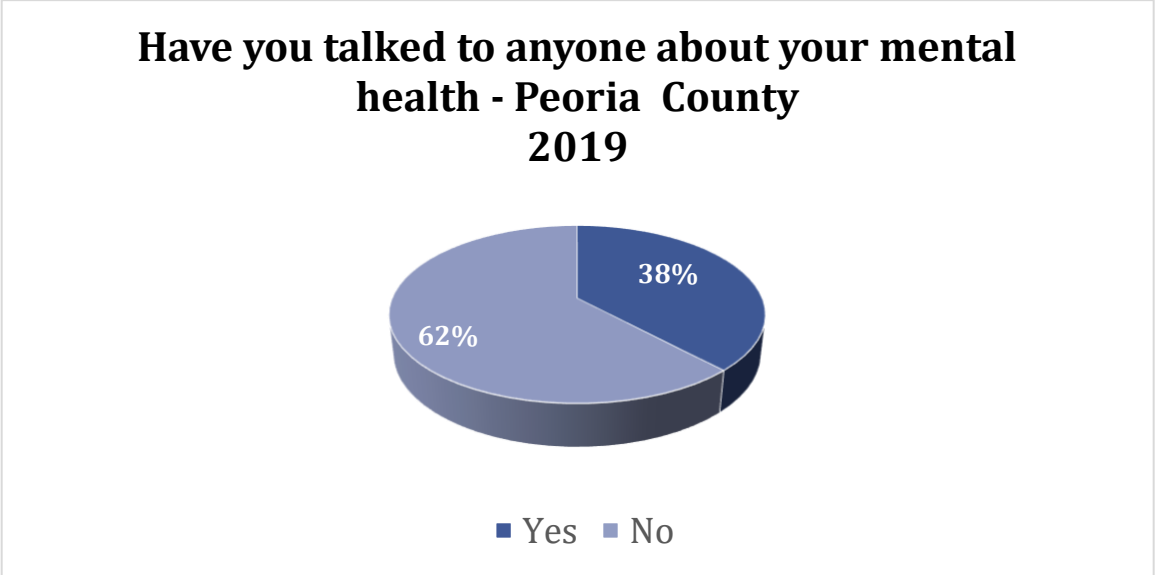

Cancer Screening in Past 5 years
Peoria County 2019
80%
70%
60%
50%
40%
30%
20%
10%
0%
73%
35%
62%
Breast (for women)
Prostate (for men)
Colorectal (over age 50)

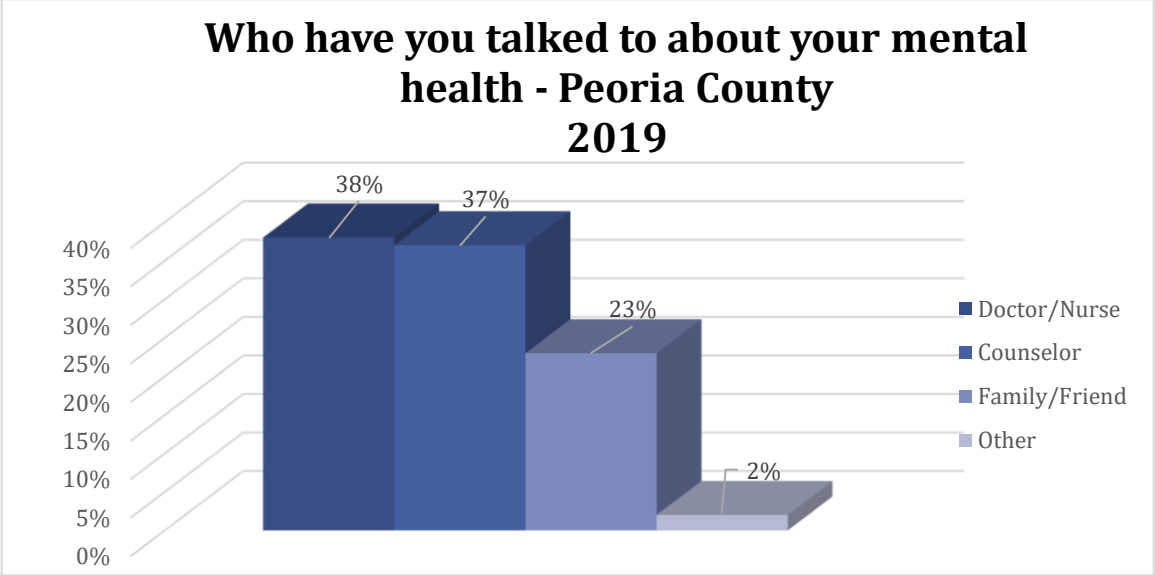

Frequency of Smoking or Vaping
Peoria County 2019
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
82%
6%
4%
4%
4%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

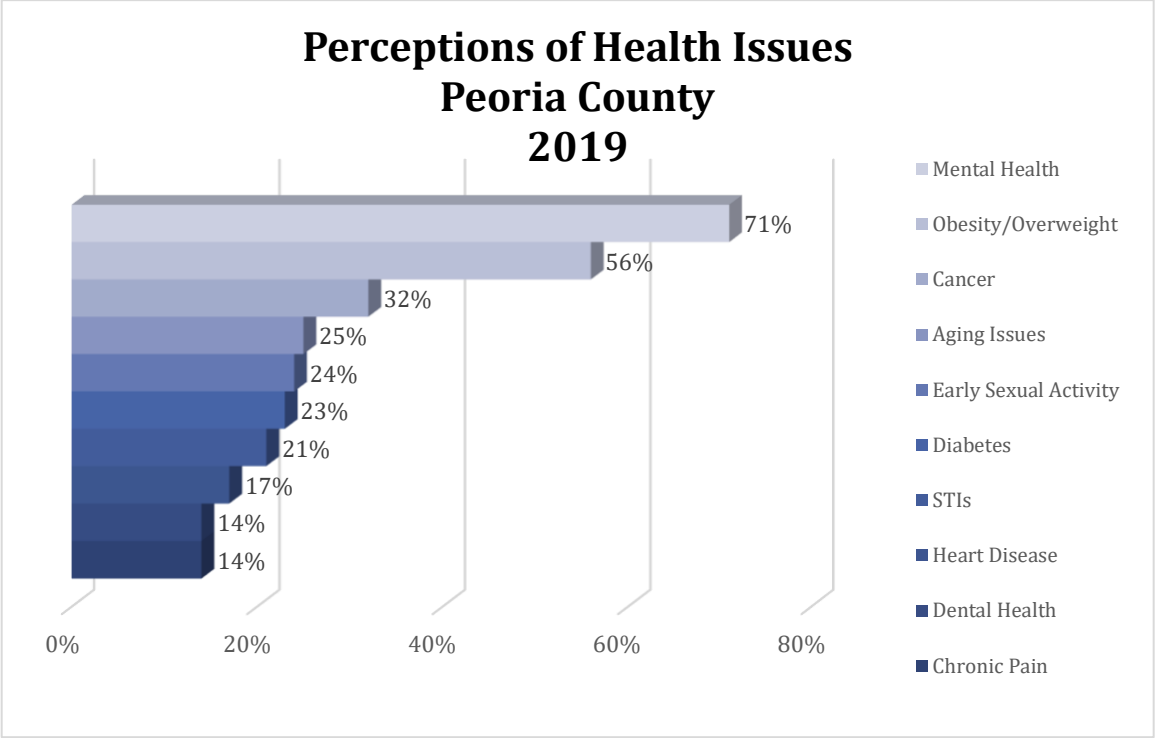

In the last 30 days, how often have you felt depressed - Peoria County 2019
50%
40%
30%
20%
10%
0%
48%
29%
12%
11%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

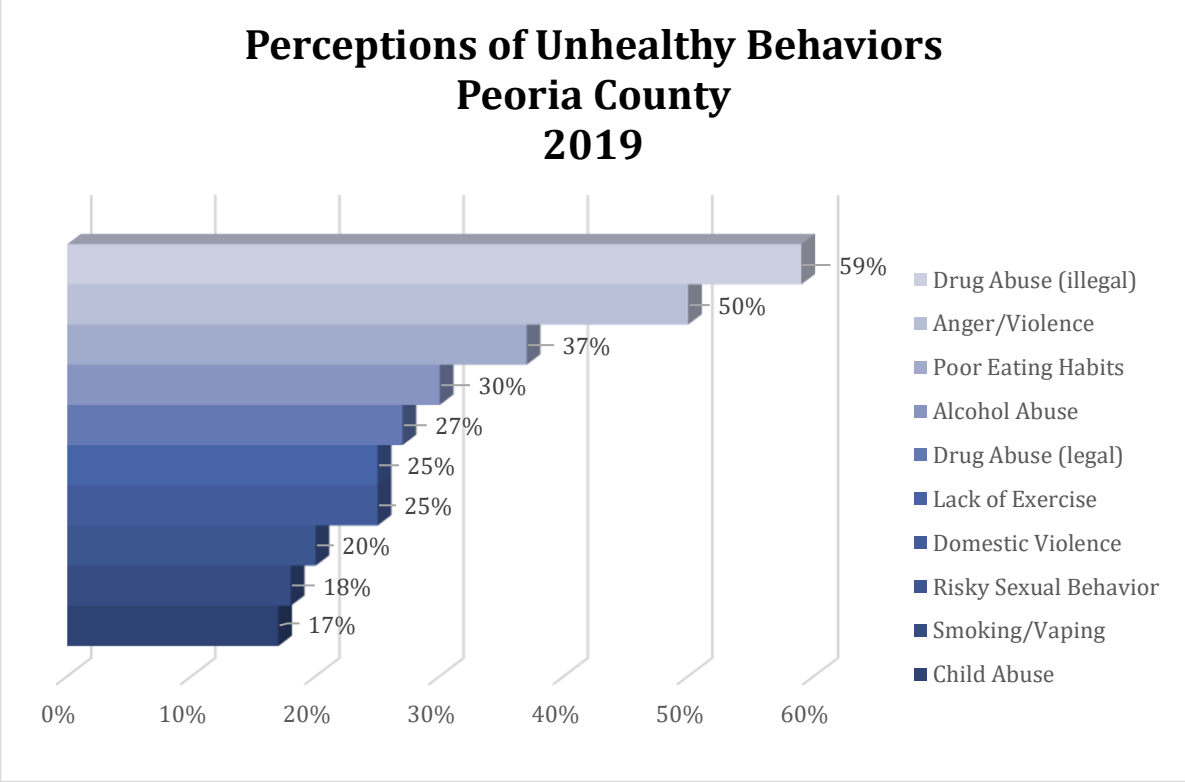

In the last 30 days, how often have you felt anxious or stressed - Peoria County 2019
57%
24%
10%
9%
60%
50%
40%
30%
20%
10%
0%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

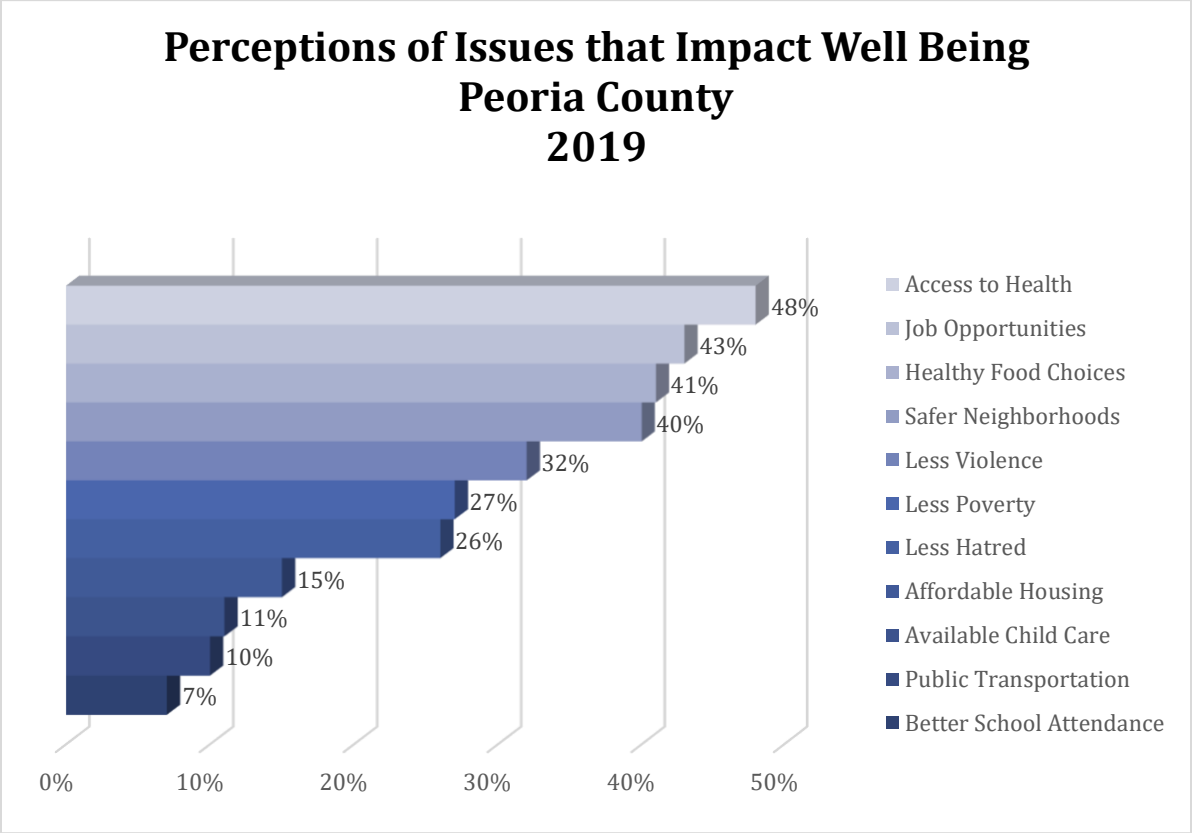

On a typical day, how often do you use substances Peoria County 2019
82%
12%
4%
2%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

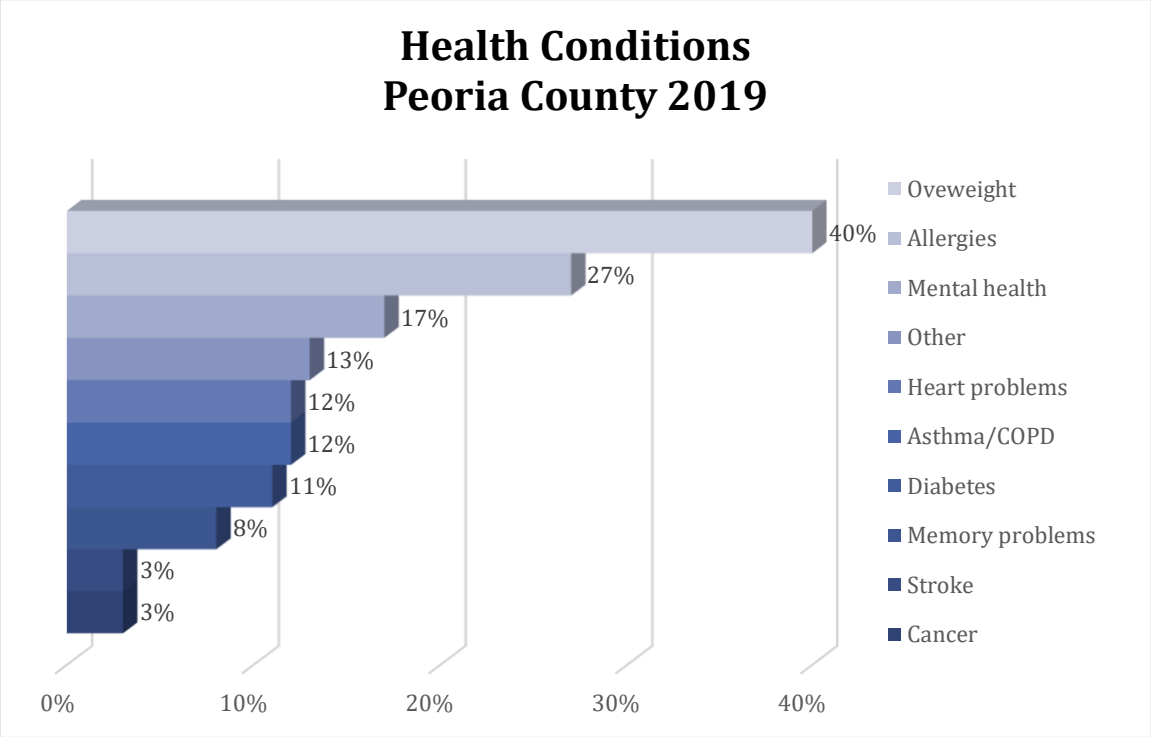

Have you talked to anyone about your mental health - Peoria County
2019
38%
62%
Yes
No

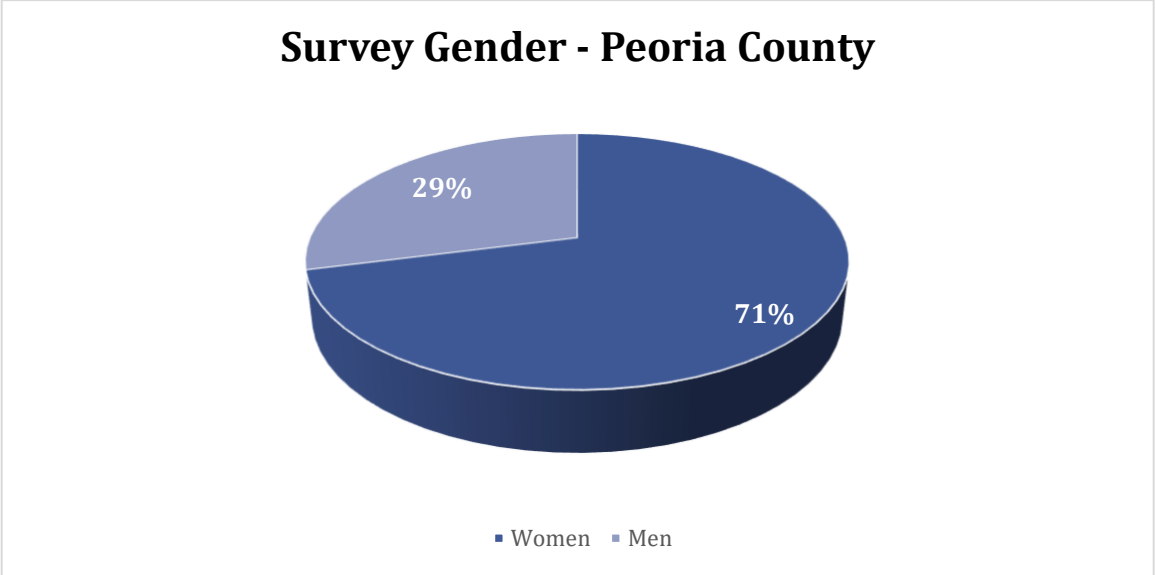

Who have you talked to about your mental health - Peoria County
2019
40%
35%
30%
25%
20%
15%
10%
5%
0%
38%
37%
23%
2%
Doctor/Nurse
Counselor
Family/Friend
Other

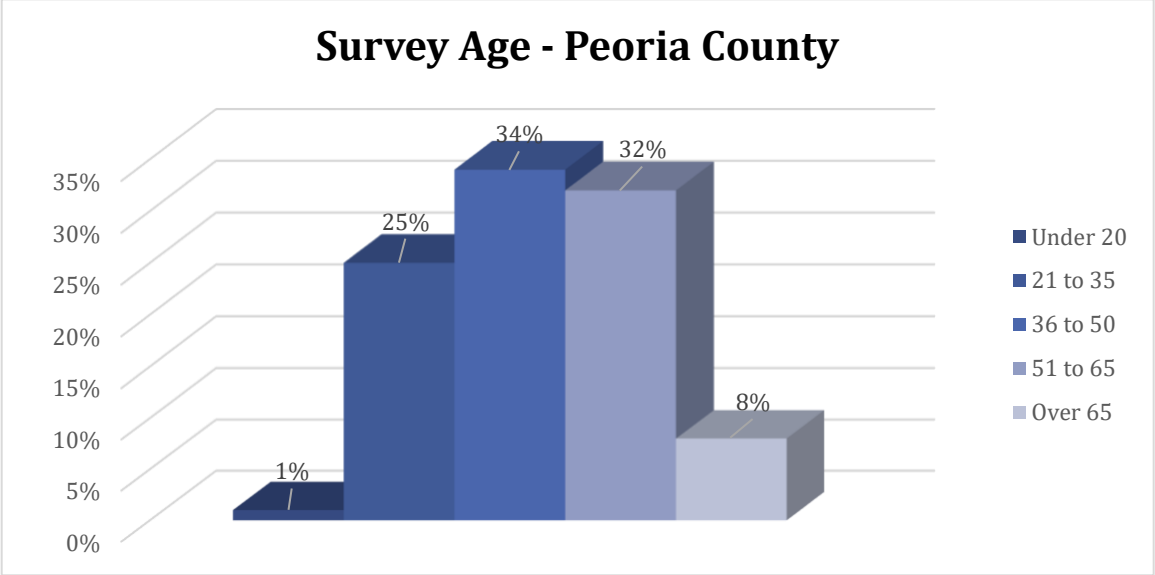

Perceptions of Health Issues
Peoria County
2019
71%
56%
32%
25%
24%
23%
21%
17%
14%
14%
0%
20%
40%
60%
80%
Mental Health
Obesity/Overweight
Cancer
Aging Issues
Early Sexual Activity
Diabetes
STIs
Heart Disease
Dental Health
Chronic Pain

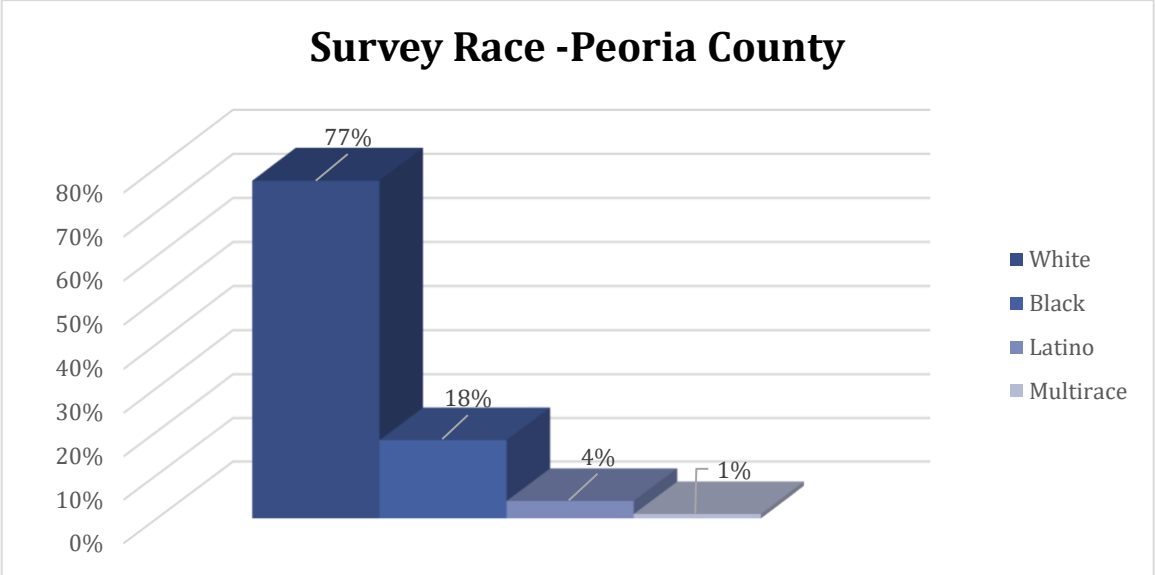

Perceptions of Unhealthy Behaviors
Peoria County
2019
59%
50%
37%
30%
27%
25%
25%
20%
18%
17%
0%
10%
20%
30%
40%
50%
60%
Drug Abuse (illegal)
Anger/Violence
Poor Eating Habits
Alcohol Abuse
Drug Abuse (legal)
Lack of Exercise
Domestic Violence
Risky Sexual Behavior
Smoking/Vaping
Child Abuse

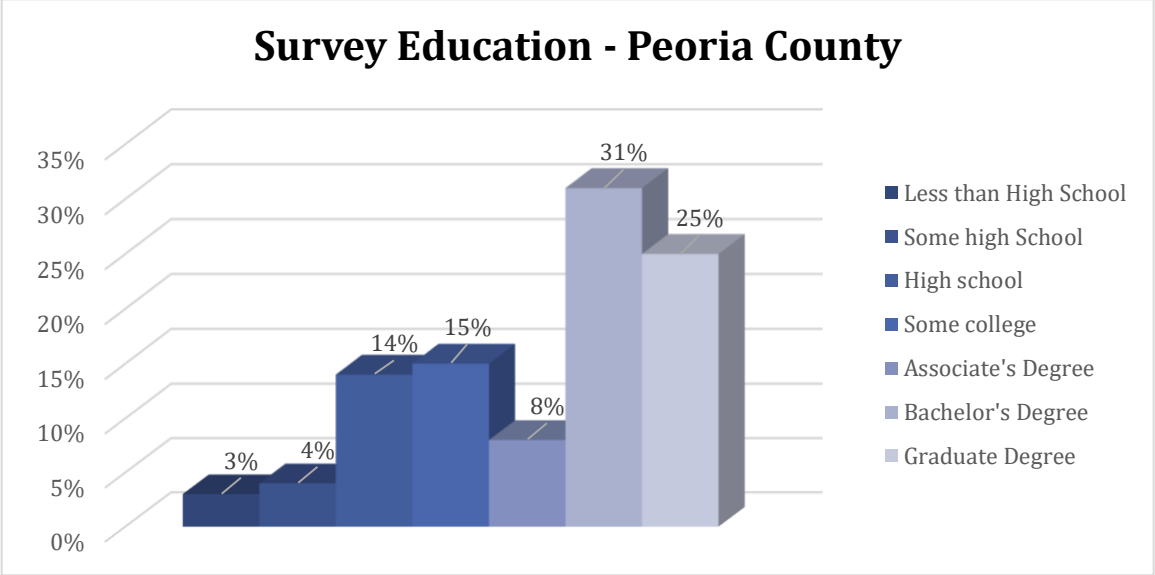

Perceptions of Issues that Impact Well Being
Peoria County
2019
48%
43%
41%
40%
32%
27%
26%
15%
11%
10%
7%
0%
10%
20%
30%
40%
50%
Access to Health
Job Opportunities
Healthy Food Choices
Safer Neighborhoods
Less Violence
Less Poverty
Less Hatred
Affordable Housing
Available Child Care
Public Transportation
Better School Attendance

