2025

Community Health Needs Assessment

OSF SAINT CLARE MEDICAL CENTER

Bureau County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Bureau County Community Health Needs Assessment is a collaborative undertaking by OSF Saint Clare Medical Center to highlight the health needs and well-being of Bureau County residents. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Bureau County region. Several themes are prevalent in this health needs assessment – the demographic composition of the Bureau County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

The results of this study can inform strategic decision-making, directly addressing the community's health needs. It was designed to assess issues and trends affecting the communities served by the collaborative and to understand the perceptions of targeted stakeholder groups. This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data

were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

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

- **Behavioral Health – Including Mental Health and Substance Use**
- **Healthy Behaviors – Defined as Nutrition, Exercise, and Impact on Obesity**

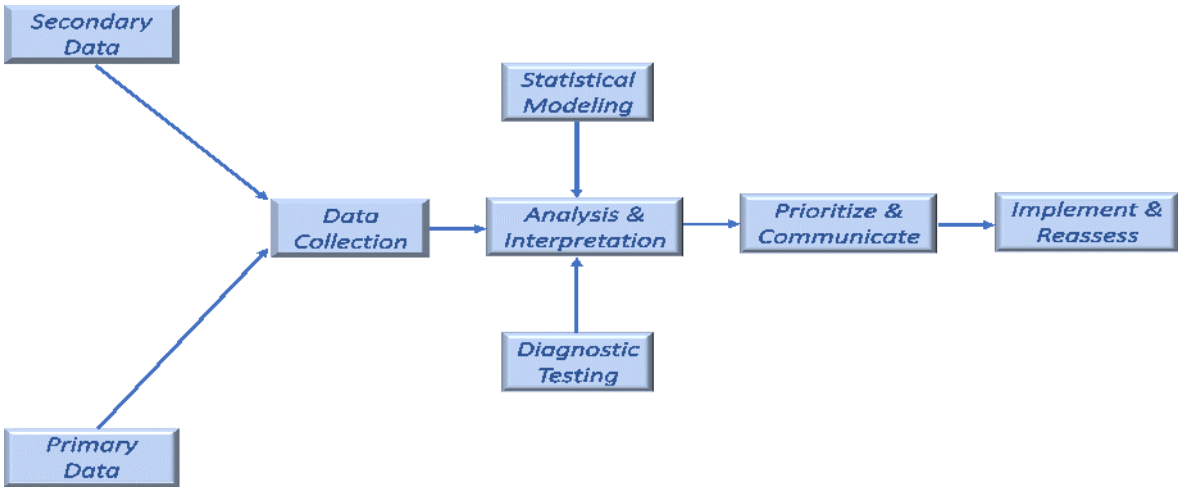
I. INTRODUCTION

Background

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

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Schedule H, Form 990, designated solely for tax-exempt charitable hospital organizations. The fundamental areas of the community health needs assessment are illustrated 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 representatives from OSF Saint Clare Medical Center, members of the Bureau County Health Department, and administrators from key community partner organizations. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles and expertise can be found in APPENDIX 1: MEMBERS OF THE COLLABORATIVE TEAM. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

To determine the geographic boundaries for OSF Saint Clare Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Bureau County. Data show that Bureau County alone represents 82% of all patients for the hospital.

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

Purpose of the Community Health Needs Assessment

In the initial meeting, the collaborative team defined the purpose of this study.

This study aims to equip healthcare organizations, such as hospitals, clinics and health departments, with the essential information needed to develop strategic plans for program design, access, and delivery.

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

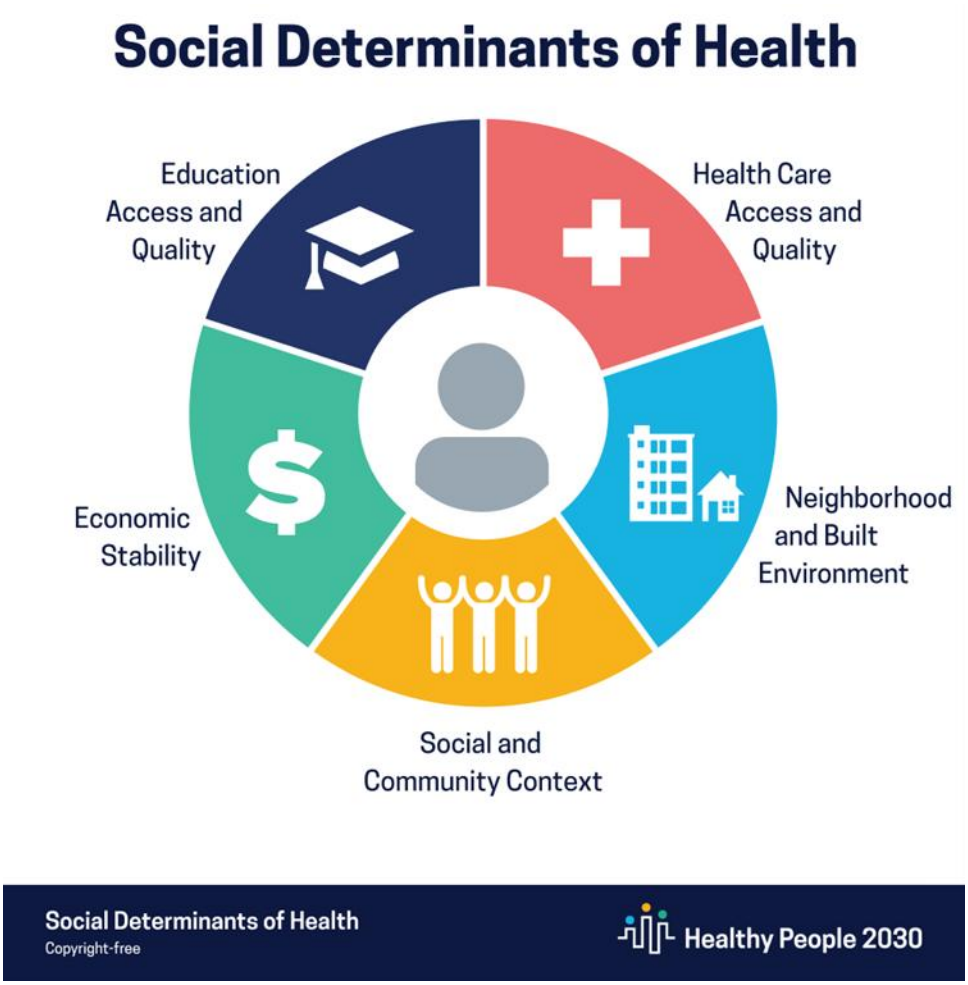
The 2022 CHNA for Bureau County identified two significant health needs: Healthy Behaviors, (healthy eating and active living, and their impact on obesity); and Behavioral Health (mental health and substance use). Specific actions were taken to address these needs. Detailed discussions of goals and strategies can be found in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Determinants of Health (SDOH). SDOH are important environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. According to research conducted by the U.S. Department of Health and Human Services, *Healthy People 2030* has identified five SDOH that should be included in assessing community health (Figure 2). Note this CHNA refers to social "drivers" rather than "determinants." According to the *Root Cause Coalition*, drivers are malleable, while

determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 2



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

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

II. METHODS

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

Secondary Data Collection

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

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

Primary Data Collection

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

Survey Instrument Design

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

- **Ratings of health issues in the community –** to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes, and obesity.
- **Ratings of unhealthy behaviors in the community –** to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse, and smoking.
- **Ratings of issues concerning well-being –** to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods, and effective public transportation.
- **Accessibility to healthcare –** to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental, and mental healthcare, as well as access to prescription medication.
- **Healthy behaviors –** to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits, and cancer screenings.

- **Behavioral health –** to assess community issues related to areas such as anxiety and depression.
- **Food security –** to assess access to healthy food alternatives.
- **Social drivers of health –** to assess the impact that social drivers may have on the above-mentioned areas.

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

Sample Size

To identify the potential population, the percentage of the Bureau 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 Bureau County was 12.6 percent. With a population of 33,203 this yielded a total of 4,184 residents living in poverty in the Bureau 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 Bureau County area, the minimum sample size for *aggregated* analyses (combining at-risk and general populations) was 380. The data collection effort for this CHNA yielded a total of 514 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 451 respondents. This exceeded the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Bureau County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 436 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

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

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

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

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

CHAPTER 1: Demography and Social Drivers

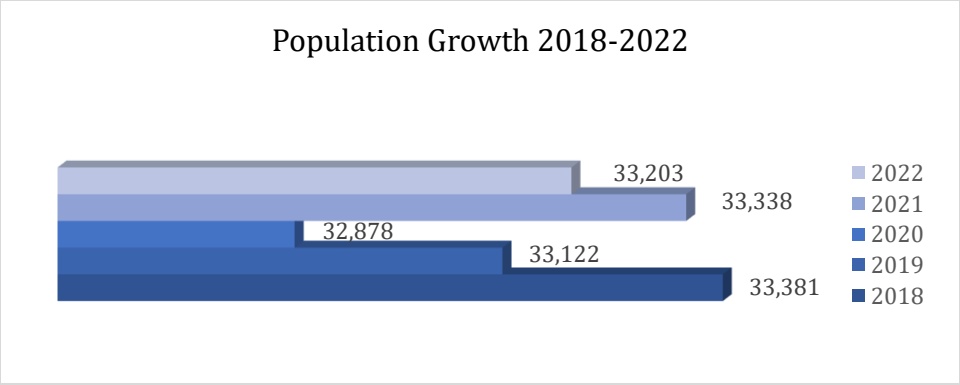
1.1 Population

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

Population Growth

Data from the last census indicates that the population of Bureau County has decreased (0.5%) between 2018 and 2022 (Figure 3).

