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ILLINOIS

2025

Community Health Needs Assessment

OSF SACRED HEART MEDICAL CENTER

Vermilion County

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Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Vermilion County Community Health Needs Assessment is a collaborative undertaking by the Vermilion County Executive Committee (Carle Hoopeston Regional Health Center, OSF Sacred Heart Medical Center, United Way of Danville Area, Vermilion County Mental Health Board, and Vermilion County Public Health Department). This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Vermilion County region. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors.

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

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently. Ultimately, the identification and prioritization of the most important health-related issues in the Vermilion County region were identified. The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what

percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, three significant health needs were identified and determined to have equal priority:

- **Behavioral Health – Mental Health and Substance Use**
- **Income/Poverty**
- **Access to Healthcare**

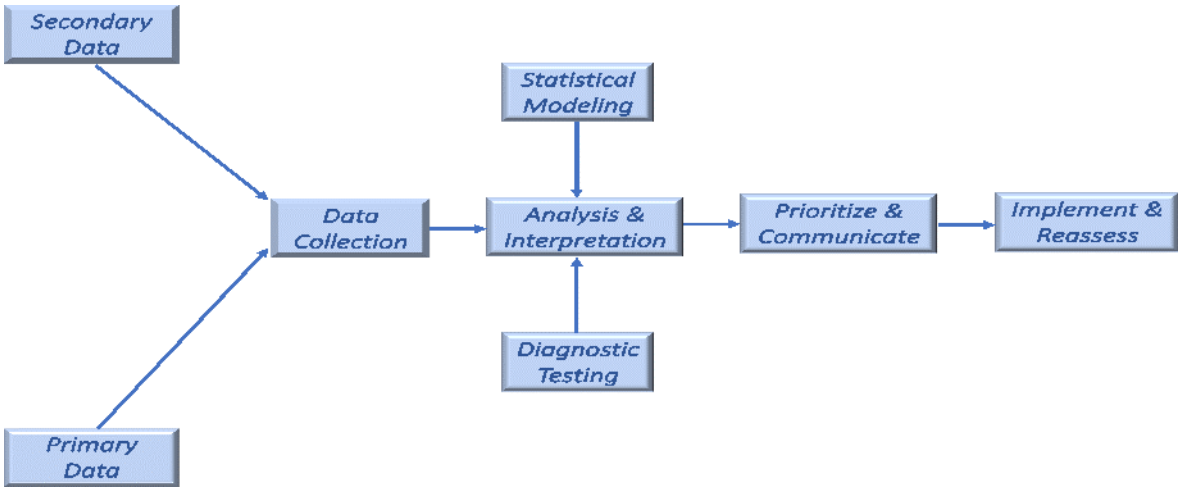
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt charitable hospital organizations to conduct community health needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by the Vermilion County Regional Executive Committee including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 28, 2025, and by the Carle Hoopeston Regional Health Center Board on September 11, 2025.

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

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included Carle Hoopeston Regional Health Center, OSF HealthCare Sacred Heart Medical Center, United Way of Danville

Area, Vermilion County Health Department, and the Vermilion County Mental Health 708 Board. Because Carle and OSF have locations in Champaign, the Champaign-Urbana Public Health District and United Way of Champaign County are included in the Executive Committee. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM.

The Vermilion County Regional Executive Committee would like to acknowledge and thank the many individuals and organizations that contributed their valuable time and expertise to this report. Community organizations and individuals outside of the Vermilion County Regional Executive Committee providing critical and experienced feedback include Carle Health, Vermilion County Public Health District, Danville Mass Transit, Rosecrance, OSF Healthcare, United Way of Danville, Vermilion County Sheriff's Office, Vermilion County Coroner's Office.

Definition of the Community

Vermilion County is located in east central Illinois and is 899 square miles with a population of 72,337 (2022). Vermilion County has had a long history of challenges. Vermilion County has been consistently ranked in the bottom quartile of the County Health Rankings & Roadmaps according to Robert Woods Johnson Foundation rankings.

Analyses were completed to identify the percentage of inpatient and outpatient activity represented by Vermilion County residents in area hospitals. Specifically, data show that Vermilion County represents approximately 80% of all patient activity for OSF HealthCare Sacred Heart Medical Center and Carle Hoopeston Regional Health Center.

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

Purpose of the Community Health Needs Assessment

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

The results of this study will enable healthcare organizations to efficiently allocate limited resources and better manage high-priority challenges. By working together, hospitals, clinics, agencies and health departments will leverage this CHNA to enhance healthcare quality in Vermilion County. When feasible,

data are assessed longitudinally to identify trends and patterns by comparing with results of the 2022 CHNA and benchmarking them against State of Illinois averages.

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow for feedback. The hospital posted both a full and summary version on its website, with a feedback link available. Additionally, feedback could be provided via this email: CHNAFeedback@osfhealthcare.org.

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

2022 CHNA Health Needs and Implementation Plans

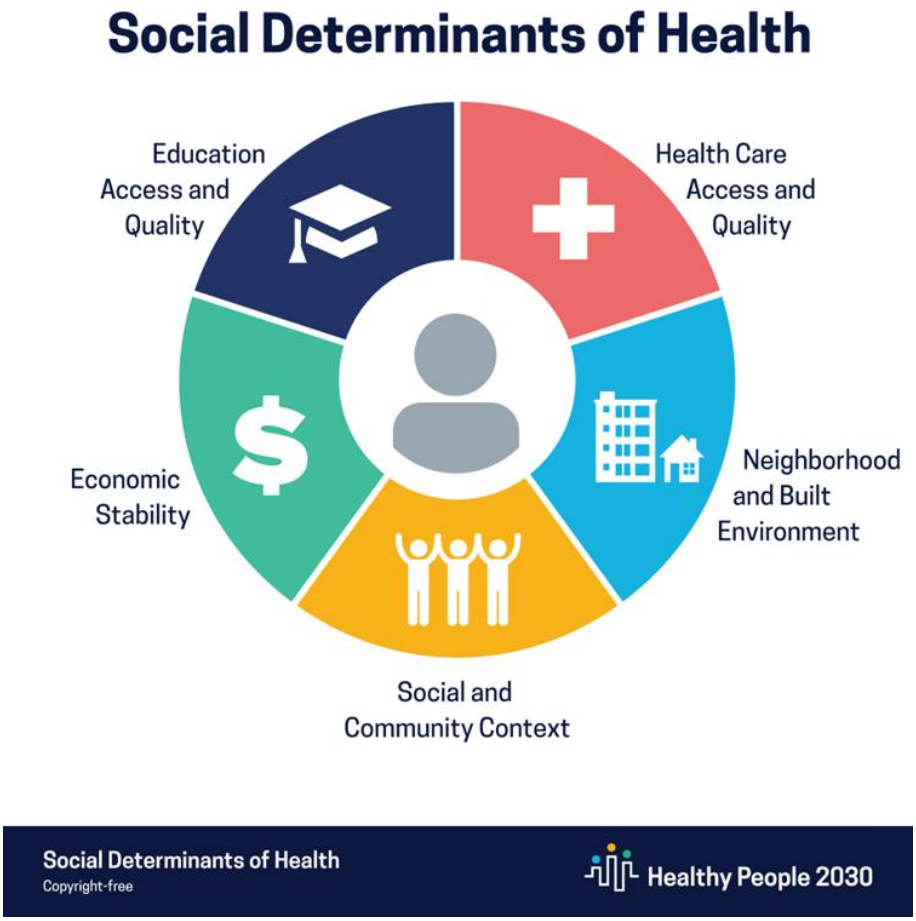
The 2022 CHNA for Vermilion County identified four significant health needs. These included: Behavioral Health, including mental health and substance abuse; Healthy Behaviors; Income/Poverty; and Violence.

Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on the activities discussed in appendix 2.

Social Drivers of Health

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

Figure 2



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

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

II. METHODS

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

Secondary Data Collection

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

Based on several retreats, a separate OSF Collaborative Team used COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) to identify six primary categories of diseases: age related, cardiovascular, respiratory, cancer, diabetes, and infections. To define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for healthcare organizations, and their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

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

Survey Instrument Design

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

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

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

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

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

- **Healthy behaviors** – To assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits, and cancer screenings.

- **Behavioral health** – To assess community issues related to areas such as anxiety and depression.

- **Food security** – To assess access to healthy food alternatives.

- **Social drivers of health** – To assess the impact that social drivers may have on the above-mentioned areas.

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

Sample Size

To identify our potential population, the percentage of the Vermilion County population living in poverty was first identified. Specifically, the county's population was multiplied by its respective poverty rate to determine the minimum sample size to study the at-risk population. The poverty rate for Vermilion County is 17.3%. With a population of 72,337, this yielded a total of 12,514 residents living in poverty in the Vermilion County area.

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

The formula used was:

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

For the total Vermilion County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 383. The original sample size was 658. After cleaning the data for "bot" survey respondents, the sample was reduced to 608 respondents. This met the threshold of the desired 95% confidence interval. Sample characteristics can be seen in APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

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

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

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

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

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

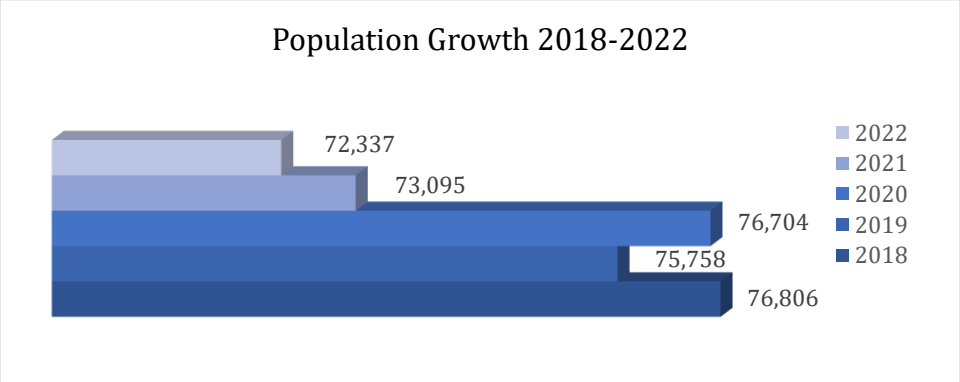
CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

1.1 Population

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

Data from the last census indicate that the population of Vermilion County has decreased 5.8% between 2018 and 2022 (Figure 3).

Figure 3



Source: United States Census Bureau

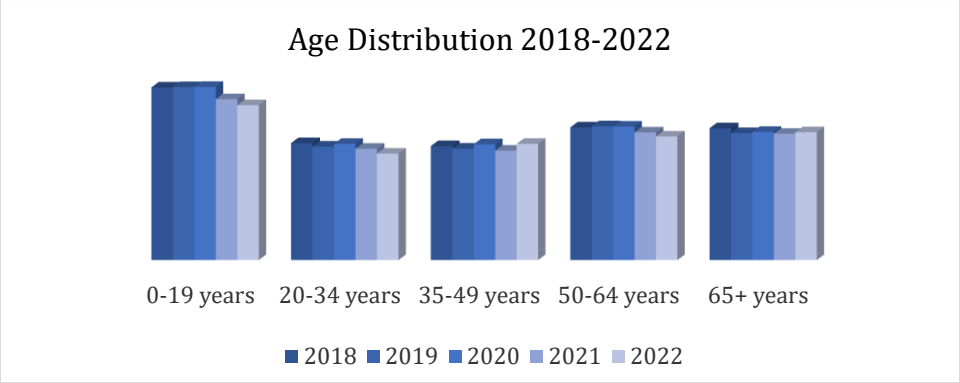
1.2 Age, Gender and Race Distribution

Importance of the Measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends impacting 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

Figure 4 illustrates the percentage of individuals in Vermilion County in each age group. Notably, all age groups decreased, except for the 35-49 age group, which increased 2%. The 0-19 age group decreased by 10.3%, the 20-34 age group decreased 8.9%, the 50-64 age group decreased 6.8%, and the elderly population (residents aged 65+ years) decreased 3% between 2018 and 2022.

Figure 4

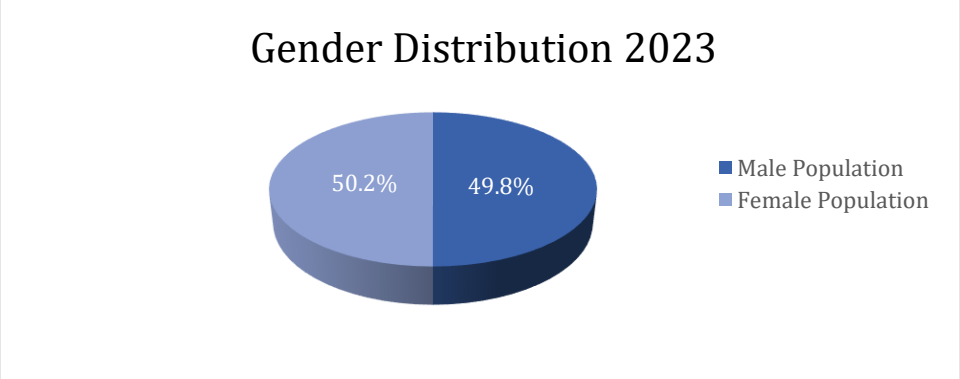


Source: United States Census Bureau

Gender

The gender distribution of Vermilion County (Figure 5) residents is relatively equal among males and females.

Figure 5



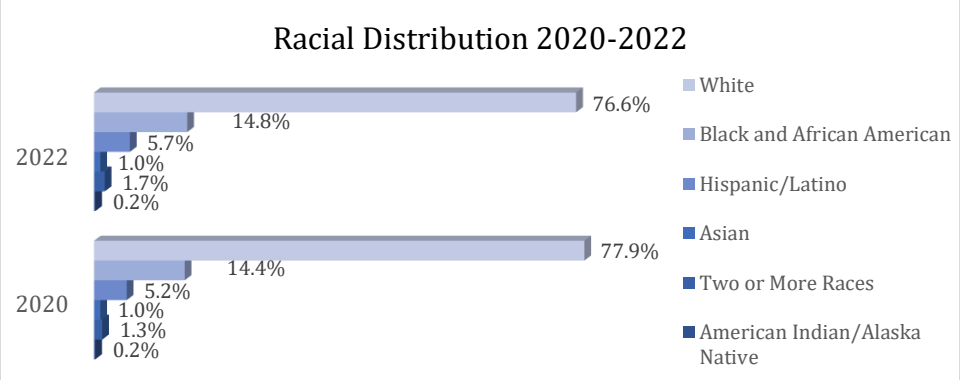
Source: United States Census Bureau

Race

With regard to race and ethnic background, Vermilion County is largely homogenous. Data from 2022 show that the White population comprises 76.6% of Vermilion County residents. However, the non-White population of Vermilion County has slightly increased (from 22.1% in 2020 to 23.4% in 2022), with Black people comprising 14.8% of the population, Hispanic/Latino (LatinX) ethnicity comprising 5.7% of the

population, Asian people comprising of 1%, multi-racial people comprising 1.7% of the population, and American Indian and Alaska Natives comprising of 0.2% of the population in 2022 (Figure 6).

Figure 6



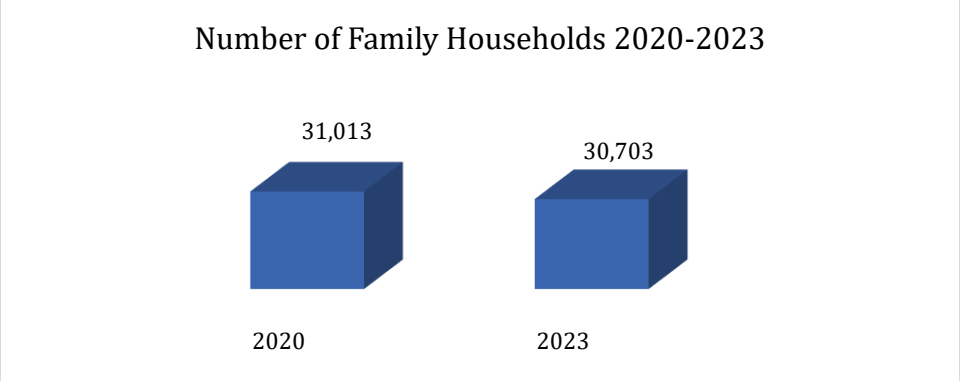
Source: United States Census Bureau

1.3 Household/Family

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

As indicated in Figure 7, the number of family households in Vermilion County decreased from 2020 (31,013) to 2023 (30,703).

Figure 7

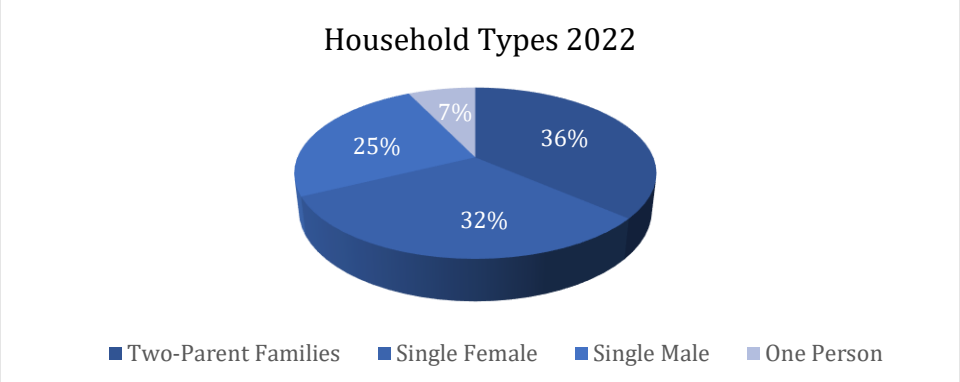


Source: United States Census Bureau

Family Composition

In Vermilion County, data from 2022 show that two-parent families make up 36% of households. One-person households represent 7%, single-female households represent 32%, and single-male households account for 25% (Figure 8).

Figure 8

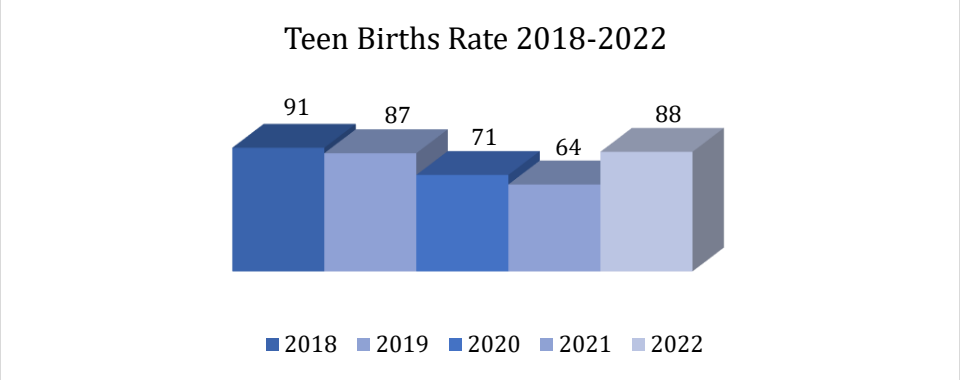


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Vermilion County has experienced fluctuations in teenage birth rate but has declined overall from 2018 (91) to 2021 (88) (Figure 9).