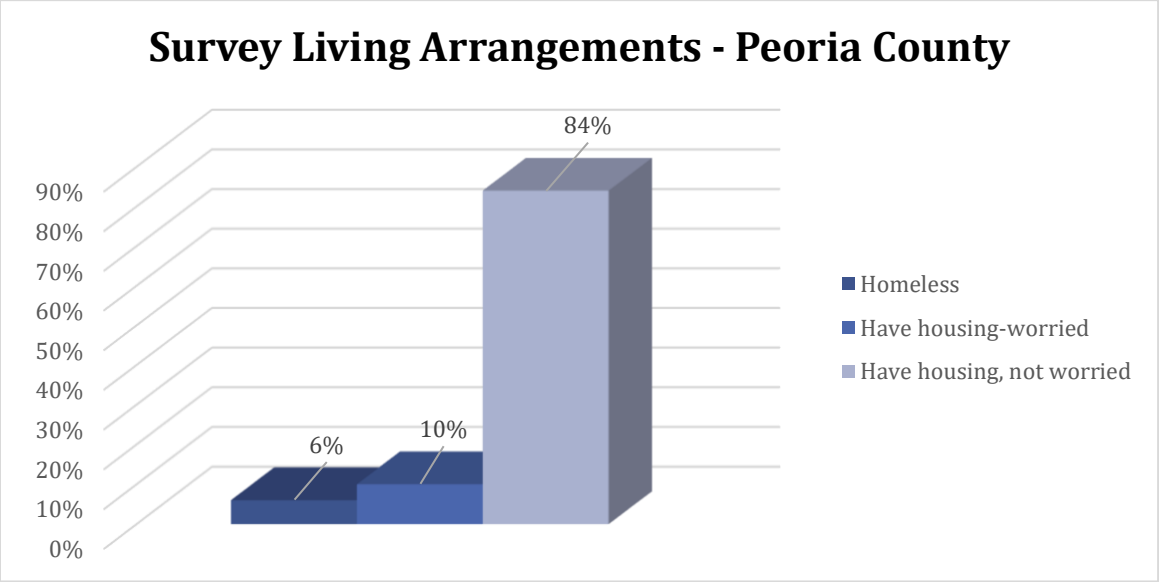

Health Conditions
Peoria County 2019
40%
27%
17%
13%
12%
12%
11%
8%
3%
3%
0%
10%
20%
30%
40%
Oveweight
Allergies
Mental health
Other
Heart problems
Asthma/COPD
Diabetes
Memory problems
Stroke
Cancer

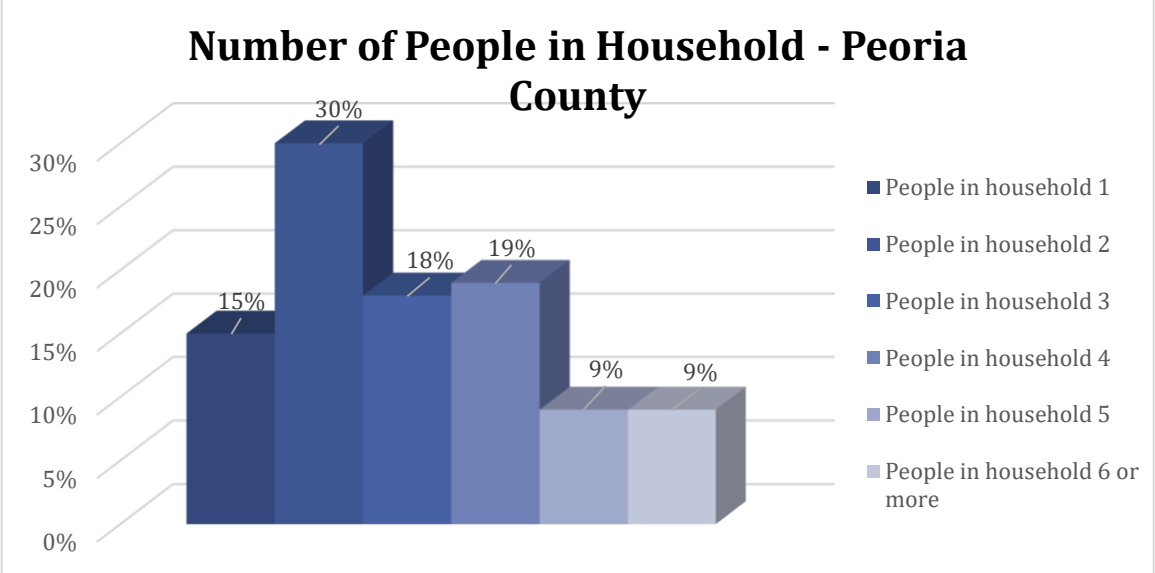

Survey Gender - Peoria County
29%
71%
Women
Men


Survey Age - Peoria County
35%
30%
25%
20%
15%
10%
5%
0%
1%
25%
34%
32%
8%
Under 20
21 to 35
36 to 50
51 to 65
Over 65

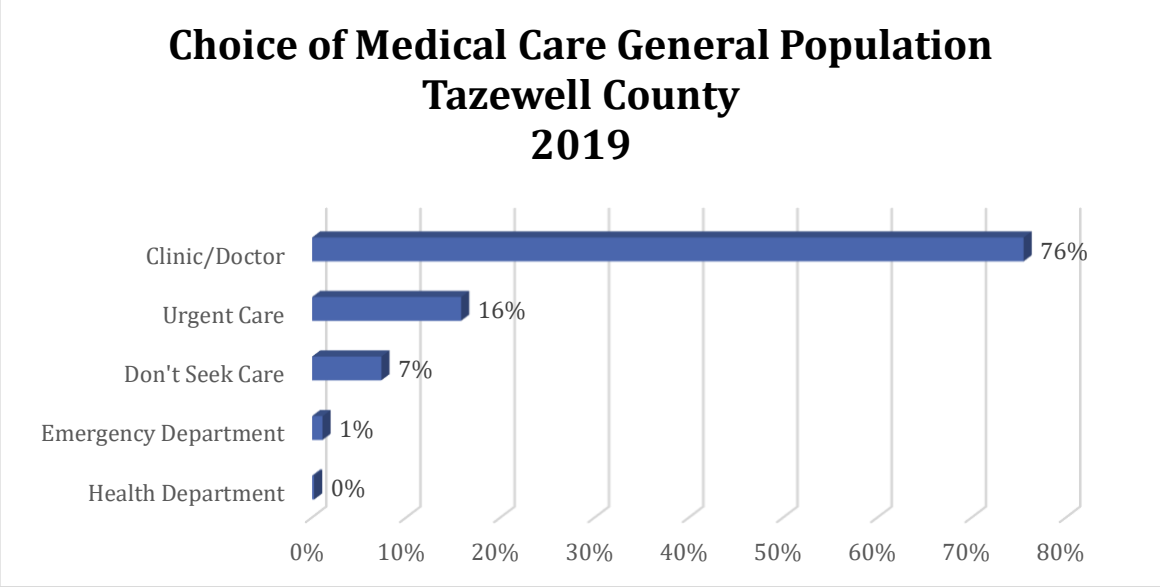

Survey Race -Peoria County
80%
70%
60%
50%
40%
30%
20%
10%
0%
77%
18%
4%
1%
White
Black
Latino
Multirace

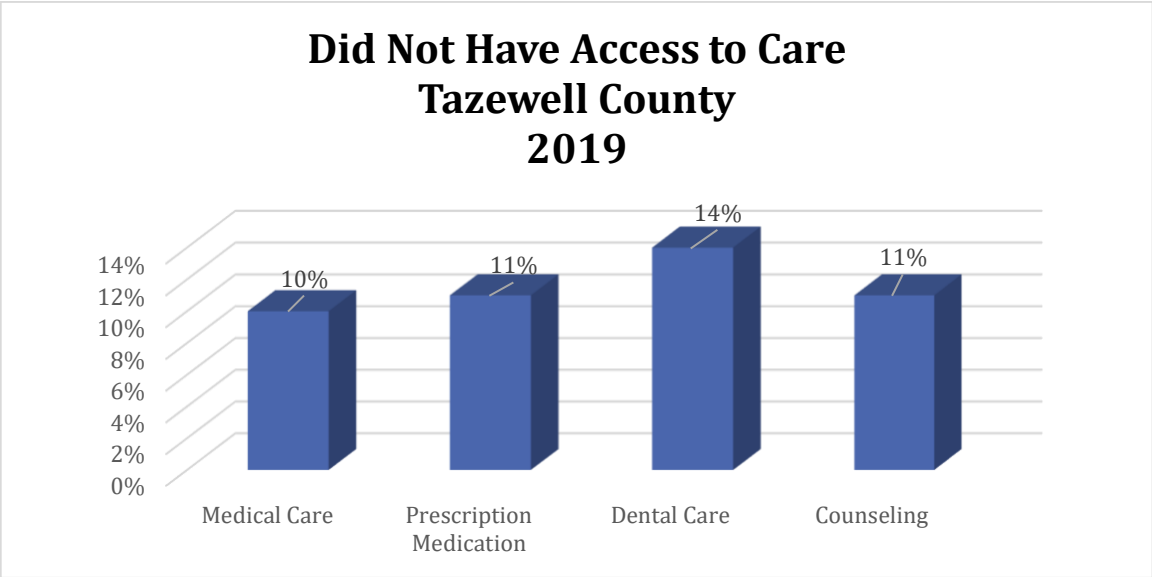

Survey Education - Peoria County
35%
30%
25%
20%
15%
10%
5%
0%
3%
4%
14%
15%
8%
31%
25%
Less than High School
Some high School
High school
Some college
Associate's Degree
Bachelor's Degree
Graduate Degree

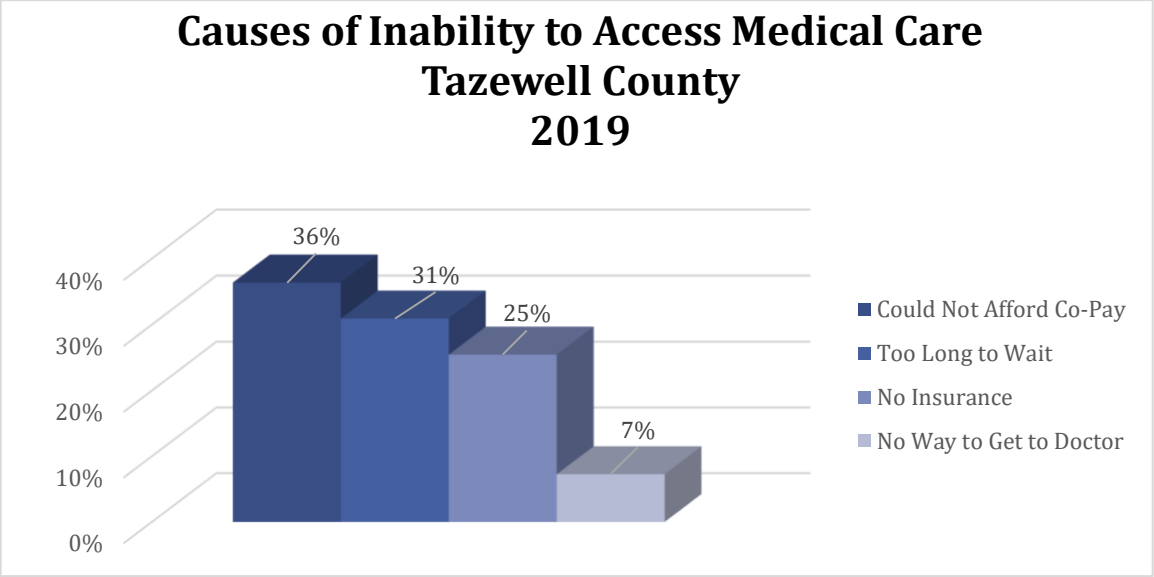

Survey Living Arrangements - Peoria County
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
84%
10%
6%
Homeless
Have housing-worried
Have housing, not worried

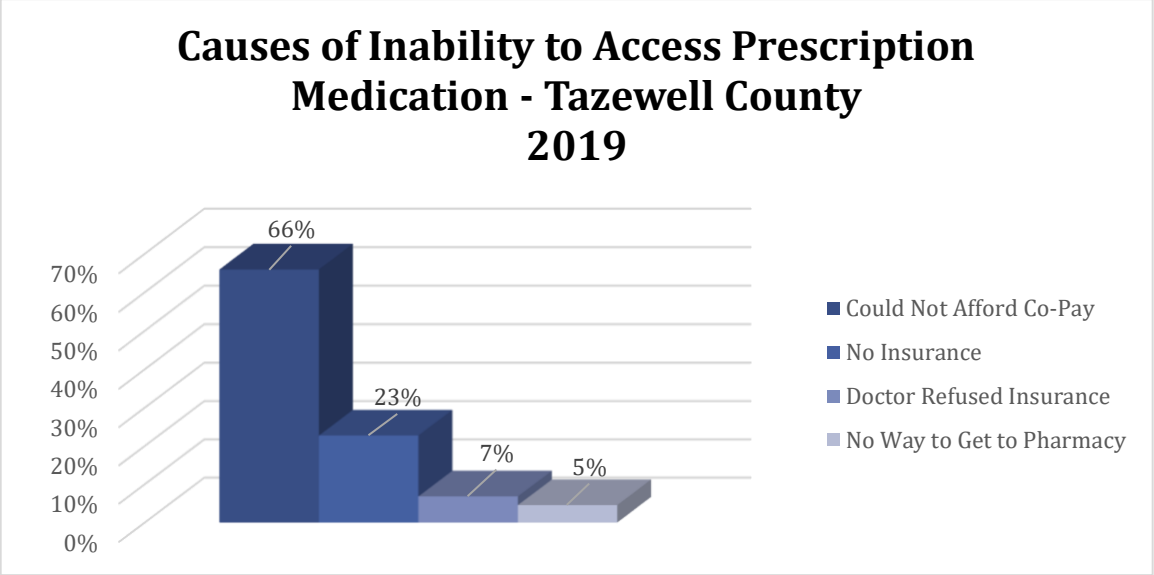

Number of People in Household - Peoria County
30%
25%
20%
15%
10%
5%
0%
30%
18%
19%
15%
9%
9%
People in household 1
People in household 2
People in household 3
People in household 4
People in household 5
People in household 6 or more

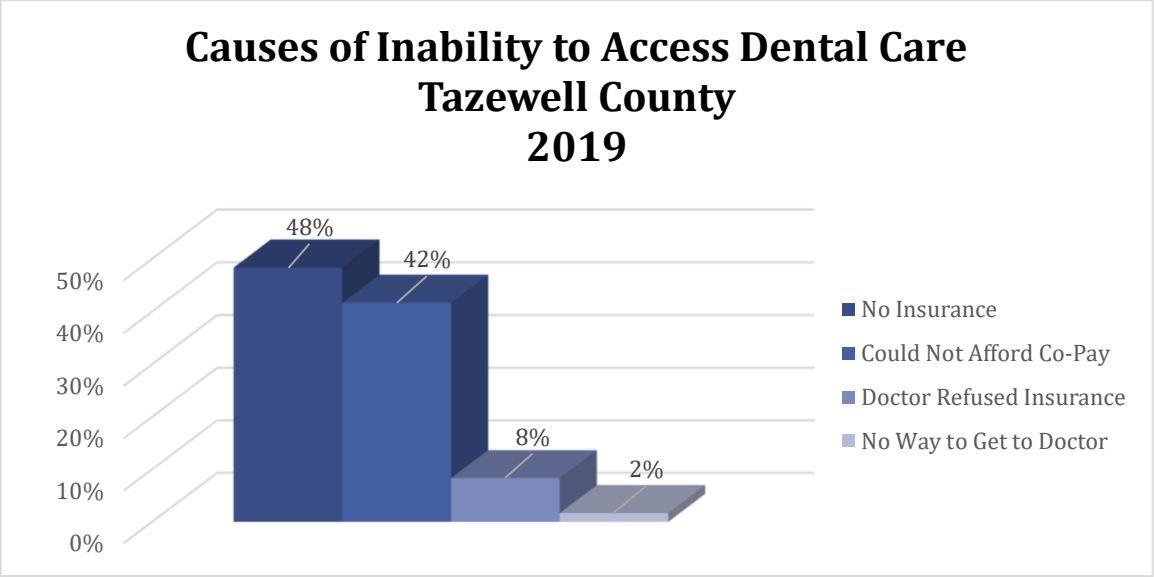
APPENDIX 9. CHNA SURVEY RESULTS TAZEWELL COUNTY

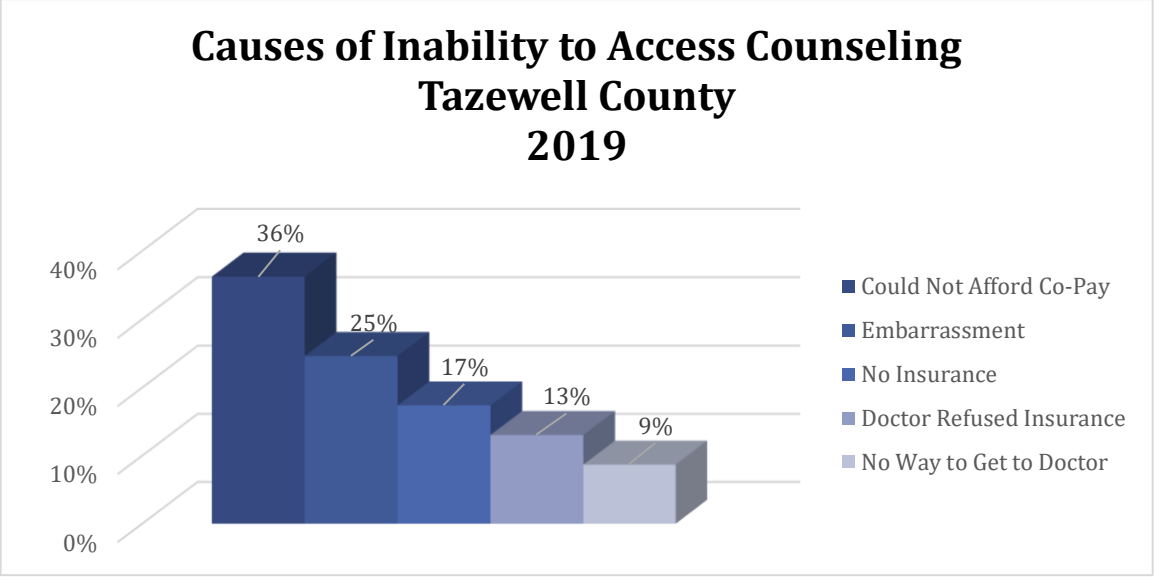


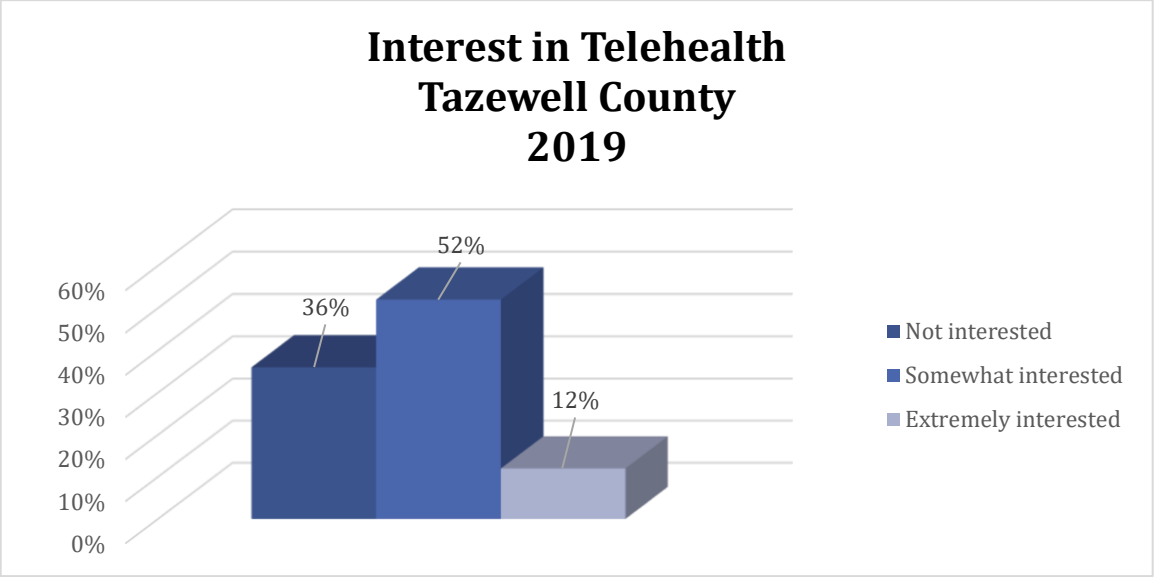


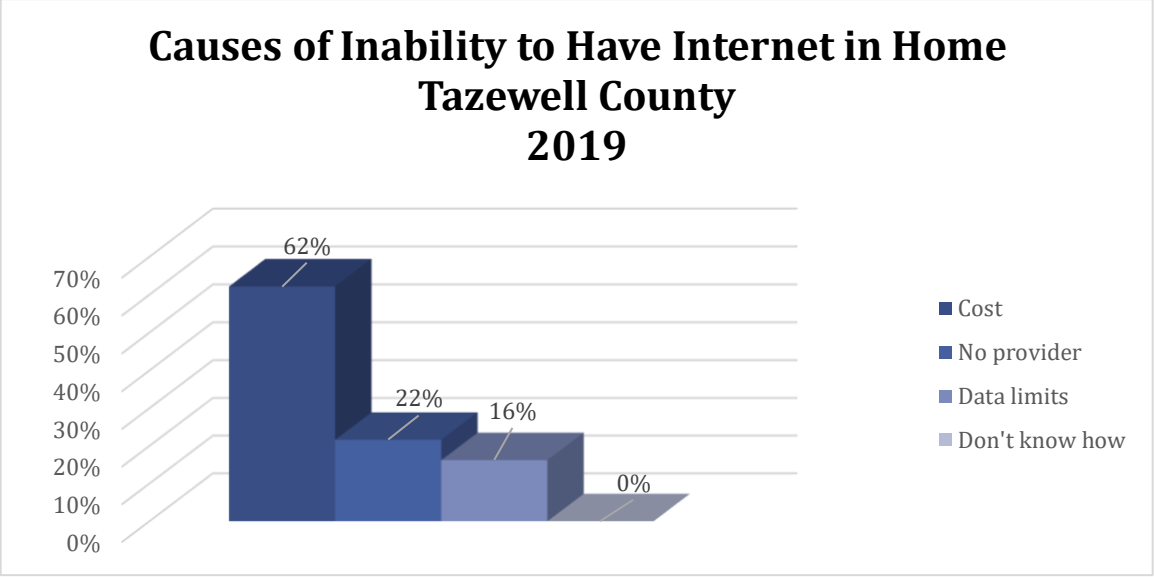

Causes of Inability to Access Medical Care
Tazewell County
2019
40%
30%
20%
10%
0%
36%
31%
25%
7%
Could Not Afford Co-Pay
Too Long to Wait
No Insurance
No Way to Get to Doctor


Causes of Inability to Access Prescription Medication - Tazewell County
2019
70%
60%
50%
40%
30%
20%
10%
0%
66%
23%
7%
5%
Could Not Afford Co-Pay
No Insurance
Doctor Refused Insurance
No Way to Get to Pharmacy

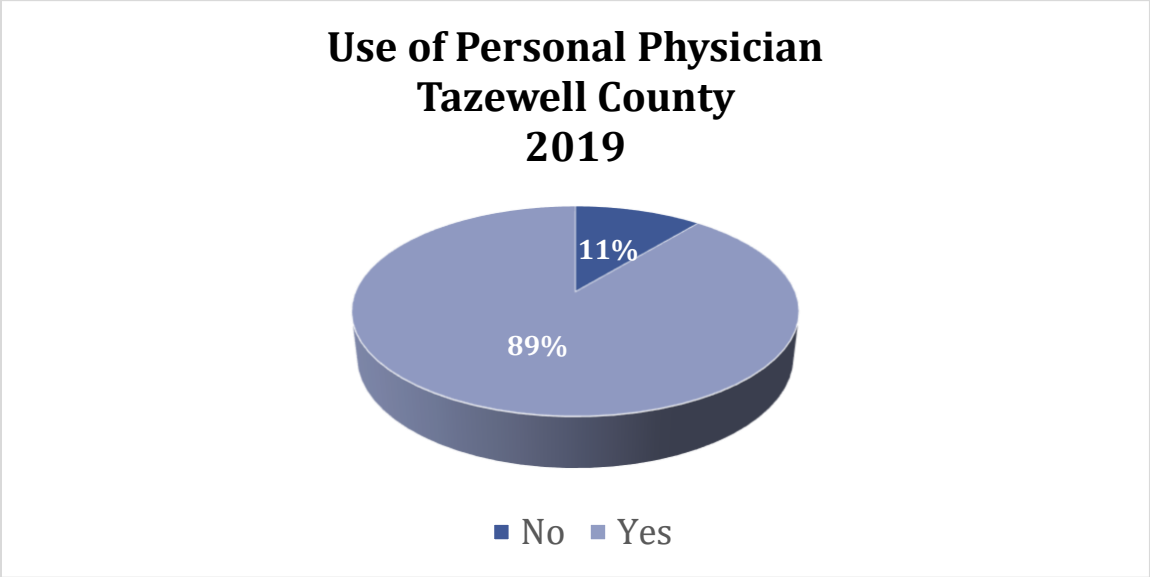

Causes of Inability to Access Dental Care
Tazewell County
2019
48%
42%
8%
2%
50%
40%
30%
20%
10%
0%
No Insurance
Could Not Afford Co-Pay
Doctor Refused Insurance
No Way to Get to Doctor

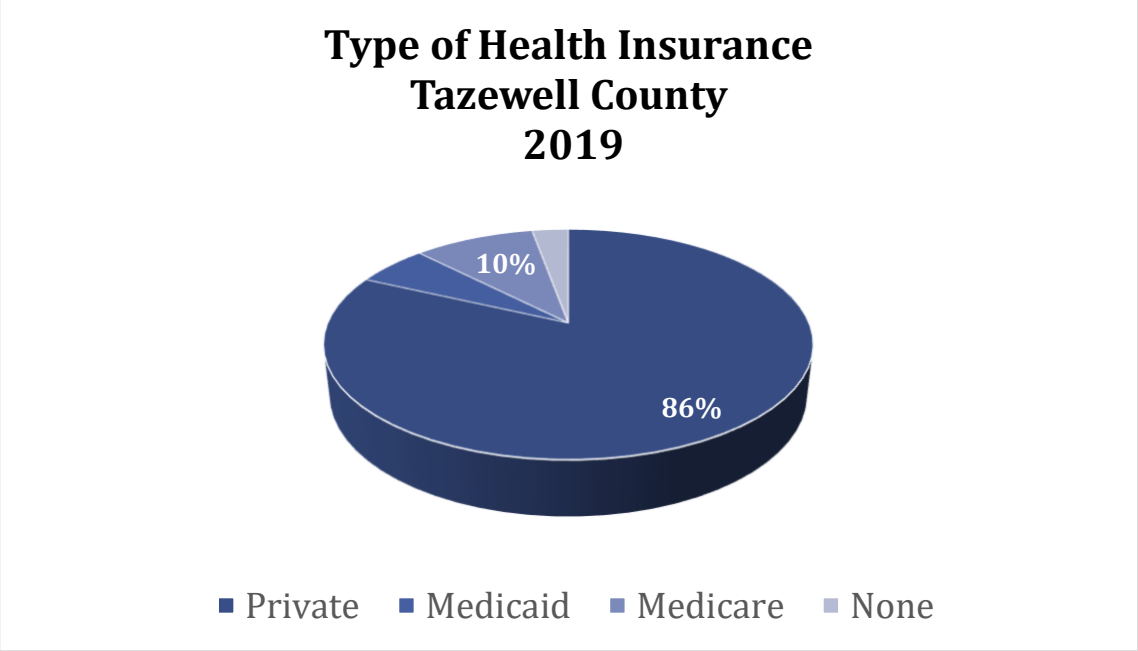

Causes of Inability to Access Counseling
Tazewell County
2019
36%
25%
17%
13%
9%
40%
30%
20%
10%
0%
Could Not Afford Co-Pay
Embarrassment
No Insurance
Doctor Refused Insurance
No Way to Get to Doctor