Figure 3



Source: United States Census Bureau

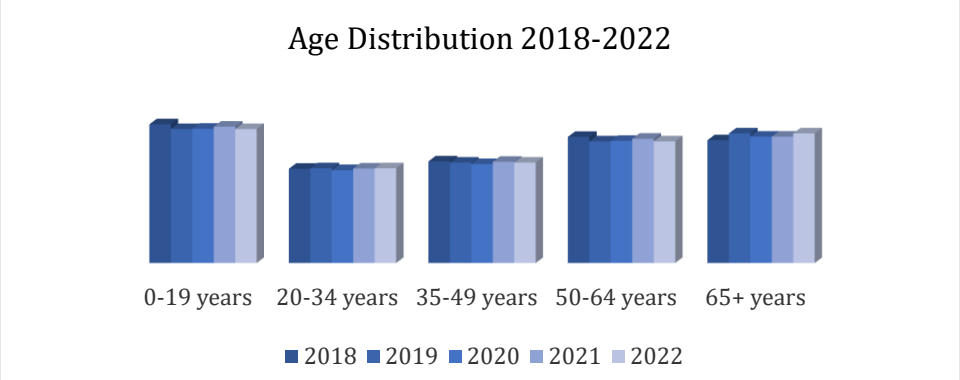
1.2 Age, Gender, and Race Distribution

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

As illustrated in the following graph, the percentage of individuals in Bureau County declined in each age group, except for the 20-34 and 65+ age groups. Most notably, those in the 65+ age group, increased 5.6% between 2018 and 2022 (Figure 4).

Figure 4

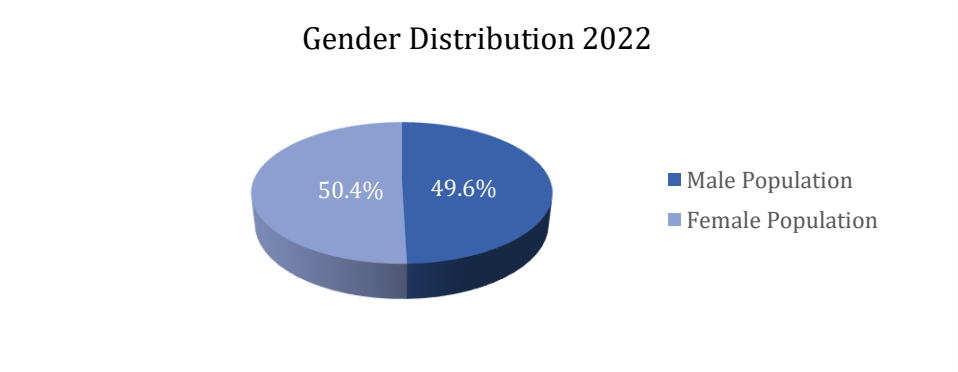


Source: United States Census Bureau

Gender

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

Figure 5

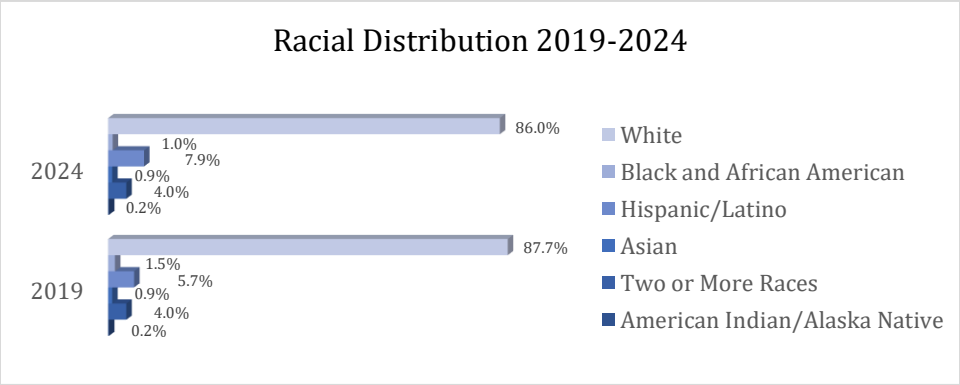


Source: United States Census Bureau

Race

With regard to race and ethnic background, Bureau County is largely homogenous. However, in recent years, the county is becoming more diverse. Data from 2024 suggest that individuals of White ethnicity comprise 86.0% of the population in Bureau County. The non-White population of Bureau County has been increasing, rising from 12.3% in 2019 to 14% in 2024. Within this, Hispanic/Latino ethnicity comprises 7.9%, multi-racial ethnicity comprises 4%, Black ethnicity comprises 1.0%, Asian ethnicity makes up 0.9%, and American Indian/Alaska Native comprises 0.2% of the population (Figure 6).

Figure 6



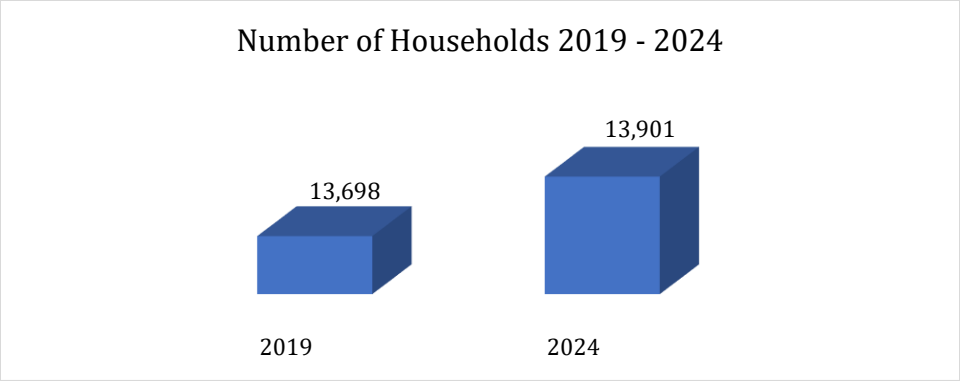
Source: United States Census Bureau

1.3 Household/Family

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

As indicated in the graph below, the number of family households in Bureau County increased from 13,698 in 2019 to 13,901 in 2024 (Figure 7).

Figure 7

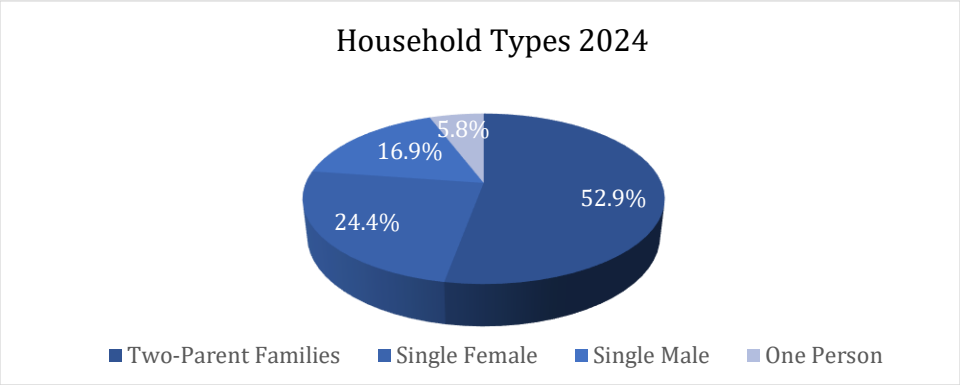


Source: United States Census Bureau

Family Composition

In Bureau County, data from 2024 show that two-parent families make up 52.9% of households. One-person households represent 5.8%, single-female households make up 24.4%, and single-male households account for 16.9% of the county population (Figure 8).

Figure 8

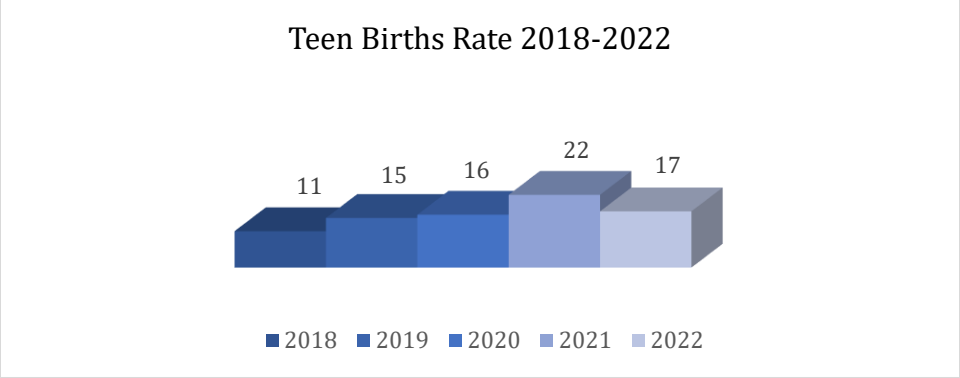


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Bureau County experienced an overall increase in its teen birth count from 2018 to 2022, rising to its highest level in 2021, before decreasing in 2022 (Figure 9).

Figure 9



Source: Illinois Department of Public Health

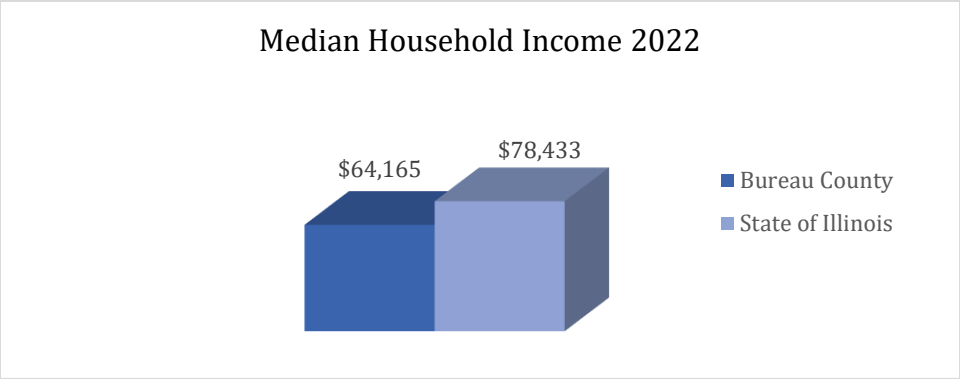
1.4 Economic Information

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 Bureau County ($64,165) was lower than that of the State of Illinois ($78,433) (Figure 10).