Figure 9



Source: Illinois Department of Public Health

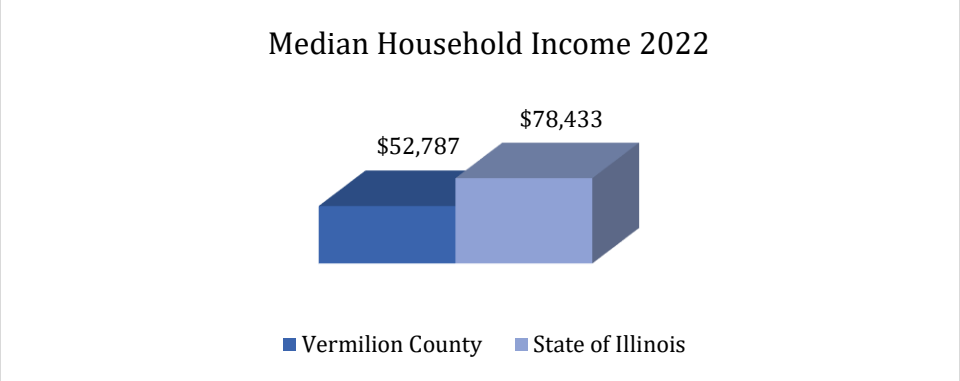
1.4 Economic Information

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

Median Income Level

For 2022, the median household income in Vermilion County ($52,787) was lower than the State of Illinois ($78,433) average (Figure 10).

Figure 10

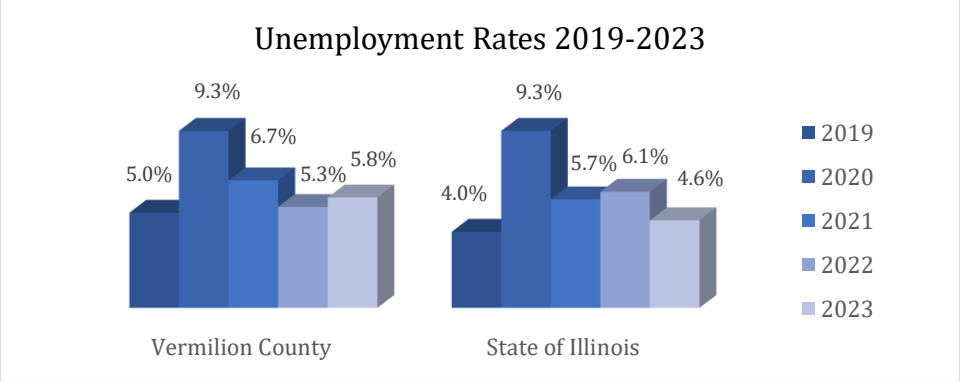


Source: United States Census Bureau

Unemployment

The Vermilion County unemployment rate remained higher than or equal to the State of Illinois unemployment rate over the five-year period, 2019-2023, except for 2022. In 2023, the Vermilion County rate (5.8%) was higher than the State of Illinois rate (4.6%) (Figure 11).

Figure 11

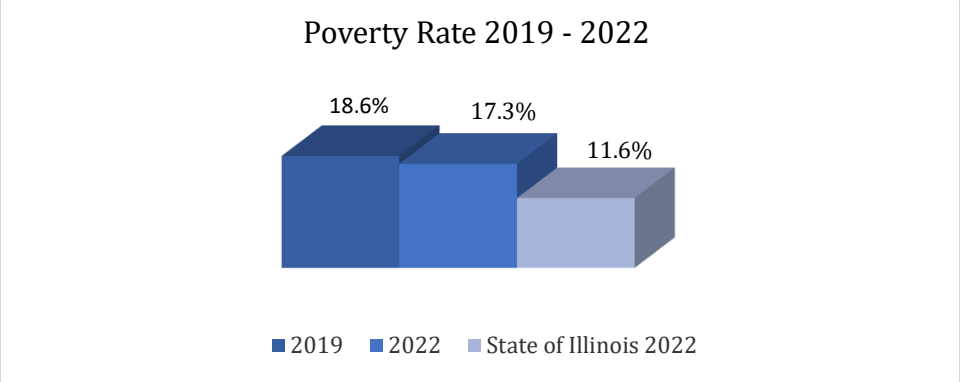


Source: Bureau of Labor Statistics

Individuals in Poverty

In Vermilion County, the percentage of individuals living in poverty decreased from 18.6% in 2019 to 17.3% in 2022. Poverty has a significant impact on the development of children and youth. In 2022, the poverty rate for families living in Vermilion County (17.3%) was significantly higher than the State of Illinois family poverty rate (11.6%) (Figure 12).

Figure 12



Source: United States Census Bureau

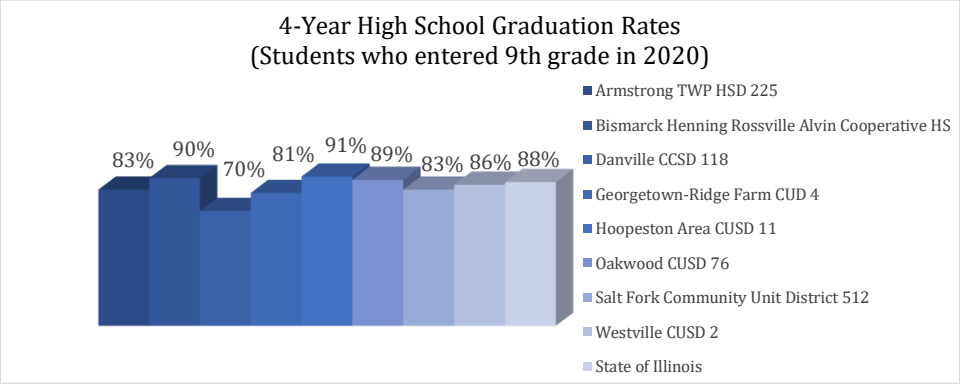
1.5 Education

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

High School Graduation Rates

In 2020, nearly two thirds of high schools in Vermilion County had lower graduation rates than the State of Illinois rates. Danville CCSD 118 high school had the lowest rate (70%), while Hoopeston Area CUSD 11 (91%) had the highest rate, compared to the State of Illinois average (88%) (Figure 13).

Figure 13



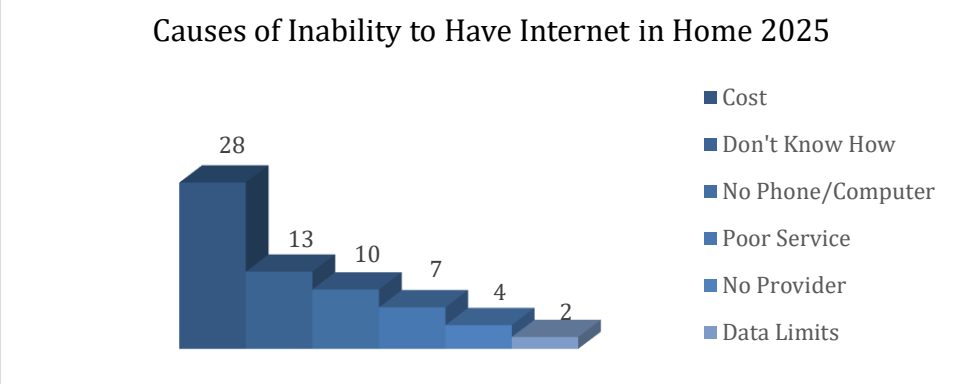
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 89% indicated they had Internet in their homes. For those who did not have Internet in their home, cost (28) was the most

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

Figure 14



Source: CHNA Survey

Social Drivers Related to Internet Access

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

- **Access to Internet** tends to be rated higher for people with higher education and those with higher income. Access to Internet tends to be rated lower for older people and those in an unstable housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ SINGLE FEMALE HEADS OF HOUSE HOUSEHOLD REPRESENTS 32% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ NEARLY TWO-THIRDS OF HIGH SCHOOLS HAVE LOWER AVERAGE GRADUATION RATES THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ POVERTY RATES HAVE DECREASED BUT REMAIN SIGNIFICANTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.

CHAPTER 2 OUTLINE

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

CHAPTER 2: PREVENTION BEHAVIORS

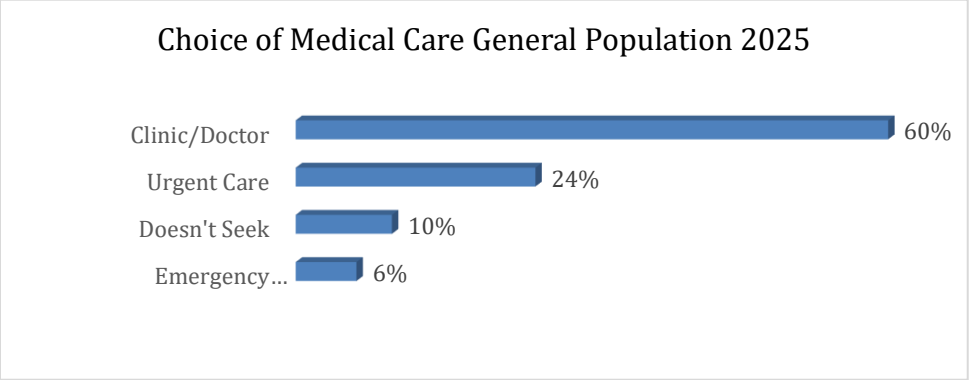
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different alternatives were presented, including clinic or doctor's office, urgent care facilities, emergency department, and does not seek medical treatment. The most common response for source of medical care was clinic/doctor's office, chosen by 60% of survey respondents. This was followed by urgent care (24%), not seeking medical attention (10%), and the emergency department at a hospital (6%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office remained constant at 60% in 2022 and 2025. The use of urgent care facilities decreased from 27% in 2022 to 24% in 2025. Doesn't seek medical treatment also decreased from 11% in 2022 to 10% in 2025. Emergency department increased from 2% in 2022 to 6% in 2025.

Social Drivers Related to Choice of Medical Care

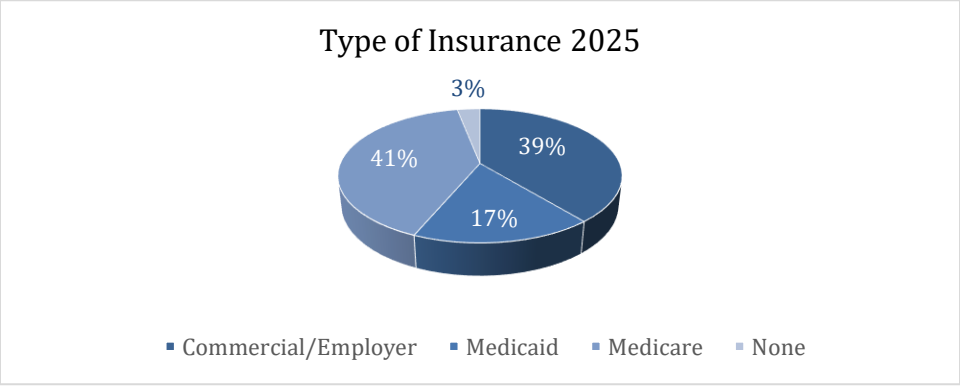
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be rated higher by older people and LatinX people.
- **Urgent Care** did not have any significant correlates.
- **Emergency Department** tends to be rated higher by Black people and those in an unstable housing environment. Emergency department tends to be rated lower by White people, those with lower education, and those with lower income.
- **Does Not Seek Medical Care** tends to be rated higher by younger people.

Insurance Coverage

According to survey data, 41% of the residents are covered by Medicare, followed by commercial/employer insurance (39%), and Medicaid (17%). Only 3% of respondents indicated they did not have any health insurance (Figure 16).

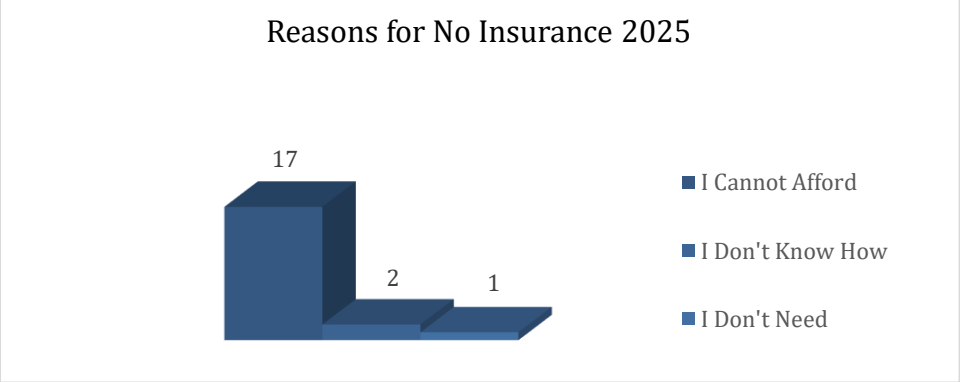
Figure 16



Source: CHNA Survey

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

Figure 17



Source: CHNA Survey

Social Drivers Related to Type of Insurance

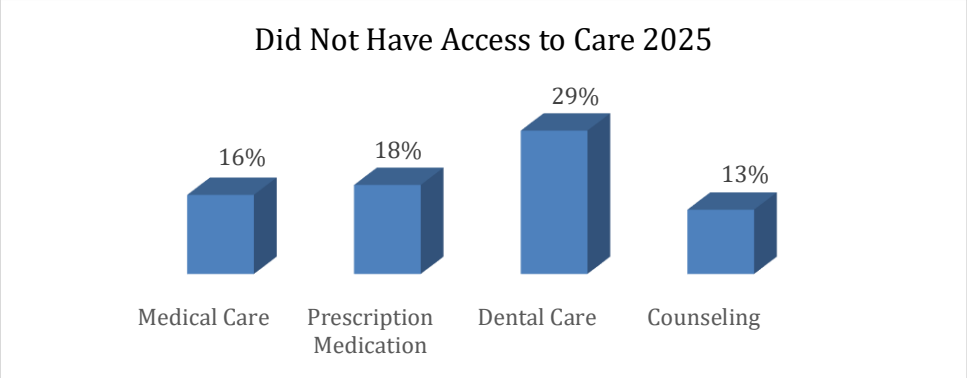
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be rated higher by older people and White people. Medicare tends to be rated lower by men, LatinX people, those with lower education, and those with lower income.
- **Medicaid** tends to be rated higher by Black people. Medicaid is rated lower by LatinX people, those with lower education, and those with lower income.
- **Commercial/Employer Insurance** is used more often by women, White people, LatinX people, those with higher education, and those with higher income. Commercial/Employer insurance is rated lower by younger people, Black people, and those with an unstable housing environment. *Note, given that the majority of survey respondents were women, combined with the significant positive correlation between women and commercial/employer insurance, there is a possibility ratings may be inflated.*
- **No Insurance** did not have any significant correlates.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care, and counseling. Survey results show that 16% of the population did not have access to medical care when needed; 18% of the population did not have access to prescription medication when needed; 29% of the population did not have access to dental care when needed; and 13% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

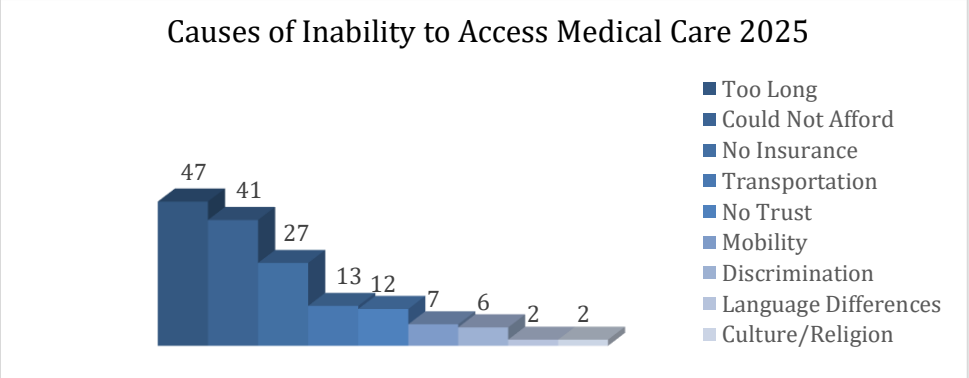
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

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

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to medical care was too long to wait for an appointment (47), the inability to afford the copay (41), and no insurance (27) (Figure 19).

Figure 19

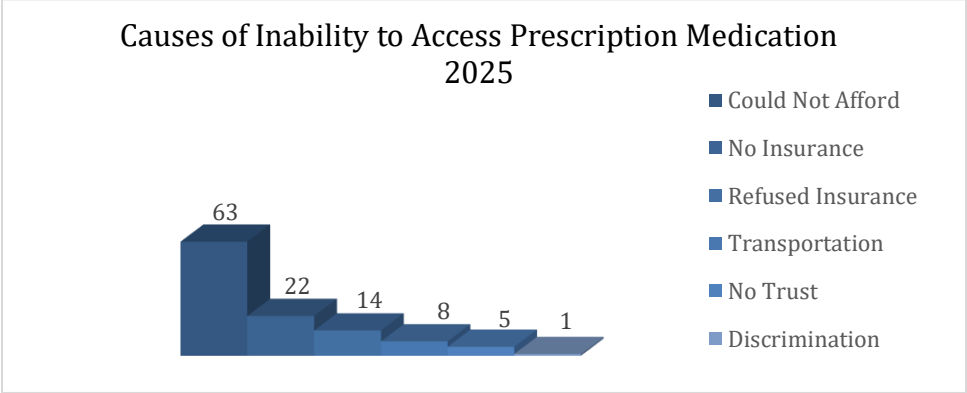


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (63) and no insurance (22) (Figure 20).

Figure 20

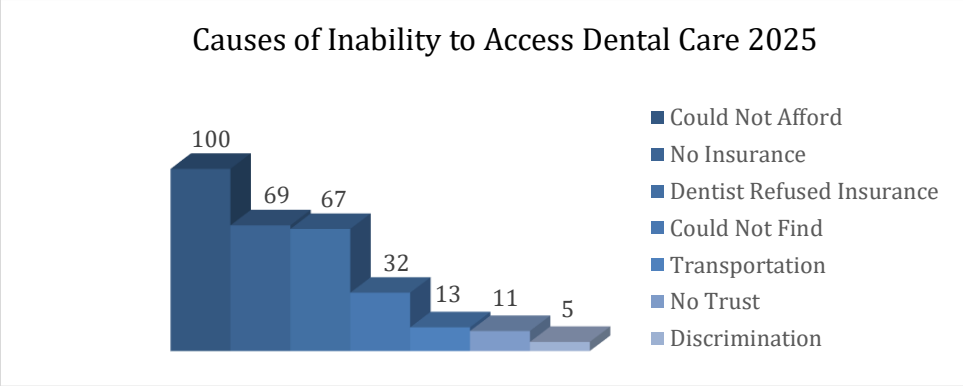


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. Based on frequencies, the leading causes of inability to gain access to dental care were the inability to afford copayments (100), no insurance (69), and provider refusal of insurance (67) (Figure 21).