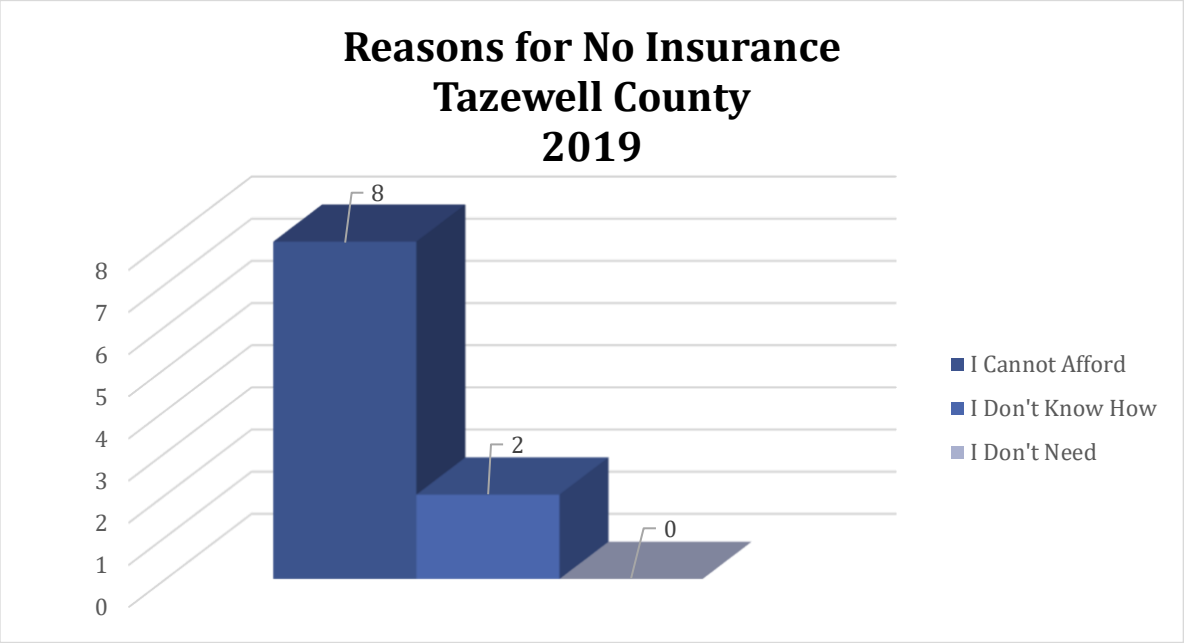


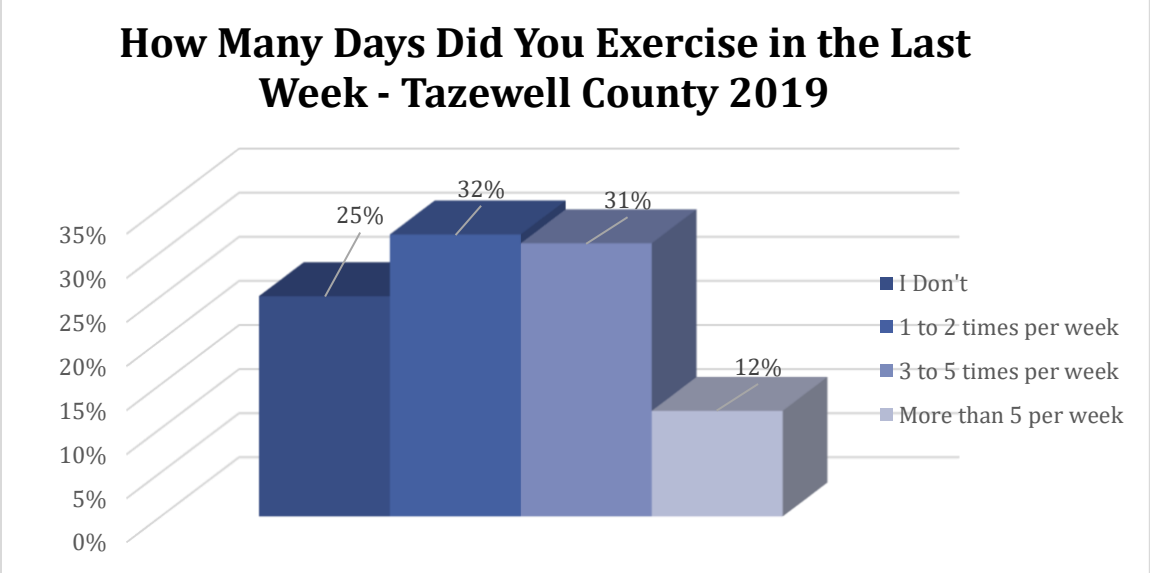


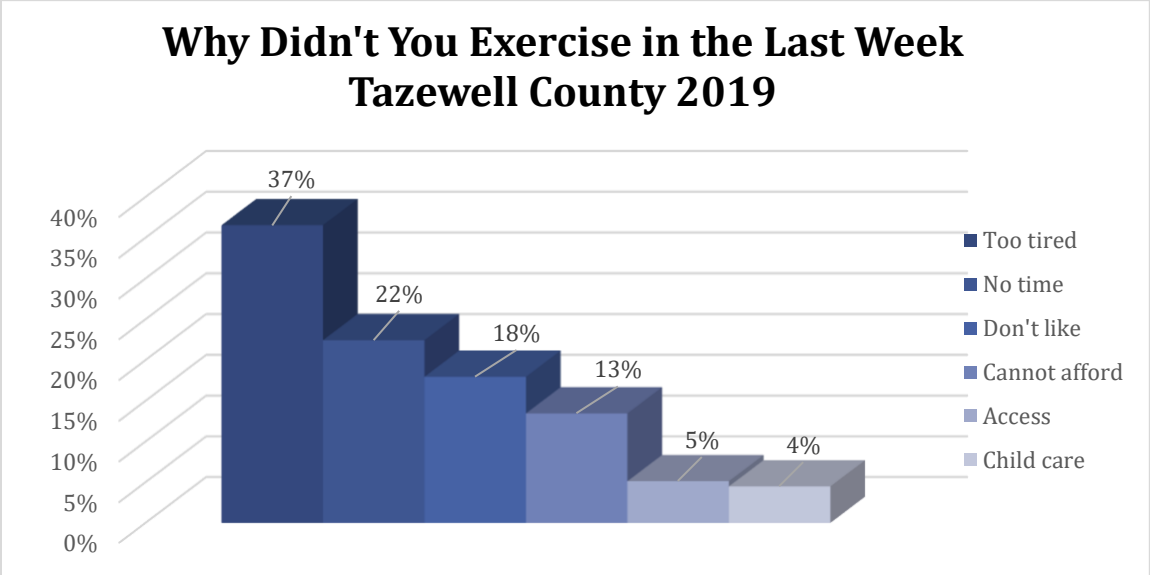
Free public Internet	
Yes	92
No	8
Internet in home	
Yes	92
No	8

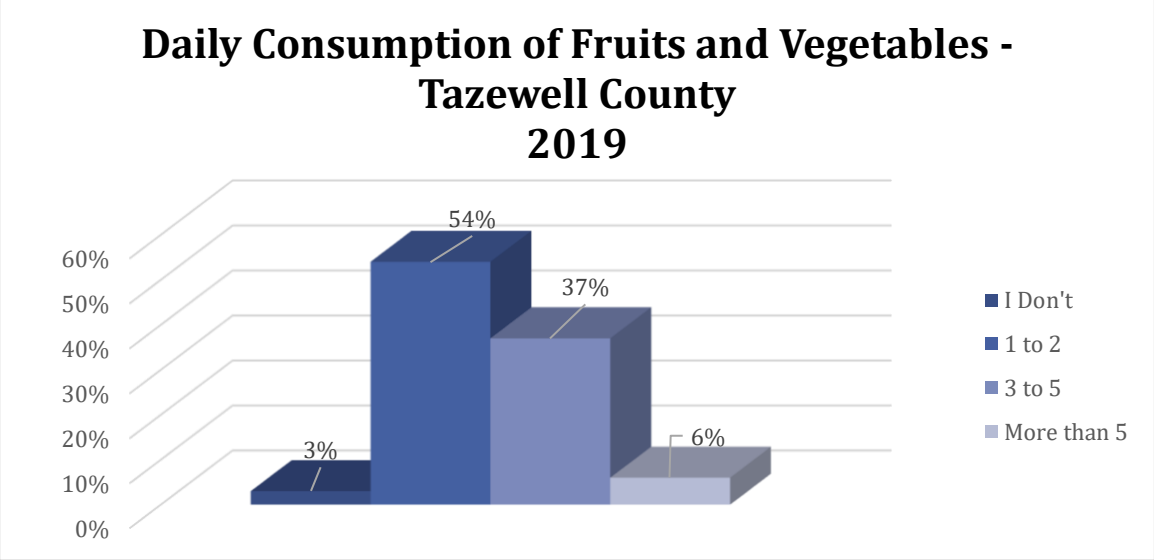

Use of Personal Physician
Tazewell County
2019
11%
89%
No
Yes

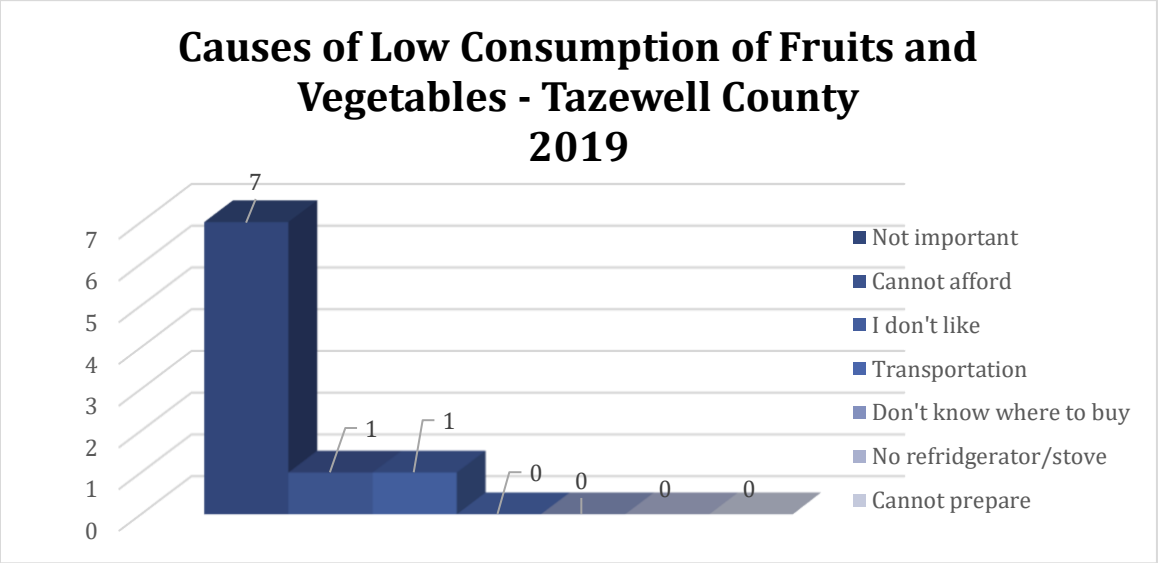

Type of Health Insurance
Tazewell County
2019
10%
86%
Private
Medicaid
Medicare
None

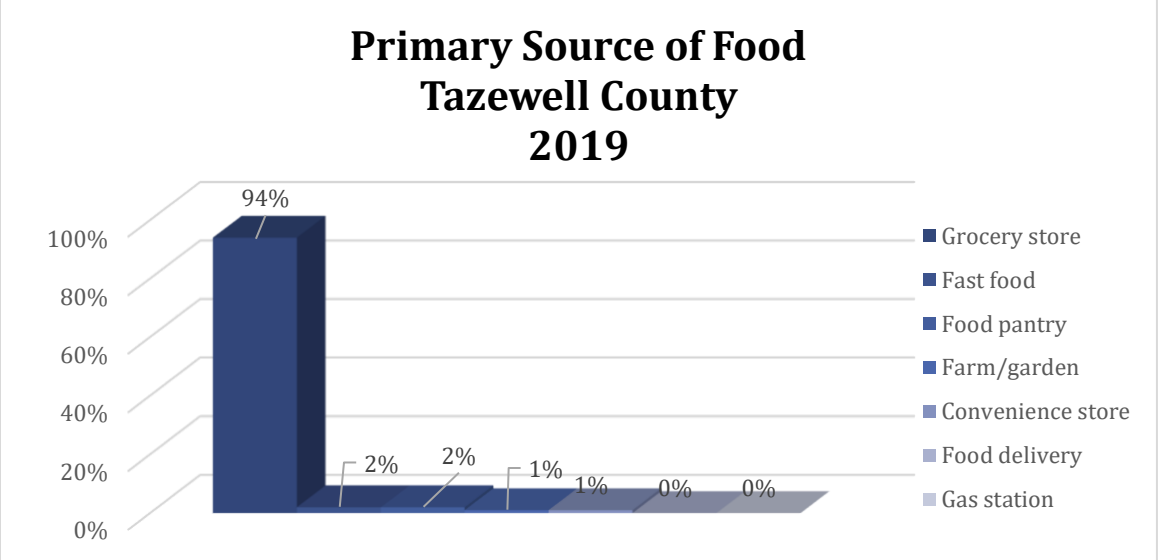

Reasons for No Insurance
Tazewell County
2019
8
2
0
8
7
6
5
4
3
2
1
0
I Cannot Afford
I Don't Know How
I Don't Need

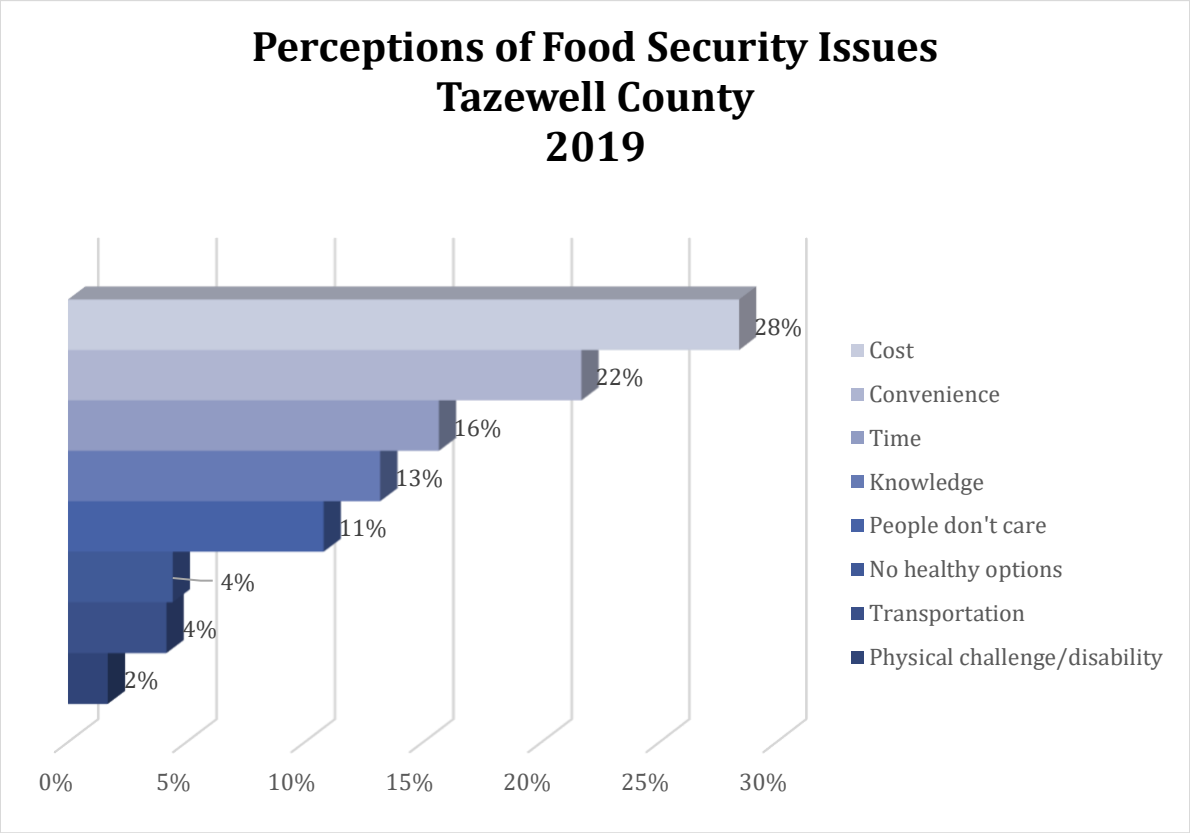

How Many Days Did You Exercise in the Last Week - Tazewell County 2019
25%
32%
31%
12%
35%
30%
25%
20%
15%
10%
5%
0%
I Don't
1 to 2 times per week
3 to 5 times per week
More than 5 per week

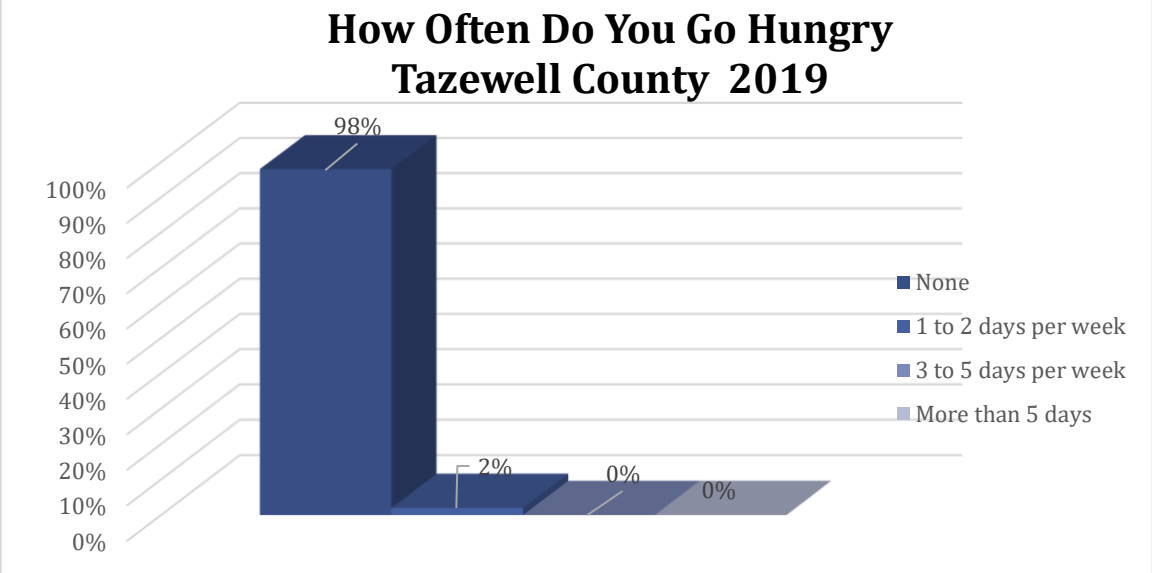

Why Didn't You Exercise in the Last Week
Tazewell County 2019
40%
35%
30%
25%
20%
15%
10%
5%
0%
37%
22%
18%
13%
5%
4%
Too tired
No time
Don't like
Cannot afford
Access
Child care

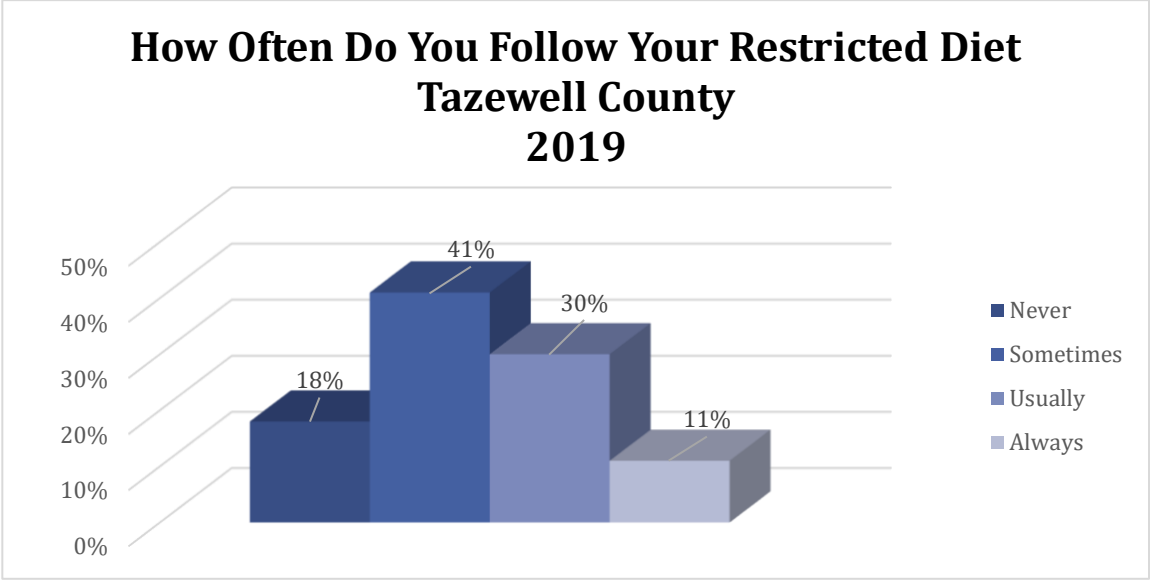

Daily Consumption of Fruits and Vegetables -
Tazewell County
2019
60%
50%
40%
30%
20%
10%
0%
3%
54%
37%
6%
I Don't
1 to 2
3 to 5
More than 5

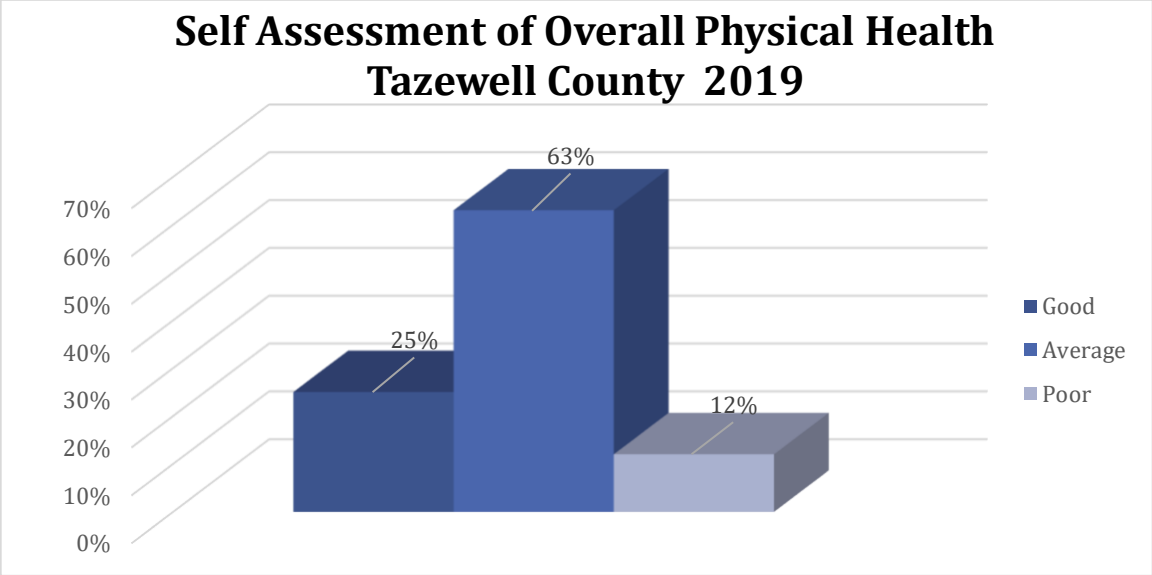

Causes of Low Consumption of Fruits and Vegetables - Tazewell County 2019
7
1
1
0
0
0
0
0
1
2
3
4
5
6
7
Not important
Cannot afford
I don't like
Transportation
Don't know where to buy
No refridgerator/stove
Cannot prepare

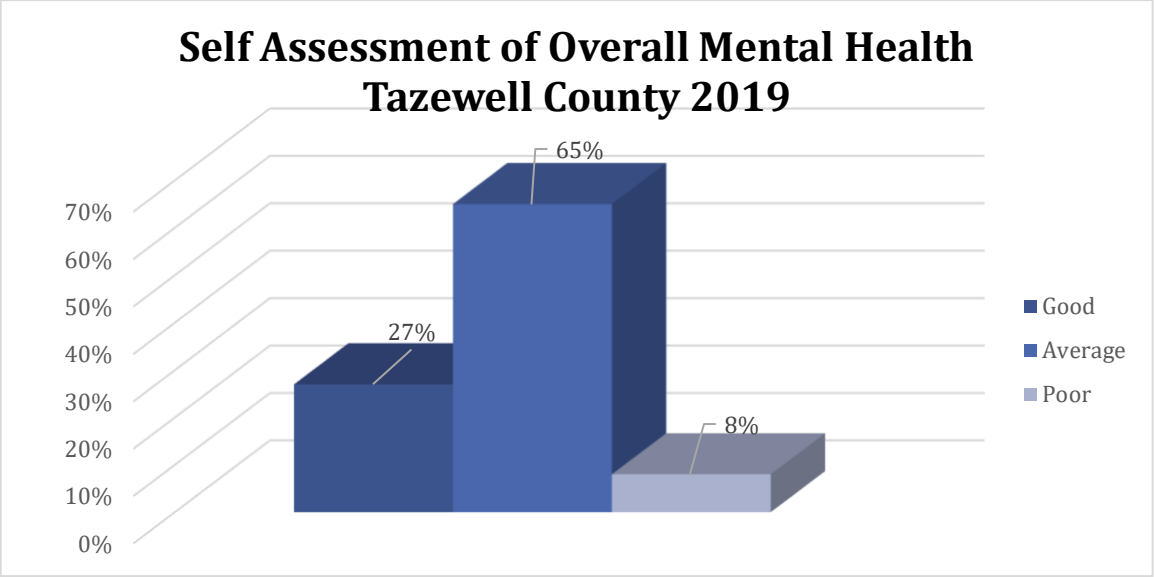

Primary Source of Food Tazewell County 2019
94%
2%
2%
1%
1%
0%
0%
0%
20%
40%
60%
80%
100%
Grocery store
Fast food
Food pantry
Farm/garden
Convenience store
Food delivery
Gas station