Figure 10

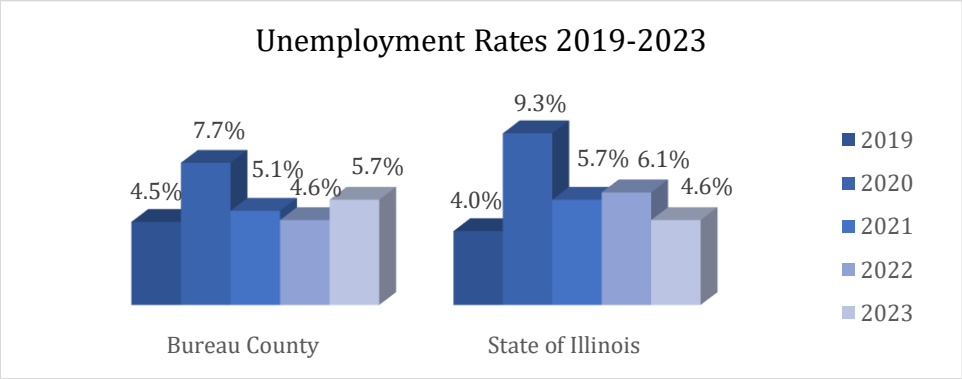


Source: United States Census Bureau

Unemployment

From 2019 through 2023, the Bureau County unemployment rate remained lower than the State of Illinois unemployment rate except for 2019 and 2023. In 2020, the rate significantly increased but did remain lower than rate for the State of Illinois (Figure 11). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

Figure 11

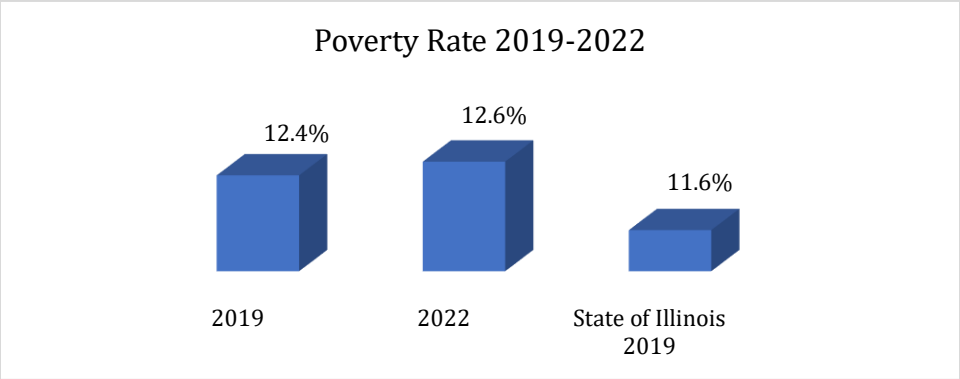


Source: Bureau of Labor Statistics

Individuals in Poverty

In Bureau County, the percentage of individuals living in poverty increased by 0.2% between 2019 and 2022. Poverty significantly impacts the development of children and youth. In 2022, the poverty rate for families living in Bureau County (12.6%) was higher than the State of Illinois poverty rate (11.6%) (Figure 12).

Figure 12



Source: United States Census Bureau

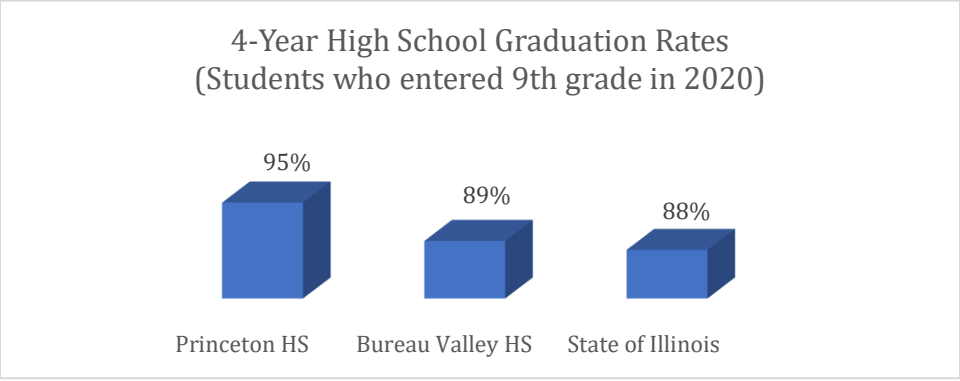
1.5 Education

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

Students who entered 9th grade in 2020 in Bureau County school districts, reported high school graduation rates that were higher than the State of Illinois average of 88% (Figure 13).

Figure 13



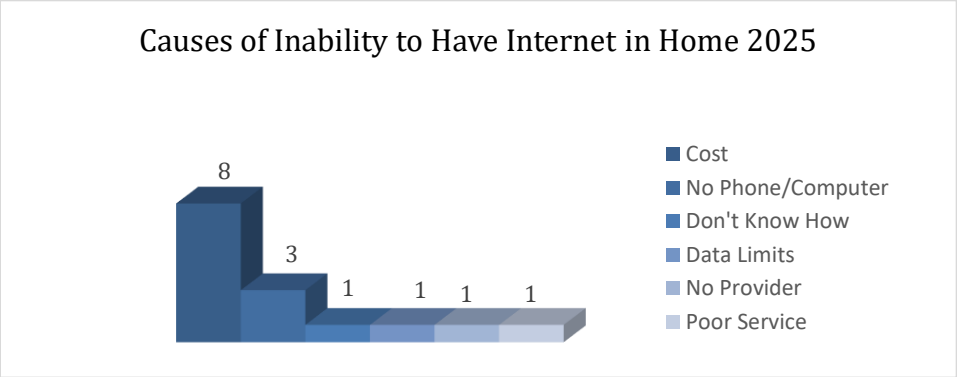
Source: Illinois Report Card

1.6 Internet Accessibility

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

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

Figure 14



Source: CHNA Survey

Social Drivers Related 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 Women, White people, and those with higher income. Access to Internet is rated lower by people with an unstable housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSEHOLD REPRESENTS 24.4% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ NON-WHITE POPULATION IS INCREASING.
- ✓ UNEMPLOYMENT INCREASED.

CHAPTER 2 OUTLINE

CHAPTER 2: Prevention Behaviors

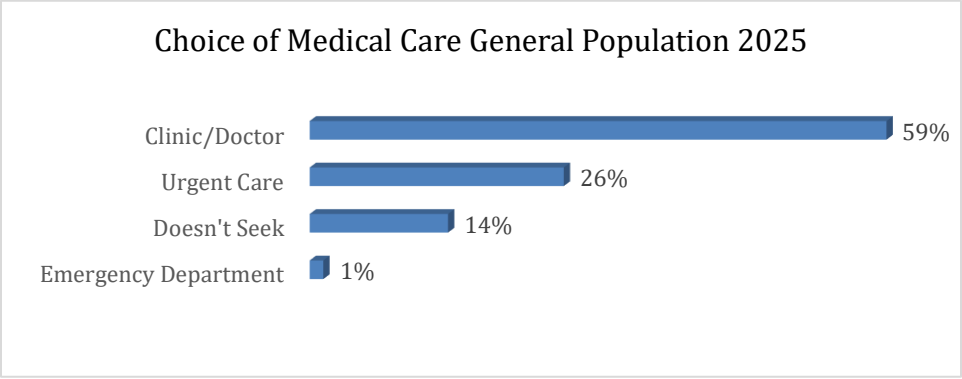
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of health care facility they used when sick. Four different options were presented: clinic or doctor's office, emergency department, urgent-care facility, and did not seek medical treatment. The most common response for source of medical care was clinic/doctor's office, chosen by 59% of survey respondents. This was followed by urgent care (26%), not seeking medical attention (14%), and the emergency department at a hospital (1%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office decreased from 76% in 2022 to 59% in 2025. Much of this can be attributed to the increase in the use of urgent care facilities (15% in 2022 to 26% in 2025) and the lack of seeking medical care (7% in 2022 and 14% in 2025).

Social Drivers Related to Choice of Medical Care

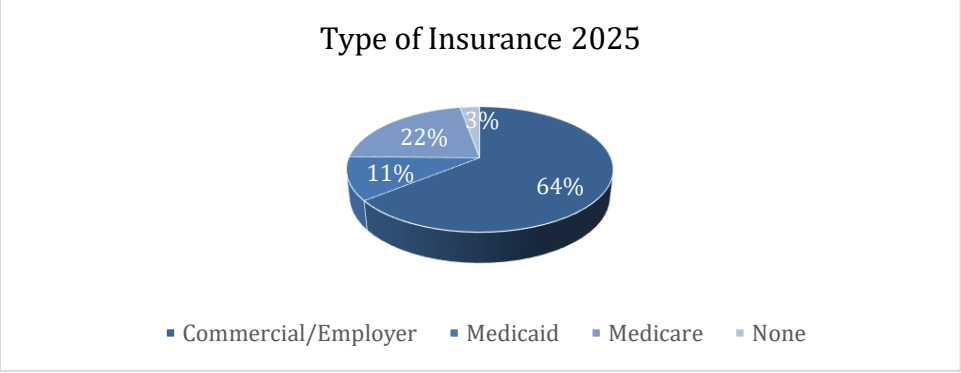
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by White people.
- **Urgent Care** tends to be used more younger people.
- **Emergency Department** did not have any significant correlates.
- **Does Not Seek Medical Care** tends to be rated higher by LatinX people. Does not seek medical care tends to be rated lower by White people.