Figure 21

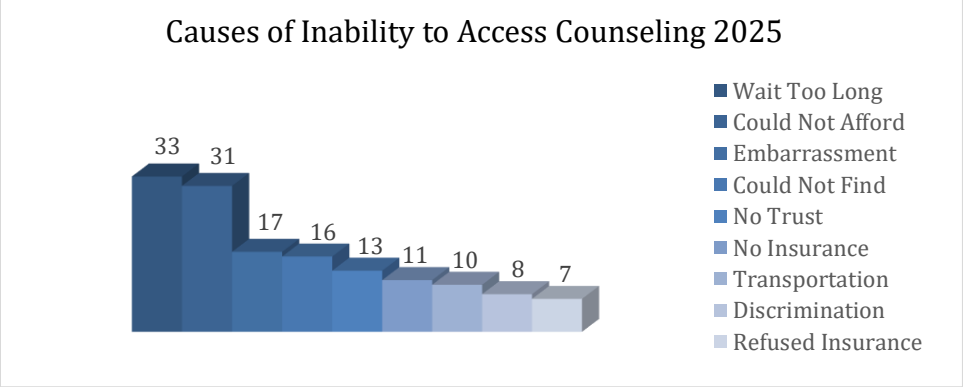


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to counseling were too long of a wait (33) and the inability to afford co-pays (31) (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show a decrease (4%) in those who were able to get medical care.
Access to Prescription Medications – results show a decrease (6%) in those who were able to get prescription medication.
Access to Dental Care – results show a decrease (7%) in those who were able to get dental care.
Access to Counseling – results show a slight increase (1%) in those who were able to get counseling when needed.

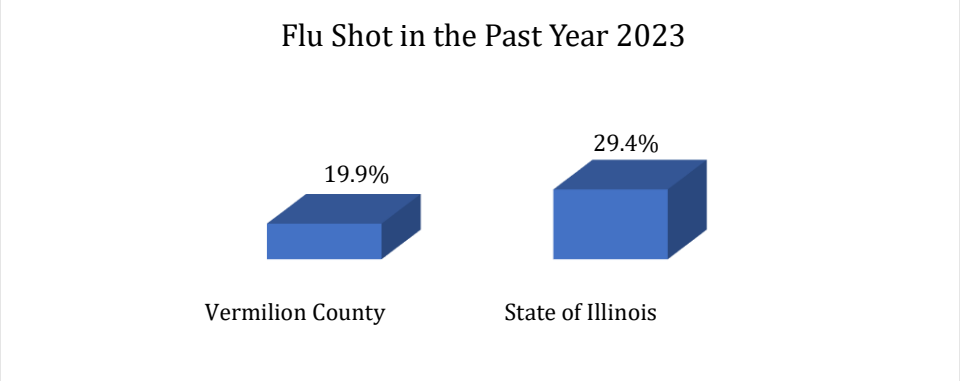
2.2 Wellness

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

Frequency of Flu Shots

Figure 23 shows that 19.9% of people in Vermilion County had a flu shot in the past year, which is significantly lower than the State of Illinois average of 29.4%.

Figure 23

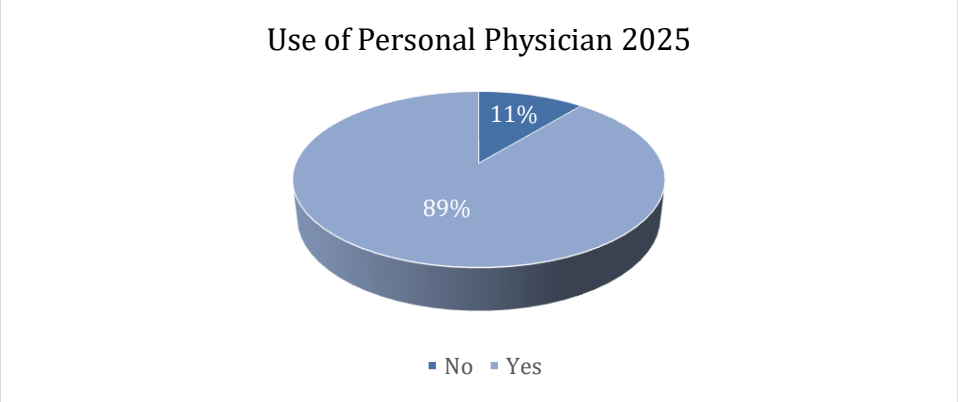


Source: Illinois Department of Public Health

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 89% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

Having a personal physician has slightly increased. Specifically, 88% of residents reported having a personal physician in 2022, compared to 89% in 2025.

Social Drivers Related to Having a Personal Physician

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

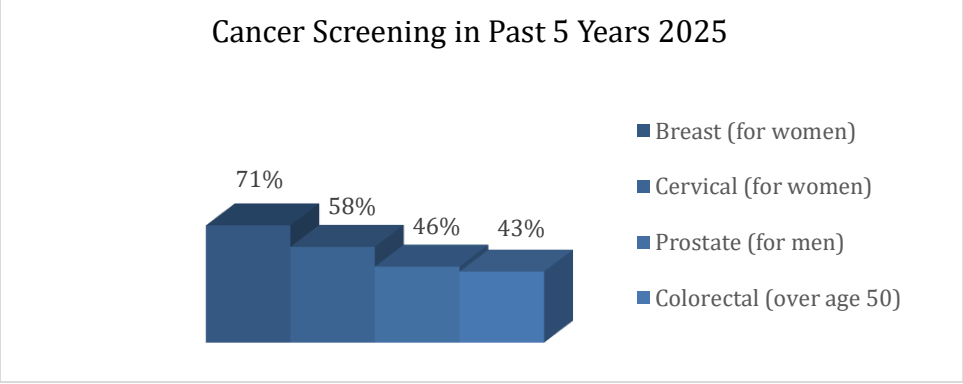
- **Having a personal physician** tends to be rated higher for women, older people, and those with higher income. Having a personal physician is rated lower by those with an unstable housing environment. *Note, given that the majority of survey respondents were women, combined with the significant positive correlation between women and having a personal physician, there is a possibility ratings may be inflated.*

Cancer Screening

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

Results from the CHNA survey show that 71% of women had a breast screening in the past five years, while 58% of women had a cervical screening. For men, 46% had a prostate screening in the past five years. For women and men over the age of 50, 43% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Breast and prostate cancer screening rates in the past five-year period increased from 2022 to 2025. Specifically, in 2022, 67% of women had a breast screening, compared to 71% in 2025. In 2022, 40% of men had a prostate screening, compared to 46% in 2025. In contrast, cervical and colorectal cancer screening rates decreased from 2022 to 2025. In 2022, 73% of women had a cervical cancer screening, compared to 58% in 2025. In 2022, 63% of men and women over the age of 50 had a colorectal cancer screening, compared to 43% in 2025.

Social Drivers Related to Cancer Screenings

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

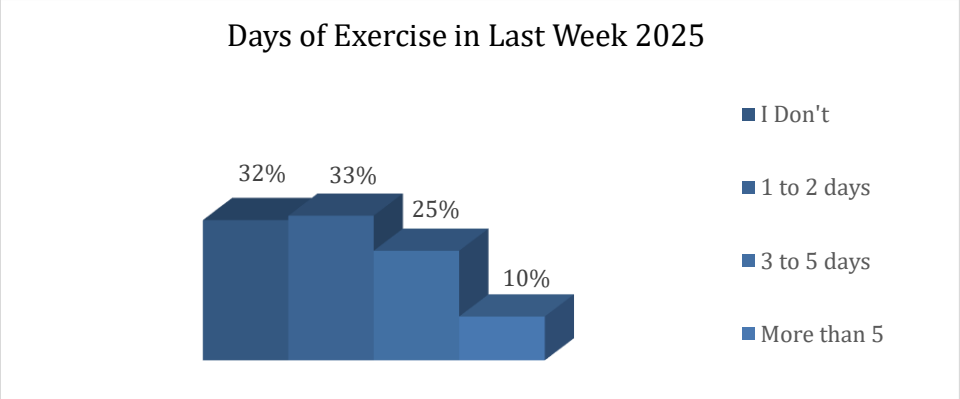
- **Breast screening** tends to be more likely for older women, those with higher education, and those with higher income. Breast screening tends to be rated lower for Black women.
- **Cervical screening** tends to be more likely for LatinX women, those with higher education, and those with higher income. Cervical screenings tend to be less likely for younger women and Black women.
- **Prostate screening** tends to be more likely for older men and White men. Prostate screening is less likely for LatinX men.
- **Colorectal screening** tends to be more likely for older people and White people. Colorectal screening is less likely for LatinX people.

Physical Exercise

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

Specifically, 32% of respondents indicated that they do not exercise at all, while the majority (58%) of residents exercise 1-5 times per week (Figure 26).

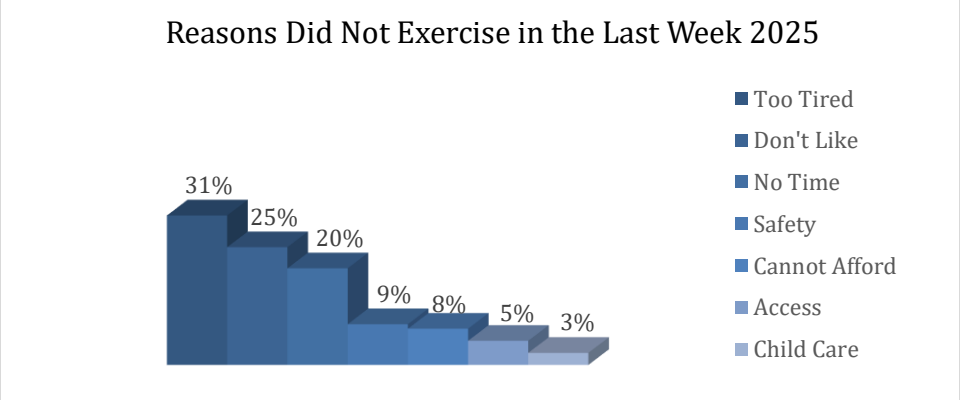
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are not having enough energy (31%), a dislike of exercise (25%), and not enough time (20%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decrease in exercise. In 2022, 70% of residents indicated they exercised, compared to 68% in 2025.

Social Drivers Related to Exercise

One characteristic shows a significant relationship with exercise. The following relationship was found using correlational analyses:

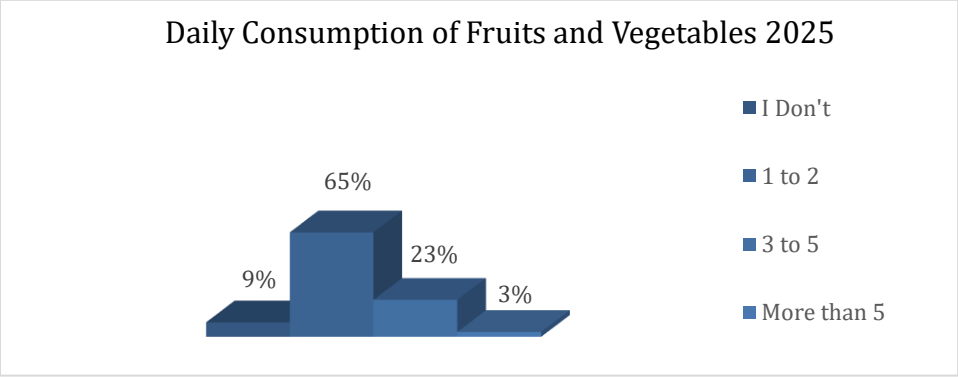
- **Frequency of exercise** tends to be less likely for LatinX people.

Healthy Eating

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

Over two-thirds (74%) 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 3% (Figure 28).

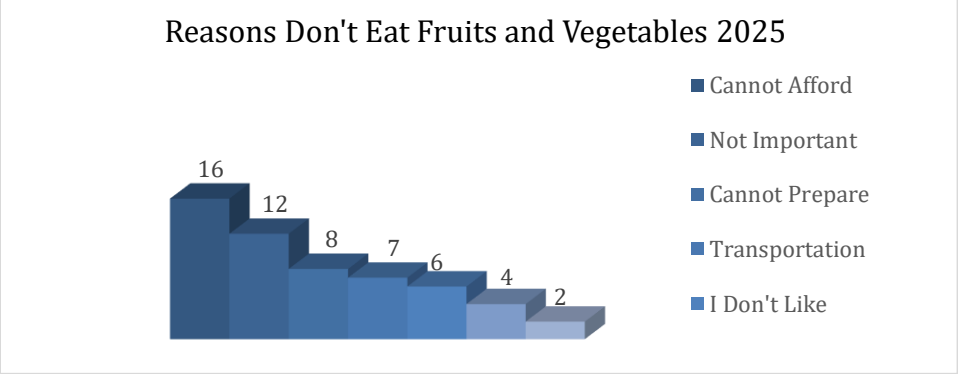
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The most frequently given reasons for failing to eat more fruits and vegetables were, cannot afford (16) and doesn't think they're important (12) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decline in the frequency of healthy eating. In 2022, 31% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to only 26% in 2025.

Social Drivers Related to Healthy Eating

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

- **Consumption of fruits and vegetables** tends to be more likely for those with higher education and those with higher income. Consumption of fruits and vegetables is less likely for those with an unstable housing environment.

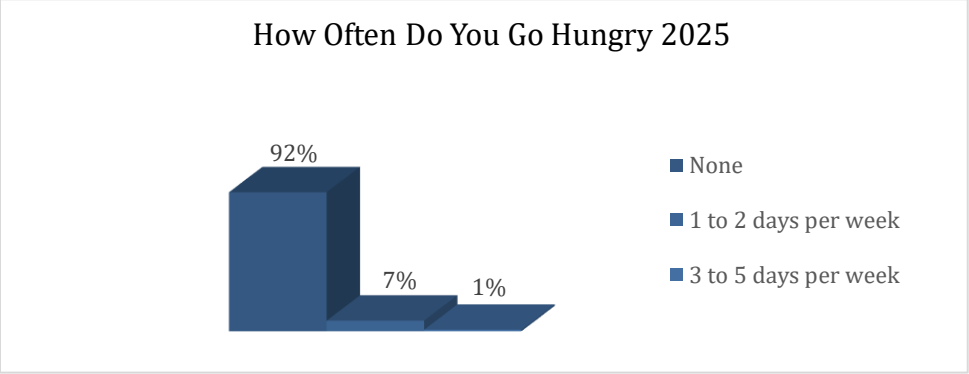
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" Most of respondents indicated they do not go hungry (92%), however, 8% indicated they go hungry 1 – 5 days per week (Figure 30).

Figure 30



Source: CHNA Survey

Social Drivers Related to Prevalence of Hunger

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

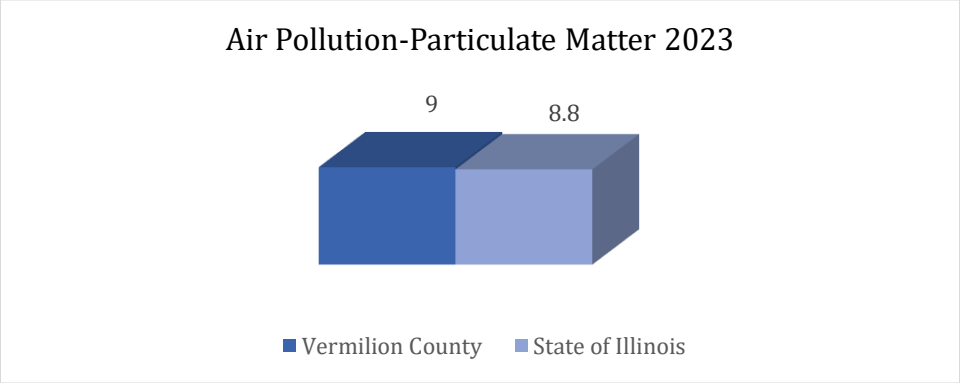
- **Prevalence of Hunger** tends to be more likely for younger people, Black people, and those with an unstable housing environment. Prevalence of hunger tends to be lower for White people, those with higher education, and those with higher income.

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Vermilion County (9) is slightly higher than the State average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

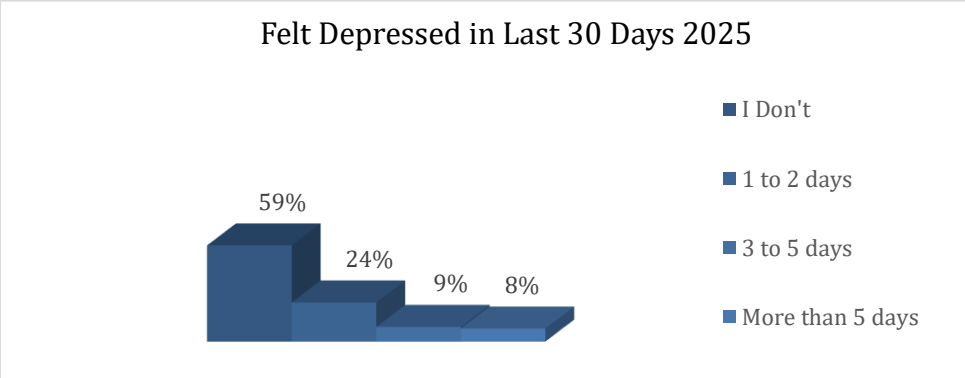
2.5 Health Status

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

Mental Health

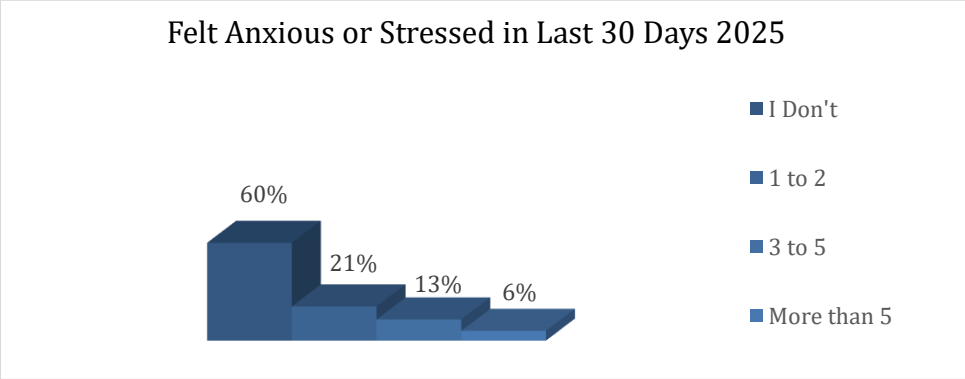
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 59% indicated they did not feel depressed in the last 30 days (Figure 32) and 60% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



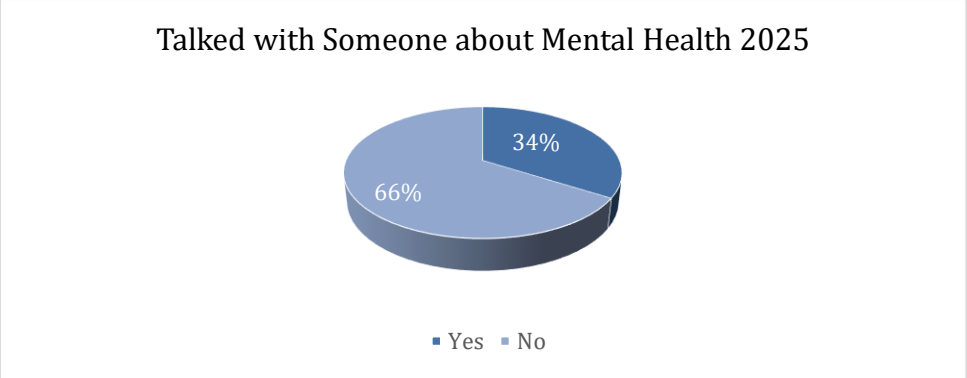
Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show an improvement in mental health. In 2022, 56% of respondents indicated they felt depressed in the last 30 days, compared to 41% in 2025. In 2022, 48% indicated they felt anxious or stressed, compared to 40% in 2025.