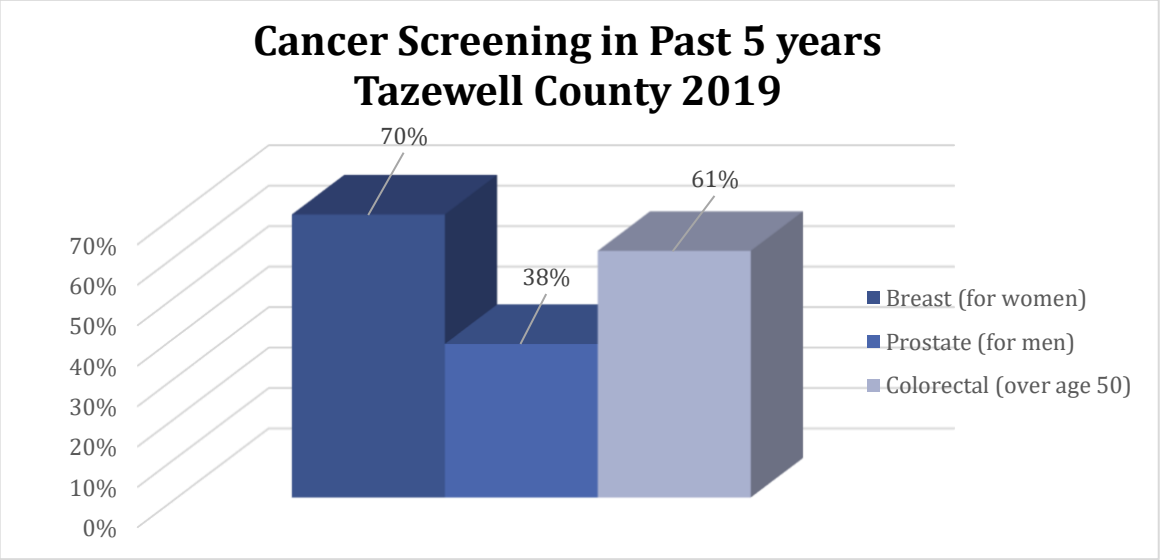

Perceptions of Food Security Issues
Tazewell County
2019
28%
22%
16%
13%
11%
4%
4%
2%
0%
5%
10%
15%
20%
25%
30%
Cost
Convenience
Time
Knowledge
People don't care
No healthy options
Transportation
Physical challenge/disability

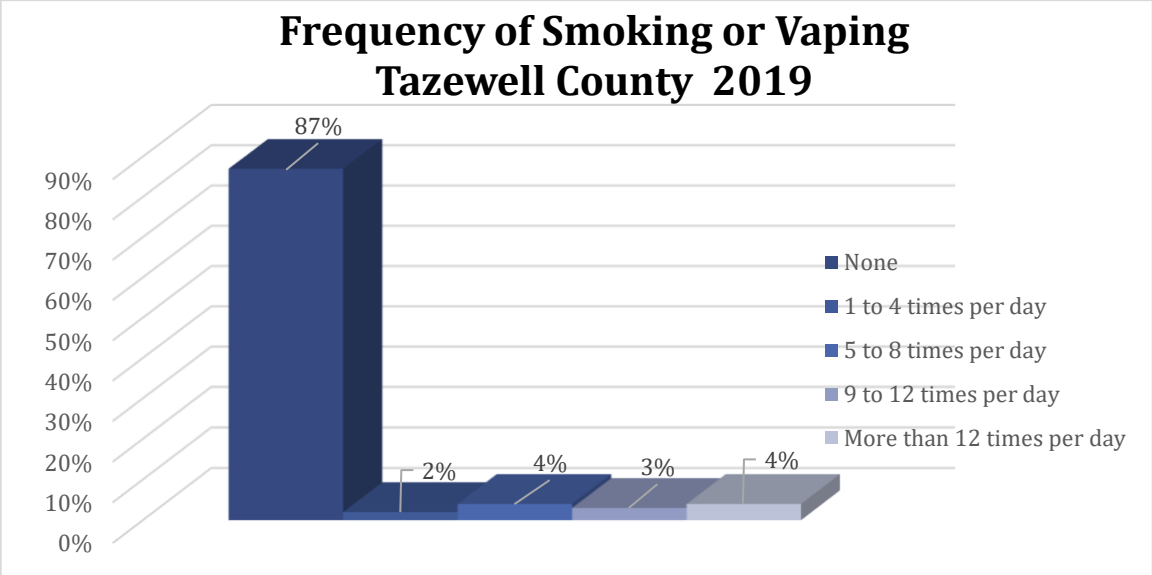

How Often Do You Go Hungry
Tazewell County 2019
98%
2%
0%
0%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
None
1 to 2 days per week
3 to 5 days per week
More than 5 days

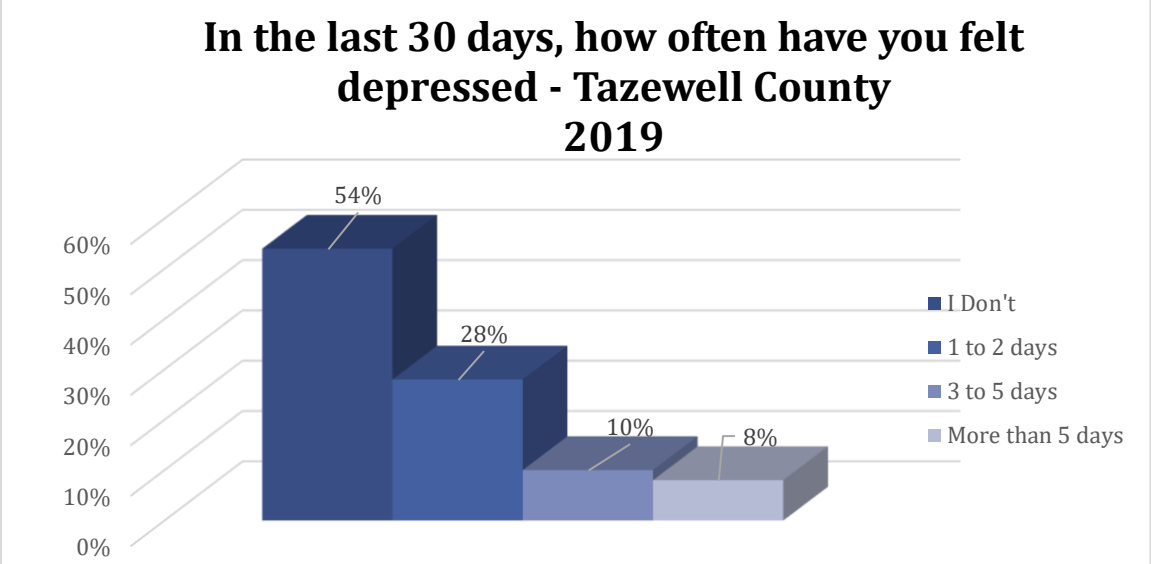

How Often Do You Follow Your Restricted Diet
Tazewell County
2019
50%
40%
30%
20%
10%
0%
18%
41%
30%
11%
Never
Sometimes
Usually
Always

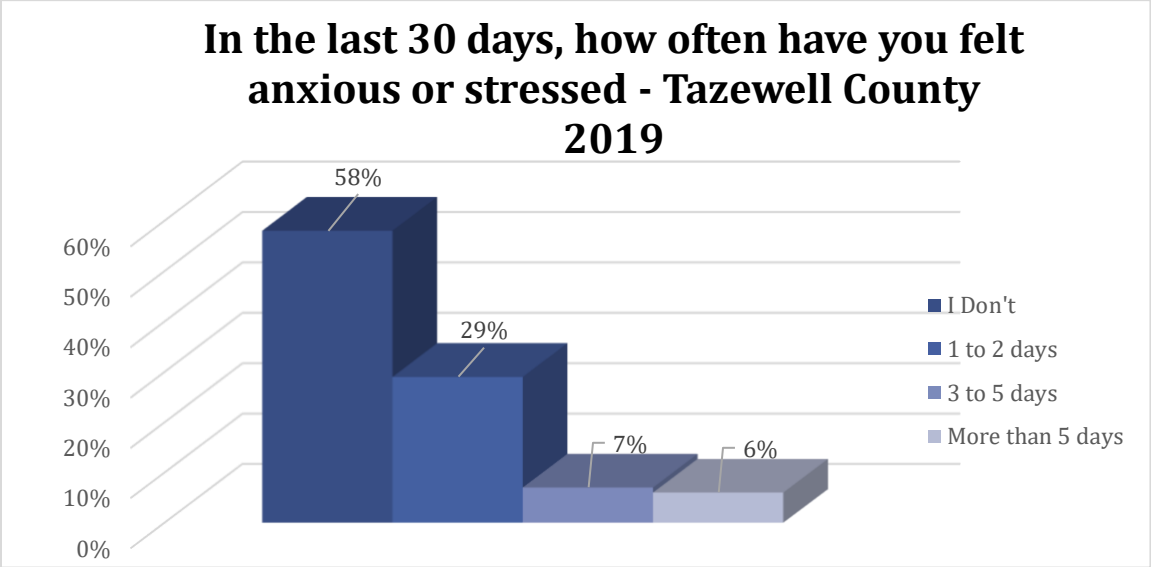

Self Assessment of Overall Physical Health
Tazewell County 2019
70%
60%
50%
40%
30%
20%
10%
0%
25%
63%
12%
Good
Average
Poor

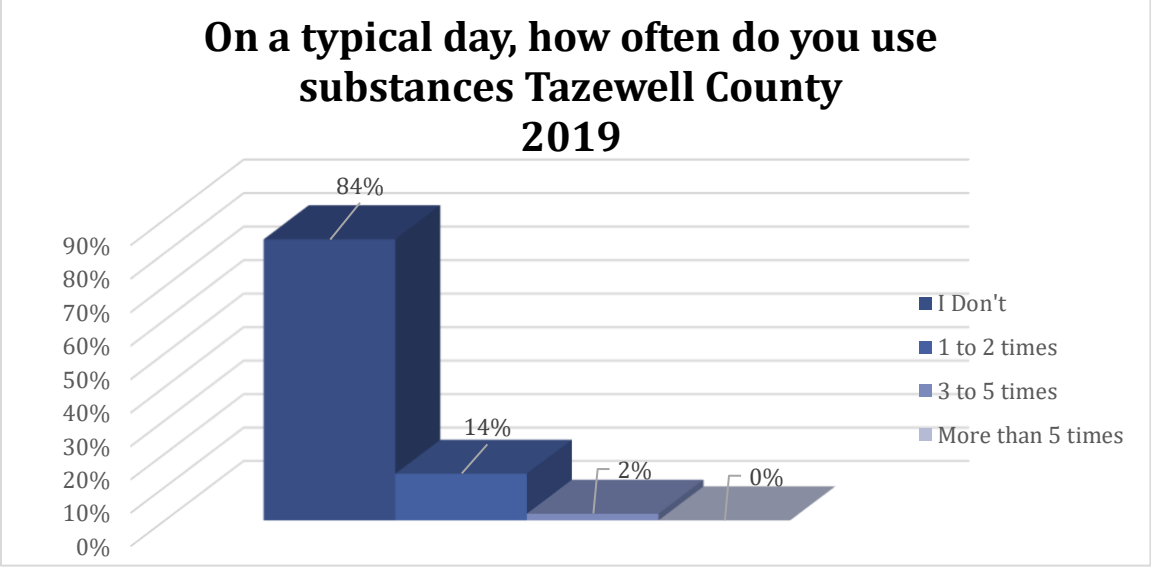

Self Assessment of Overall Mental Health
Tazewell County 2019
70%
60%
50%
40%
30%
20%
10%
0%
27%
65%
8%
Good
Average
Poor

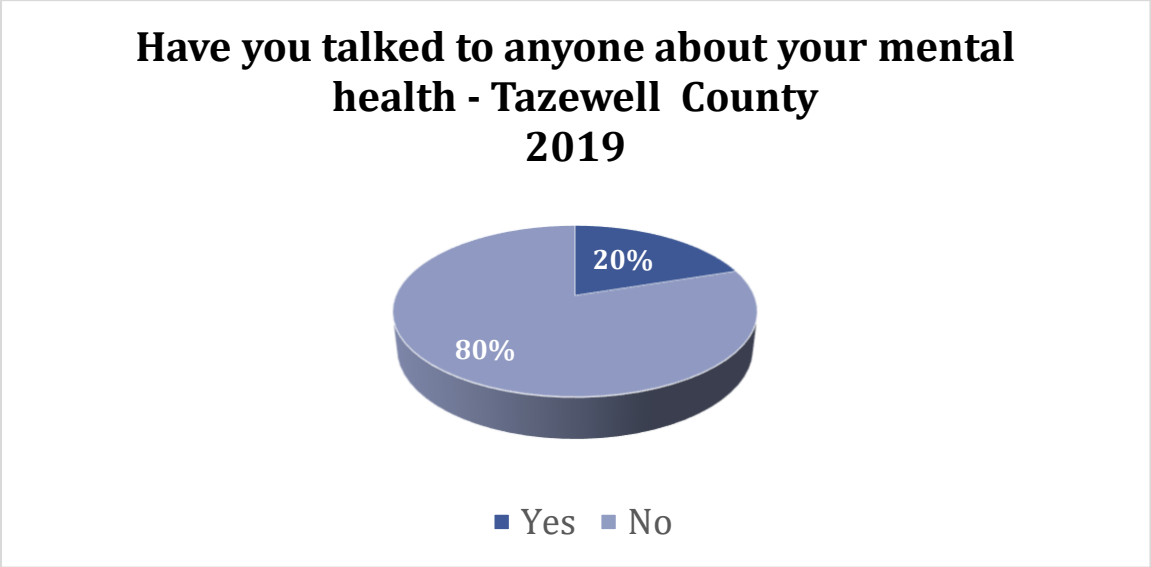

Cancer Screening in Past 5 years
Tazewell County 2019
70%
60%
50%
40%
30%
20%
10%
0%
70%
38%
61%
Breast (for women)
Prostate (for men)
Colorectal (over age 50)

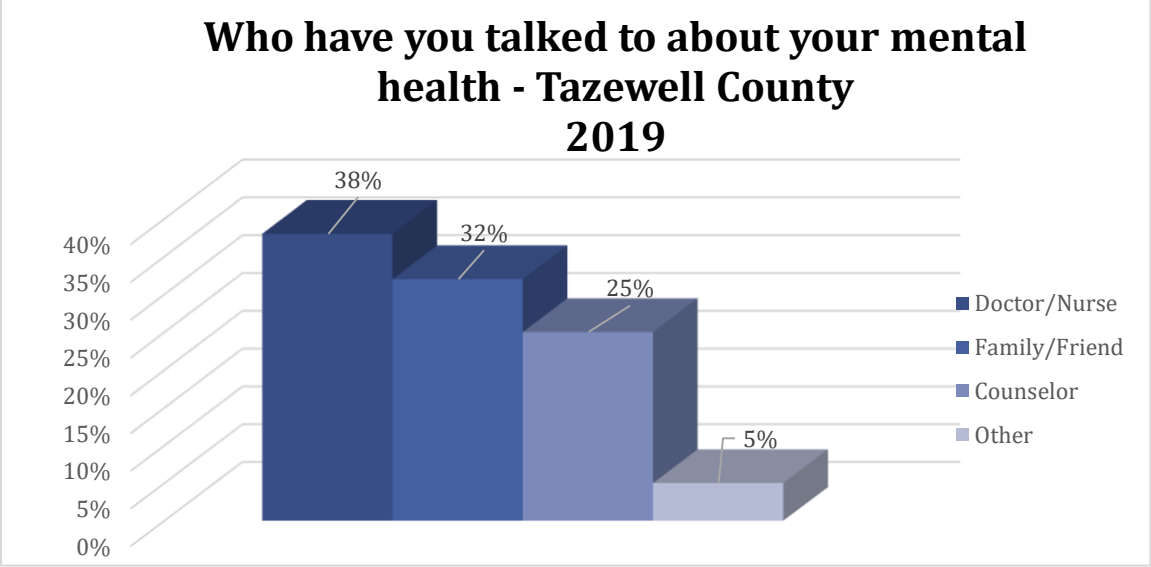

Frequency of Smoking or Vaping
Tazewell County 2019
87%
2%
4%
3%
4%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

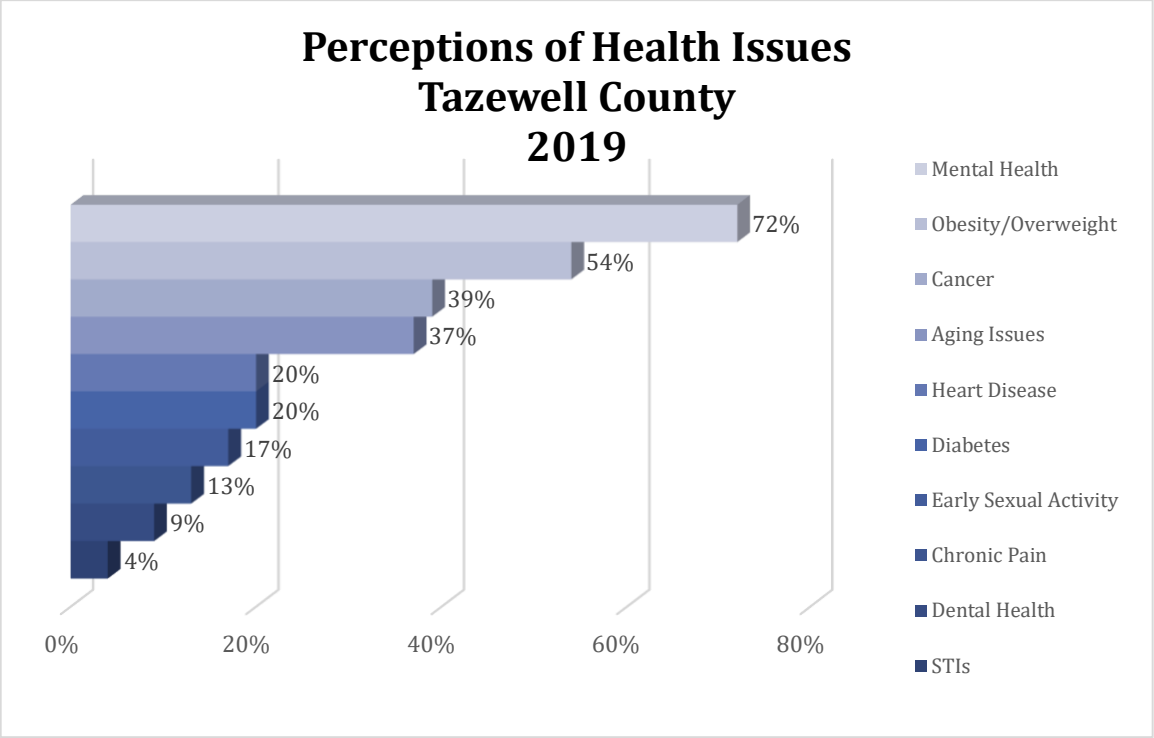

In the last 30 days, how often have you felt depressed - Tazewell County 2019
54%
28%
10%
8%
60%
50%
40%
30%
20%
10%
0%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

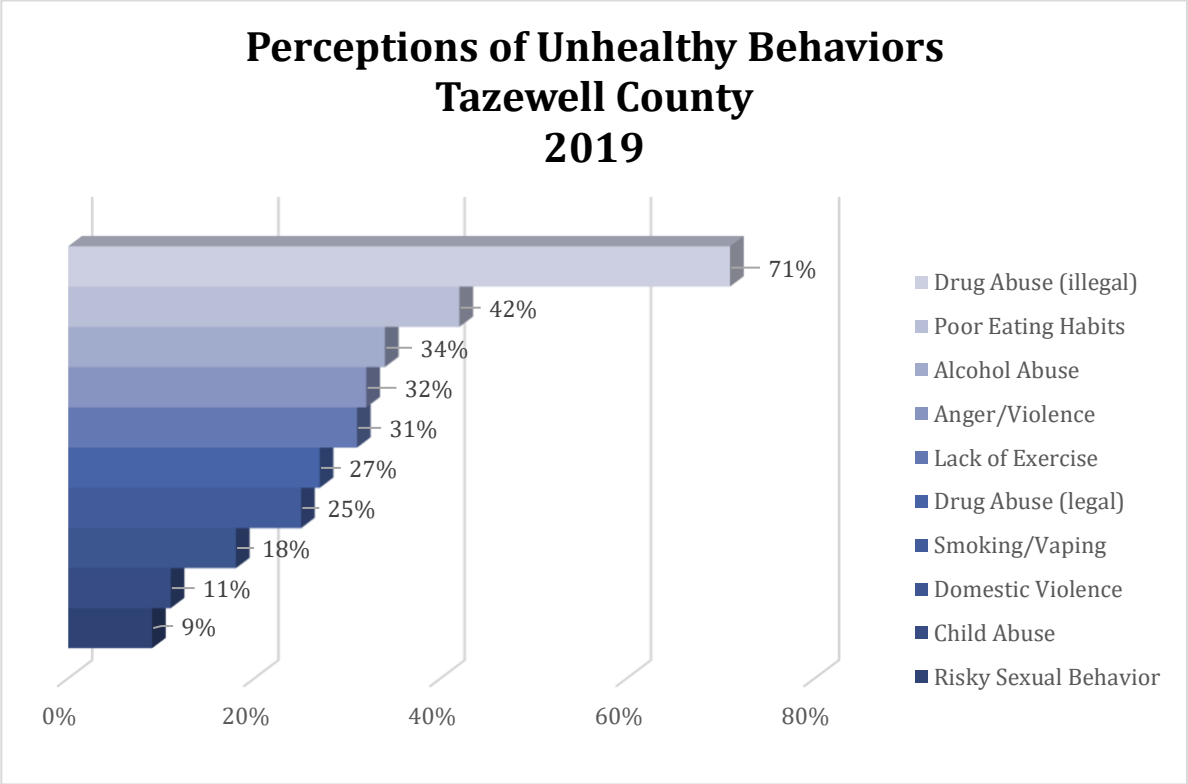

In the last 30 days, how often have you felt anxious or stressed - Tazewell County 2019
58%
29%
7%
6%
60%
50%
40%
30%
20%
10%
0%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

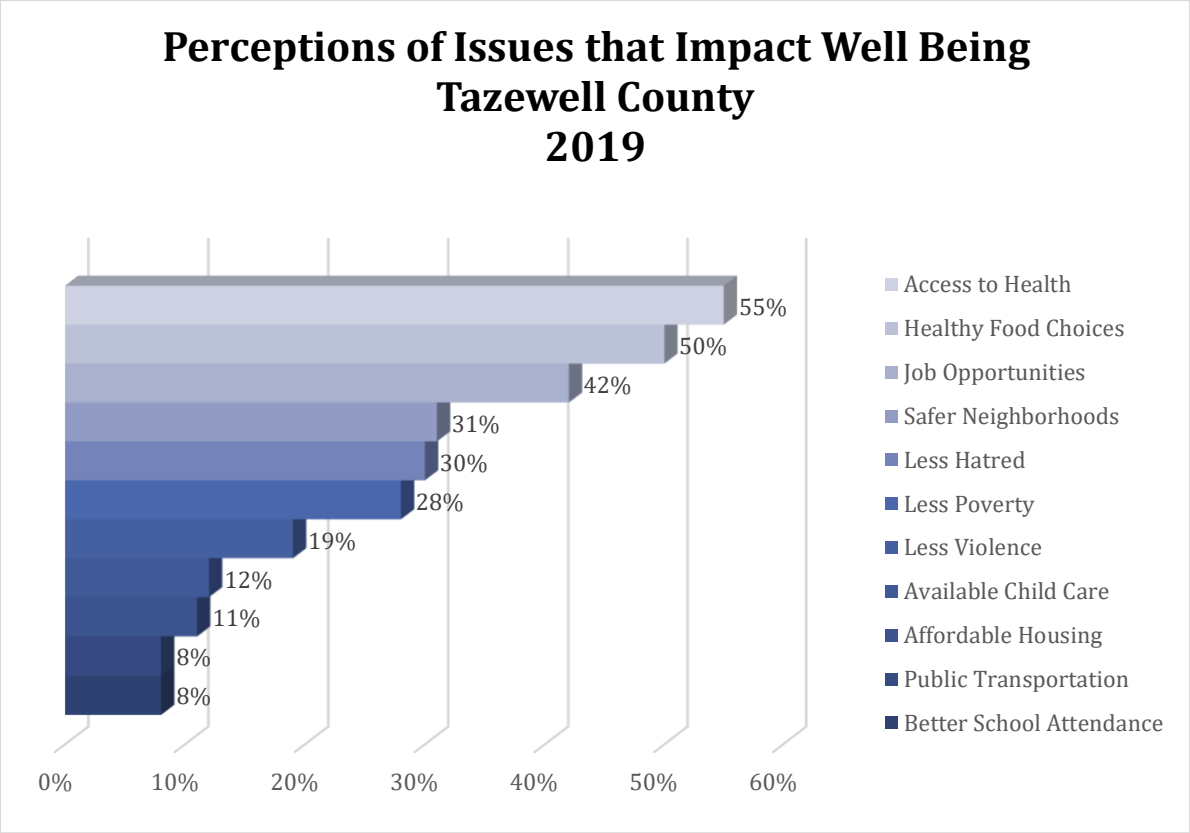

On a typical day, how often do you use substances Tazewell County 2019
84%
14%
2%
0%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

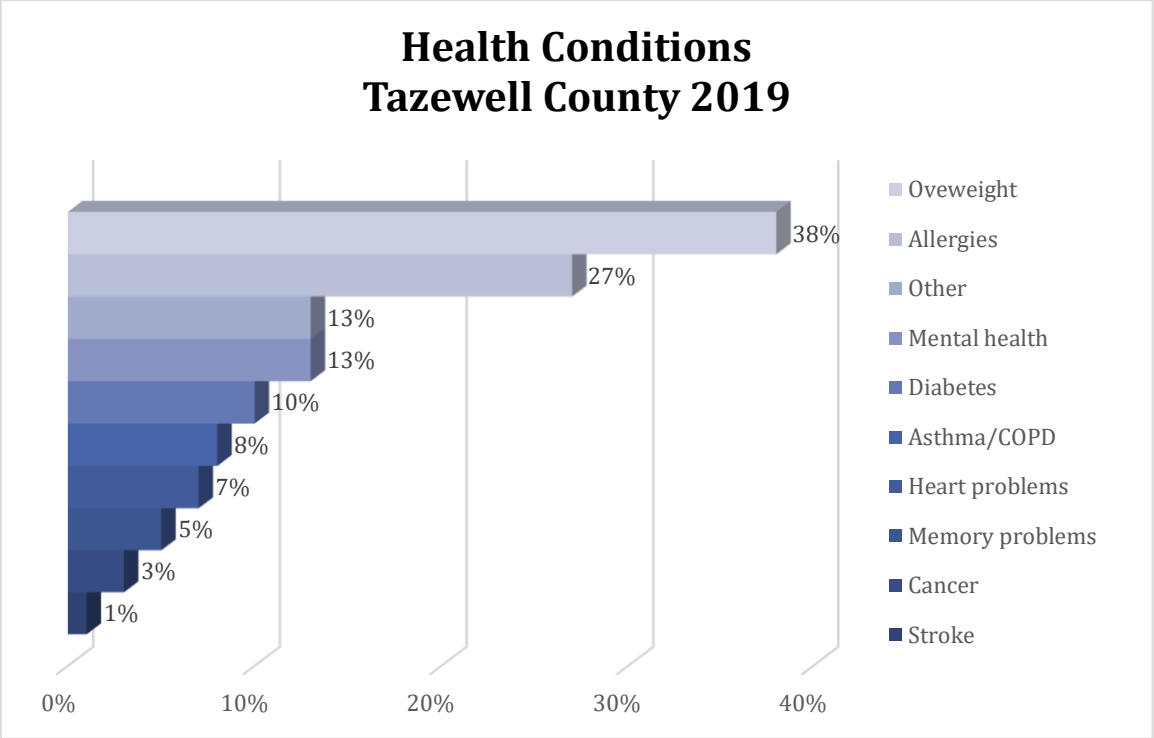

Have you talked to anyone about your mental health - Tazewell County 2019
20%
80%
Yes
No