Insurance Coverage

According to survey data, 64% of the residents are covered by commercial/ employer insurance, followed by Medicare (22%), and Medicaid (11%). Only 3% of respondents indicated they did not have any health insurance (Figure 16).

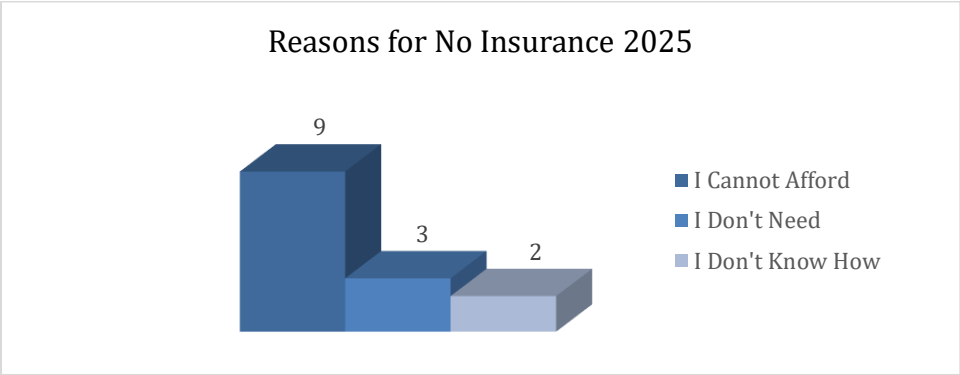
Figure 16



Source: CHNA Survey

Data from the survey show that for those individuals who do not have insurance, the most prevalent reason was cost (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

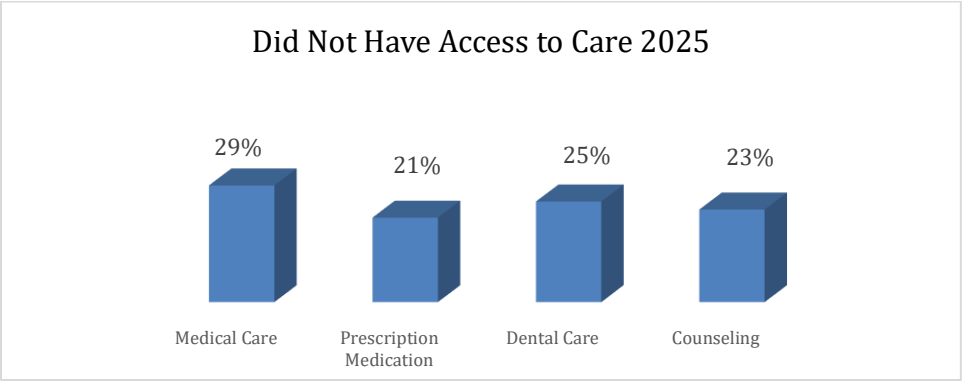
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by older people, LatinX people, and those with lower income.
- **Medicaid** tends to be used more frequently by younger people, those with lower education, those with lower income, and people with an unstable housing environment.
- **Private Insurance** tends to be used more often by younger people, those with higher education, and those with higher income.
- **No Insurance** tends to be reported more often by people with an unstable housing environment.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 29% did not have access to medical care when needed; 21% did not have access to prescription medication when needed; 25% did not have access to dental care when needed; and 23% 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

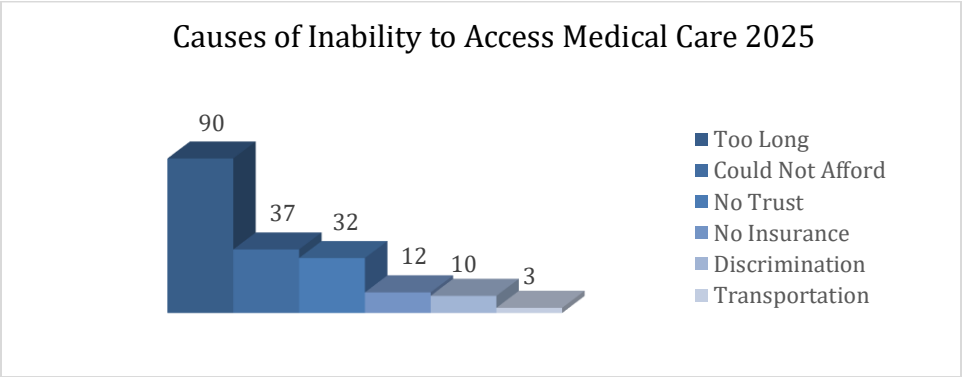
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be rated higher for those with higher income. Those with an unstable housing environment are less likely to have access to medical care.
- **Access to prescription medication** tends to be higher for older people, White people, those with higher education, and those with higher income. Those with an unstable housing environment are less likely to have access to prescription medication.
- **Access to dental care** tends to be higher for older people, those with higher education, and those with higher income. Those with an unstable housing environment are less likely to have access to dental care.
- **Access to counseling** tends to be higher for older people and those with higher income. Those with an unstable housing environment are less likely to have access to counseling.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to medical care were: too long to wait for an appointment (90), the inability to afford the copay (37), and no trust (32) (Figure 19).

Figure 19

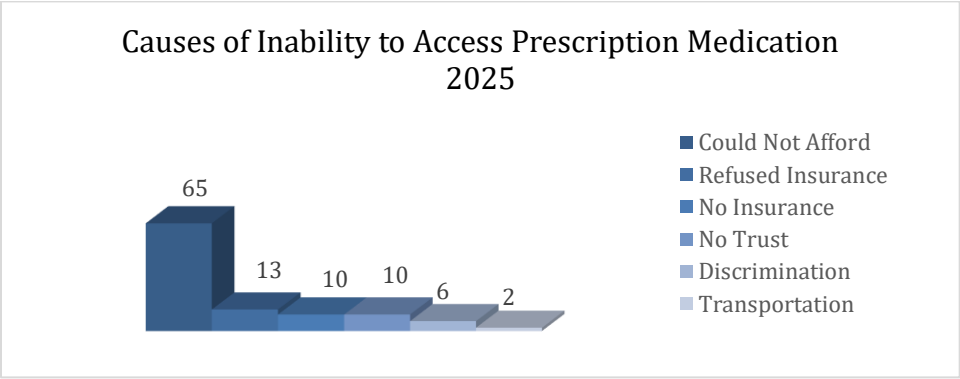


Source: CHNA Survey

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 was the inability to afford copayments or deductibles (65) (Figure 20).

Figure 20

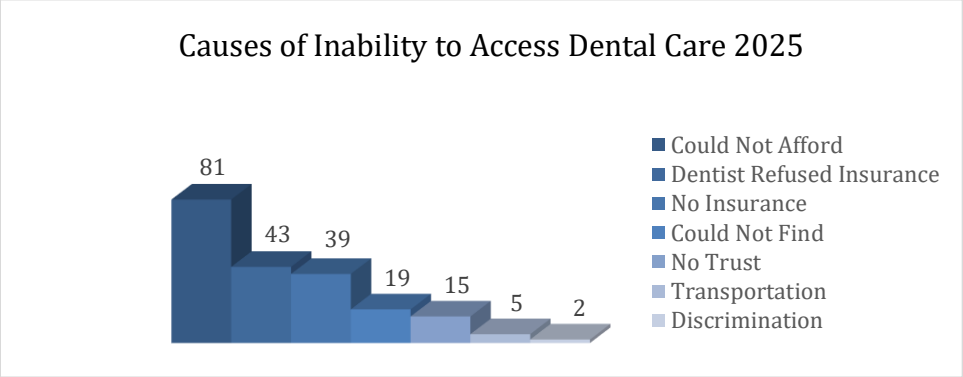


Source: CHNA Survey

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 the inability to gain access to dental care were the inability to afford copayments or deductibles (81), refusal of insurance (43), and no insurance (39) (Figure 21).

Figure 21

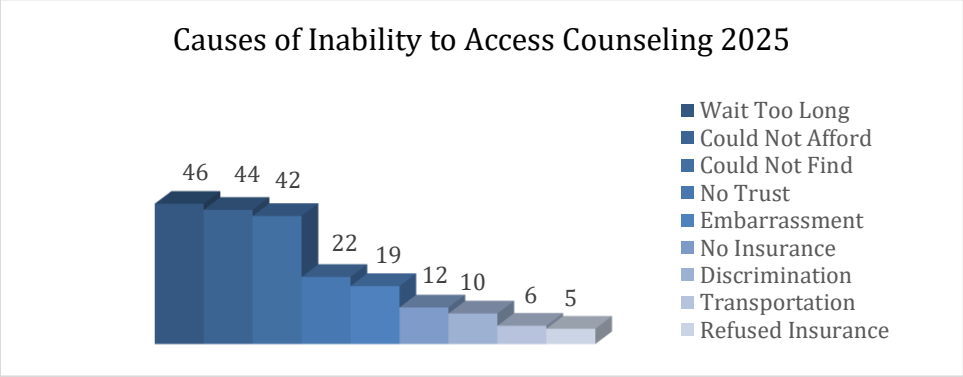


Source: CHNA Survey

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 wait too long (46), could not afford copay or deductible (44), and could not find (42) (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show a significant increase (16%) in those who were not able to get medical care.

Access to Prescription Medications – results show a significant increase (10%) in those who were not able to get prescription medication.

Access to Dental Care – results show a slight increase (5%) in those who were not able to get dental care.

Access to Counseling – results show a significant increase (10%) in those who were not able to get counseling when needed.