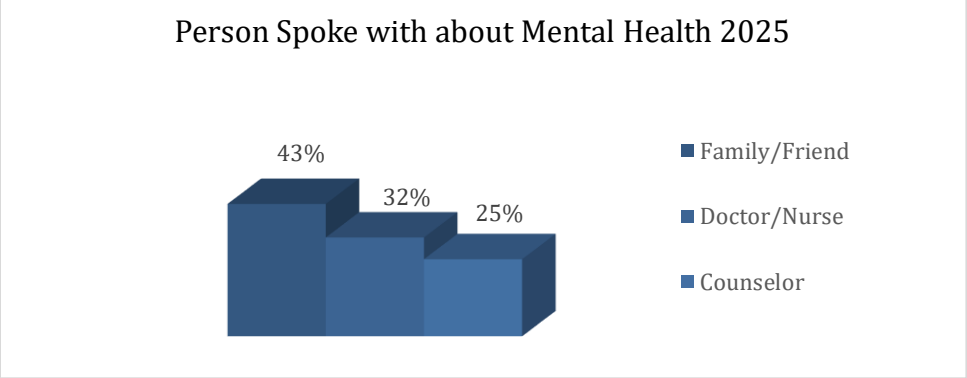
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 34% indicated that they spoke to someone (Figure 34), the most common response was a family member or friend (43%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

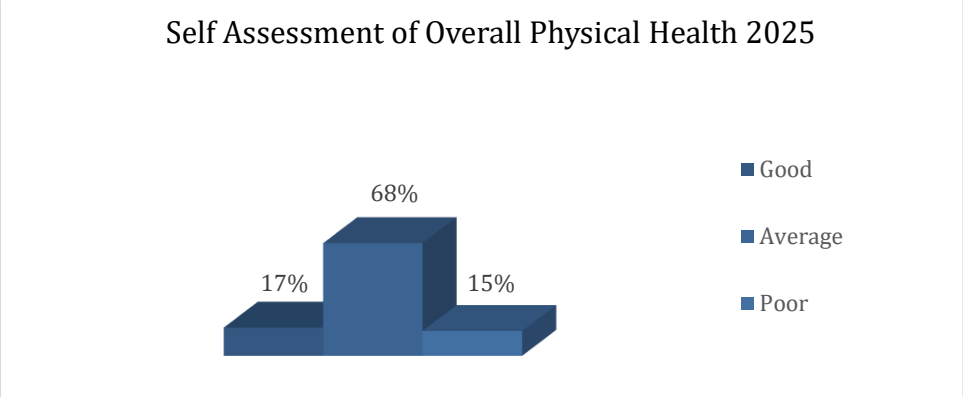
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for younger people and those with an unstable housing environment.
- **Stress and anxiety** tends to be rated higher for women, younger people, LatinX people, and those with an unstable housing environment. *Note given that the majority of survey respondents were women, combined with the significant positive correlation between women and stress/anxiety, there is a possibility ratings may be inflated.*

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 15% of respondents reported having poor overall physical health (Figure 36).

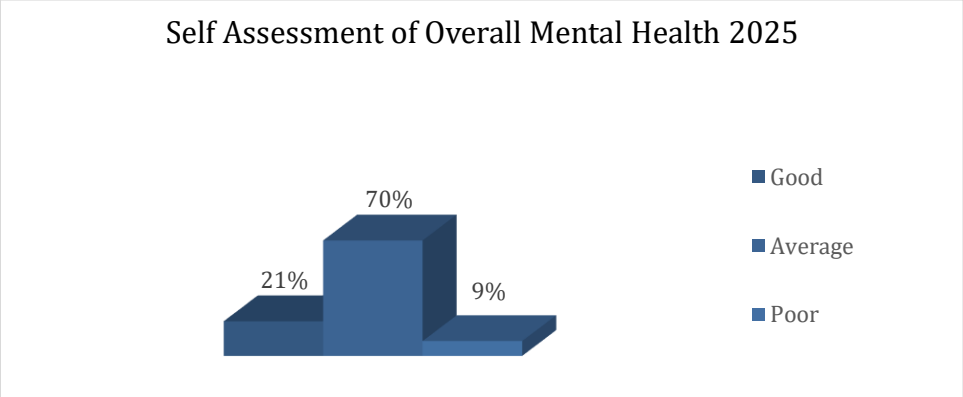
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 9% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2022 CHNA

With regard to physical health, slightly more people see themselves in poor health in 2025 (15%), than in 2022 (14%). Regarding mental health, less people see themselves in poor health in 2025 (9%), than in 2022 (15%).

Social Drivers Related to Self-Perceptions of Health

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

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

  Perceptions of mental health tends to be higher for older people and those with higher income. Those with an unstable housing environment were less likely to report good mental health.

2.6 Key Takeaways from Chapter 2

- ✓ SIGNIFICANT INCREASE IN UTILIZATION OF EMERGENCY DEPARTMENT AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ ACCESS TO HEALTHCARE DECREASED IN MEDICAL, PRESCRIPTION MEDICATION, AND DENTAL CARE.
- ✓ CERVICAL SCREENINGS AND COLORECTAL SCREENINGS DECREASED SIGNIFICANTLY AND ARE RELATIVELY LOW COMPARED TO BREAST SCREENINGS.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES.
- ✓ OVER ONE-THIRD OF RESPONDENTS EXPERIENCED DEPRESSION AND/OR STRESS/ANXIETY IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

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

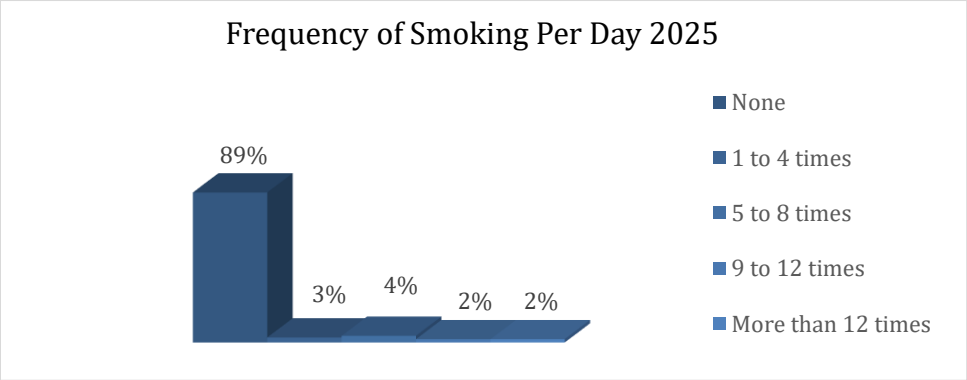
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

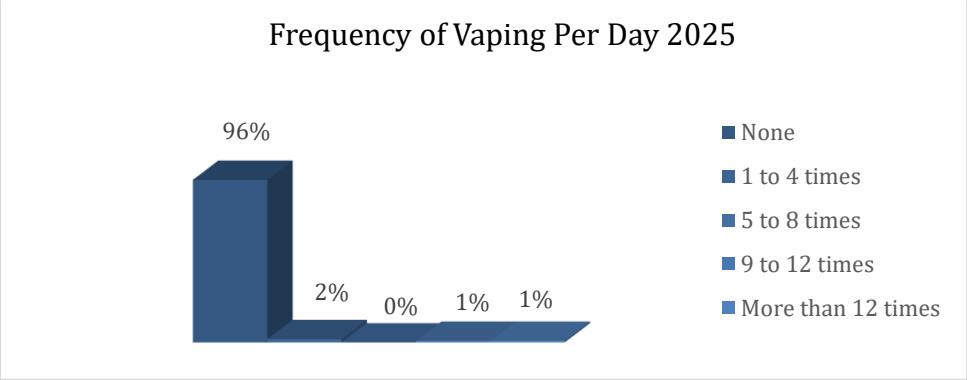
CHNA survey data show 89% of respondents do not smoke. Of those who do smoke, 2% smoke more than 12 times per day (Figure 38). Additionally, 96% of respondents do not vape, and of those who do vape, only 1% state they vape more than 12 times per day (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show smoking rates remain relatively constant at 11%. Results for vaping show a decrease. In 2022, 6% of respondents reported they vape, compared to 4% in 2025. For those who vape, 1% vape more than 12 times per day in 2022, compared to 2% in 2022. A decrease in reported vaping is atypical relative to other communities.

Social Drivers Related to Smoking or Vaping

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

- **Smoking** tends to be rated higher by men and those with an unstable housing environment.
- **Vaping** tends to be rated higher by younger people and those with an unstable housing environment.

3.2 Drug and Alcohol Use

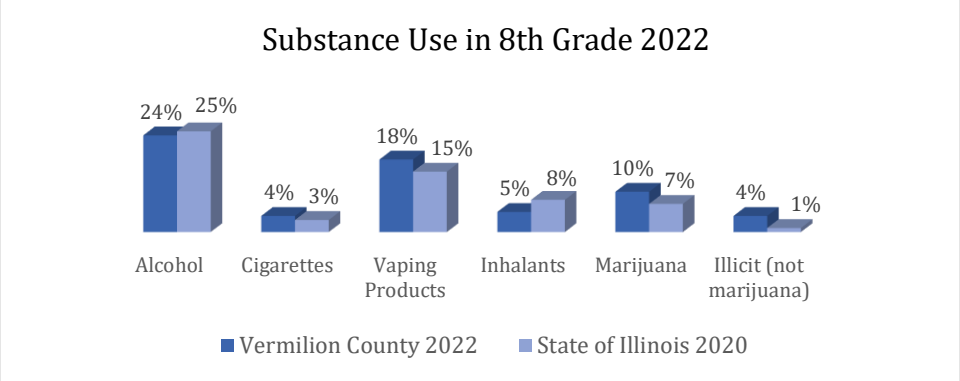
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Vermilion County data is reported for 2022, while the State of Illinois data is reported for 2020. Among 8th graders in Vermilion County, cigarettes, vaping products,

marijuana, and illicit drugs, other than marijuana, were higher than the State of Illinois averages (Figure 40).

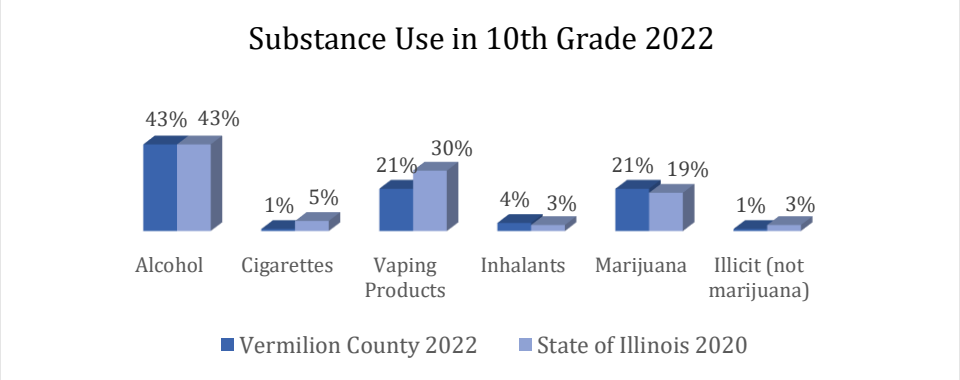
Figure 40



Source: University of Illinois Center for Prevention Research and Development

Among 10th graders, Vermilion County rates are higher than State of Illinois averages for inhalants and marijuana (Figure 41).

Figure 41

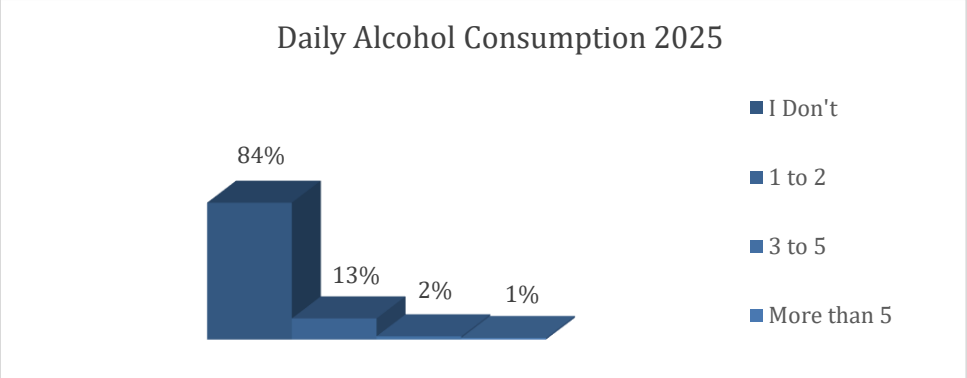


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

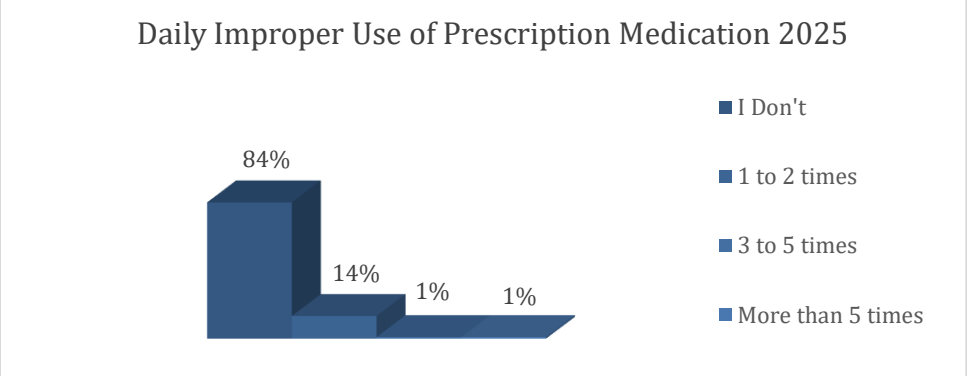
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 84% indicated they did not consume alcohol on a typical day (Figure 42); 84% indicated they do not take prescription medication improperly, including opioids on a typical day (Figure 43); 93% indicated they do not use marijuana on a typical day (Figure 44); and 99% indicated they do not use illegal substances on a typical day (Figure 45).

Figure 42



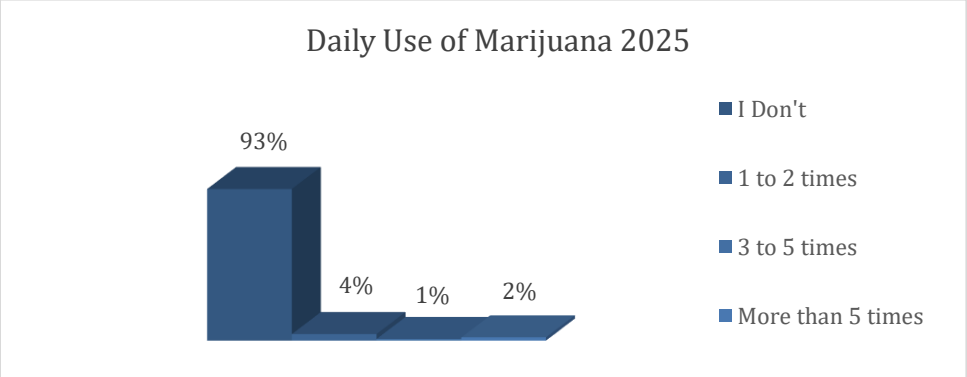
Source: CHNA Survey

Figure 43



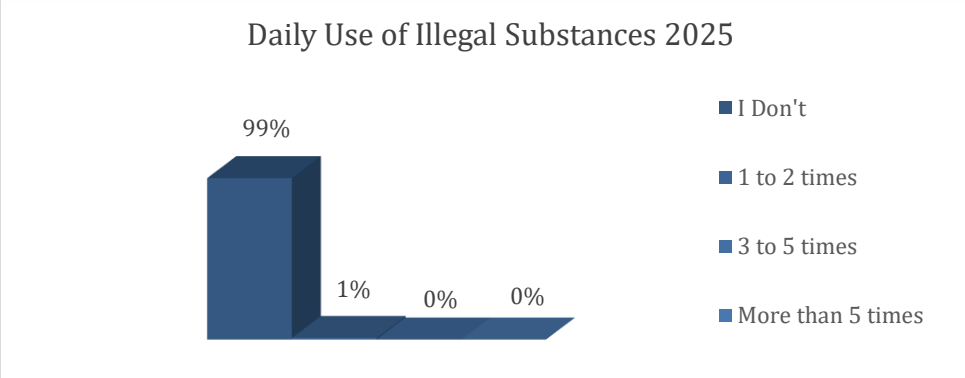
Source: CHNA Survey

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey

Social Drivers Related to Substance Use

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

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

3.3 Obesity

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

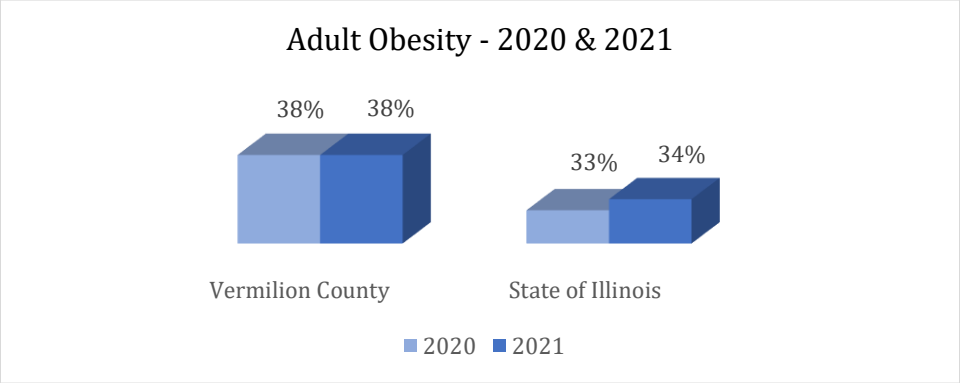
With children, research has linked obesity to numerous chronic diseases, including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side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

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. 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 Vermilion County, the number of people diagnosed with obesity was the same in 2020 and 2021 at 38%. Obesity rates in the State of Illinois have increased from 33% in 2020 to 34% in 2021 (Figure 46). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

Additionally, 2025 CHNA survey respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 46

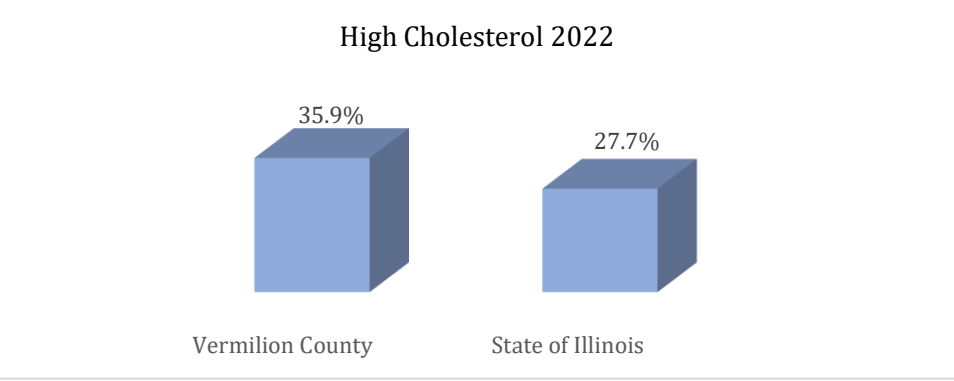


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

In 2022, data for residents in Vermilion County (35.9%) indicate a significantly higher than State of Illinois average (27.7%) (Figure 47).