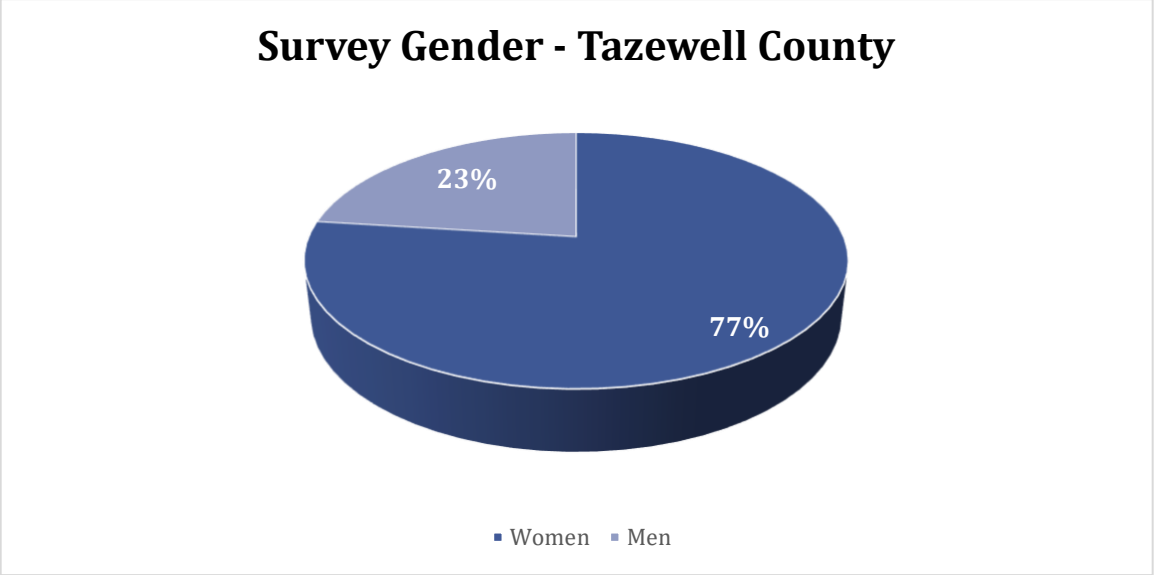

Who have you talked to about your mental health - Tazewell County 2019
40%
35%
30%
25%
20%
15%
10%
5%
0%
38%
32%
25%
5%
Doctor/Nurse
Family/Friend
Counselor
Other

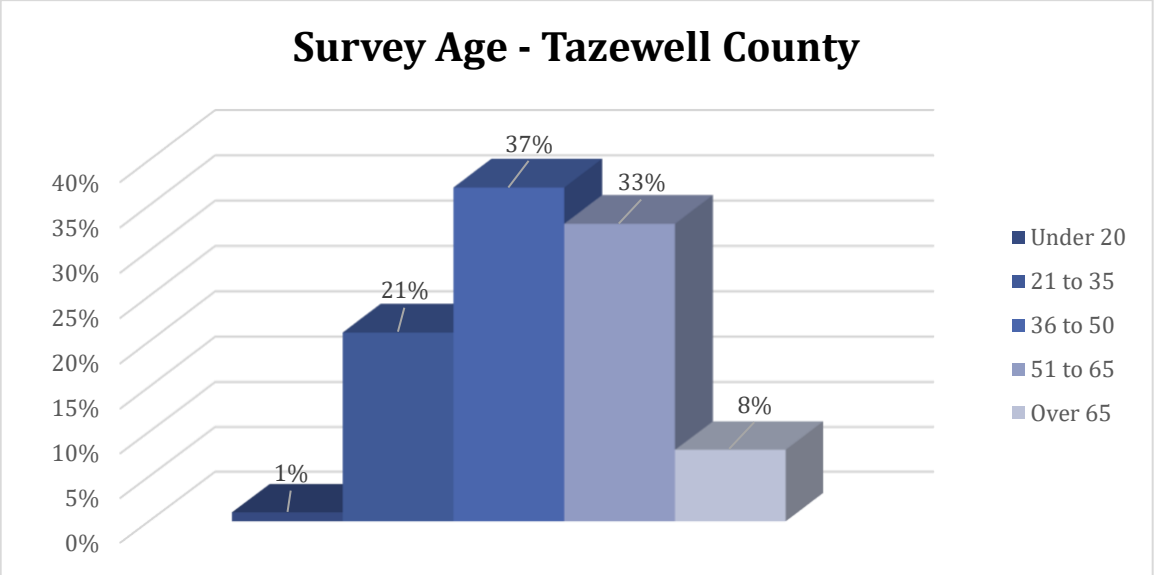

Perceptions of Health Issues
Tazewell County
2019
72%
54%
39%
37%
20%
20%
17%
13%
9%
4%
0%
20%
40%
60%
80%
Mental Health
Obesity/Overweight
Cancer
Aging Issues
Heart Disease
Diabetes
Early Sexual Activity
Chronic Pain
Dental Health
STIs

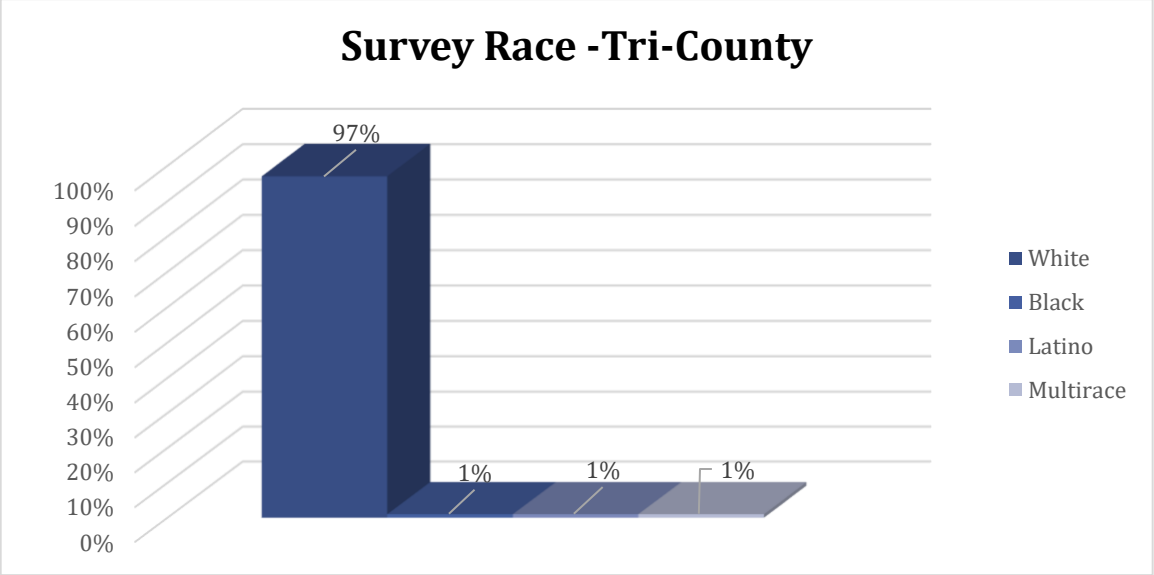

Perceptions of Unhealthy Behaviors
Tazewell County
2019
71%
42%
34%
32%
31%
27%
25%
18%
11%
9%
0%
20%
40%
60%
80%
Drug Abuse (illegal)
Poor Eating Habits
Alcohol Abuse
Anger/Violence
Lack of Exercise
Drug Abuse (legal)
Smoking/Vaping
Domestic Violence
Child Abuse
Risky Sexual Behavior

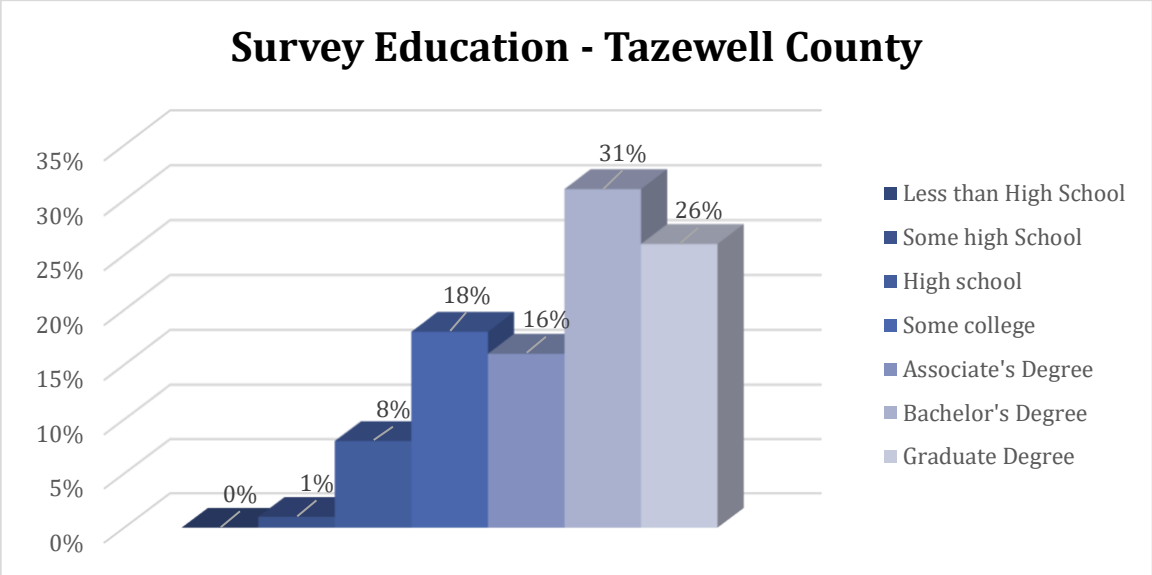

Perceptions of Issues that Impact Well Being
Tazewell County
2019
55%
50%
42%
31%
30%
28%
19%
12%
11%
8%
8%
0%
10%
20%
30%
40%
50%
60%
Access to Health
Healthy Food Choices
Job Opportunities
Safer Neighborhoods
Less Hatred
Less Poverty
Less Violence
Available Child Care
Affordable Housing
Public Transportation
Better School Attendance

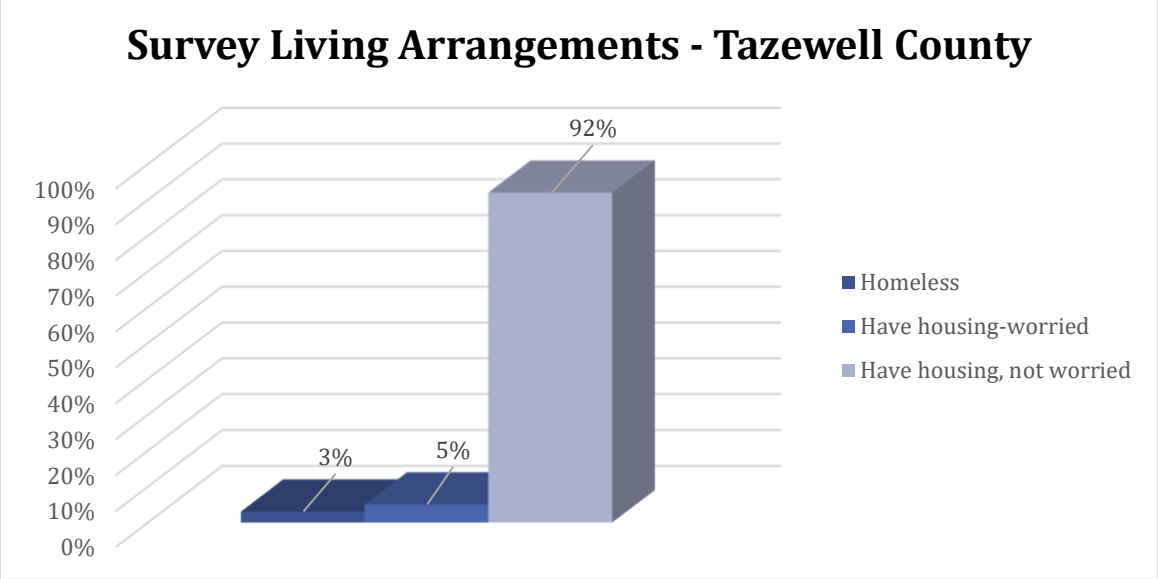

Health Conditions
Tazewell County 2019
38%
27%
13%
13%
10%
8%
7%
5%
3%
1%
0%
10%
20%
30%
40%
Oveweight
Allergies
Other
Mental health
Diabetes
Asthma/COPD
Heart problems
Memory problems
Cancer
Stroke

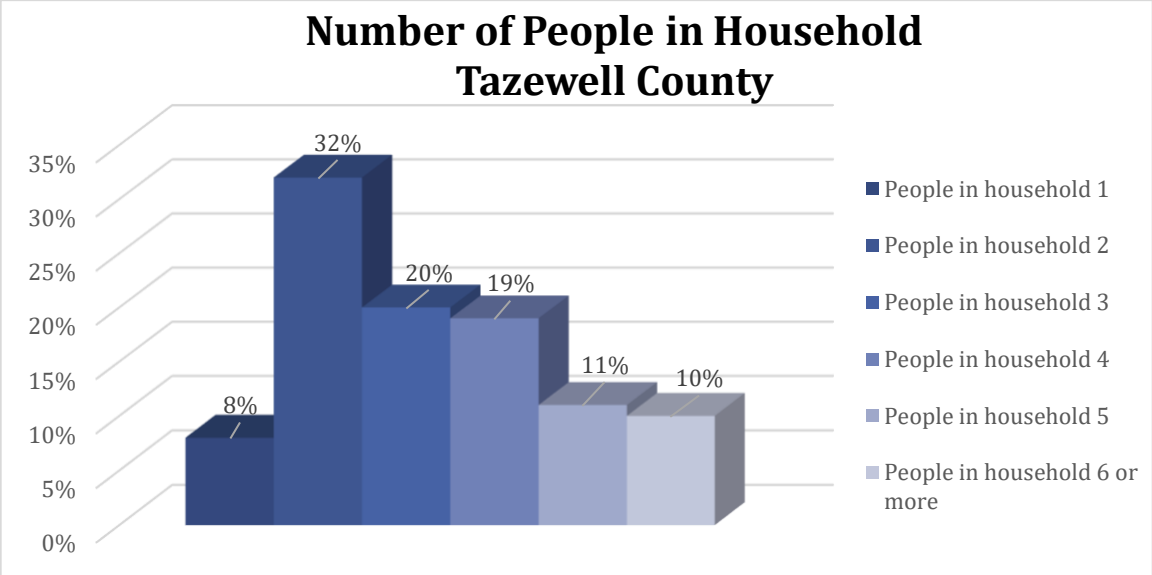

Survey Gender - Tazewell County
23%
77%
Women
Men


Survey Age - Tazewell County
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
21%
37%
33%
8%
Under 20
21 to 35
36 to 50
51 to 65
Over 65

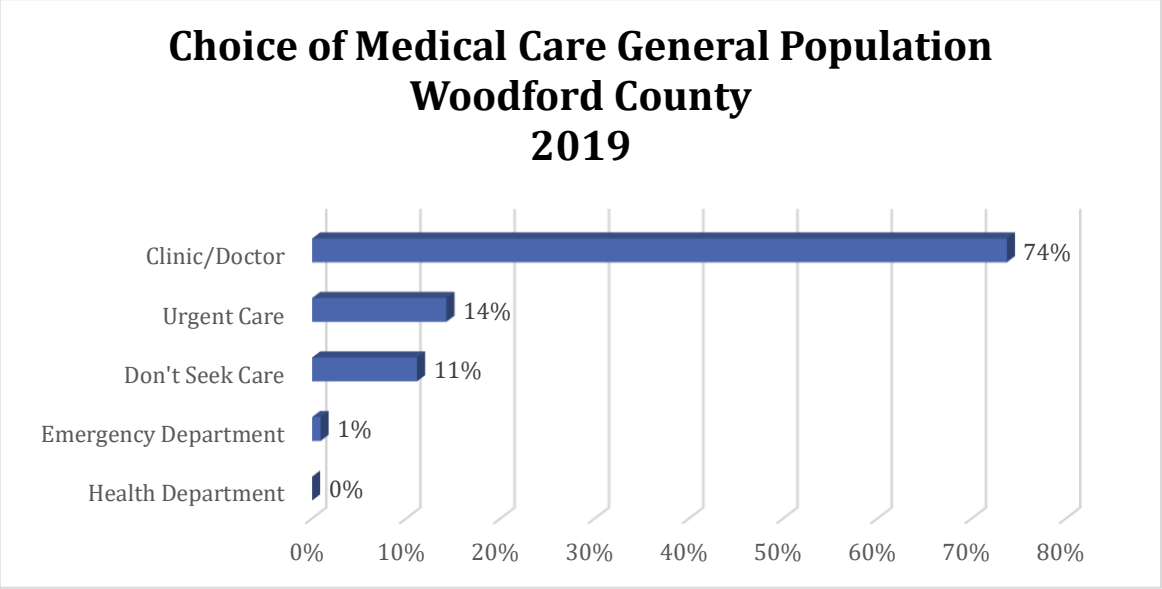

Survey Race -Tri-County
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
97%
1%
1%
1%
White
Black
Latino
Multirace

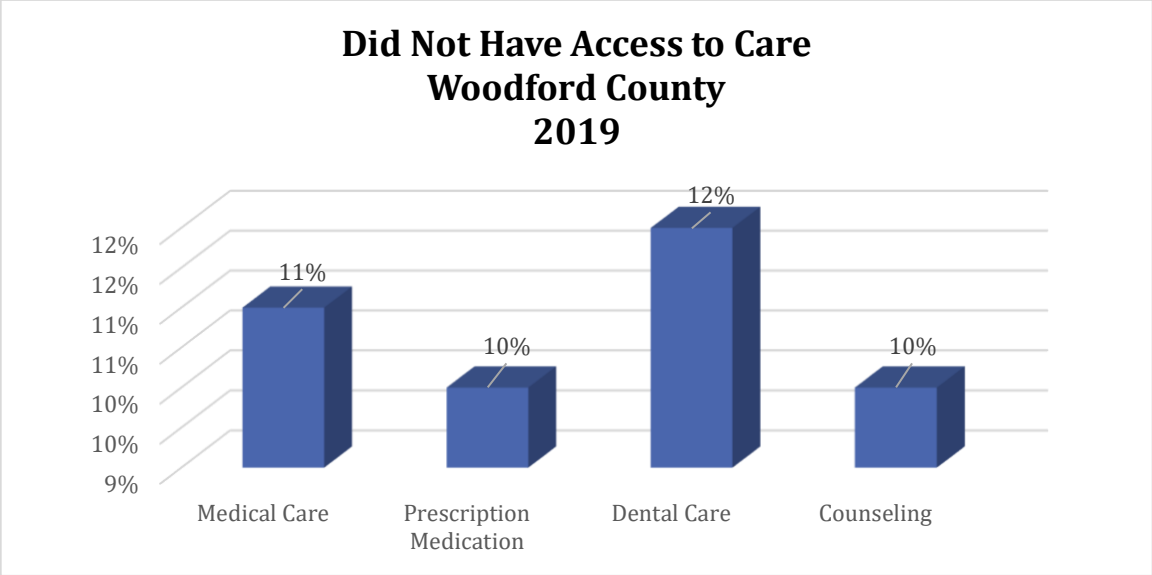

Survey Education - Tazewell County
35%
30%
25%
20%
15%
10%
5%
0%
0%
1%
8%
18%
16%
31%
26%
Less than High School
Some high School
High school
Some college
Associate's Degree
Bachelor's Degree
Graduate Degree

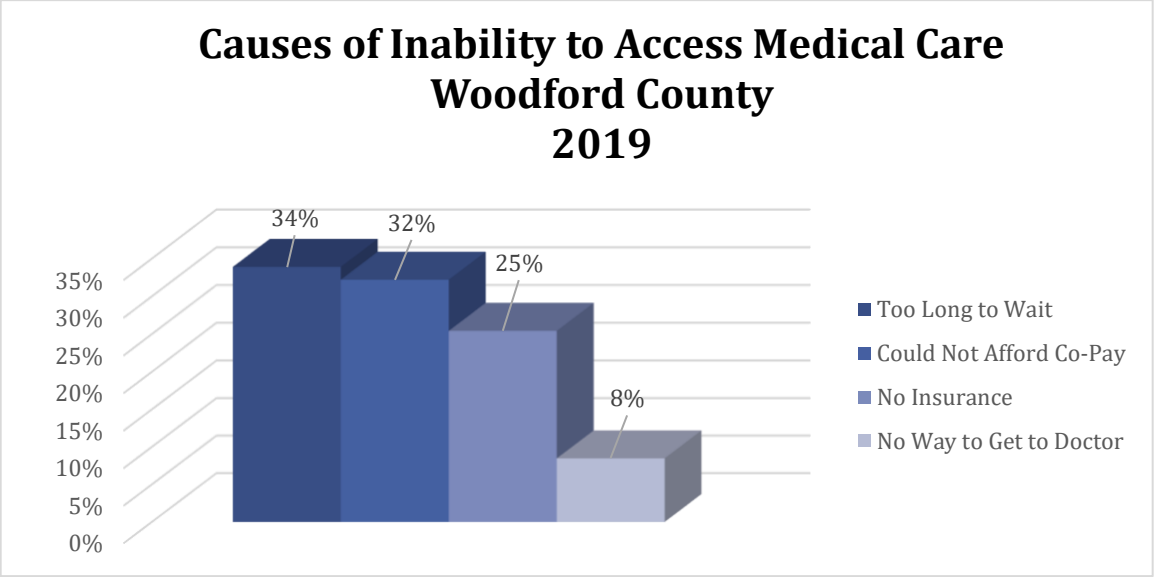

Survey Living Arrangements - Tazewell County
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
5%
92%
Homeless
Have housing-worried
Have housing, not worried

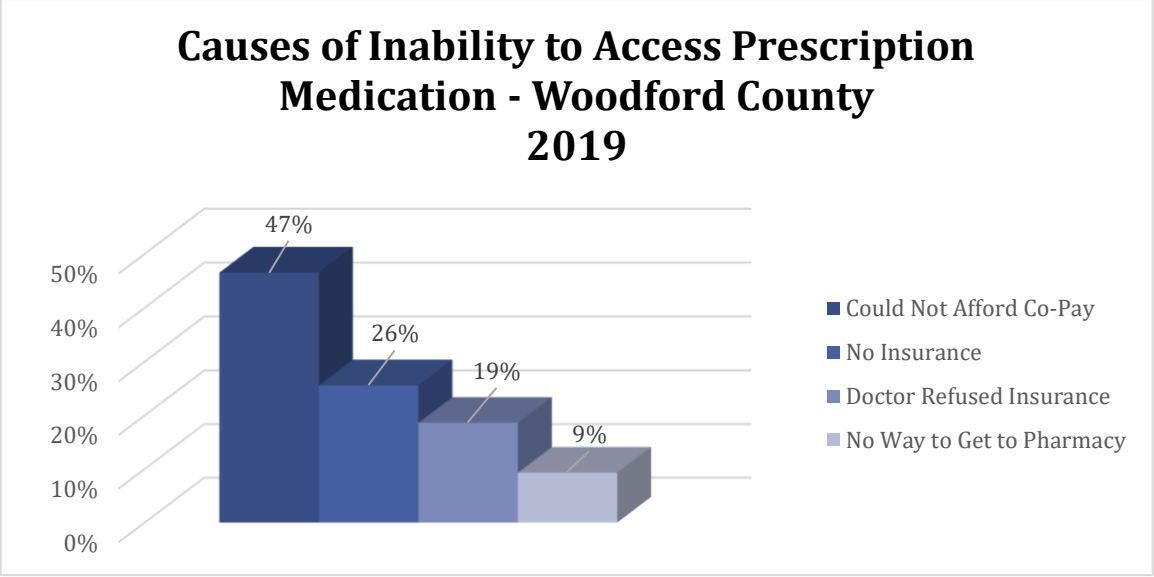

Number of People in Household
Tazewell County
35%
30%
25%
20%
15%
10%
5%
0%
8%
32%
20%
19%
11%
10%
People in household 1
People in household 2
People in household 3
People in household 4
People in household 5
People in household 6 or more

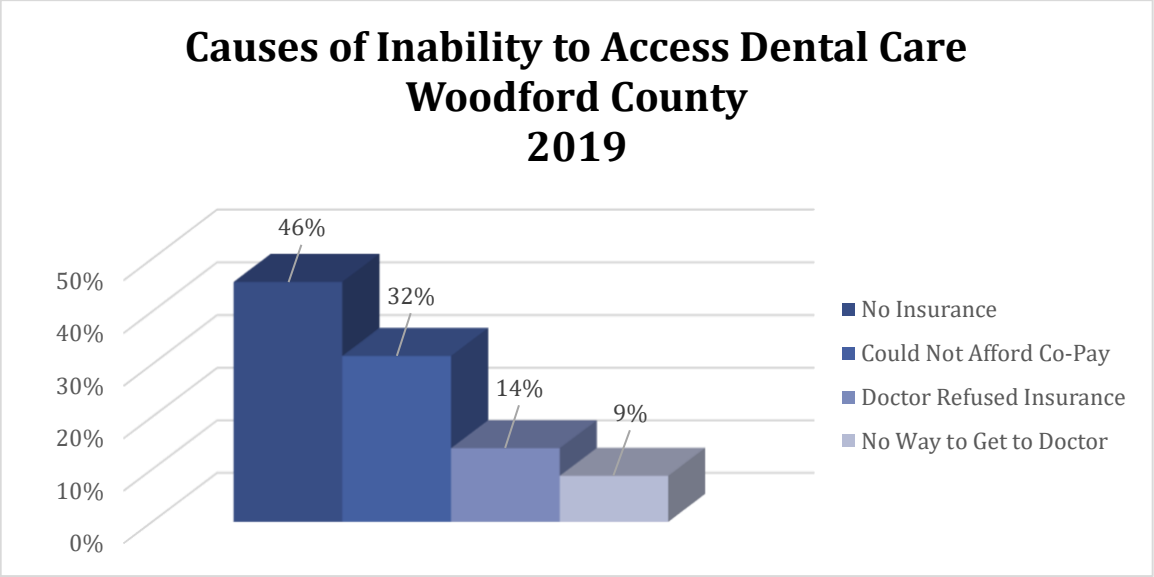
APPENDIX 10. CHNA SURVEY RESULTS WOODFORD COUNTY