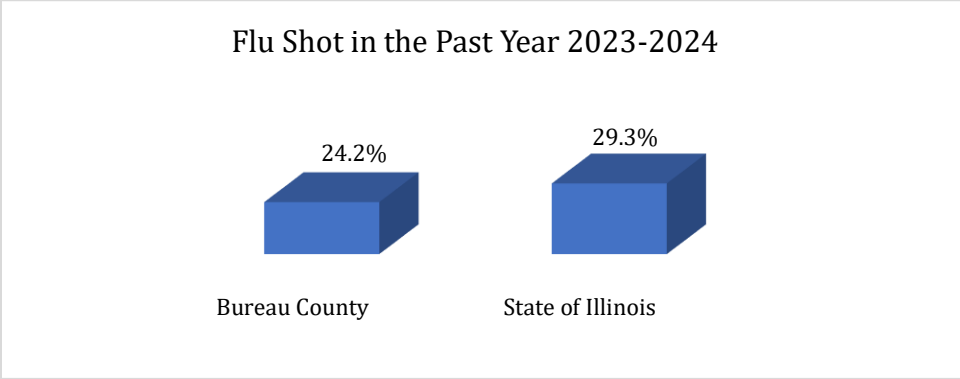
2.2 Wellness

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, from the period 2023 to 2024, 24.2% of people in Bureau County received a flu shot. This vaccination percentage was lower compared to the State of Illinois average of 29.3%.

Figure 23



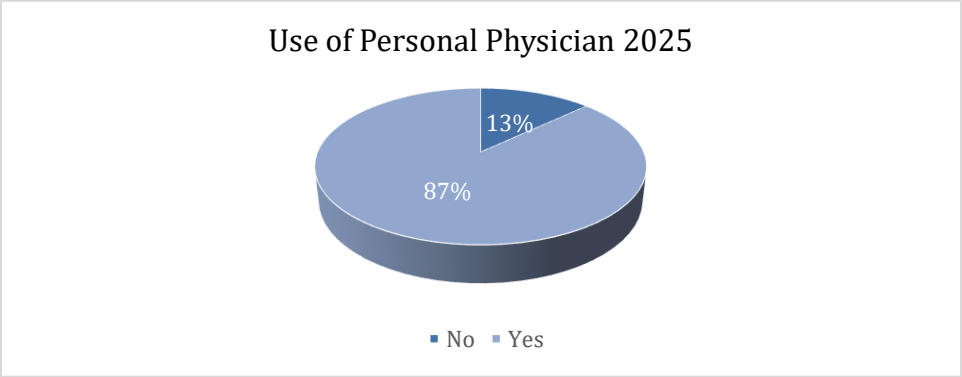
Source: Illinois Department of Public Health

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, 87% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

The percentage of residents with a personal physician has slightly decreased. Specifically, 89% of residents reported having a personal physician in 2022, compared to 87% 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:

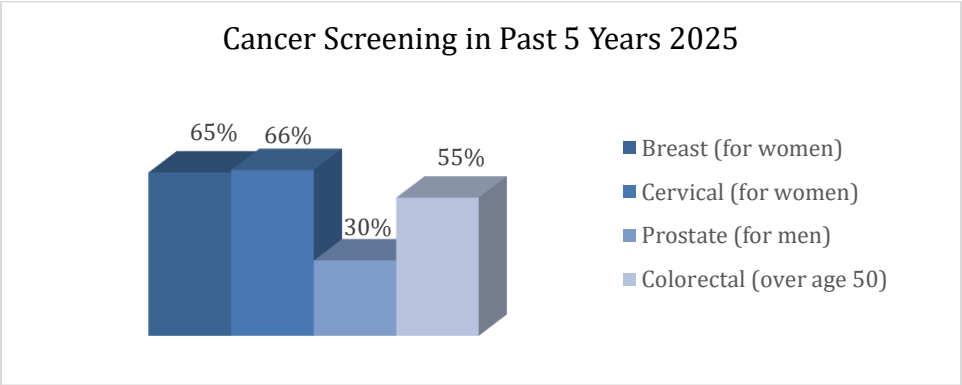
- **Having a personal physician** tends to be more likely for older people and those with higher income. Those with an unstable housing environment are less likely to report having a personal physician.

Cancer Screening

Early detection of cancer can 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 65% of women have had a breast screening in the past five years and 66% of women had a cervical screening in the past five years. For men, 30% had a prostate screening in the past five years. For women and men over the age of 50, 55% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Cancer screening rates for the past five-year period, except cervical screening, have decreased from 2022 to 2025. Specifically, in 2022, 69% of women had a breast screening, compared to 65% in 2025. In contrast, 51% of women had a cervical screening in 2022, compared to 66% in 2025. For men, 49% reported having a prostate screening in 2022, but this rate decreased to 30% in 2025. For individuals over the age of 50, 64% had a colorectal screening in 2022, compared to 55% in 2025.

Social Drivers Related to Cancer Screenings

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

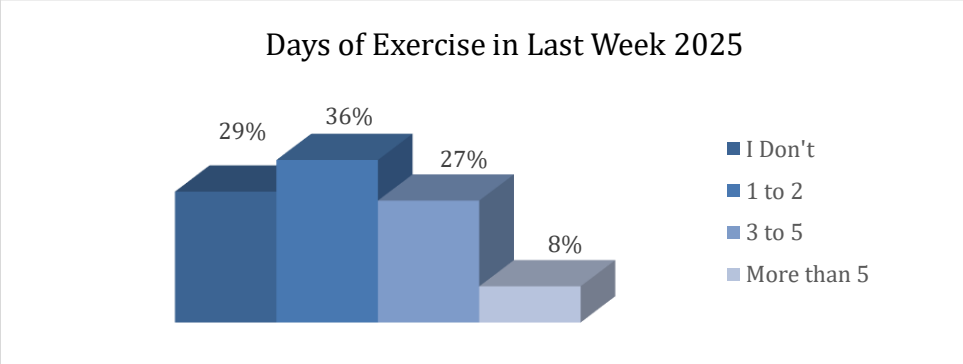
- **Breast screening** tends to be more likely for older women.
- **Cervical screening** tends to be more likely for younger women, women with a higher education, and women with higher income.
- **Prostate screening** tends to be more likely for older men.
- **Colorectal screening** tends to be more likely for older people. Those in an unstable housing environment are less likely to have a colorectal screening.

Physical Exercise

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

Specifically, 29% of respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week (Figure 26).

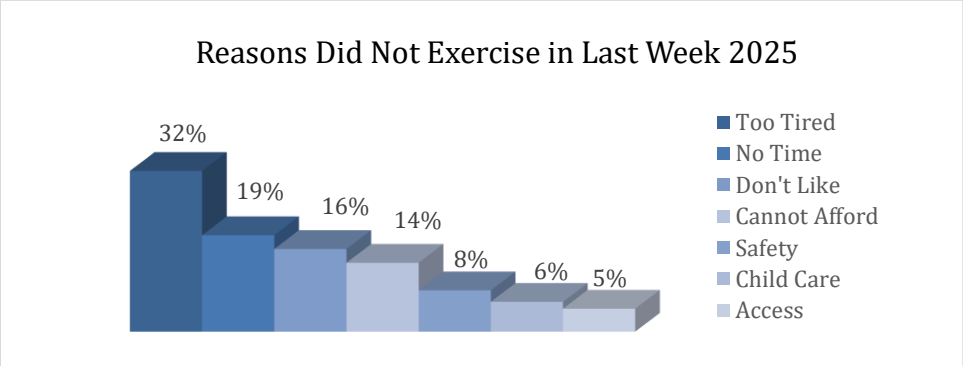
Figure 26



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 (32%) and not having enough time (19%) (Figure 27). Note this information is reported in percentage format as there was a sufficient sample size to do so.

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a slight increase in exercise. In 2022, 70% of residents indicated they exercised, compared to 71% in 2025.

Social Drivers Related to Exercise

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

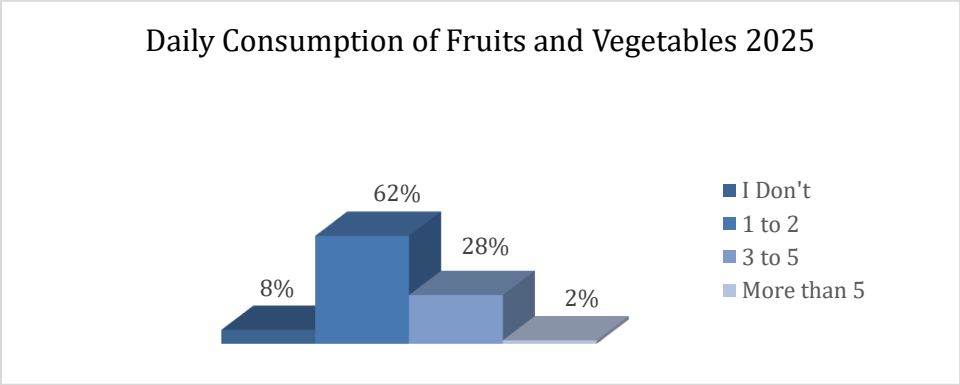
- **Frequency of exercise** tends to be more likely for those with a higher level of education.

Healthy Eating

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

Just over two-thirds (70%) 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 2% (Figure 28).

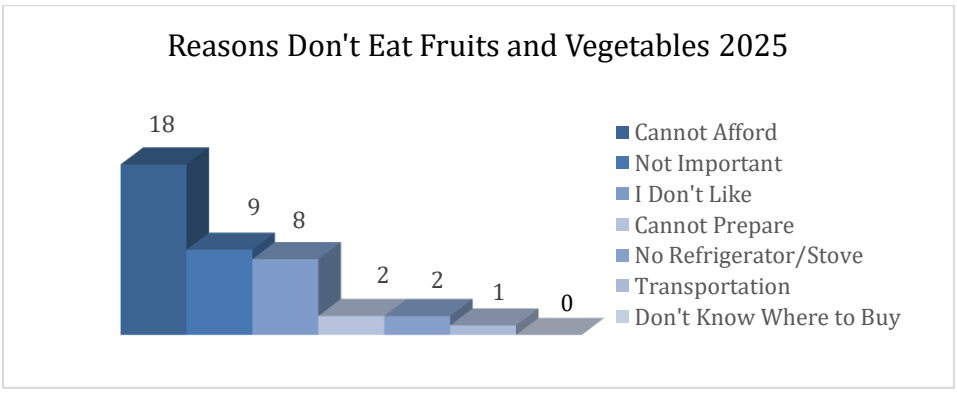
Figure 28



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 (18), lack of perceived importance (9), and dislike of fruits and vegetables (8) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decline in the frequency of healthy eating. In 2022, 37% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to only 30% 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 people with more education and those with a higher income. Those with an unstable housing environment are less likely to consume fruits and vegetables.