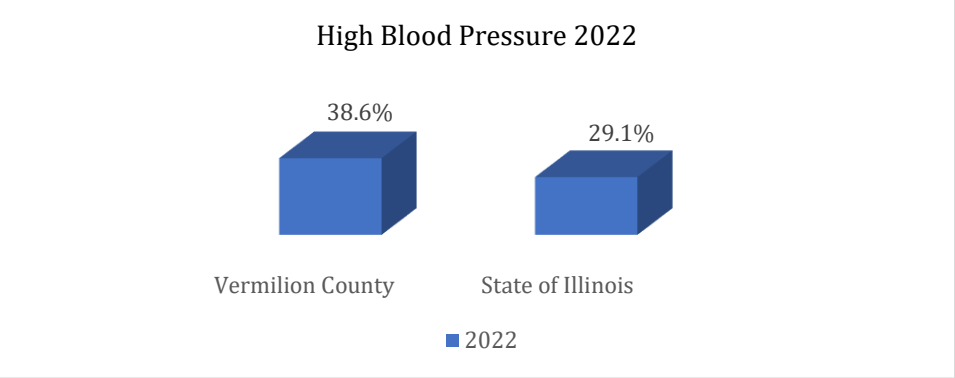
Figure 47



Source: Stanford Data Commons

Regarding high blood pressure, Vermilion County has a significantly higher percentage of residents with high blood pressure (38.6%), compared to the State of Illinois as a whole (29.1%) (Figure 48).

Figure 48



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE USE AMONG 8TH GRADERS IS HIGHER THAN STATE OF ILLINOIS AVERAGES FOR CIGARETTES, VAPING PRODUCTS, MARIJUANA, AND ILLICIT DRUGS, OTHER THAN MARIJUANA.
- ✓ SUBSTANCE USE AMONG 10TH GRADERS IS AT OR HIGHER THAN STATE OF ILLINOIS AVERAGES FOR ALCOHOL, INHALANTS, AND MARIJUANA.
- ✓ 16% OF RESPONDENTS INDICATE THEY USE PRESCRIPTION MEDICATION IMPROPERLY, INCLUDING OPIOIDS.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE HAS STAYED THE SAME IN VERMILION COUNTY BUT IS STILL SIGNIFICANTLY HIGHER THAN STATE AVERAGES.
- ✓ PREDICTORS FOR HEART DISEASE ARE HIGHER FOR VERMILION COUNTY RESIDENTS THAN STATE OF ILLINOIS AVERAGES.

CHAPTER 4 OUTLINE

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

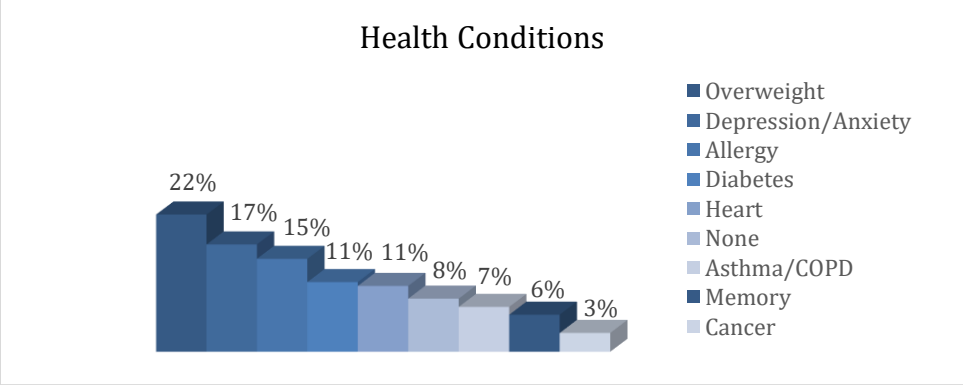
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (22%) was significantly higher than any other health condition, followed by depression/anxiety (17%), and allergies (15%). Often percentages for self-identified data are lower than secondary data sources (Figure 49).

Figure 49



Source: CHNA Survey

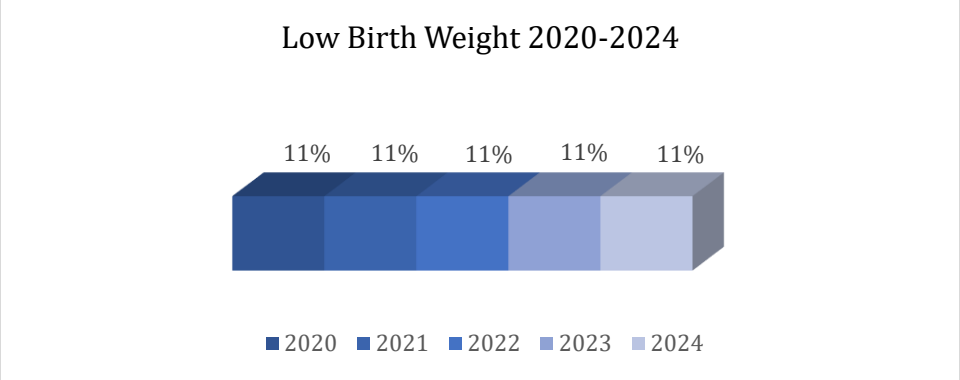
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. A 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 Vermilion County remained constant at 11% over the period from 2020 to 2024 (Figure 50).

Figure 50



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

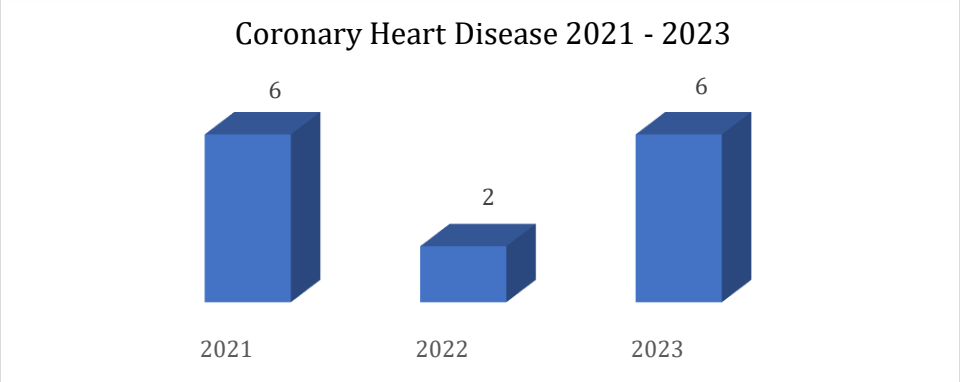
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Heart Disease

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

The number of cases of coronary atherosclerosis complication at Vermilion County area hospitals has been low. There were 6 cases in 2021, which decreased to 2 cases in 2022, and then increased to 6 cases in 2023 (Figure 51).

Figure 51

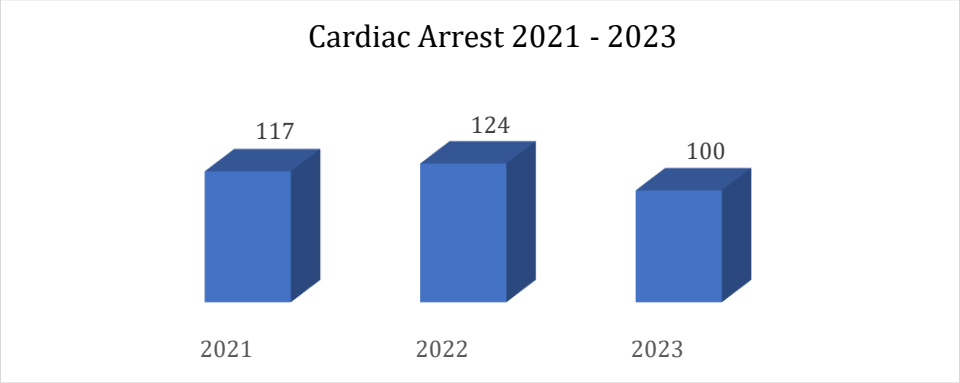


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Vermilion County area hospitals decreased overall from 117 in 2021 to 100 in 2023 (Figure 52).

Figure 52

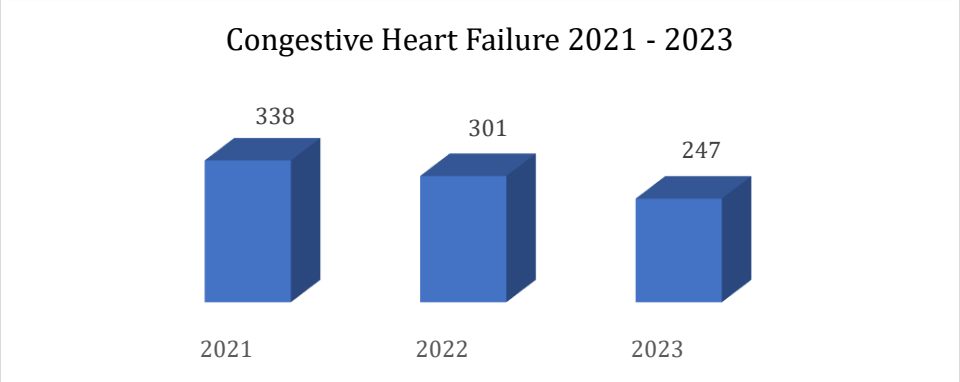


Source: COMPdata Informatics

Heart Failure

The number of heart failure cases treated in Vermilion County decreased from 338 cases in 2021 to 247 cases in 2023 (Figure 53).

Figure 53

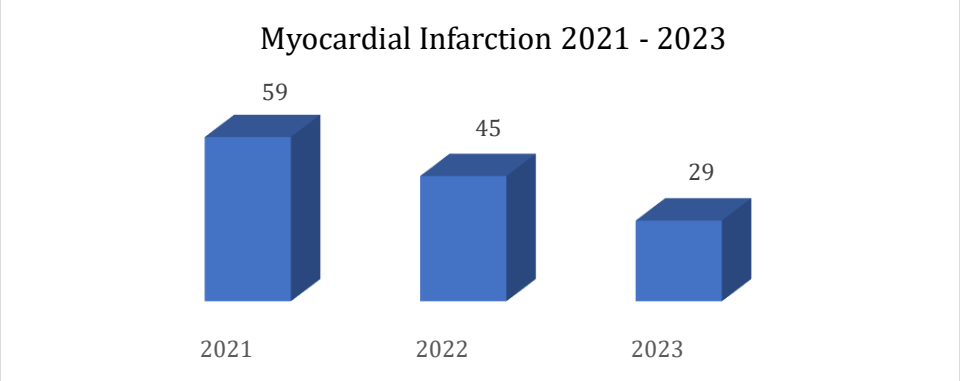


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Vermilion County decreased from 59 in 2021 to 29 in 2023 (Figure 54).

Figure 54

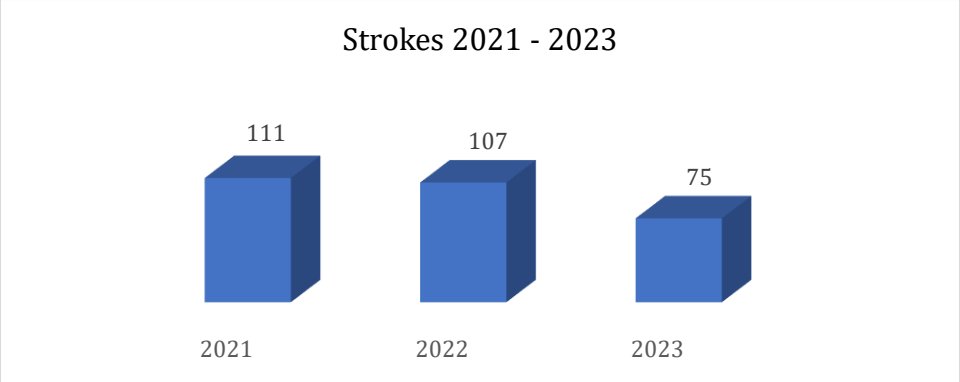


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Vermilion County area hospitals decreased from 111 in 2021 to 75 in 2023 (Figure 55).

Figure 55



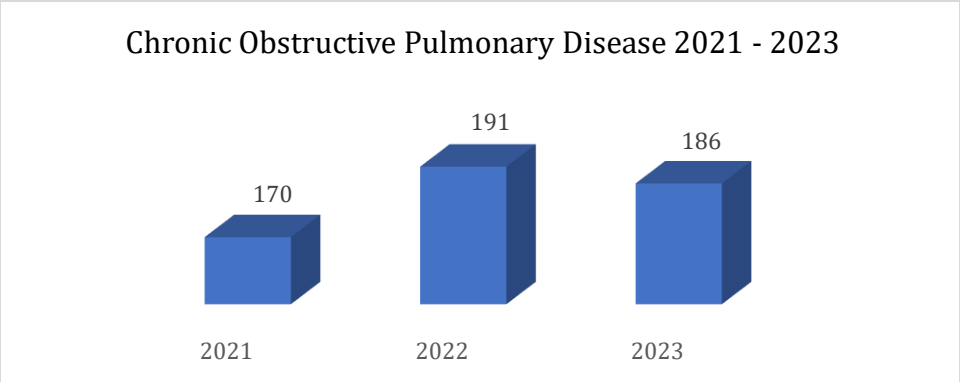
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Vermilion County area hospitals have increased overall from 170 in 2021 to 186 in 2023 (Figure 56).

Figure 56



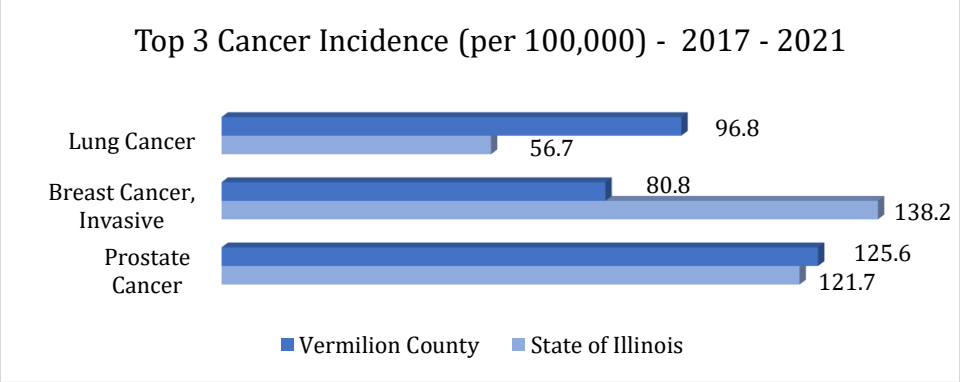
Source: COMPdata Informatics

4.5 Cancer

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

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

Figure 57



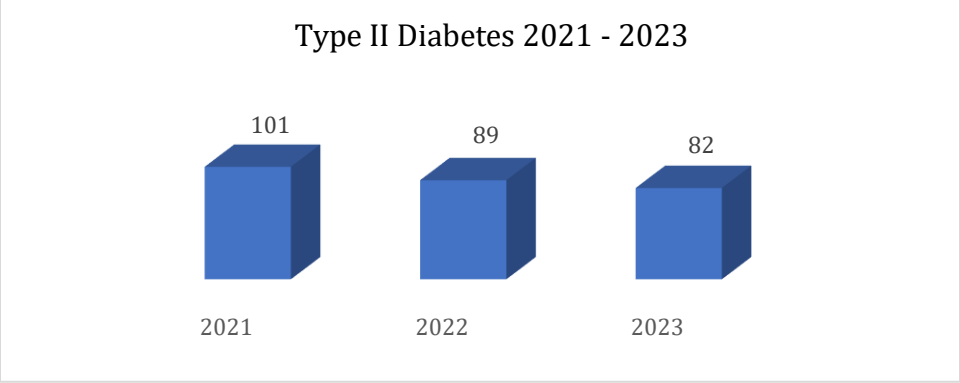
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Vermilion County decreased from 101 in 2021 to 82 in 2023 (Figure 58).

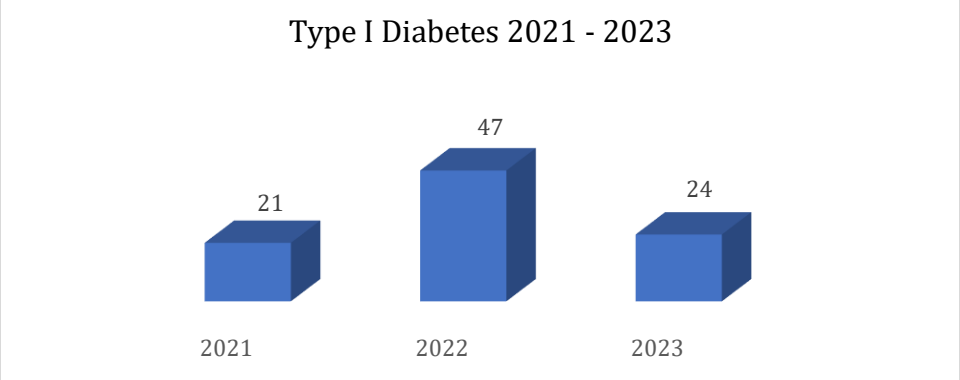
Figure 58



Source: COMPdata Informatics

Inpatient cases of Type I diabetes in Vermilion County show an overall increase from 21 cases in 2021 to 24 cases in 2023 (Figure 59). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

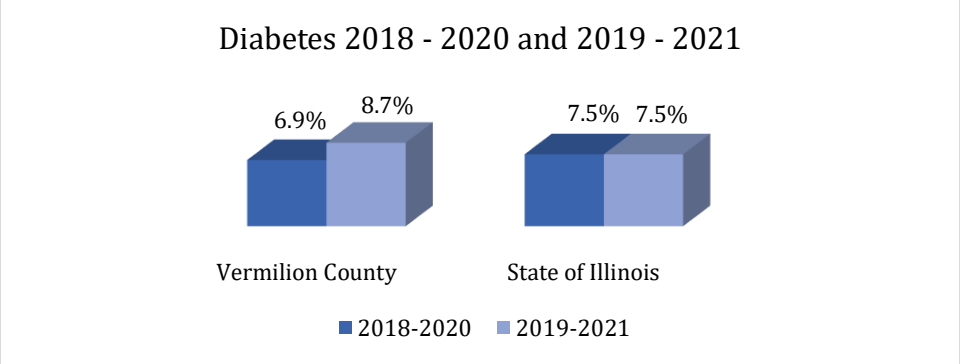
Figure 59



Source: COMPdata Informatics

Data show that 8.7% of Vermilion County residents have diabetes (Figure 60). Vermilion County diabetes rate has increased and is higher than the State of Illinois average of 7.5% for the 2019 - 2021.