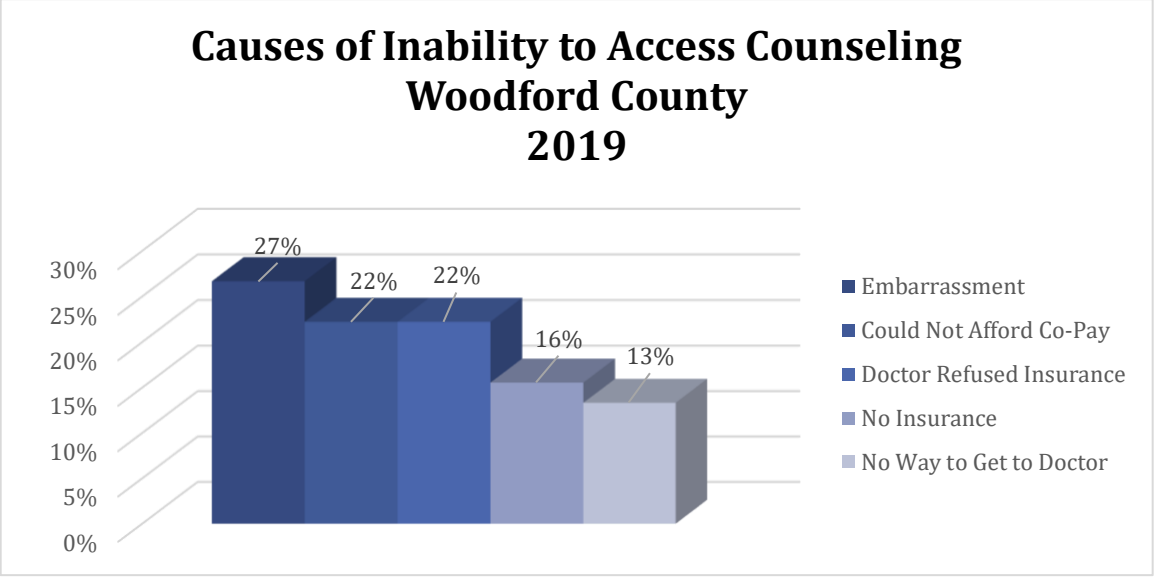


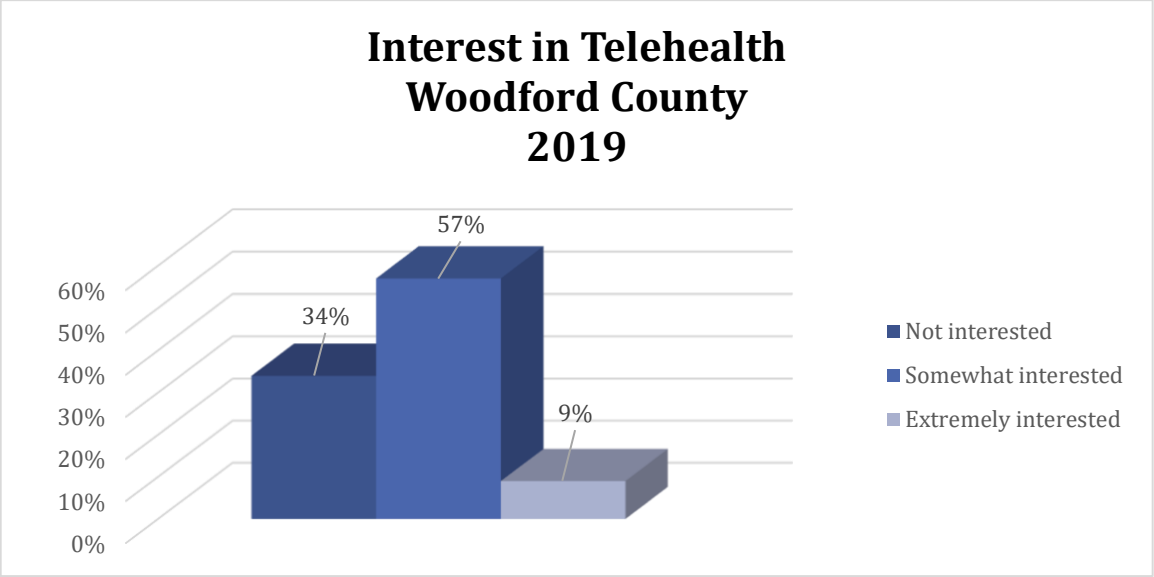


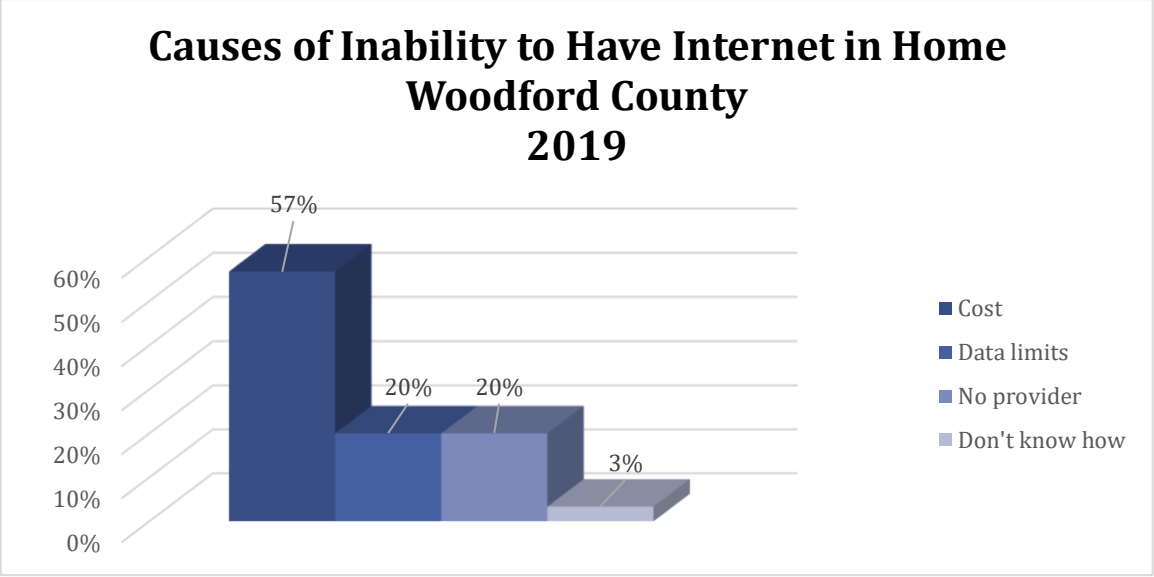

Causes of Inability to Access Medical Care
Woodford County
2019
34%
32%
25%
8%
35%
30%
25%
20%
15%
10%
5%
0%
Too Long to Wait
Could Not Afford Co-Pay
No Insurance
No Way to Get to Doctor


Causes of Inability to Access Prescription Medication - Woodford County
2019
47%
26%
19%
9%
50%
40%
30%
20%
10%
0%
Could Not Afford Co-Pay
No Insurance
Doctor Refused Insurance
No Way to Get to Pharmacy

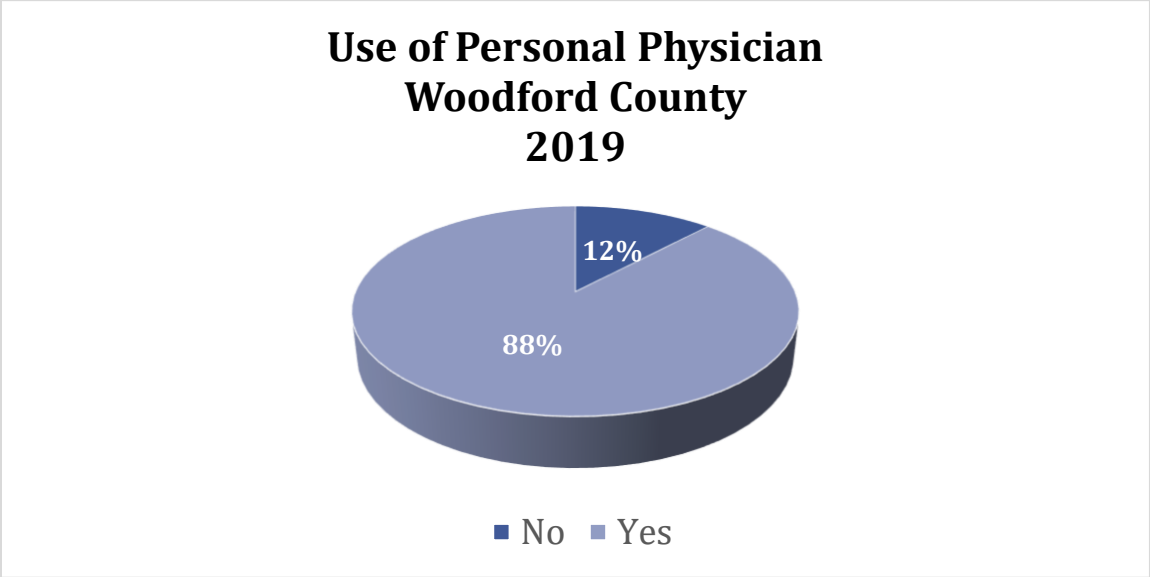

Causes of Inability to Access Dental Care
Woodford County
2019
46%
32%
14%
9%
50%
40%
30%
20%
10%
0%
No Insurance
Could Not Afford Co-Pay
Doctor Refused Insurance
No Way to Get to Doctor

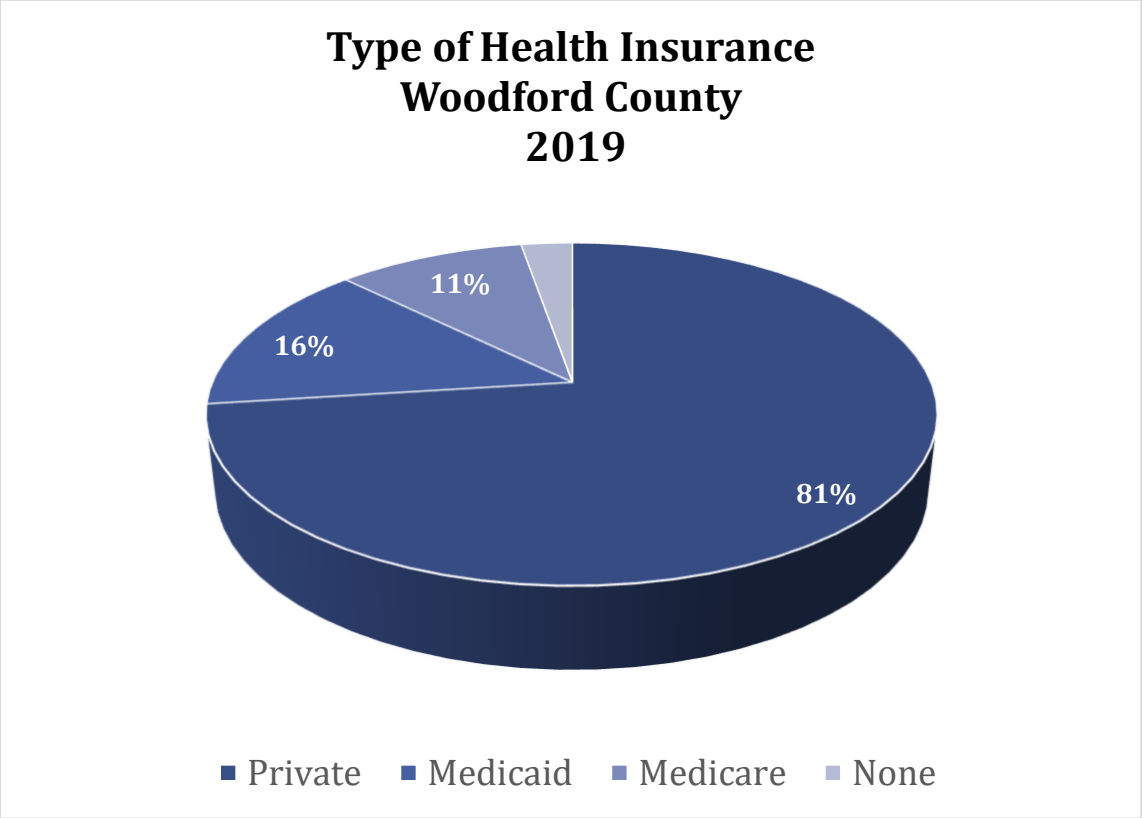

Causes of Inability to Access Counseling
Woodford County
2019
27%
22%
22%
16%
13%
30%
25%
20%
15%
10%
5%
0%
Embarrassment
Could Not Afford Co-Pay
Doctor Refused Insurance
No Insurance
No Way to Get to Doctor

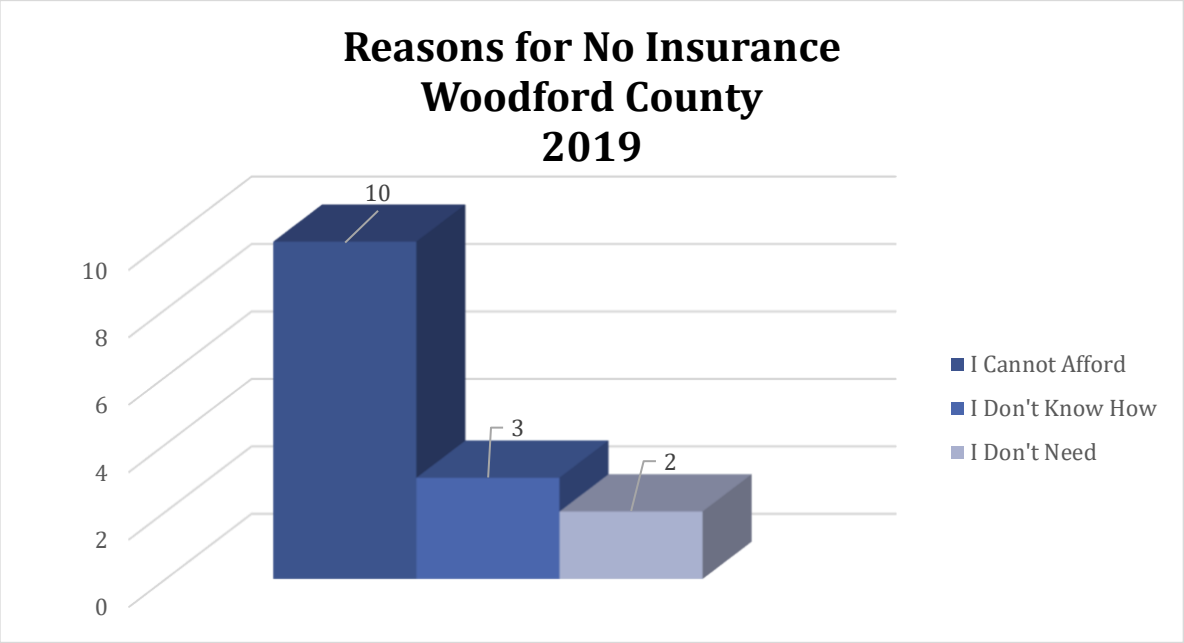


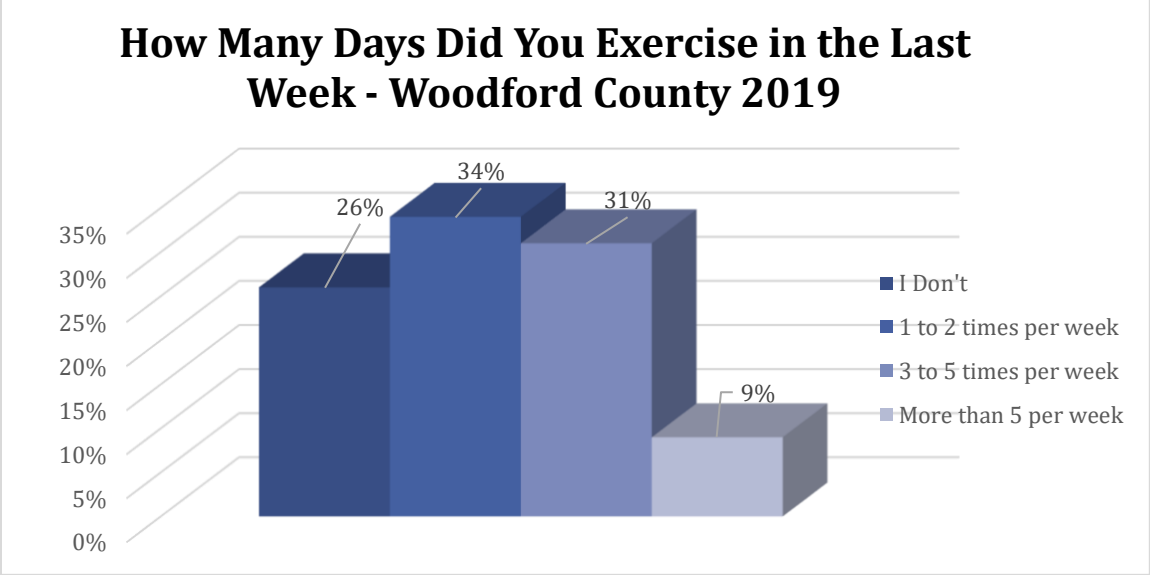


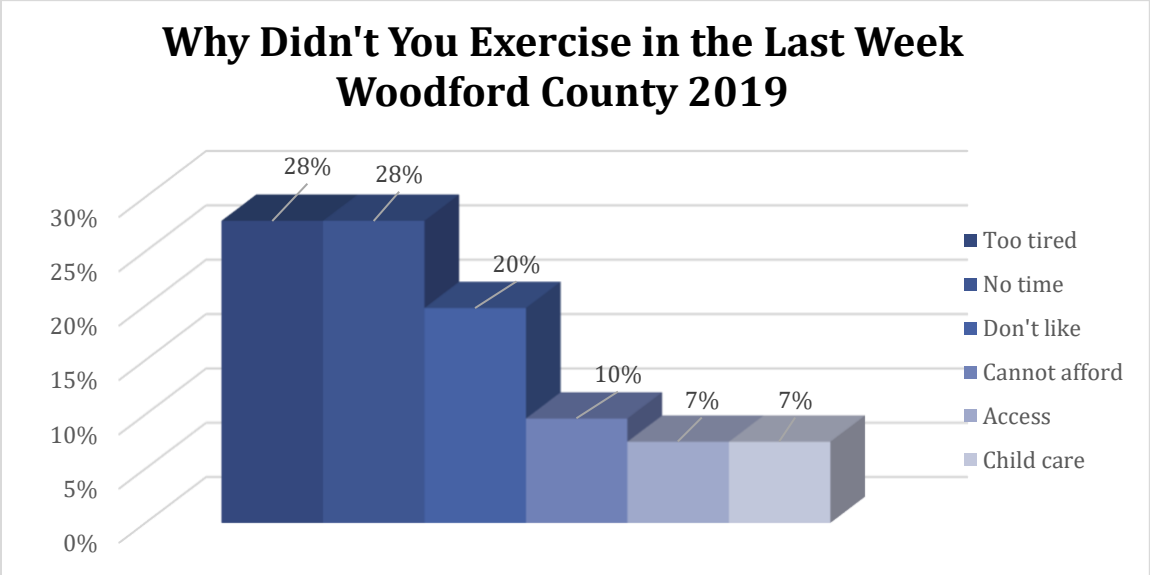
Free public Internet	
Yes	91
No	9
Internet in home	
Yes	95
No	5

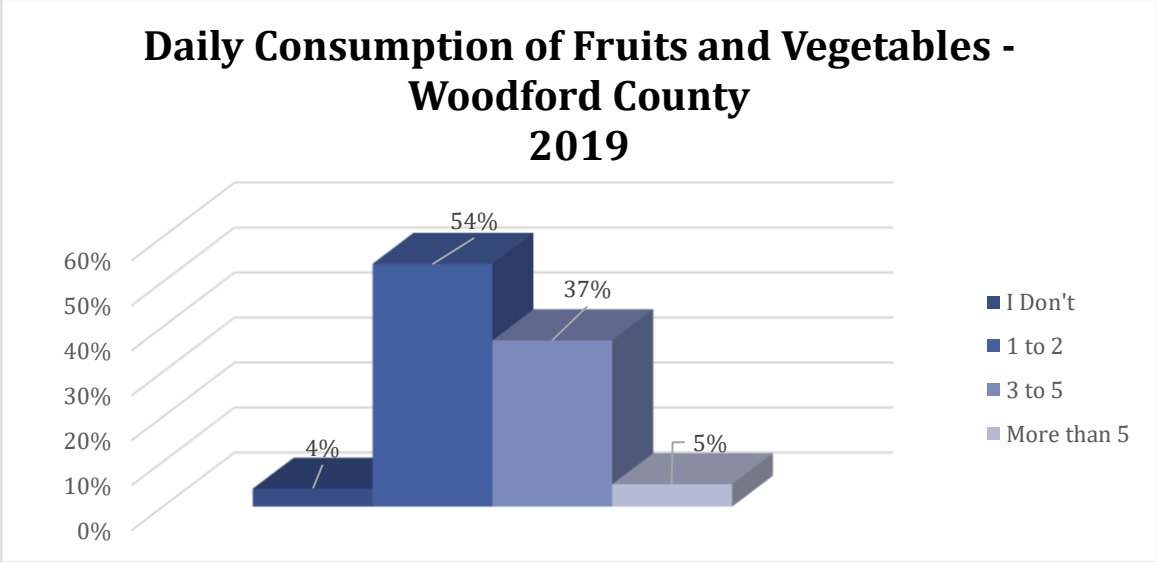

Use of Personal Physician
Woodford County
2019
12%
88%
No
Yes

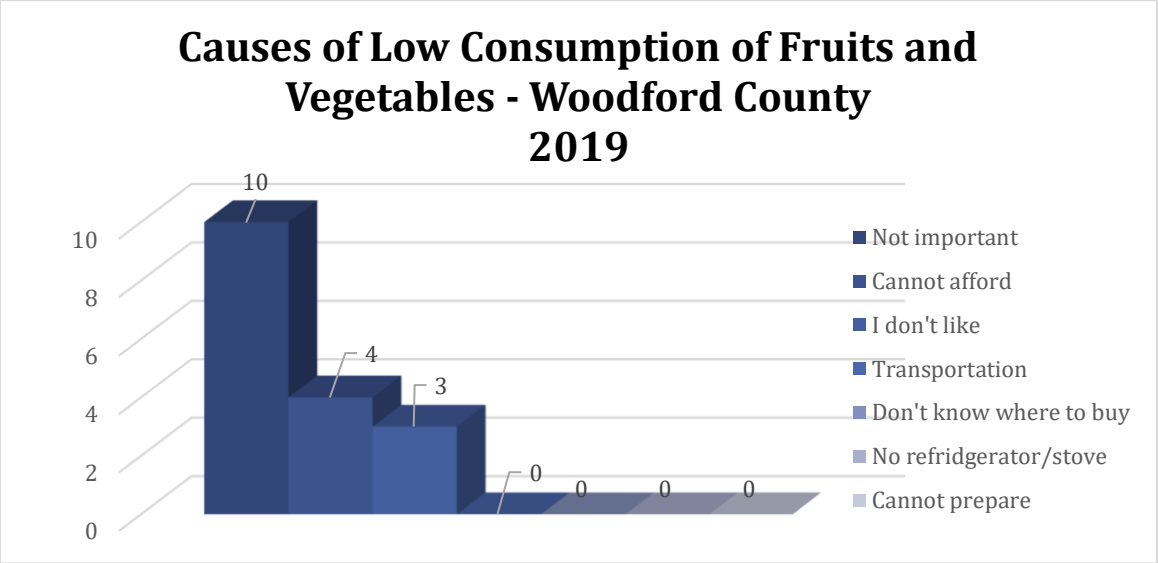

Type of Health Insurance
Woodford County
2019
11%
16%
81%
Private
Medicaid
Medicare
None

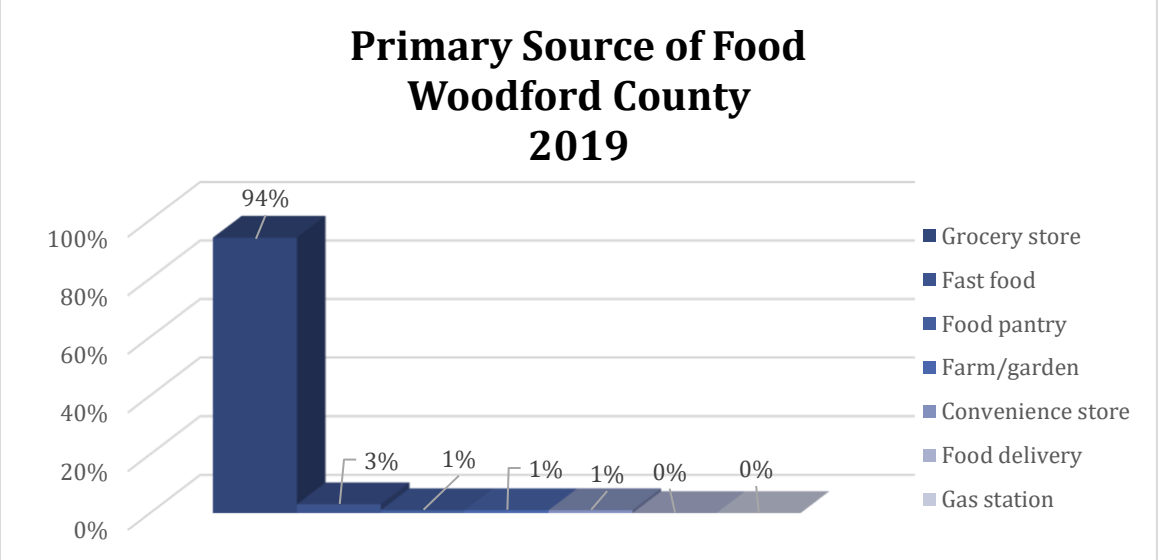

Reasons for No Insurance
Woodford County
2019
10
3
2
10
8
6
4
2
0
I Cannot Afford
I Don't Know How
I Don't Need

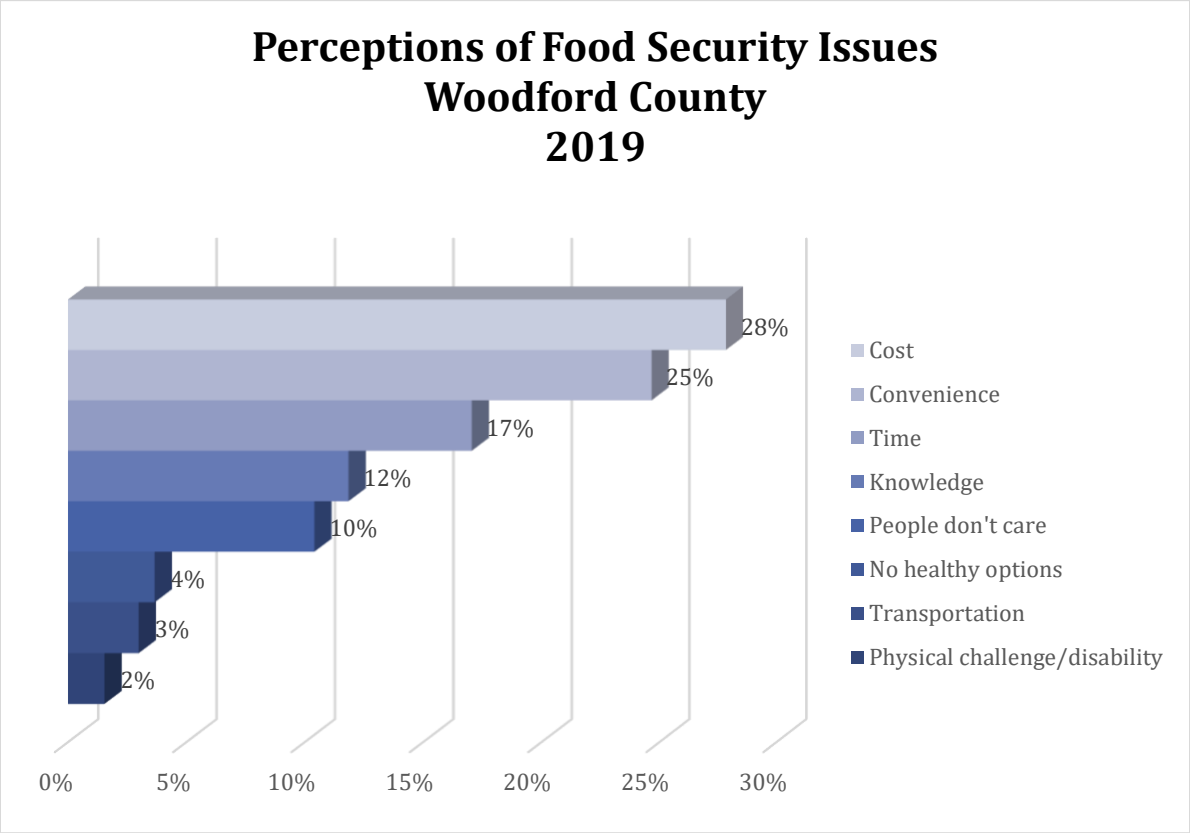

How Many Days Did You Exercise in the Last Week - Woodford County 2019
26%
34%
31%
9%
35%
30%
25%
20%
15%
10%
5%
0%
I Don't
1 to 2 times per week
3 to 5 times per week
More than 5 per week