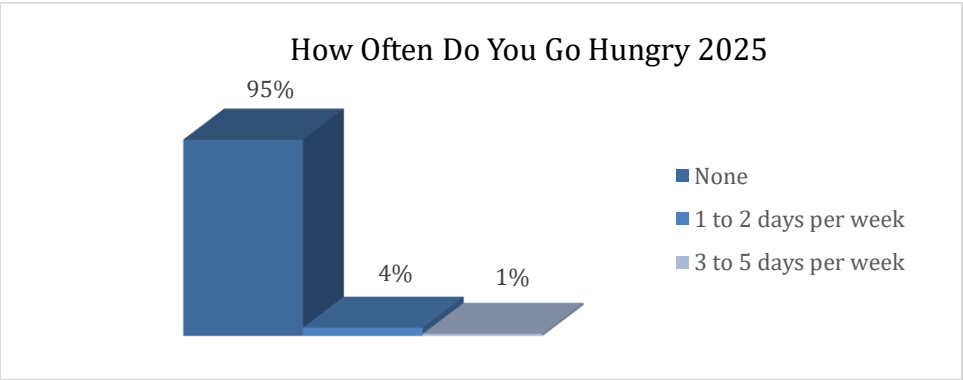
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry, however, 4% indicated they go hungry 1 to 2 days per week and 1% indicated they go hungry 3 to 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:

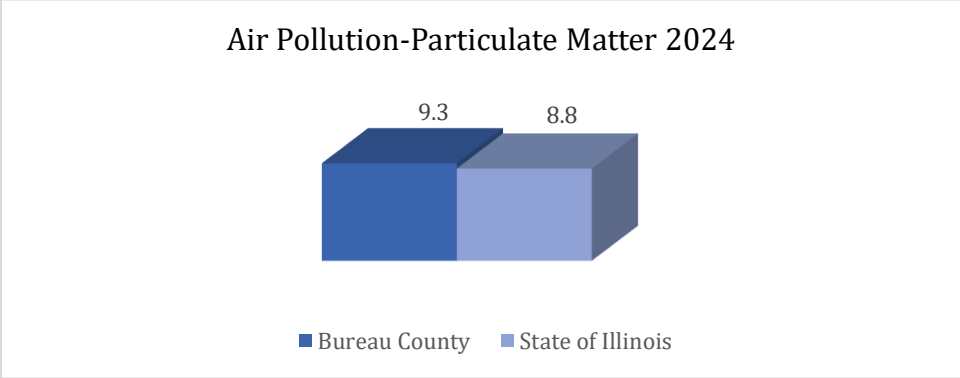
- **Prevalence of Hunger** tends to be more likely for those with lower income and those with an unstable housing environment.

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Bureau County (9.3) in 2024 is greater than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

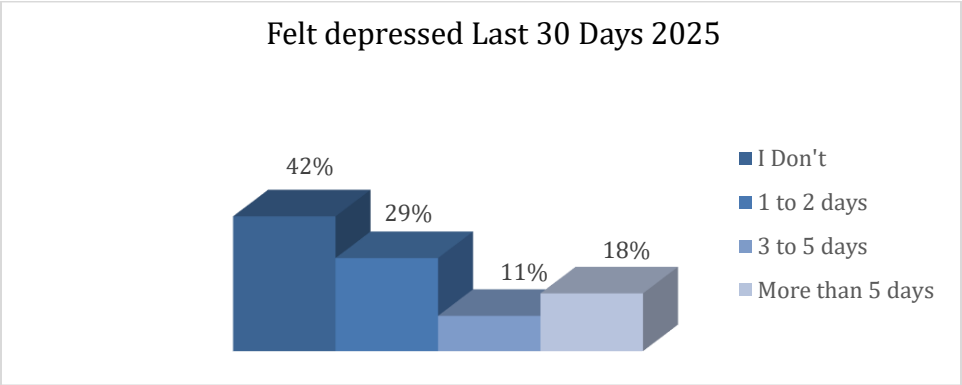
2.5 Health Status

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

Mental Health

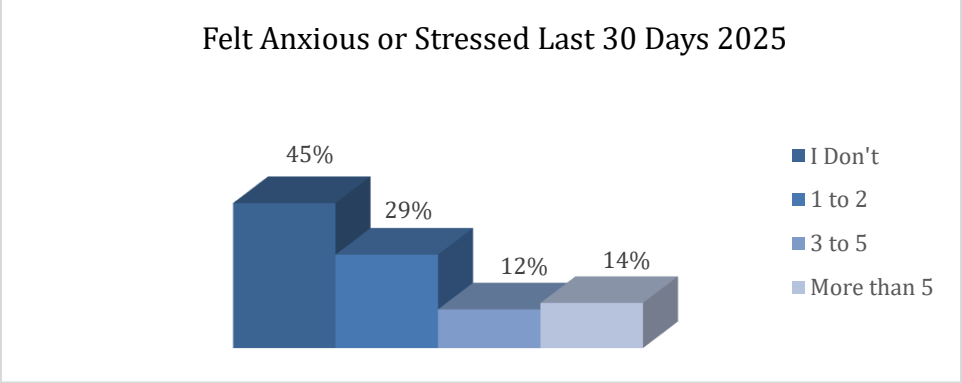
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of the respondents, 42% indicated they did not feel depressed in the last 30 days (Figure 32) and 45% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show a decline in mental health. In 2022, 49% of respondents indicated they felt depressed in the last 30 days, compared to 58% in 2025. In 2022, 39% indicated they felt anxious or stressed, compared to 55% in 2025.

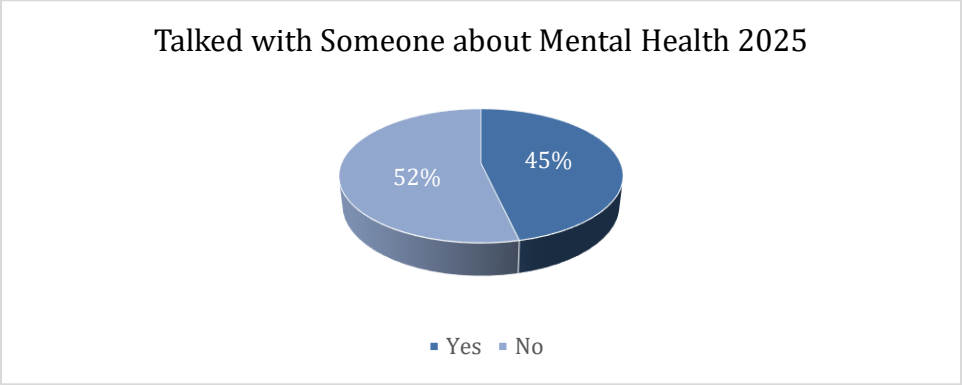
Social Drivers Related to Behavioral Health

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

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

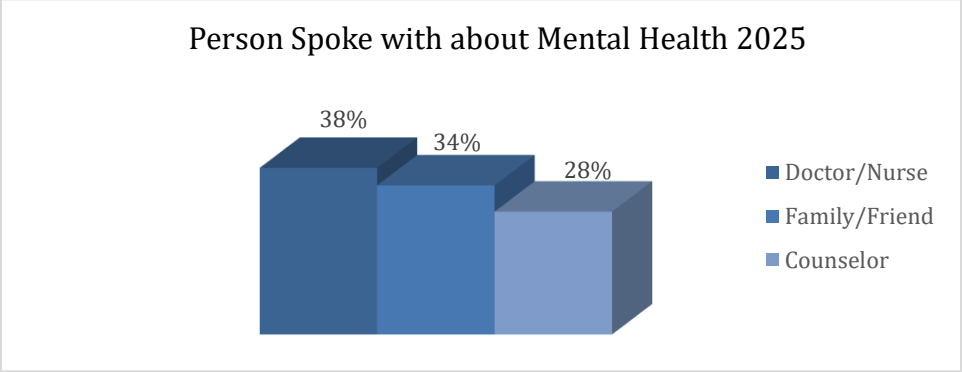
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 45% indicated that they spoke to someone (Figure 34), with the most common response being a doctor/nurse (38%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35