Figure 60



Source: Center for Disease Control

4.7 Injuries

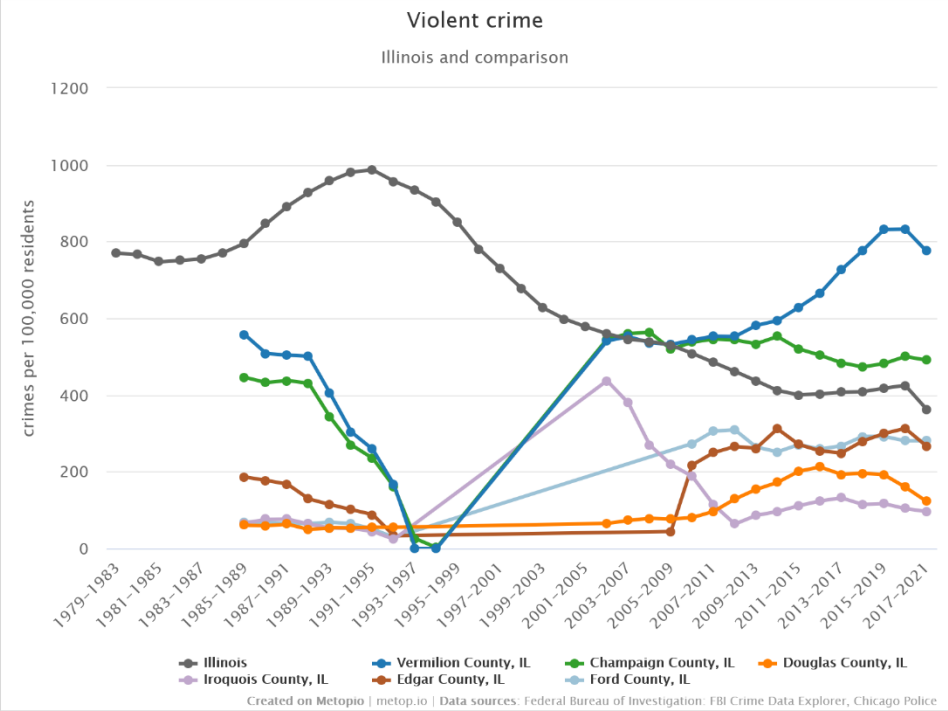
Importance of the Measure: Violence is a significant public health issue that affects physical and mental well-being, strains healthcare resources, and impacts community safety. Suicide is intentional self-harm resulting in death. These injuries often indicate serious mental health problems requiring the treatment of other trauma-inducing issues.

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 since

2019 in Vermilion County (Figure 61). However violent crime rates in Vermilion County still remain significantly higher than the State of Illinois average.

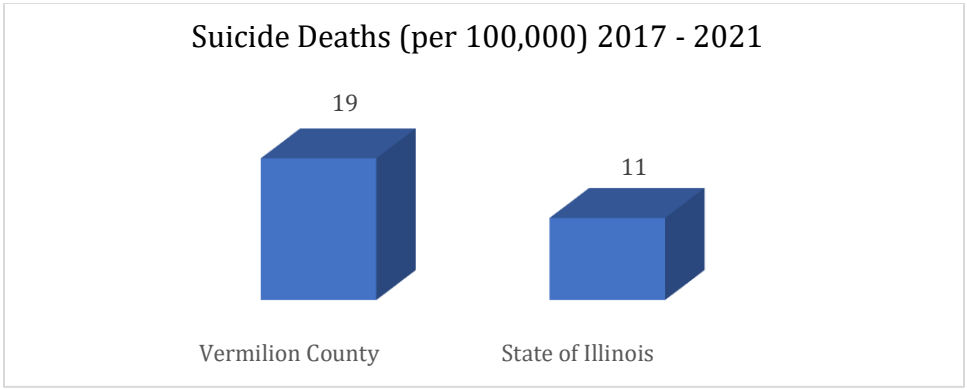
Figure 61



Suicide

The number of suicides in Vermilion County indicate higher incidence than in the State of Illinois, as there were approximately 19 suicides per 100,000 people in Vermilion County from 2017 to 2021 (Figure 62).

Figure 62



Source: County Health Rankings & Roadmaps

4.8 Mortality

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

The leading causes of death in the State of Illinois and Vermilion County are similar as a percentage of total deaths in 2022. Cancer is the cause of 19.2% deaths and diseases of the heart are the cause of 18.1% deaths in Vermilion County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois, 2022		
Rank	**Vermilion County**	**State of Illinois**
1	Malignant Neoplasm (19.2%)	Diseases of Heart (21.8%)
2	Diseases of Heart (18.1%)	Malignant Neoplasm (19.2%)
3	Chronic Lower Respiratory Disease (7.3%)	Accidents (6.1%)
4	Accidents (6.2%)	COVID-19 (5.8%)
5	COVID-19 (5.0%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN VERMILION COUNTY ARE SIGNIFICANTLY HIGHER AND PROSTATE CANCER RATES ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ DIABETES HAS SEEN AN INCREASE IN VERMILION COUNTY AND IS NOW HIGHER THAN STATE AVERAGES.
- ✓ VIOLENT CRIME IS SIGNIFICANTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE OF ILLINOIS RATES.
- ✓ CANCER AND HEART DISEASE ARE LEADING CAUSES OF MORTALITY IN VERMILION COUNTY.

CHAPTER 5 OUTLINE

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

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

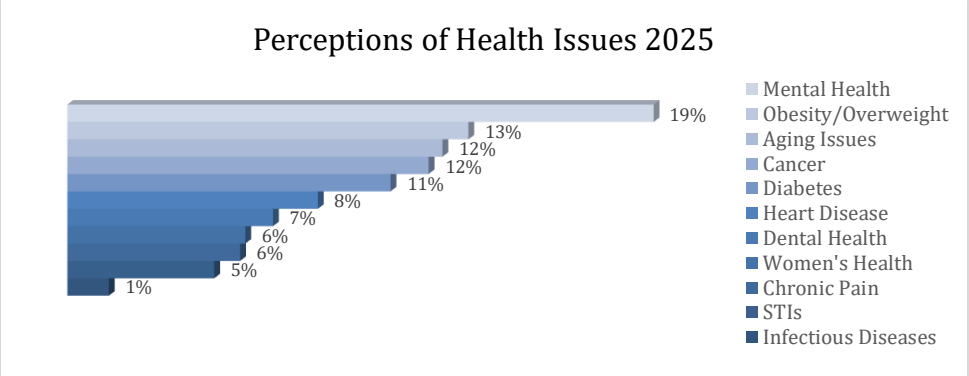
5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 14 different options.

The highest rated issue was mental health (19%), followed by obesity/overweight (13%), aging issues (12%), cancer (12%), and diabetes (11%) (Figure 63).

Note that perceptions of the community were accurate in some cases. For example, mental health issues are experienced by over one-third of the population. Also, obesity is above the State of Illinois average. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 63

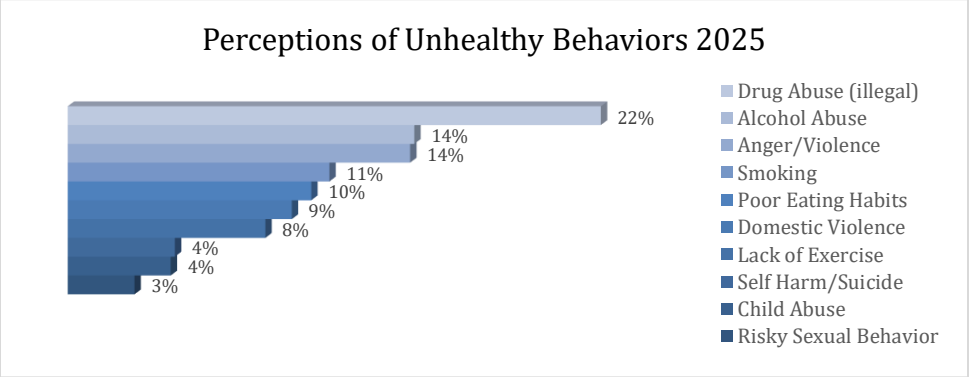


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behaviors are drug use (illegal) (22%), alcohol use (14%), and anger/violence (14%) (Figure 64).

Figure 64



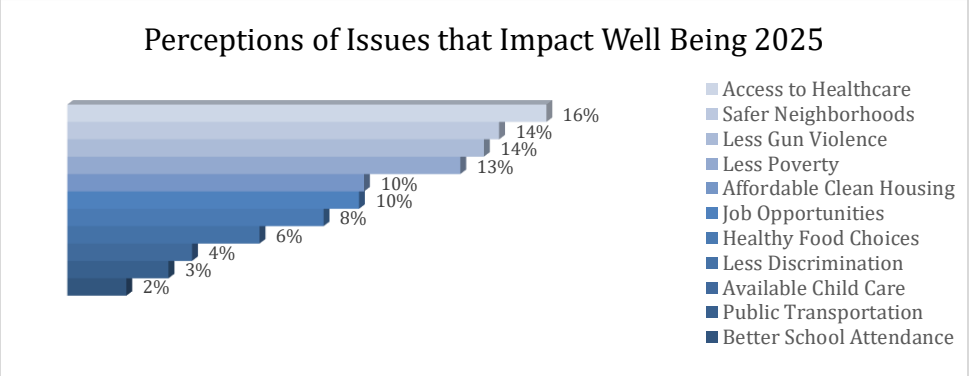
Source: CHNA Survey

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 highest rated issues impacting well-being were access to healthcare (16%), safer neighborhoods (14%), less gun violence (14%), and less poverty (13%) (Figure 65).

Figure 65



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) – Four factors were identified as the most important areas of impact from the demographic analyses:

- Population decreased
- Single female head-of-house-household represents 32% of the population
- Low high school graduation rates
- High poverty rates

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

- High utilization of emergency departments as a primary source of healthcare
- Access to healthcare
- Cancer screenings (prostate, colorectal, and cervical)
- 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 among youth
- Obesity

- Predictors of heart disease

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

- Lung and prostate cancer
- Diabetes is higher than State of Illinois averages
- Violent crimes
- Suicide rates
- Cancer and heart disease are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 9 potential categories. Based on similarities and duplication, the 9 potential areas considered are:

- **Income/Poverty**
- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health**
- **Obesity**
- **Substance Use Among Youth**
- **Access to Healthcare**
- **Cancer - Lung and Prostate Screenings**
- **Violence**
- **Diabetes**

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 9 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 9 health-related issues.

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

5.6 Significant Needs Identified and Prioritized

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

APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified three significant health needs and considered them equal priorities:

- **Behavioral Health – Mental Health & Substance Use**
- **Income/Poverty**
- **Access to Healthcare**

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE USE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 41% indicated they felt depressed in the last 30 days and 40% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people and those living in an unstable housing environment. Stress and anxiety tend to be rated higher for women, younger people, LatinX people, and those with an unstable housing environment *(note given that the majority of survey respondents were women, combined with the significant positive correlation between women and stress/anxiety, there is a possibility that ratings may be inflated*).

Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents 34% indicated that they spoke to someone, the most common response was to family/friends (43%). In regard to self-assessment of overall mental health, 9% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 16% indicated they consume at least one alcoholic drink each day. Alcohol consumption had no significant correlates. Of survey respondents, 16% indicated they improperly use prescription medications each day to feel better and 7% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by LatinX people and those living in an unstable living environment. Marijuana use tends to be rated higher by men, younger people, those with lower income and those living in an unstable living environment. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the most prevalent unhealthy behavior (24%) in Vermilion County, followed by alcohol use (16%).

INCOME/POVERTY

In Vermilion County, the percentage of individuals living in poverty decreased from 18.6% in 2019 to 17.3% in 2022. Poverty has a significant impact on the development of children and youth. In 2022, the

poverty rate for families living in Vermilion County (17.3%) was significantly higher than the State of Illinois family poverty rate (11.6%)

Note that income level was correlated to several key variables in the CHNA survey. Specifically, low income correlates with the following:

- More likely to use the emergency department as a primary source of healthcare
- More likely to depend on Medicaid
- More likely to go hungry
- More likely to use marijuana
- More likely to have a negative self-assessment of both physical and mental well-being
- Less likely to have commercial/employer insurance
- Less likely to have access to prescription medications, dental care and counseling
- Less likely to have a personal physician
- Less likely to get breast screening
- Less likely to get cervical screening
- Less likely to consume fruits and vegetables

ACCESS TO HEALTHCARE

PRIMARY SOURCE OF HEALTHCARE. The CHNA survey asked respondents to identify their primary source of healthcare. While 60% of respondents identified clinic/doctor's office as the primary source of care and 24% of respondents identified urgent care as the primary source of care, 10% of respondents indicated they do not seek healthcare when needed and 6% identified the emergency department as a primary source of healthcare. Note that not seeking healthcare when needed is more likely to be selected by younger people. Selection of an emergency department as the primary source of healthcare tends to be rated higher by Black people and those in an unstable housing environment.

ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE AND MENTAL-HEALTH COUNSELING. Additionally, survey results show that 16% of the population did not have access to medical care when needed; 18% of the population did not have access to prescription medications when needed; 29% of the population did not have access to dental care when needed; and 13% of the population did not have access to counseling when needed. The leading causes of not getting access to care when needed were cost and too long of a wait.

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

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

Emily Ahmed is the Emergency Preparedness Coordinator at the Vermilion County Health Department and has been with the department for about six months. She holds a Bachelor of Arts in General Studies from Eastern Illinois University. Prior to her employment with the Vermilion County Health Department, Emily served as a Detention Officer at the Vermilion County Juvenile Detention Center for five years. In addition to this experience, she taught English in South Korea and Yemen from 2013 to 2015.

Mia Harrier serves as the Program Manager of Community Health at the Community Resource Center, OSF Sacred Heart Medical Center. She holds a Bachelor of Science in Community Health with a specialization in Health Communication from Eastern Illinois University. Additionally, she has a Bachelor of Arts in Elementary Education from Millikin University and a Master of Arts in Special Education from Greenville University. Mia spent six years as a professional educator in classrooms throughout Vermilion County and has a particular interest in pediatric populations. She also volunteers with the Vermilion Heritage Foundation, serves on the Board of Directors for Crosspoint Human Services, and is the Board Chair for the Danville Family YMCA.

Angie Lazzell is the current President and CEO of United Way of Danville Area, Inc. She is responsible for driving community impact through fundraising, advocacy, and community collaboration. Angie works closely with donors, business owners, and community decision-makers to best understand the needs of those in her service area, both in Illinois and Indiana. Before joining the United Way in July 2023, she spent 17 years in non-profit fundraising for healthcare foundations. Her previous experience includes serving as the Annual Fund Coordinator for OSF Healthcare in Danville and Urbana, IL; Regional Event Director for Presence Health for the Central States Region; and Development Specialist for Provena United Samaritans Medical Center. Prior to joining the non-profit world, Angie worked in the printing and marketing industry and was a licensed realtor in Illinois and Indiana. Angie lives in Danville with her husband of 40 years, and after raising two sons, she now enjoys spending time with her five grandchildren.

JR Lill is a community health advocate and educator with a Bachelor of Science in Community Health from the University of Illinois at Champaign-Urbana. He currently holds the role of Community Health Plan Coordinator for Champaign and Vermilion County through United Way of Champaign County. He specializes in stakeholder engagement and public health planning, currently working to develop Community Health Needs Assessment (CHNA) plans across Champaign and Vermilion Counties. His experience includes managing public health programs, conducting needs assessments, and leading outreach initiatives to promote health equity. He has also worked extensively in substance abuse recovery, integrating wellness practices to support individuals in early recovery.

Dr. Prince Danso Odei was appointed Public Health Administrator of the Vermilion County Health Department on September 19, 2023. He currently serves as a Public Health Advisory Board member for the Midwest Alliance for Applied Genomic Epidemiology (MAAGE) at the College of Agricultural, Consumer, and Environmental Sciences' Family Resiliency Center, University of Illinois Urbana-Champaign. MAAGE aims to develop a genomic surveillance tool that can more accurately capture data

about disease transmission. Dr. Odei is also a Public Health Advisory Board member representing Local Health Departments in Illinois within the Health in All Policies (HiAP) Workgroup, a partnership between the University of Illinois Chicago (UIC) School of Public Health and the Illinois Department of Public Health. The HiAP Workgroup was convened in accordance with the Health in All Policies Act (410 ILCS 155/10(a) through 155/10(i)), passed by the Illinois General Assembly on January 1, 2020. The HiAP Workgroup reviews legislation and makes new policy recommendations related to the health of Illinois residents. Additionally, Dr. Odei serves as a Public Health Advisory Board member at the Brooks College of Health, University of North Florida, Jacksonville, and as a Non-Affiliate Member with Scientific Expertise at the Florida Department of Health Institutional Review Board (IRB). With over 30 years of experience in public health practice, Dr. Odei received his Doctor of Medicine (MD) degree from Zaporizhzhia State Medical and Pharmaceutical University, Ukraine, in 1991. He went on to earn his Master of Public Health (MPH) degree from Walden University, Minneapolis, Minnesota, in 2011, and his Doctor of Public Health (DrPH) degree from Capella University, Minneapolis, Minnesota, in 2017. Dr. Odei previously served as a Public Health Administrator for the Florida Health Department, Nassau County, during the COVID-19 pandemic. He was also the Disease Prevention and Control Manager for the Florida Health Department in Clay County for over seven years. Dr. Odei maintains his license to practice medicine in his native Ghana. Before his public health career, Dr. Odei worked as a senior manager at both DHL Express and Federal Express (FedEx) in the late 1990s and early 2000s. His hobbies include public health volunteering in rural areas of Africa, reading, gardening, and foreign travel.

Jacob Ozier is the Manager of the Community Resource Center at OSF Sacred Heart Medical Center. With over nine years of experience, Jacob oversees the Community Resource Center, Community Outreach & Education, Faith in Action, and Volunteer Services. In his role, he has helped develop multiple programs to address the social determinants of health for patients. Jacob received his Master of Arts in Gerontology from Eastern Illinois University.

Jim Russell serves as the Executive Director of the Vermilion County Mental Health 708 Board in Danville, a position he has held since August 2014. Jim has a Master of Science degree in Counseling and is a Licensed Clinical Professional Counselor (LCPC) and a former Licensed Sex Offender Treatment Provider. He is also a Certified Instructor for Mental Health First Aid, in both the Youth and Adult curricula. Jim's previous work experience includes roles with the Center for Children's Services and Catholic Charities in Danville, where he worked in both therapy and supervisory capacities. He has also been a substitute teacher and a volunteer EMT for approximately 10 years. With over forty years in ministry, Jim has served churches in Illinois, Indiana, Georgia, Tennessee, and Vermont. Since June 2015, Jim has been a contributor to Prime Life Times, an area monthly periodical for seniors.

John Walsh serves as the External Affairs Program Executive for Carle Health, a vertically integrated health system based in Central Illinois. John's background is in the federal legislature, where he worked for United States Congressman Adam Kinzinger, followed by directing governmental relations work for an association based in Central Illinois. At Carle Health, John is responsible for managing and maintaining relationships and communicating legislative positions and priorities with key constituents, including elected and appointed public officials, legislative and regulatory agencies, and associated staff. Additionally, John works to ensure that the system's Community Benefit reporting, Community Health Needs Assessments, Implementation Plans, and associated requirements and responsibilities are met.