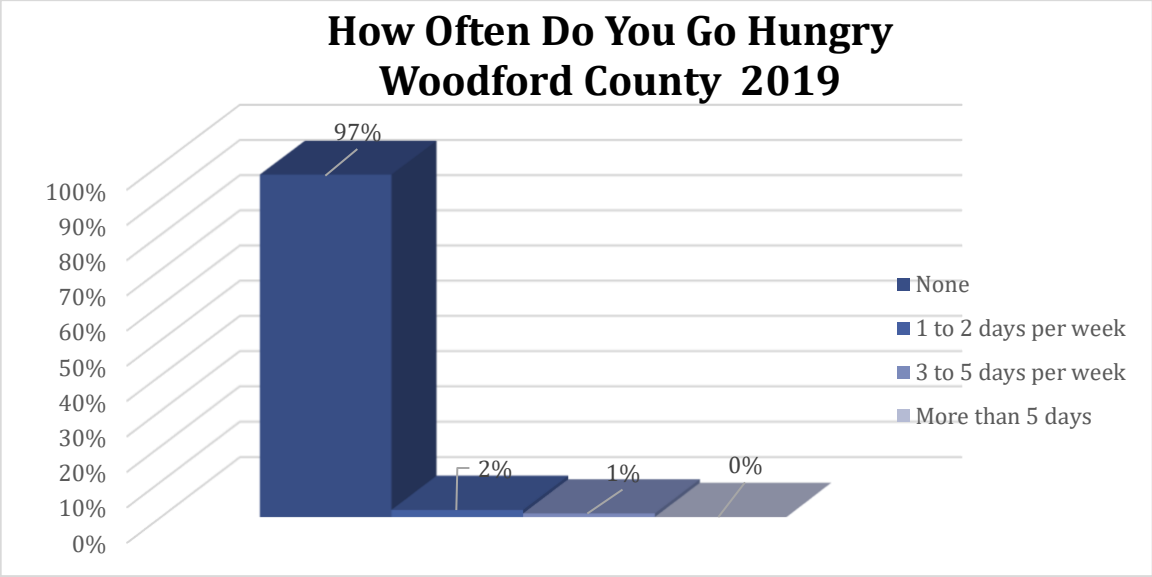

Why Didn't You Exercise in the Last Week
Woodford County 2019
30%
25%
20%
15%
10%
5%
0%
28%
28%
20%
10%
7%
7%
Too tired
No time
Don't like
Cannot afford
Access
Child care

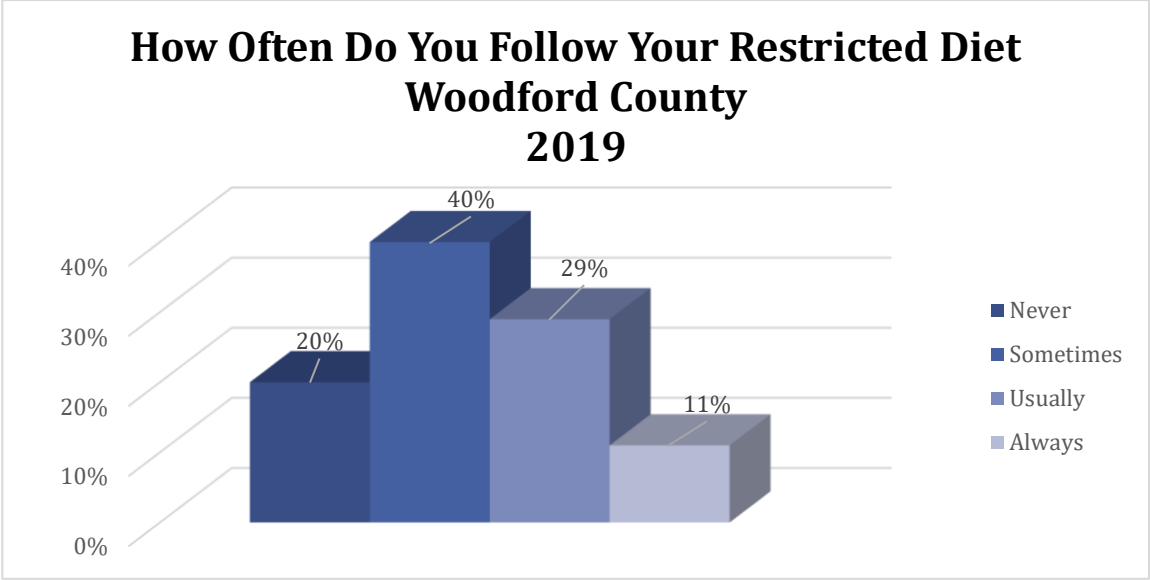

Daily Consumption of Fruits and Vegetables -
Woodford County
2019
60%
50%
40%
30%
20%
10%
0%
4%
54%
37%
5%
I Don't
1 to 2
3 to 5
More than 5

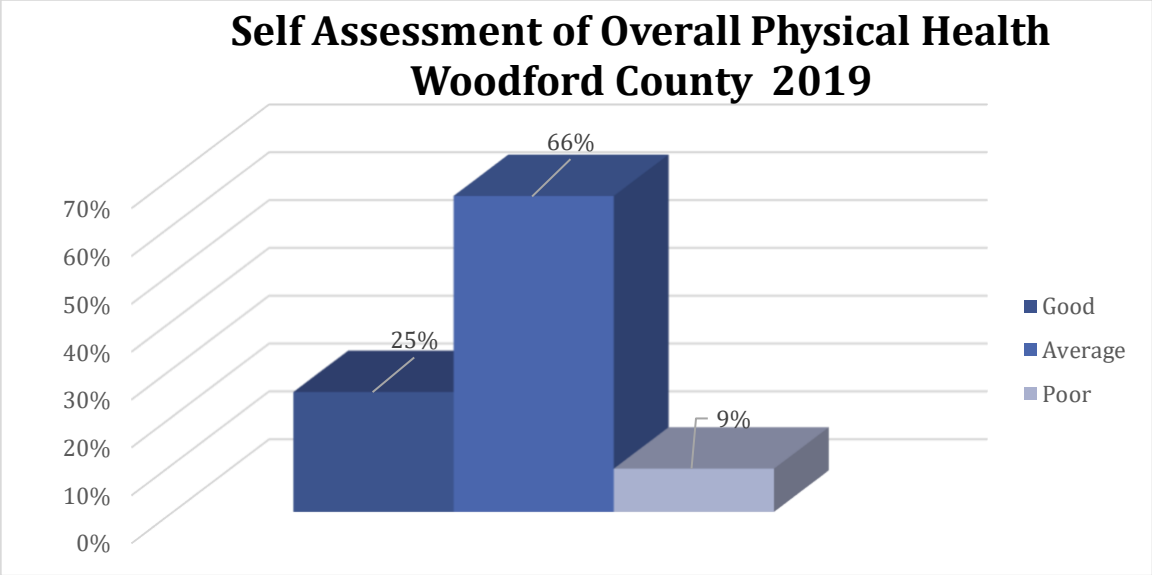

Causes of Low Consumption of Fruits and Vegetables - Woodford County 2019
10
4
3
0
0
0
0
10
8
6
4
2
0
Not important
Cannot afford
I don't like
Transportation
Don't know where to buy
No refridgerator/stove
Cannot prepare

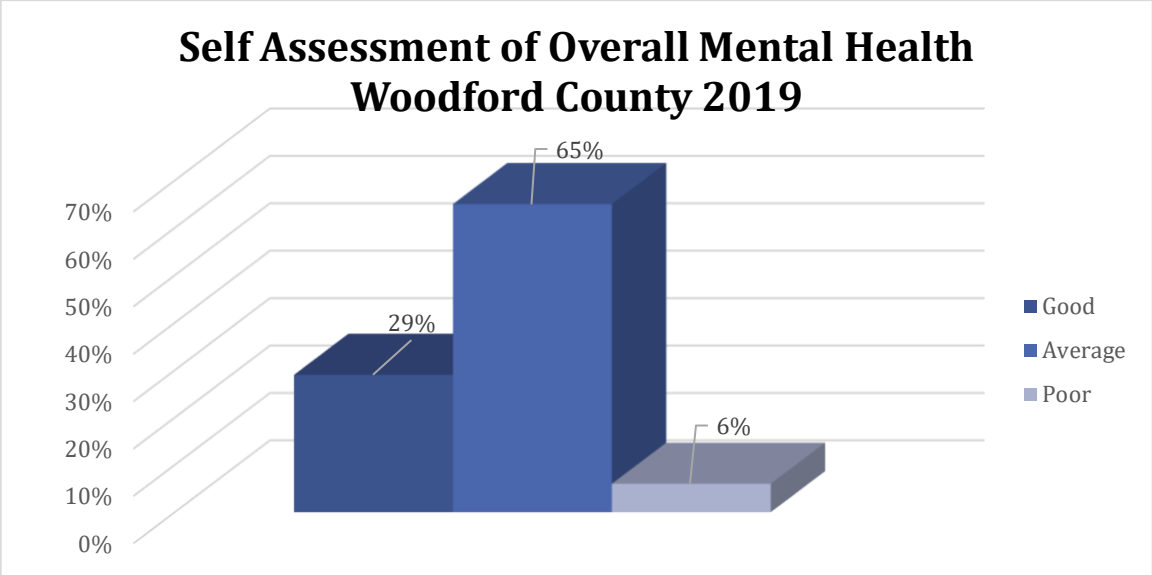

Primary Source of Food Woodford County 2019
94%
3%
1%
1%
1%
0%
0%
100%
80%
60%
40%
20%
0%
Grocery store
Fast food
Food pantry
Farm/garden
Convenience store
Food delivery
Gas station

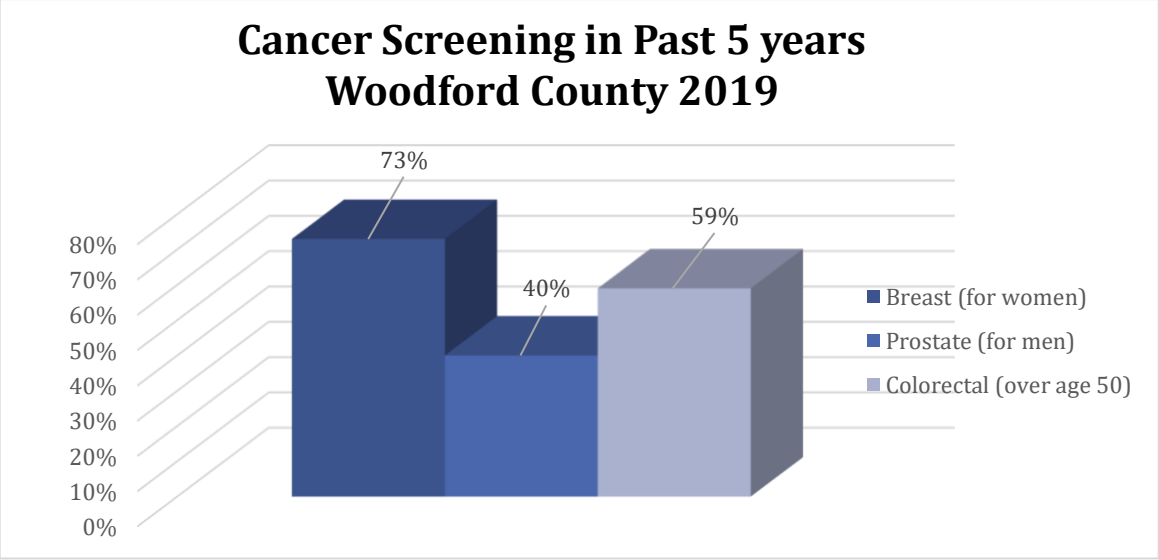

Perceptions of Food Security Issues
Woodford County
2019
28%
25%
17%
12%
10%
4%
3%
2%
0%
5%
10%
15%
20%
25%
30%
Cost
Convenience
Time
Knowledge
People don't care
No healthy options
Transportation
Physical challenge/disability

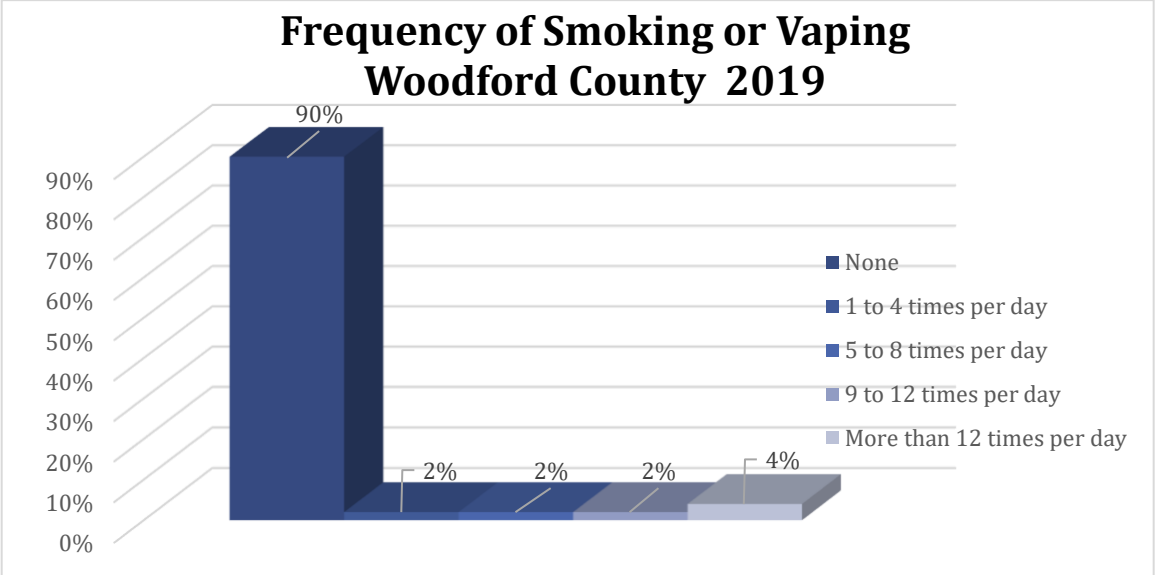

How Often Do You Go Hungry
Woodford County 2019
97%
2%
1%
0%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
None
1 to 2 days per week
3 to 5 days per week
More than 5 days

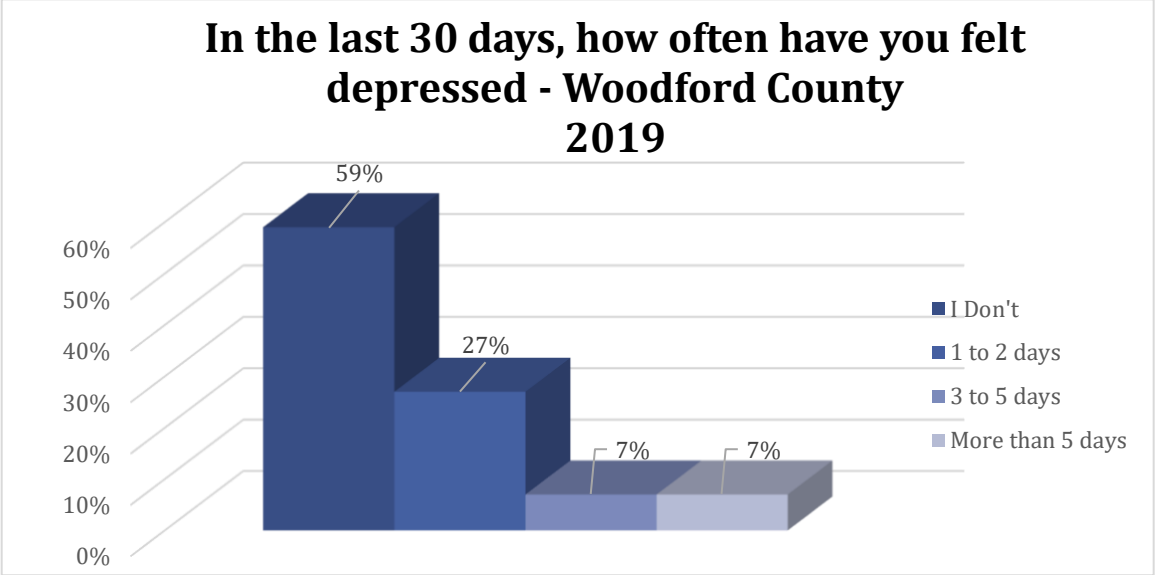

How Often Do You Follow Your Restricted Diet
Woodford County
2019
40%
29%
20%
11%
40%
30%
20%
10%
0%
Never
Sometimes
Usually
Always

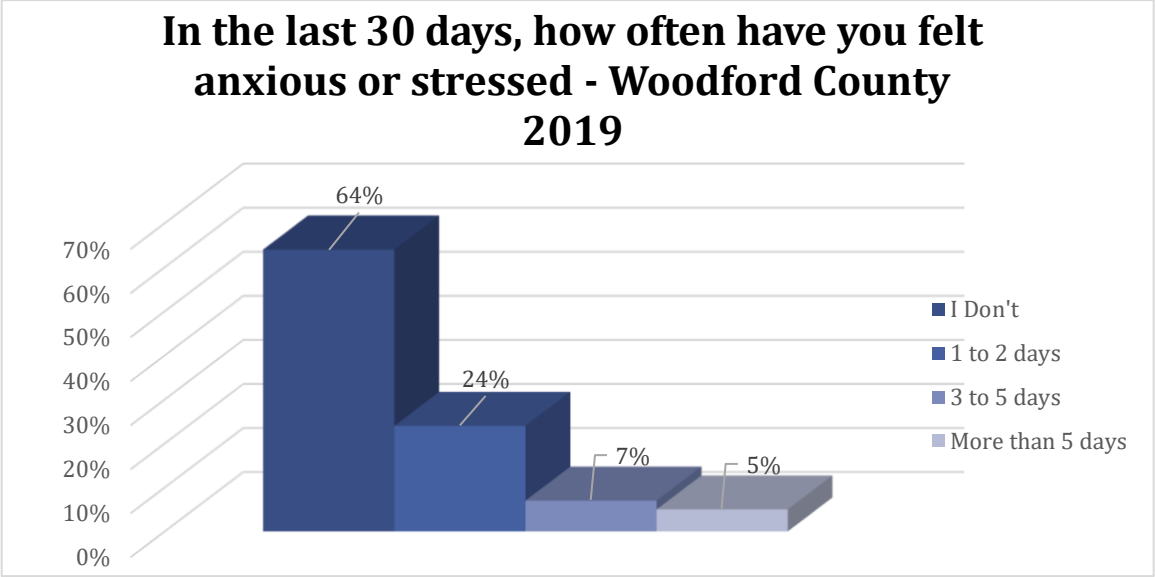

Self Assessment of Overall Physical Health
Woodford County 2019
66%
25%
9%
70%
60%
50%
40%
30%
20%
10%
0%
Good
Average
Poor

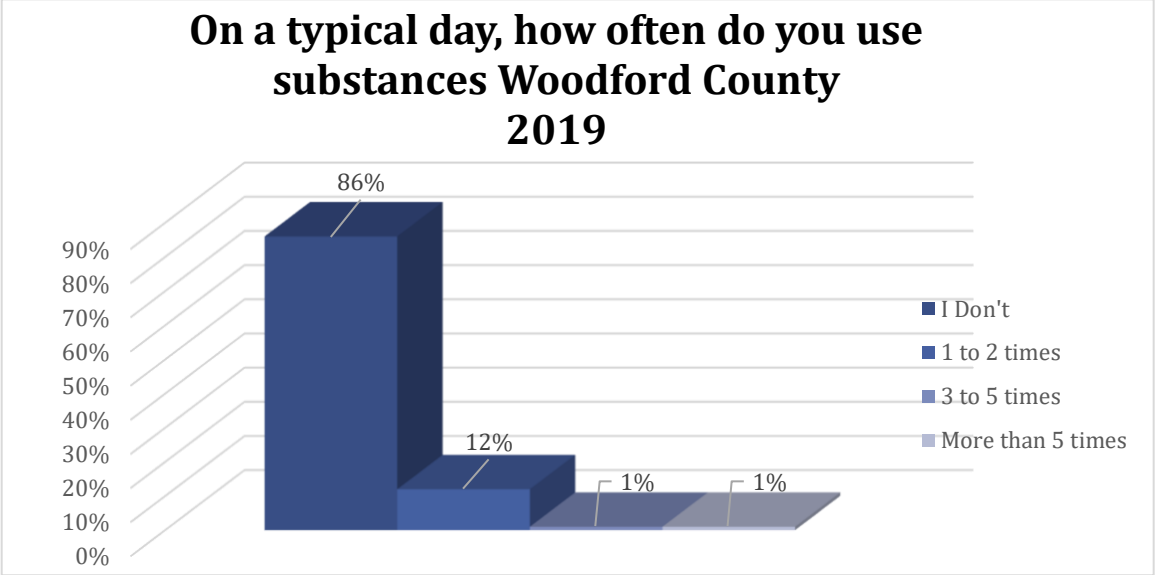

Self Assessment of Overall Mental Health
Woodford County 2019
70%
60%
50%
40%
30%
20%
10%
0%
29%
65%
6%
Good
Average
Poor

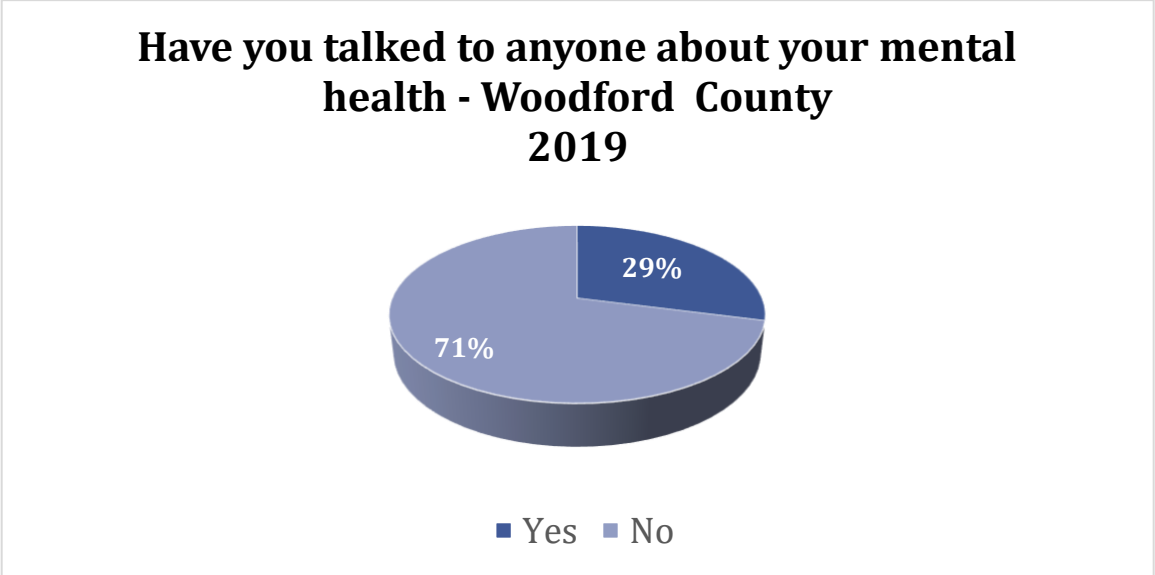

Cancer Screening in Past 5 years
Woodford County 2019
80%
70%
60%
50%
40%
30%
20%
10%
0%
73%
40%
59%
Breast (for women)
Prostate (for men)
Colorectal (over age 50)

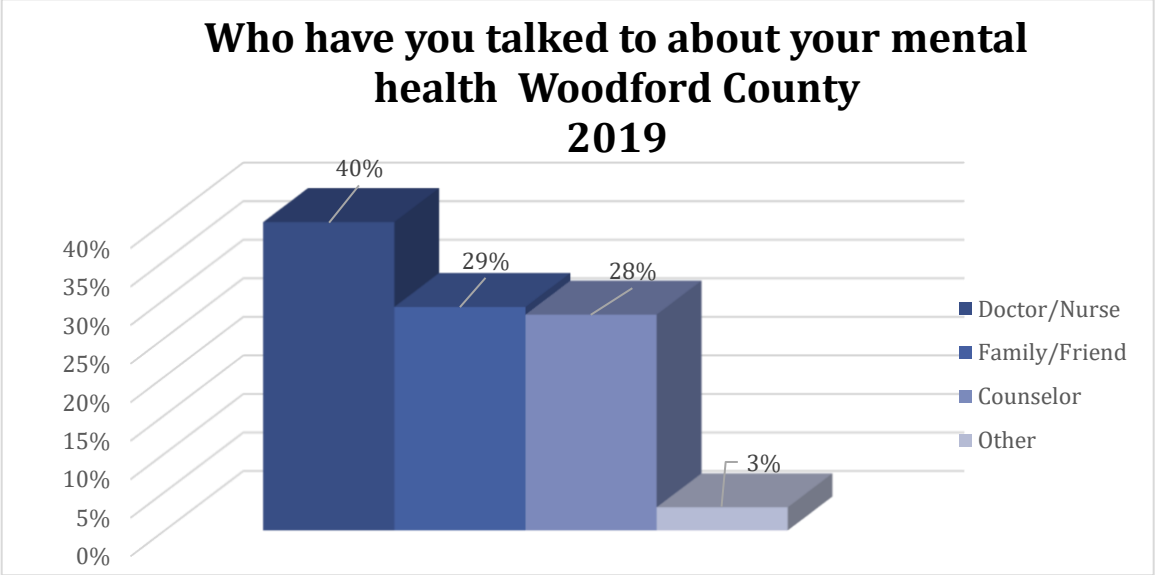

Frequency of Smoking or Vaping
Woodford County 2019
90%
2%
2%
2%
4%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