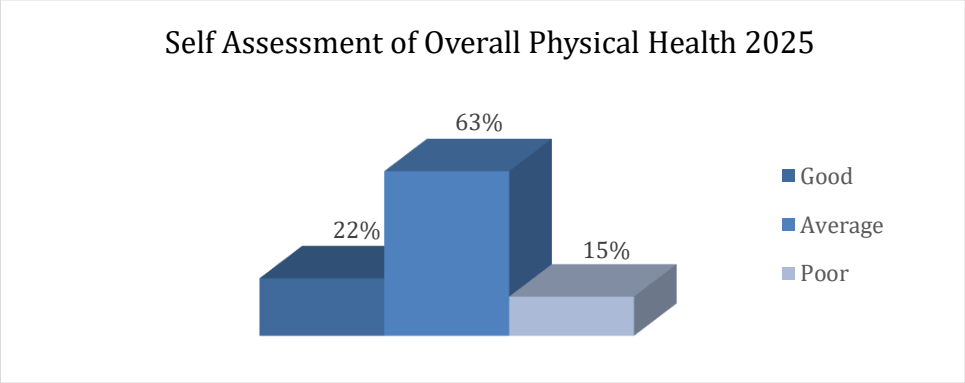


Source: CHNA Survey

Self-Perceptions of Overall Health

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

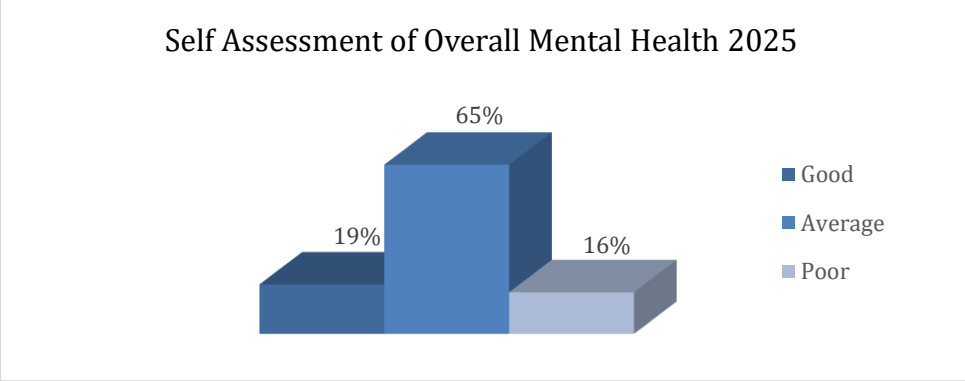
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 16% 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, the same percentage of people see themselves in poor health in 2025 (15%) as in 2022 (15%). Regarding mental health, more people see themselves in poor health in 2025 (16%), compared to 2022 (11%).

Social Drivers Related to Self-Perceptions of Health

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

- **Perceptions of physical health** tend to be higher for those with higher income.

- **Perceptions of mental health** tend to be higher for older people, those with higher education, and those with higher income. Those with an unstable housing environment tend to have a lower perception of mental health.

2.6 Key Takeaways from Chapter 2

- ✓ HIGH RATE OF PEOPLE WHO DO NOT HAVE ACCESS TO MEDICAL CARE.
- ✓ THERE WAS A SIGNIFICANT INCREASE IN THOSE CHOOSING TO NOT SEEK MEDICAL CARE.
- ✓ INCREASED USE OF URGENT CARE FACILITIES.
- ✓ PROSTATE SCREENINGS ARE VERY LOW AND ONLY SLIGHTLY MORE THAN HALF OF THOSE OVER AGE 50 HAVE A COLORECTAL SCREENING.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK.
- ✓ THE MAJORITY OF PEOPLE CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ THERE IS A SIGNIFICANT NUMBER OF RESPONDENTS WHO EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

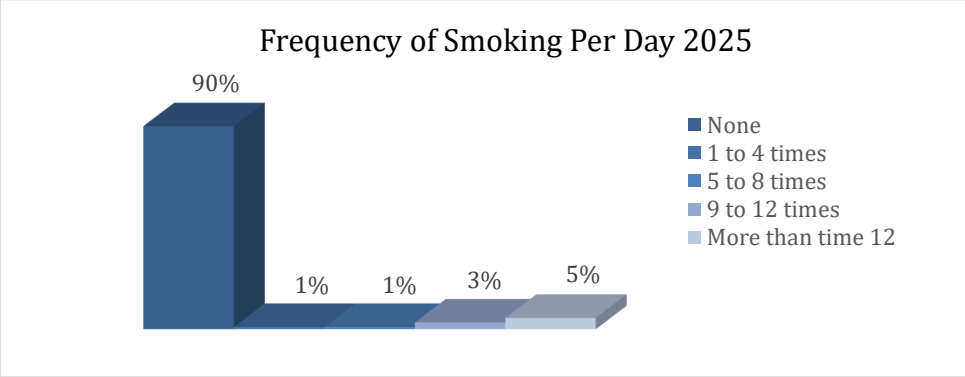
CHAPTER 3: Symptoms and Predictors

3.1 Tobacco Use

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

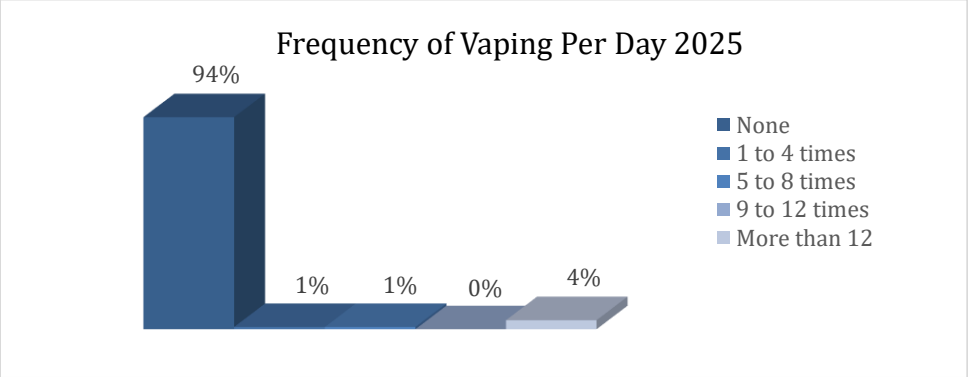
CHNA survey data show 90% of respondents do not smoke (Figure 38), compared to 5% who state they smoke more than 12 times per day. With regard to vaping, survey results indicate that 94% of respondents do not vape (Figure 39), but those who do, 4% vape more than 12 times per day.

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show smoking rates have remained constant, with 10% of people reporting they smoke. Comparatively, vaping has increased, with 2% of respondents vaping in 2022 and 6% vaping in 2025. The frequency of those reporting vaping more than 12 times per day accounted for 4% of respondents in 2025, up from 1% in 2022.

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

3.2 Drug and Alcohol Abuse

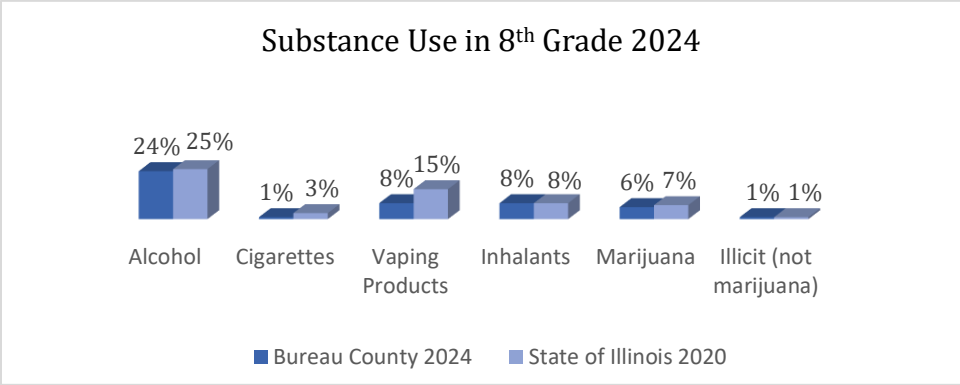
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance abuse values and behaviors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

Youth Substance Abuse

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco and other drugs – including inhalants) among adolescents. For 8th graders, Bureau County is lower than the State of Illinois averages in all categories, except inhalants and Illicit (not marijuana), which was equal to State of Illinois

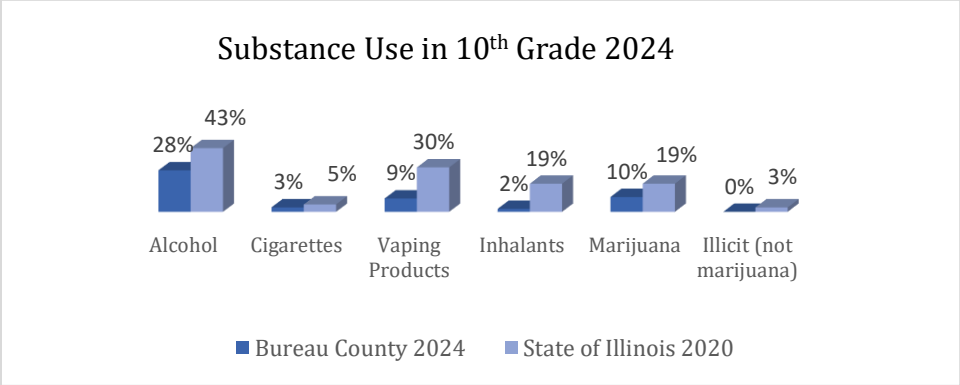
averages (Figure 40). For 10th graders, Bureau County is lower than the State of Illinois averages in all categories (Figure 41). Note the most recent data available for the State of Illinois is 2020.