John serves on the Champaign County Economic Development Board of Directors and the University of Illinois Willard Airport Advisory Board of Directors.

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

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

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

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management 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 bestsellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

Vermilion County

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

1. Behavioral Health

Goal 1: *Expand Behavioral Health capacity for Vermilion County residents*

1) Provided free Behavioral Health Navigation Services to expand capacity

    a) Served 210 individuals through Behavioral Health Navigation in FY24

2) Hosted Mental Health First Aid training at the hospital to increase awareness

    a) We did not attempt to host an event at SHMC in FY24 but posted opportunities at the CRC monthly. Mental Health First Aid reports serving approximately 300 people in Vermilion County in FY24

3) Increased outpatient Behavioral Health access with addition of Nurse Practitioner

    a) There were 580 individuals served by Behavioral Health in FY24

4) Provided outreach and education on the importance of mental health to youth in our community

    a) OSF Cares-4-Kids mental health prevention program were taken out to 15 programs in FY24

Goal 2*: To decrease overdose deaths in Vermilion County*

1) Distributed and promoted PROMPT Narcan Training through traditional channels and community partnerships

    a) Narcan Training is no longer offered by the VCHD but is currently being offered in Vermilion County through the Carle Addictions program. A list of Narcan locations is also available

2) Promoted Drug Take Back Box with outreach

a) We had 315 lbs. of pharmaceutical waste in FY24. There was one social media post on the drug takeback program.

2. Income/Poverty

Goal 1: *Address the poverty rate in Vermilion County by providing resources that address health care, dental, employment, and hunger-related issues for vulnerable residents*

1) Developed Care-A-Van program to better reach underserved populations

   a) 80 patients for clinical purposes on the Care-a-Van, including physicals, vaccines and wellness exams

2) Promoted post graduate hospital career paths to high schools to decrease poverty rate

   a) Participated in D118 Healthcare Career Fair, DACC Career Expo, distributed 20 healthcare career books to BHRA and HA high schools in Q2

Goal 2*: Address Food Insecurity in Vermilion County*

1) Established annual food drive for community school "Blessings in a Bag" programs

   a) This was not completed in FY24

2) Increased distribution of Smart meals

   a) 1,000 Smart meals distributed in FY24

3) Developed Community Gardens

   a) One garden bed was added to the Vermilion House independent living facility, and five beds were purchased by Danville YMCA

3. Violence

Goal 1: *Address violence in Vermilion County by partnering in local initiatives and participating in violence interruption program*

1) Increased participation in established Violence Prevention Taskforce to promote police-community relations and create educational resources for violence interruption program

    a) VPTF had two events in FY24 and met every other month as a community workgroup. The group experienced changes in leadership and thus maintained their level of special events. They are currently working to re-establish sub committees to find new events.

2) Distributed and promoted education on violence

    a) In FY24, information on gun safety was distributed at VPTF event, which saw approximately 300 attendees

4. Healthy Behaviors

***Goal 1**: Increase physical activity in Vermilion County*

1) Provided education to patients on physical activity programs through participation in community fitness

    a) 56 Community Fitness participants in FY24

2) Distributed and promoted education on active living through traditional and social media

    a) 10 posts on social media on the topic of physical activity

3) Provided outreach and education on the importance of physical activity to youth in our community

    a) 7 total events in FY24

***Goal 2**: Improve access to healthy food options in Vermilion County*

1) Increased the number of people served by nutritional counseling sessions

    a) There were 114 nutrition counseling sessions in FY24

2) Increased distribution of Smartmeals

    a) 1,000 Smartmeals distributed in FY24

3) Distributed and promoted education on healthy eating through traditional and social media

a) Had four healthy eating posts on SHMC social media

4) Developed Community Gardens

a) One garden bed was added to Vermillion House, five beds were purchased for the Danville YMCA

5) Provided outreach and education on the importance of healthy eating to youth in our community

a) Three presentations on healthy eating

6) Provided education and support of exclusive breastmilk feeding with improved duration rates

a) Our exclusive breastfeeding rate at discharge in FY24 was 23.3%. Our Family Birthing Center was closed in FY23, and we had turnover in our lactation position in FY24.

Carle Hoopeston Regional Health Center

Evaluation of Prior Impact

Based upon the Community Health Needs Assessment using both quantitative and qualitative research, Carle Hoopeston Regional Health Center prioritized the significant community health needs of Vermilion County considering several criteria including: alignment with the hospital's mission, existing programs, the ability to make an impact within a reasonable time frame, the financial and human resources required, and whether there would be a measurable outcome to gauge improvement. The following three health areas were selected as the top priorities.

1. **Behavioral Health**
2. **Violence**
3. **Income/Poverty**
4. **Healthy Behaviors**

As a result, Carle Hoopeston Regional Health Center committed time and resources for each of these identified health priorities, as described below.

Behavioral Health

Evaluation of Prior Impact

In the 2022 Community Health Needs Assessment, Behavioral Health – Mental Health and Substance Use, was identified and prioritized as a significant health need.

In response, Carle Hoopeston Regional Health Center took the following actions:

1) In 2023 and 2024, Carle Hoopeston Regional Health Regional Health Center maintained a psychiatry residency program, working to respond to this critical need.
2) Carle Hoopeston Regional Health Center, in collaboration with the Carle Health system, established a mobile health/behavioral health mobile unit specifically focused on Vermilion County, beginning in 2023, and expanding into 2024.
3) CHRHC distributed Narcan throughout the county in partnership with public health, and undertook work to promote drug take back day activities with local partners.
4) CHRHC facilitated Vermilion County ROSC (Recovery Oriented System of Care) development and formation in 2023.
5) Increased the number of behavioral health providers in the region by partnering with the Carle Health by more than 7 since the previous CHNA
6) Established, in partnership with the Carle Health system, the Carle Regional Substance Use Disorder Leadership Center (Carle RLC), whose focus will be on building provider capacity, expanding treatment services for people living with opioid and stimulant use disorders, and expanding the use of recovery support services within each region, including the Vermilion County region, including interventions for co-occurring medical/mental illness.
7) Provided training to behavioral health residents from 2022-2025, includes the areas of inpatient and outpatient psychiatry, addictions, geriatrics, child, forensics, emergency and administrative psychiatry.
8) Carle Hoopeston Regional Health Center, in partnership with the Carle Health System Center for Rural and Farm Safety, wrote and distributed through Vermilion County Farm Bureaus Wellness Works articles every month in 2023, providing updates and information on farm safety and rural community behavioral health safety. This position saw turnover in 2024; Carle Health is evaluating future.
9) Improved access to substance use disorder services by providing assessment and consultation services on the mobile unit operated by Carle Community Health Initiatives.
10) Carle Community Health Initiatives implemented ACES screening and trauma-informed care delivery approaches.
11) Provided, in partnership with the Carle Health system, Carle facilitated a train the trainer program for Carle and regional partner employees to teach Mental Health First Aid training. Carle staff provided more than 250 hours in providing Mental Health First Aid Classes in 2022, 2023, and 2024. Carle Hoopeston had the opportunity to train healthcare professionals, farmers, employers, clergy members, first responders and many other community members. This is an initiative that was continued in 2025.

Behavioral Health needs continue to be an issue across the county. Lack of resources, funding, and stigma contribute to the issue in Vermilion County. According to County Health Rankings the ratio of mental health providers has improved drastically over the past six years, moving from 612:1 in 2014 to 260:1 in 2024. This figure is also higher than both the State of Illinois and federal average.

According to the most recent suicide data available from County Health Rankings, the Vermilion County suicide rate in 2024 was 19 per 100,000 which is significantly higher than the state of Illinois rate of 11 and the national rate of 14.

Carle Hoopeston Regional Health Center and Carle Health have contributed to the increase of mental health providers per 100,000 since the last Community Health Needs Assessment. There is still work to be done by Carle Hoopeston Regional Health Center in decreasing the number of suicides in Vermilion County. Carle Hoopeston Regional Health Center's actions and financial commitments have supported improved access to care for behavioral health in Vermilion County.

Violence

Evaluation of Prior Impact

In the 2022 Community Health Needs Assessment, Violence was identified and prioritized as a significant health need.

In response, Carle Hoopeston Regional Health Center took the following actions:

1) Screened at points of entry into Carle systems in Vermilion County for signals of abuse, neglect, gun safety, and more violence related indicators to identify and act proactively on signals of violent households and make links to supportive community services.
2) Through partnership with the CRIS Center for Health Aging, Carle Hoopeston Regional Health Center investigated and advocated for seniors experiencing physical, social isolation, or financial abuse.
3) Committed to, in partnership with the Carle Health system, a Sexual Assault Nurse Examiners (SANE)/Interpersonal Violence Program, training 19 nurses to assist 24/7 with sexual assault patients, who assisted with almost 682 total cases, including over 270 pediatric sexual assault patients in 2022, 2023, and 2024 alone.
4) Committed to, in partnership with the Carle Health system, a 24/7 Child Abuse Safety Team (CAST) which served 542 children to identify suspected abuse, ensure proper investigation and testing, and communicate with state and local agencies in 2022, 2023, and 2024.
5) Contributed in-kind leadership staff time to the Vermilion County Violence Coalition.
6) Provided over $3,500 directly to Survivor Resource Center to support their rape crisis services in Vermilion County.

According to 2024 Community Health Rankings there were 20-gun related deaths in Vermilion County (up from 17 in recent data), 19 suicides (up from 18 in recent data) and 11 homicides (up from 10 in recent data). Additionally, there were 22 juvenile related deaths.

According to the most recent available data from the Illinois State Police, the number of domestic violence offenses in Vermilion County was 547. This figure has steadily declined over the past five years, down from nearly 1,000.

While Vermilion County's crime rate remains higher compared to the State of Illinois, Carle Hoopeston Regional Health Center's commitment to programming and funding support for organizations and community events that target reducing violence has contributed to the overall decrease in crime rate. Lastly, Carle Hoopeston Regional Health Center's commitment to educating the county's youth on violence prevention is a lagging indicator, and will take some time to show up in reportable data, but is a

contribution to the community, and will hopefully bring down violence in Vermilion County in years to come

Income/Poverty

Evaluation of Prior Impact

In the 2022 Community Health Needs Assessment, Income/Poverty were identified and prioritized as a significant health need.

In response, Carle Hoopeston Regional Health Center took the following actions:

1) CHRHC hosted multiple healthcare-focused career/job fairs in Vermilion County in 2023 and 2024. These were well attended by teachers and students in Vermilion County. This will be an annual event.
2) Carle Hoopeston Regional Health Center continued to work on establishing mentoring programs with local school districts.
3) Carle Health completed and began moving into the Carle at the Riverfront project, a significant investment in downtown Danville, in Vermilion County. This commitment to economic development and community impact has had a visible halo effect in downtown and the surrounding communities in Vermilion County.
4) Committed in-kind contributions of Carle Hoopeston Regional Health Center's leadership's involvement on community boards and commissions which focus on addressing issues of income/poverty, and racial and social determinants of health.
5) Ensured care was available for all that need through its System Financial Assistance program by working diligently in Medicaid enrollment assistance, Social Work focused on Vermilion County and entire Hoopeston region.

This was the first time that Income/Poverty was identified and prioritized as a key community health need. Research has shown that people living in poverty can face greater barriers accessing medical care, are less likely to have health insurance, and have less access to healthy foods, which contribute to higher rates of obesity and chronic disease. Poor health can limit one's ability to work, reduce economic opportunities, inhibit educational attainment, and lead to medical debt and bankruptcy.

According to 2020 Census data, the estimated average household income in Vermilion County (2016-2020) is $46,843, significantly less than the Illinois average of $68,428. Additionally, over the same time, the per capita income in the past 12 months was $25,484- again significantly lower than the Illinois average of $37,306. The percentage of people living in poverty is 18.6%, higher than the Illinois average (11%), and the US average (11.4%).

According to the 2020 Census data, the number of individuals under 65 without health insurance in Vermilion County is 6.6%, lower than the Illinois (8.6), and the US (10.2%), though- there is still work to be done.

Carle Hoopeston Regional Health Center, in partnership with the Carle Health system and all community partners, is undertaking the efforts listed above and more to address income/poverty in Vermilion County and the impacts these factors have on our patients.

Healthy Behaviors

Evaluation of Prior Impact

In the 2022 Community Health Needs Assessment, Health Behaviors (Active Living, Healthy Eating, Obesity) were identified and prioritized as significant health needs.

In response, Carle Hoopeston Regional Health Center took the following actions:

1) In 2023 and 2024, Carle Hoopeston Regional Health Center worked to develop plans for a Demonstration Kitchen, where patients and community residents can observe lessons and learn how to cook healthy meals using fresh, healthy ingredients.
2) Purposeful to the design by Carle Hoopeston Regional Health Center and Carle Health in the Carle and the Riverfront project was a walkway on campus, where community members can exercise and walk in a safe and well-lit area.
3) Carle Hoopeston Regional Health Center supported the build out of a community garden in 2023, providing access to nutritious foods and an opportunity to learn about growing food for patients and the community. Carle is exploring whether the community garden will yield enough produce to help support the Mobile Market but will continue to support the community with healthy food access either way.
4) Continued to encourage providers to give out nutrition Rx and physical activity Rx.
5) Informed Vermilion County of significant health priorities and awareness efforts through bulletin inserts in faith communities through Carle Health Faith Community Health.
6) Carle Health established a Community Health Worker (CHW) program to assist patients with key health needs in our communities. Going live in March 2024, we have assisted over 110 clients on the new home visiting model- specifically working with the adult population living with chronic health conditions.

Like many communities in the United States, obesity and obesity related illnesses continue to be a concern in Vermilion County. Obesity is associated with poorer mental health outcomes, reduced quality of life, and the leading cause of death in the U.S. and worldwide, through contributing to heart disease, stroke, diabetes and some types of cancer.

According to the most recent County Health Rankings for Vermilion County, 38% of adults in Vermilion County are obese, higher than the Illinois average of 34%. In the 2022 CHNA survey, respondents indicated that being overweight was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Vermilion County.

A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. In the most recent County Health Rankings, Vermilion County, 31% of adults are subject to physical inactivity, while access to healthy exercise opportunities sit at 68%, lower than both Illinois and the US.

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

(69%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day.

In most recent County Health Rankings, 8% have limited access to healthy foods, which is higher than the state average of 5% and the national average of 6%. All three of these figures have increased from a decade ago, though within only a couple of percentage points.

Carle Hoopeston Regional Health Center has made demonstrable efforts to increase access to healthy food, to educate the community about healthy choices, and to offer healthy forms of transportation. When we look at the data, however, there is still certainly work to be done to improve the health of our community.

APPENDIX 3: SURVEY

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

COMMUNITY PERCEPTIONS

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

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

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

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

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

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

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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

- ☐ Didn't have health insurance.
- ☐ Too long to wait for appointment.
- ☐ Cannot afford
- ☐ Didn't have a way to get to the doctor
- ☐ Fear of discrimination
- ☐ Lack of trust
- ☐ Physical disability/mobility issues
- ☐ Issues with language barriers
- ☐ Issues with cultural differences/religious beliefs

Prescription Medicine

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

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

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

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

Dental Care

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

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

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

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

Mental-Health Counseling

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

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

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

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

HEALTHY BEHAVIORS

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

Exercise

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

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

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

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

Healthy Eating

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

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

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

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

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

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

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Overall Health Ratings

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

INTERNET

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

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

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

BACKGROUND INFORMATION

1. What county do you live in?

☐ Vermilion ☐ Other

2. What is your Zip Code? _____

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

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer

☐ Don't have (Please answer #4)

4. If you answered "don't have" to the question about health insurance, why **don't** you have insurance? (Please choose all that apply).

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

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

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

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

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

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/LatinX
☐ Pacific Islander ☐ Native American ☐ Asian/South Asian
☐ Multiracial

9. What is your highest level of education? (Please choose only one answer).

☐ Grade/Junior high school ☐ Some high school ☐ High school degree (or GED)
☐ Some college (no degree) ☐ Associate's degree ☐ Certificate/technical degree
☐ Bachelor's degree ☐ Graduate degree

10. What was your household/total income last year, before taxes? (Please choose only one answer).

☐ Less than $20,000 ☐ $20,001 to $40,000 ☐ $40,001 to $60,000
☐ $60,001 to $80,000 ☐ $80,001 to $100,000 ☐ More than $100,000

11. What is your housing status?

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

12. How many people live with you? _____

13. Prior to the age of 18, which of the following did you experience (check all that apply):

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse
☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce
☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member
☐ Mother treated violently

14. How often do you bike, walk, or use public transportation to get to work?

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

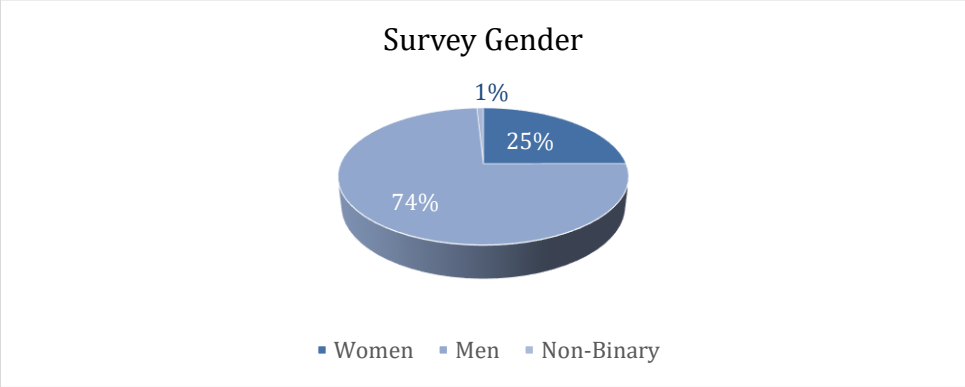
15. How often do you participate in any type of gambling (such as sports bets, lottery, slots, poker, video machines, etc.)?
☐ Less than once per week ☐ 1–2 times per week ☐ 3 - 5 times per week ☐ More than 5 times per week

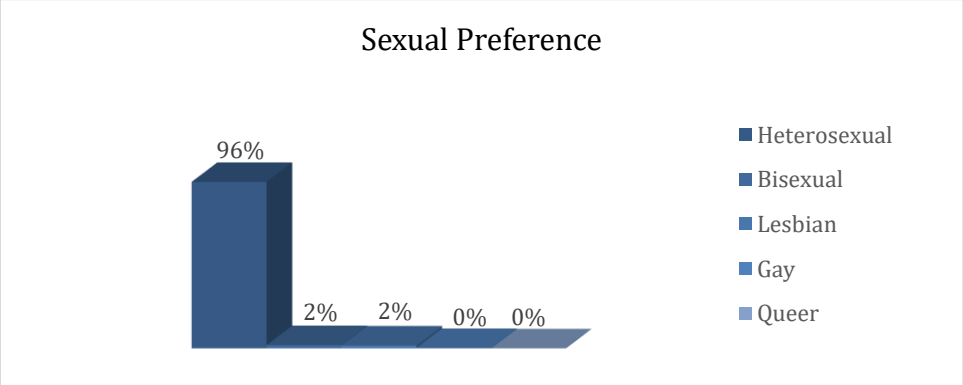
16. When you want to go somewhere, how do you usually get there? (Please choose only one answer).
☐ I usually get there myself (car, walk, bike)
☐ Public transportation
☐ Rides from staff in provider van or vehicle
☐ Taxi/Uber/Lyft
☐ Rides from family/friends
☐ I am not able to get to places

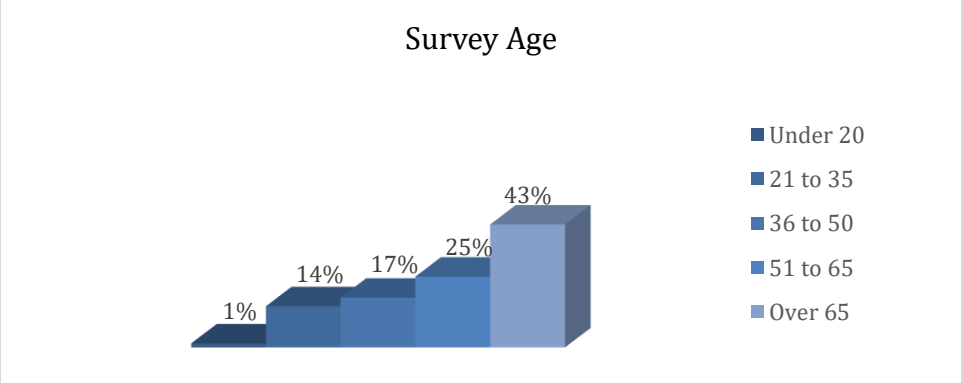
Is there anything else you'd like to share about your own health goals or health issues in our community?