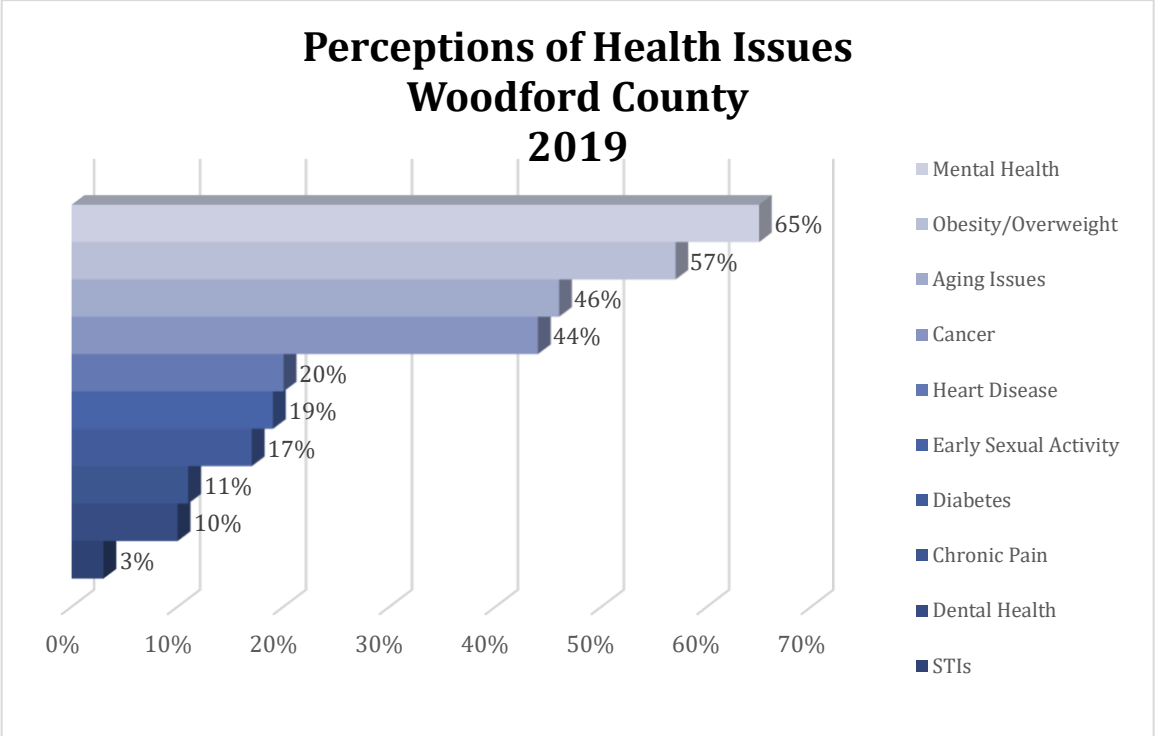

In the last 30 days, how often have you felt depressed - Woodford County 2019
59%
27%
7%
7%
0%
10%
20%
30%
40%
50%
60%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

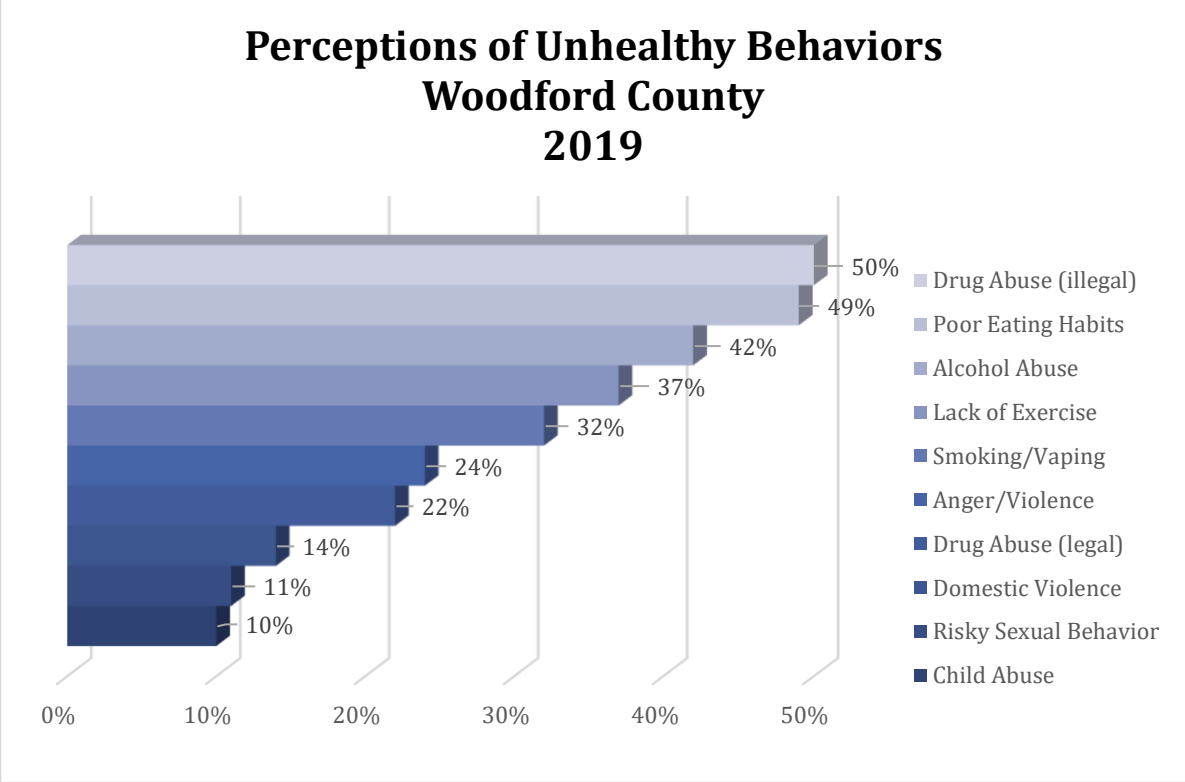

In the last 30 days, how often have you felt anxious or stressed - Woodford County 2019
64%
24%
7%
5%
70%
60%
50%
40%
30%
20%
10%
0%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

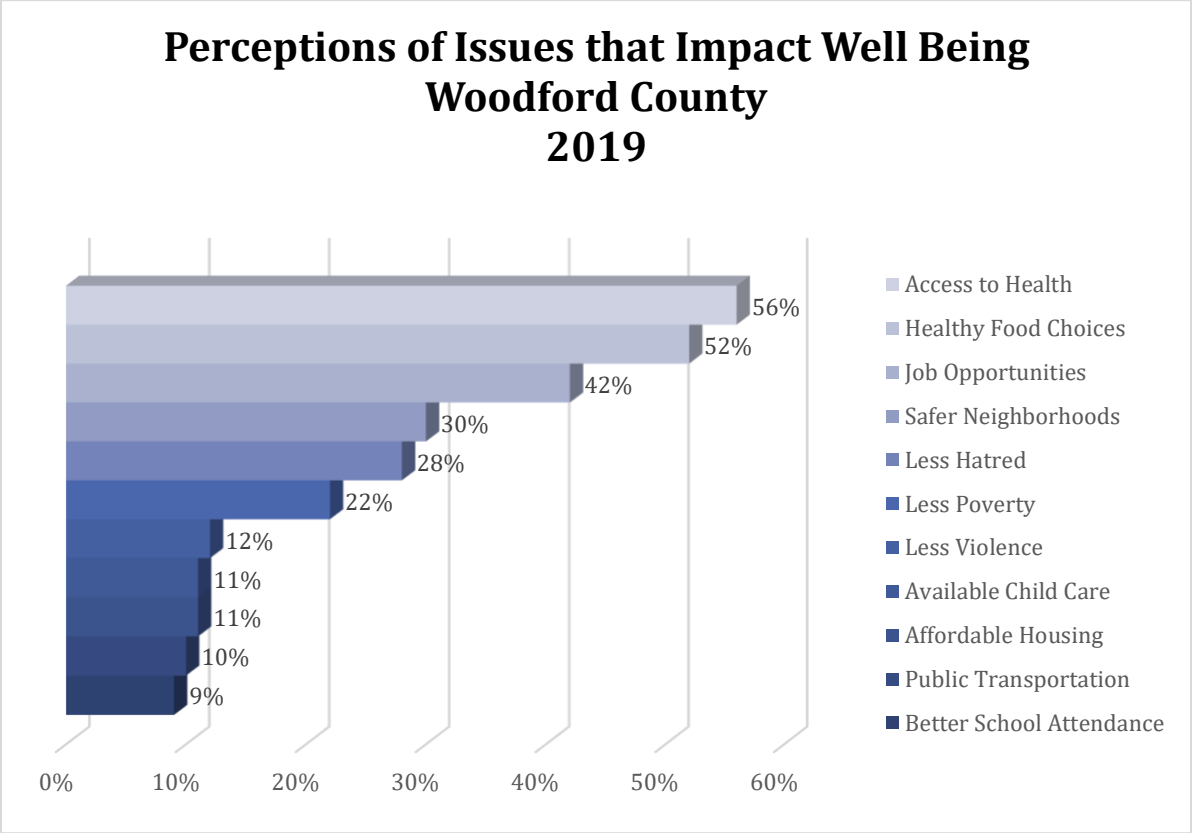

On a typical day, how often do you use substances Woodford County 2019
86%
12%
1%
1%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

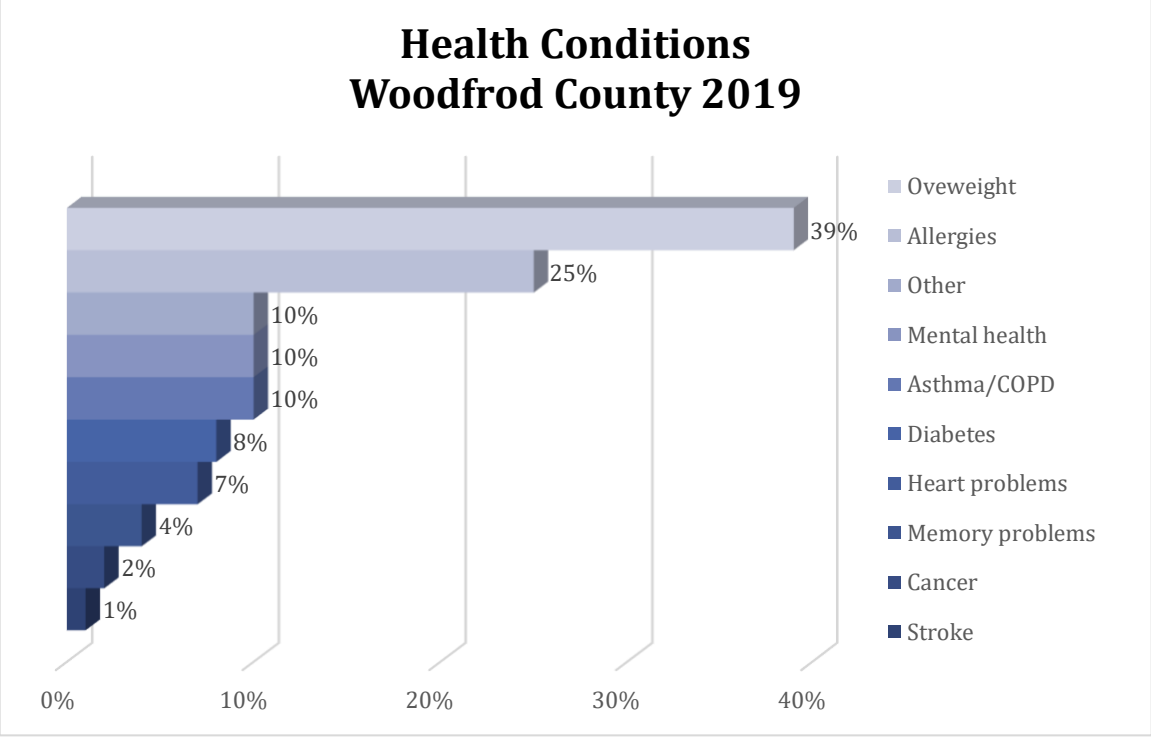

Have you talked to anyone about your mental health - Woodford County 2019
29%
71%
Yes
No

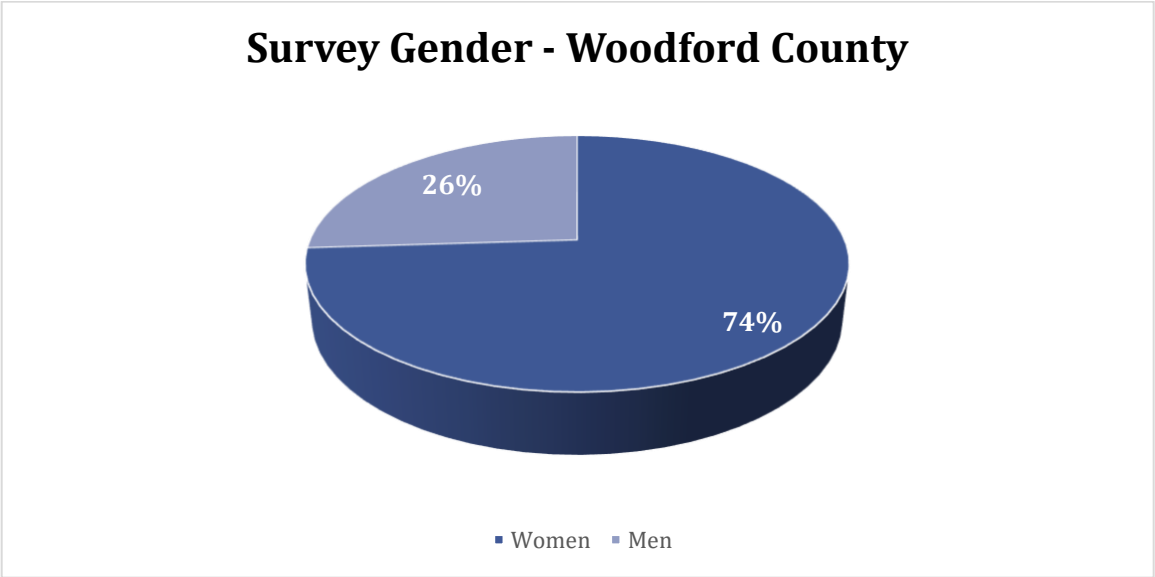

Who have you talked to about your mental health Woodford County 2019
40%
35%
30%
25%
20%
15%
10%
5%
0%
40%
29%
28%
3%
Doctor/Nurse
Family/Friend
Counselor
Other

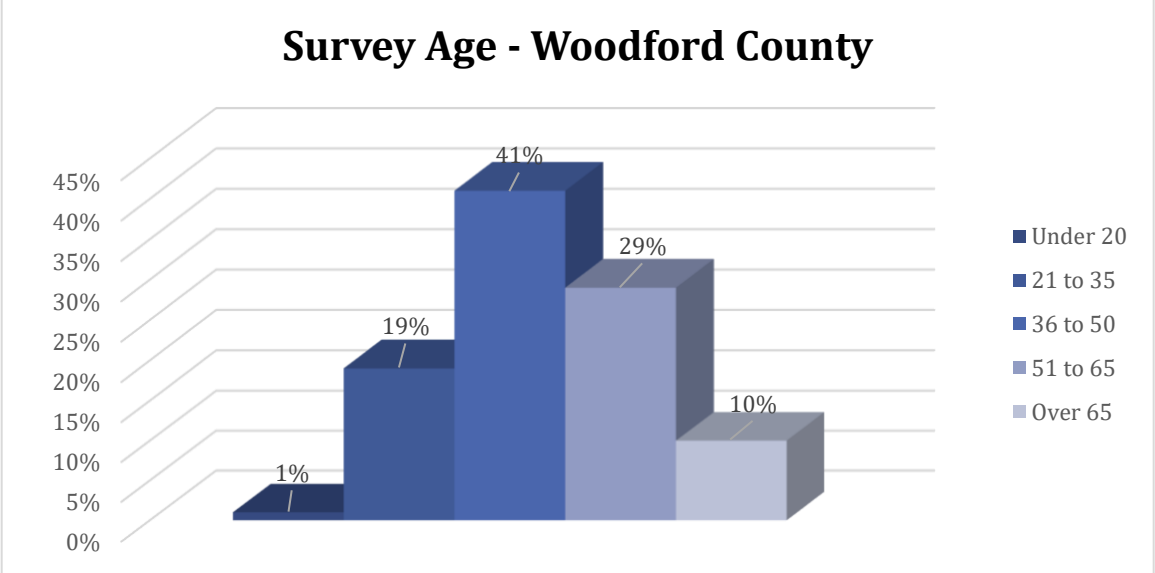

Perceptions of Health Issues
Woodford County
2019
65%
57%
46%
44%
20%
19%
17%
11%
10%
3%
0%
10%
20%
30%
40%
50%
60%
70%
Mental Health
Obesity/Overweight
Aging Issues
Cancer
Heart Disease
Early Sexual Activity
Diabetes
Chronic Pain
Dental Health
STIs

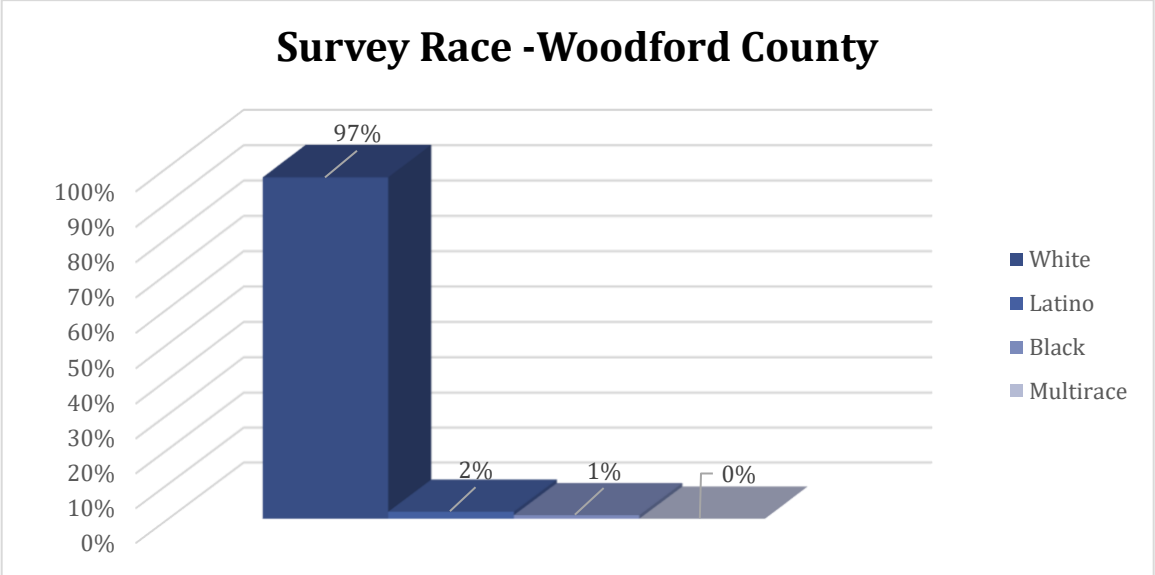

Perceptions of Unhealthy Behaviors
Woodford County
2019
50%
49%
42%
37%
32%
24%
22%
14%
11%
10%
0%
10%
20%
30%
40%
50%
Drug Abuse (illegal)
Poor Eating Habits
Alcohol Abuse
Lack of Exercise
Smoking/Vaping
Anger/Violence
Drug Abuse (legal)
Domestic Violence
Risky Sexual Behavior
Child Abuse

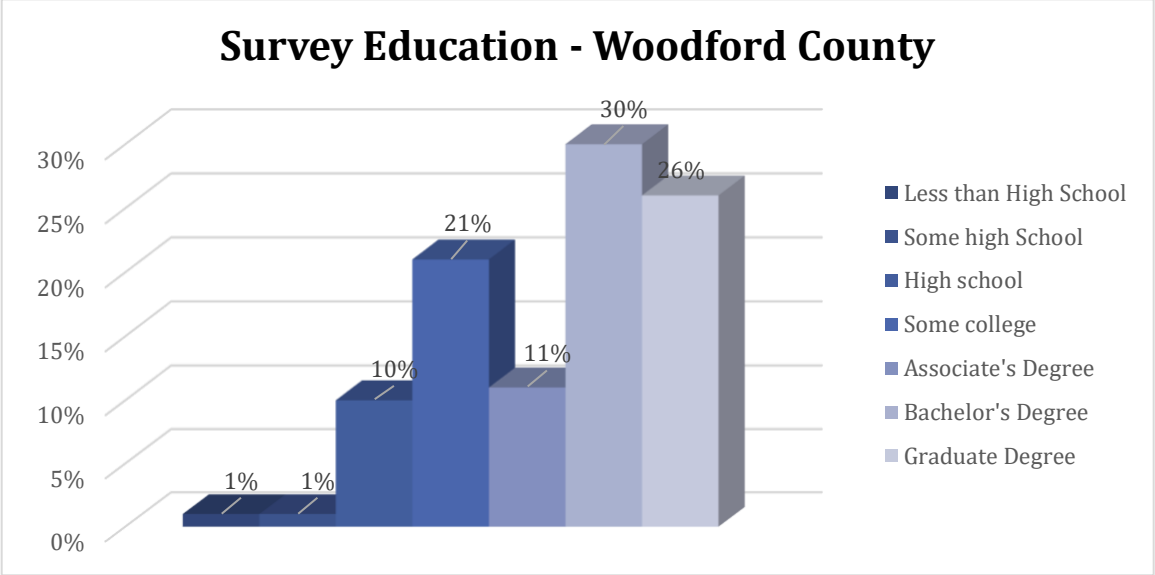

Perceptions of Issues that Impact Well Being
Woodford County
2019
56%
52%
42%
30%
28%
22%
12%
11%
11%
10%
9%
0%
10%
20%
30%
40%
50%
60%
Access to Health
Healthy Food Choices
Job Opportunities
Safer Neighborhoods
Less Hatred
Less Poverty
Less Violence
Available Child Care
Affordable Housing
Public Transportation
Better School Attendance

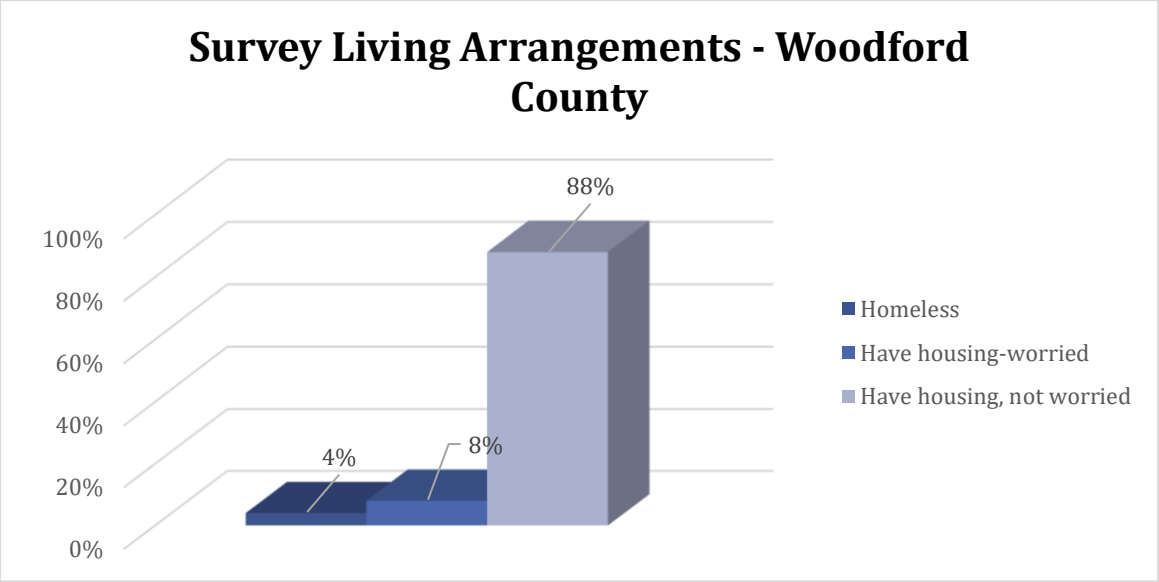

Health Conditions
Woodfrod County 2019
39%
25%
10%
10%
10%
8%
7%
4%
2%
1%
0%
10%
20%
30%
40%
Oveweight
Allergies
Other
Mental health
Asthma/COPD
Diabetes
Heart problems
Memory problems
Cancer
Stroke

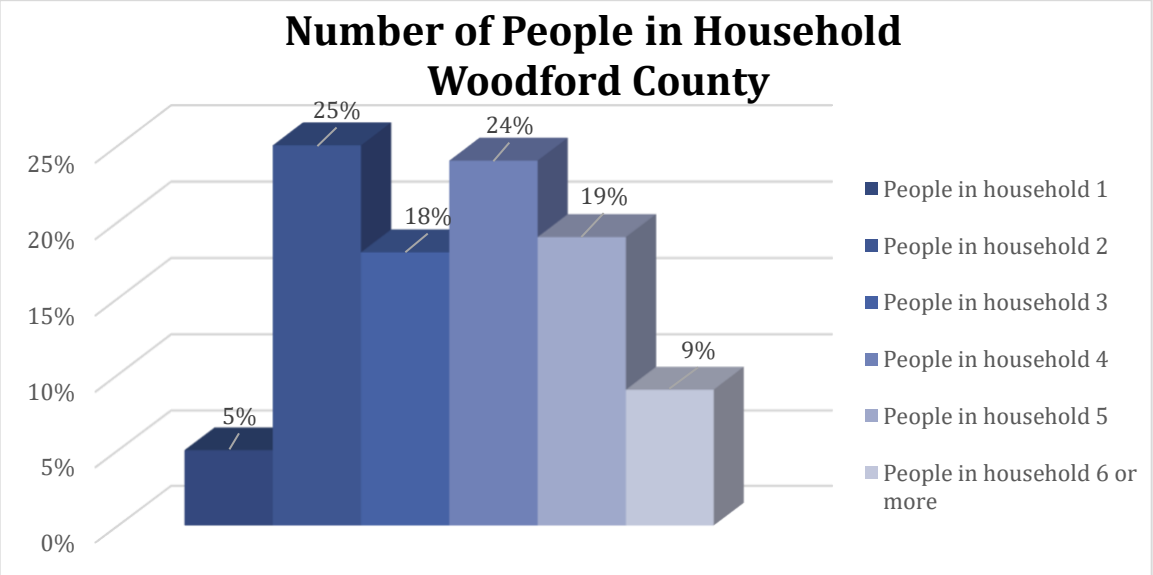

Survey Gender - Woodford County
26%
74%
Women
Men


Survey Age - Woodford County
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
19%
41%
29%
10%
Under 20
21 to 35
36 to 50
51 to 65
Over 65


Survey Race -Woodford County
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
97%
2%
1%
0%
White
Latino
Black
Multirace


Survey Education - Woodford County
30%
25%
20%
15%
10%
5%
0%
1%
1%
10%
21%
11%
30%
26%
Less than High School
Some high School
High school
Some college
Associate's Degree
Bachelor's Degree
Graduate Degree


Survey Living Arrangements - Woodford County
100%
80%
60%
40%
20%
0%
4%
8%
88%
Homeless
Have housing-worried
Have housing, not worried


Number of People in Household Woodford County
25%
20%
15%
10%
5%
0%
5%
25%
18%
24%
19%
9%
People in household 1
People in household 2
People in household 3
People in household 4
People in household 5
People in household 6 or more