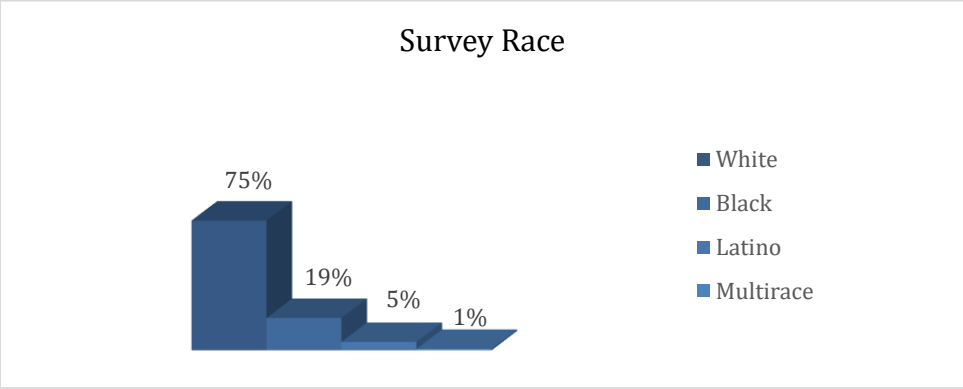
Thank you very much for sharing your views with us!

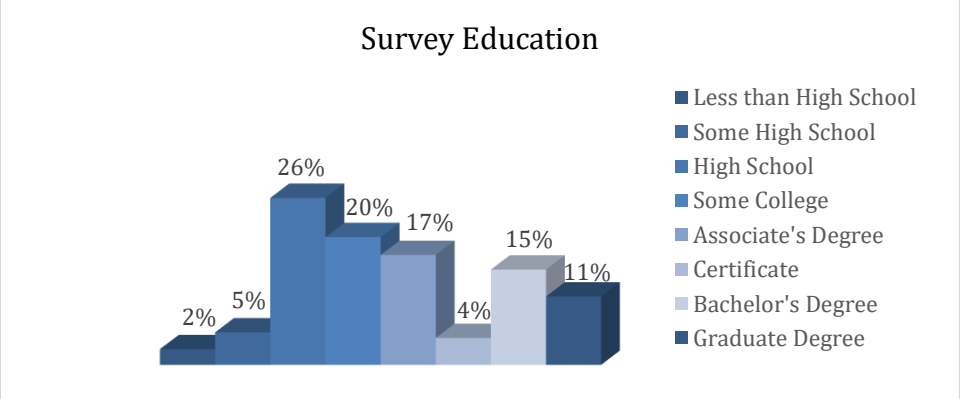
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

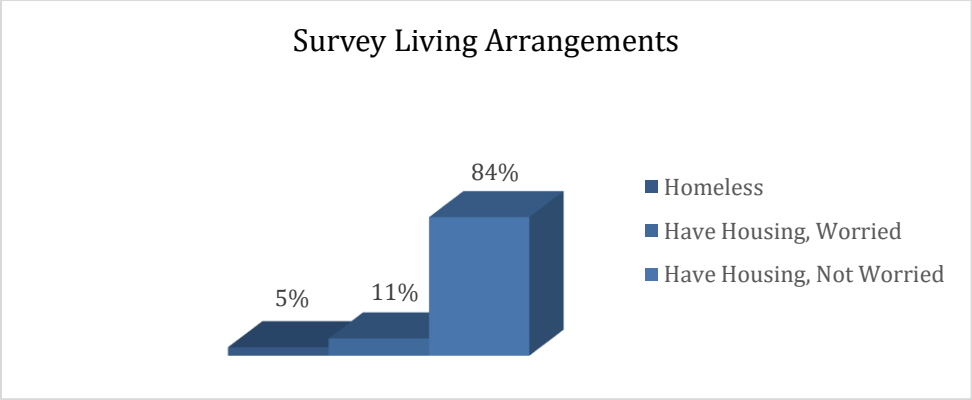


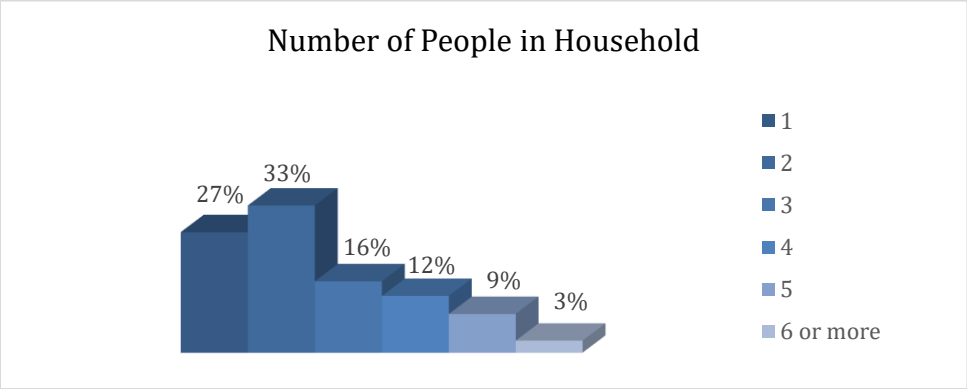


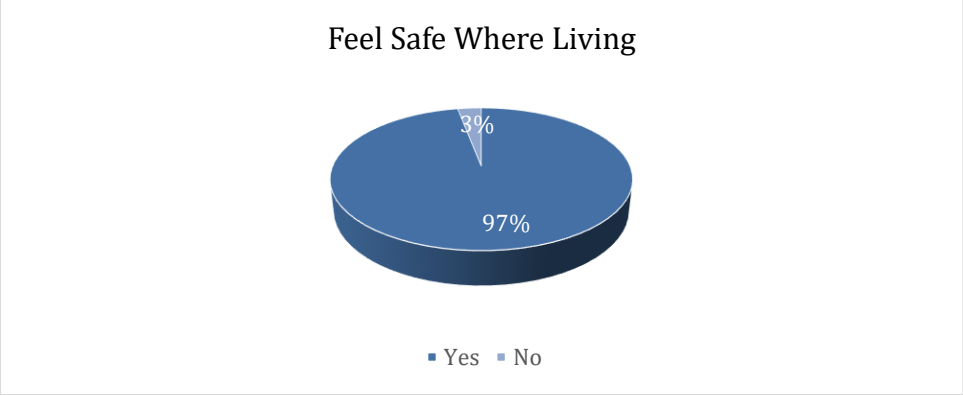


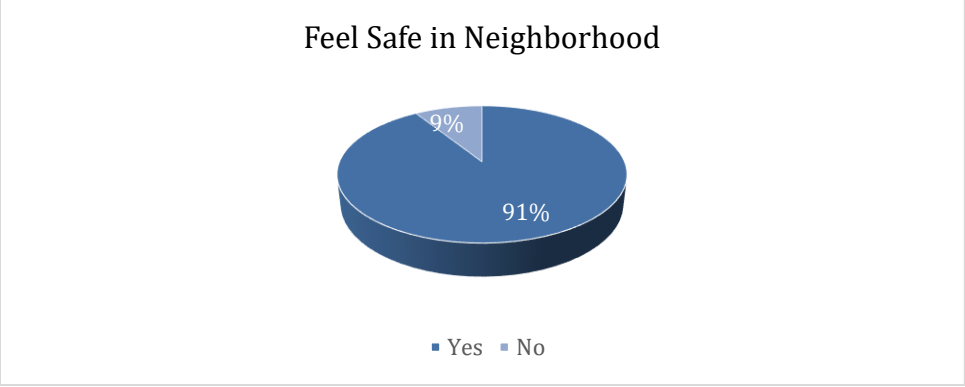

Survey Race
75%
19%
5%
1%
White
Black
Latino
Multirace

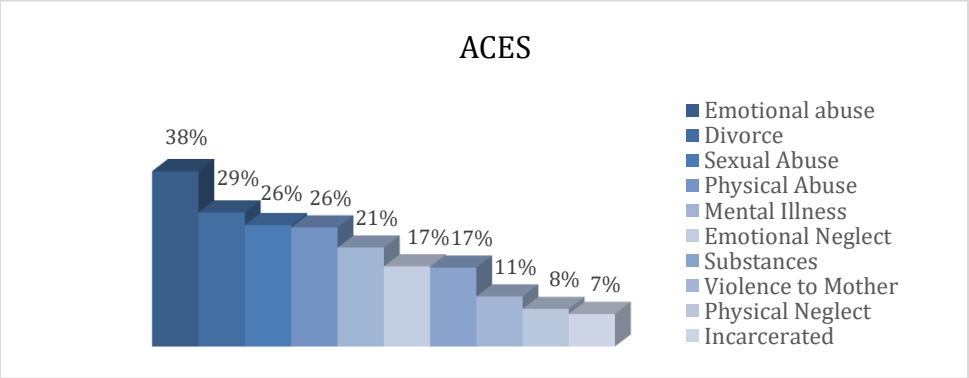

Survey Education
2%
5%
26%
20%
17%
4%
15%
11%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

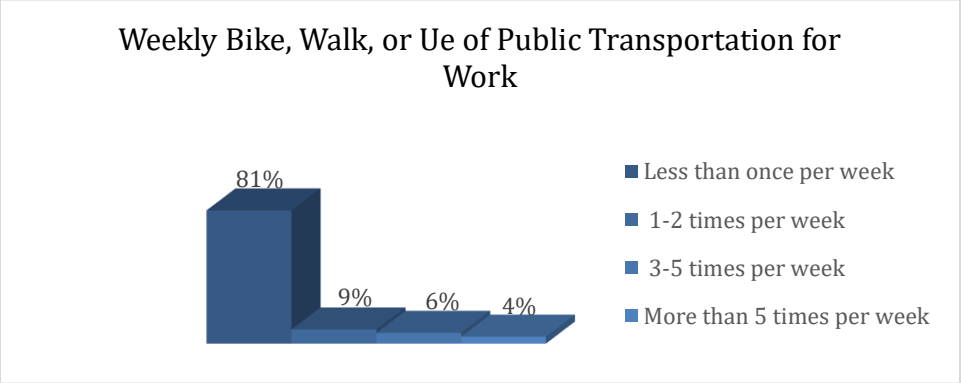

Survey Living Arrangements
5%
11%
84%
Homeless
Have Housing, Worried
Have Housing, Not Worried

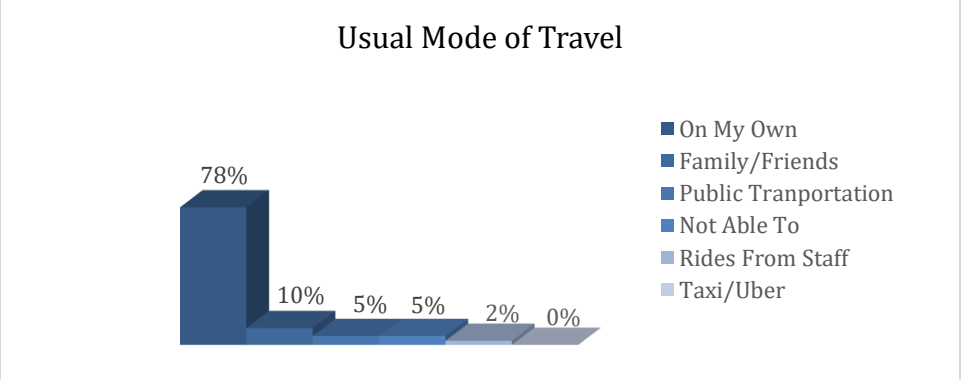

Number of People in Household
27%
33%
16%
12%
9%
3%
1
2
3
4
5
6 or more

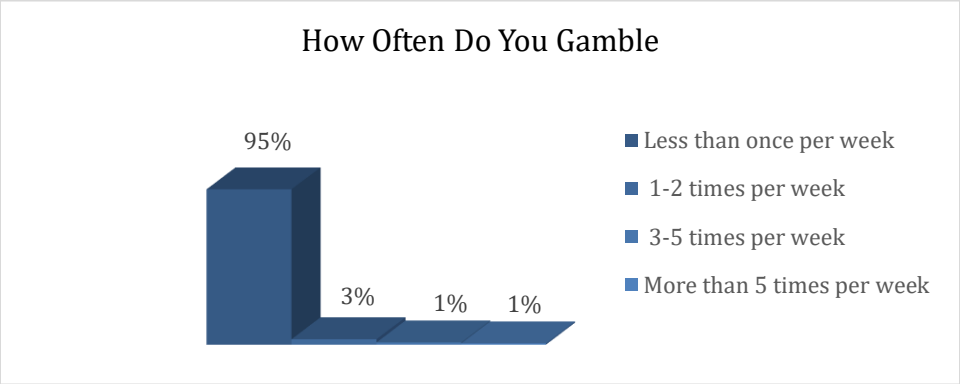

Feel Safe Where Living
3%
97%
Yes
No


Feel Safe in Neighborhood
9%
91%
Yes
No


ACES
38%
29%
26%
26%
21%
17%
17%
11%
8%
7%
Emotional abuse
Divorce
Sexual Abuse
Physical Abuse
Mental Illness
Emotional Neglect
Substances
Violence to Mother
Physical Neglect
Incarcerated


Weekly Bike, Walk, or Ue of Public Transportation for Work
81%
9%
6%
4%
Less than once per week
1-2 times per week
3-5 times per week
More than 5 times per week


Usual Mode of Travel
78%
10%
5%
5%
2%
0%
On My Own
Family/Friends
Public Tranportation
Not Able To
Rides From Staff
Taxi/Uber


How Often Do You Gamble
95%
3%
1%
1%
Less than once per week
1-2 times per week
3-5 times per week
More than 5 times per week

APPENDIX 5: RESOURCE MATRIX

	Cancer Screening – Lung & Prostate	Healthy Behaviors/ Nutrition & Exercise	Mental Health	Obesity	Substance Use	Diabetes	Violence	Income/ Poverty	Access to Healthcare
Health Department									
Vermilion County Health Department	2	3	3	3	1	2	2	2	3
Hospitals									
Carle Foundation Hospital	3	3	3	2	2	3	2	2	3
OSF HealthCare Sacred Heart Medical Center	3	3	3	2	1	3	2	2	3
Community Agencies									
United Way of Danville		3	3		2		2	3	
Vermilion County Mental Health Board		1	3		3		3	1	

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

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

Vermilion County Health Department
The Vermilion County Health Department strives for disease prevention, health protection and health promotion. The Vermilion County Health Department offers the following programs: WIC (Women, Infant, and Children) services, including breastfeeding and nutritional information / supplementation; Communicable Disease surveillance and Immunization services; Vital Records, including birth and death records filed after January 1, 1983; Emergency Preparedness Programs; Community Health Education; and Environmental Health Services, including Food Sanitation, Potable Water, and Private Sewage.

United Way of Danville
United Way of Danville Area seeks to reduce poverty by: helping people achieve financial stability, by helping families get on the road to economic independence, promoting healthy lives, and increasing the number of youth and adults who are healthy and avoid risky behaviors, and engaging families and connecting them with resources to prepare children for successful lives and school experiences in early years and throughout life.

Vermilion County Mental Health Board
The Mental Health 708 Board allocates local tax revenues to nine service providers within Vermilion County. These agencies provide a wide variety of mental health services to county residents in the areas of mental health, developmental disabilities and substance abuse.

Carle Danville Medical Office Center at The Riverfront
Carle Danville Medical Office Center at The Riverfront offers high-quality and individualized care to improve the health and wellness of Vermilion County community members. Consolidating services from the Carle Danville on Fairchild and Carle Danville on Vermilion locations with 8,000-square-feet of retail space, the brand-new facility offers modern and personal features that improve the care experience of all patients. Along with convenient care hours, the center offers radiology, lab, cardiology, diabetes education, orthopedics, oncology, ophthalmology, specialty surgery and outpatient therapy. The campus includes a community garden and is adjacent to Carle Danville on Gilbert which offers specialists in sleep medicine.

Carle Hoopeston Regional Health Center
Carle Hoopeston Regional Health Center (CHRHC), a 24-bed Critical Access Hospital in Hoopeston, IL, is part of Carle Health, a vertically integrated system with a bold but simple mission: to be the trusted partner in all healthcare decisions for everyone who depends on it. The hospital provides highly accessible, high-quality care to improve health in Vermilion County and the surrounding area. Always focused on its North Star – providing the best care possible for patients – CHRHC is driven by a deep philanthropic spirit to solve real-world health issues now and into the future. Specialty services include cardiology, behavioral health and diagnostic services (including nuclear medicine, digital mammography, podiatry, pulmonology, nephrology, radiology and laboratory), along with emergency medicine and surgical services. CHRHC also provides access to primary care with clinics in Cissna Park, Danville, Hoopeston, Mattoon, Milford, Rossville, Tuscola and Watseka. CHRHC employs more than 380 team members, with over 50 physicians and advanced practice providers.

OSF HealthCare Sacred Heart Medical Center
OSF HealthCare Sacred Heart Medical Center is a 174-bed health care facility established in 1882. It serves patients throughout Danville and Vermilion County. Our staff of nearly 400 provides state-of-the-art therapeutic, diagnostic, medical, surgical, and support services for our patients and their families. Health care services include 24-hour Emergency Department, full-service cancer center, comprehensive cardiovascular, radiology, full-service laboratory, lung and pulmonary care, orthopedic services, physical therapy, occupational therapy, speech and language therapy, sleep center, primary stroke center, surgical services, and women's health services.

Additional Resources
For additional community resources please visit one of the following:

- Call 2-1-1
- VCHelp.org
- Vermilion County Resource List - https://www.vercounty.org/mental-health/

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[1]

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

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

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

Resources – Is funding available for a program?

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

Step 4. Use Voting Technique to Narrow Potential Issues

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

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

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

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

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

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

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

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