Figure 40



Source: University of Illinois Center for Prevention Research and Development

Figure 41

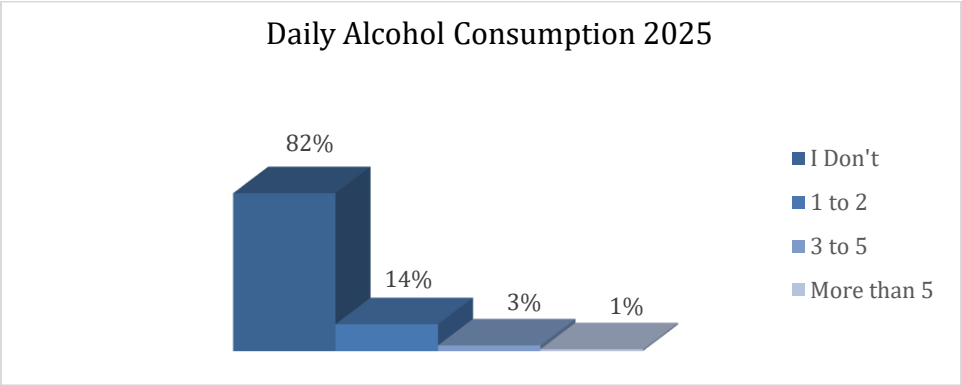


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Abuse

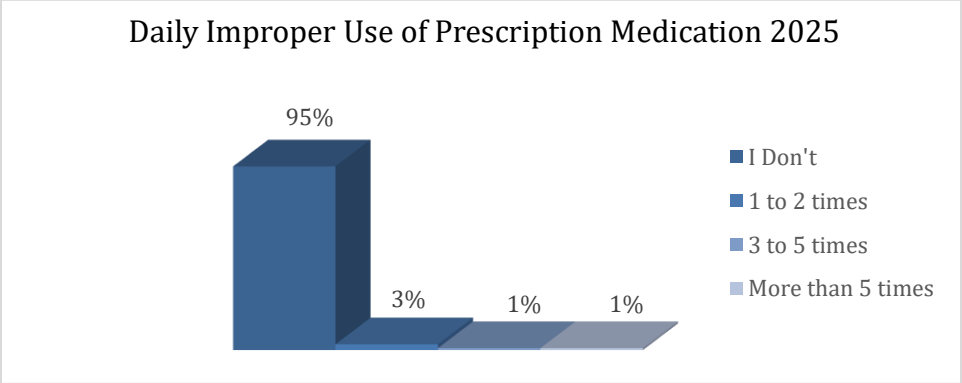
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 82% indicated they did not consume alcohol on a typical day (Figure 42). Additionally, 95% indicated they do not take prescription medication improperly, including opioids on a typical day (Figure 43). Furthermore, 92% indicated they do not use marijuana on a typical day (Figure 44), and 98% indicated they do not use illegal substances on a typical day (Figure 45).

Figure 42



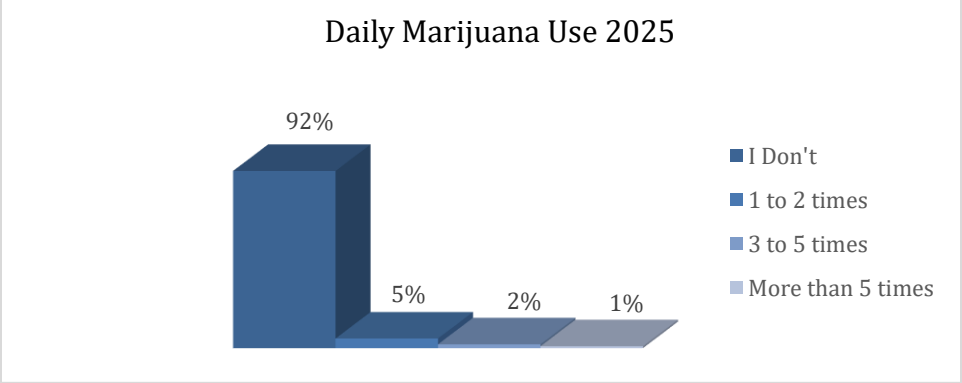
Source: CHNA Survey

Figure 43



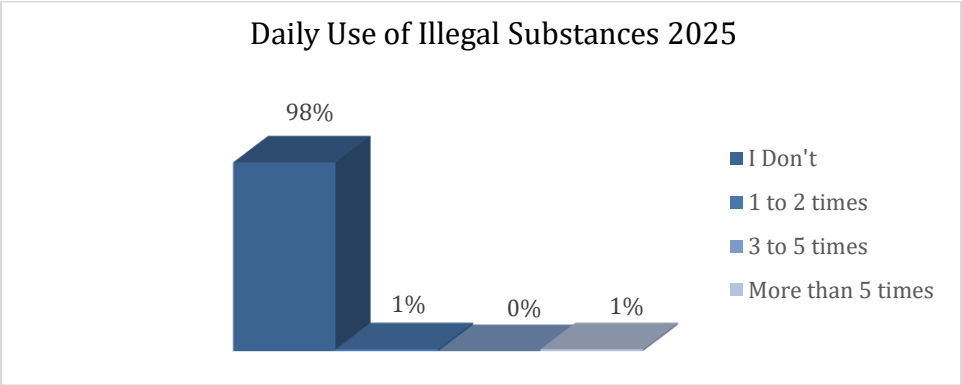
Source: CHNA Survey

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey

Social Drivers Related to Substance Use

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

- **Use of alcohol** tends to be rated higher by men.
- **Misuse of prescription medication, including opioids,** tends to be rated higher by men and those with an unstable housing environment. Misuse of prescription medication, including opioids, tends to be rated lower by White people and those with higher income.
- **Use of marijuana** tends to be rated higher by men and those with an unstable housing environment.
- **Use of illegal drugs** tends to be rated higher by men and those with an unstable housing environment. Use of illegal drugs tends to be rated lower by White people and those with higher income.

3.3 Obesity

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

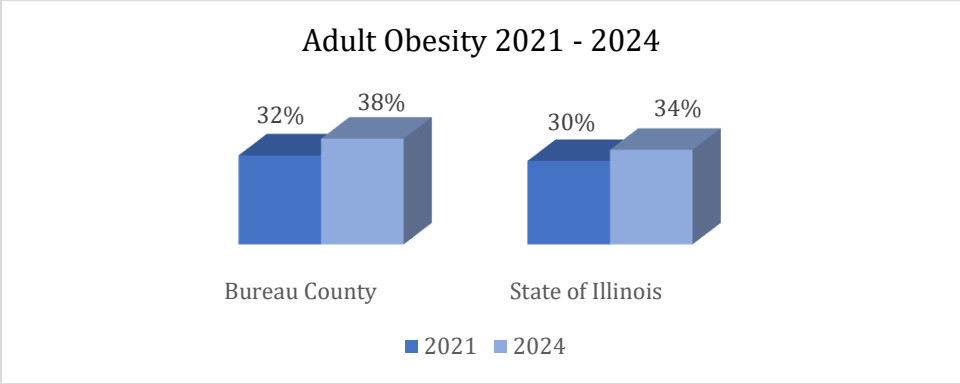
With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects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

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

In Bureau County, the number of people diagnosed with obesity has increased over the years from 2021-2024. Note specifically that the percentage of obese people has increased from 32% to 38%. This is higher than the State of Illinois average, where obesity rates have increased from 2021 (30%) to 2024 (34%) (Figure 46).

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

Figure 46

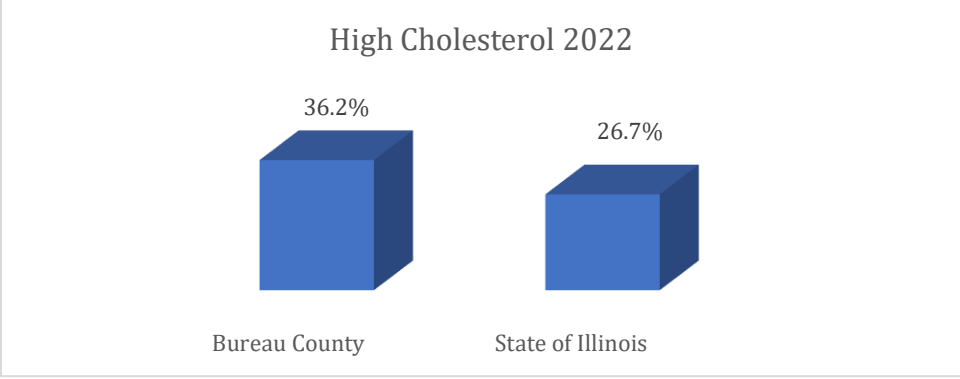


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Bureau County report a higher prevalence of high cholesterol than the State of Illinois average. The percentage of residents who report they have high cholesterol in Bureau County is 36.2%, compared to the State of Illinois average of 26.7% (Figure 47).

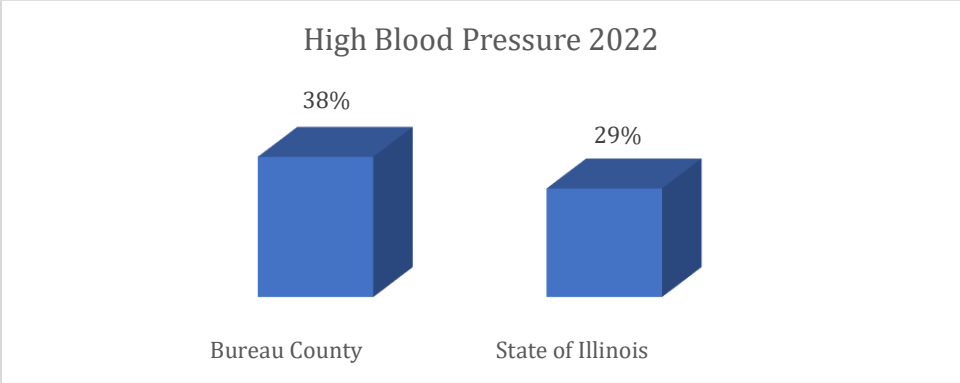
Figure 47



Source: County Health Rankings & Roadmaps

With regard to high blood pressure, Bureau County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Bureau County residents reporting they have high blood pressure in 2022 was 37.6% (Figure 48). Note that data have not been updated past 2022 by the Illinois Department of Public Health.

Figure 48



Source: County Health Rankings & Roadmaps

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE USE FOR 8TH AND 10TH GRADERS IS LOWER THAN OR EQUAL TO THE STATE OF ILLINOIS AVERAGES IN ALL CATEGORIES.
- ✓ ALCOHOL AND MARIJUANA USE IS RELATIVELY HIGH COMPARED TO OTHER SUBSTANCES.
- ✓ THERE IS AN INCREASED INCIDENCE OF VAPING.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE HAS INCREASED SIGNIFICANTLY IN BUREAU COUNTY.
- ✓ RISK FACTORS FOR HEART DISEASE ARE HIGHER THAN THE STATE OF ILLINOIS.

CHAPTER 4 OUTLINE

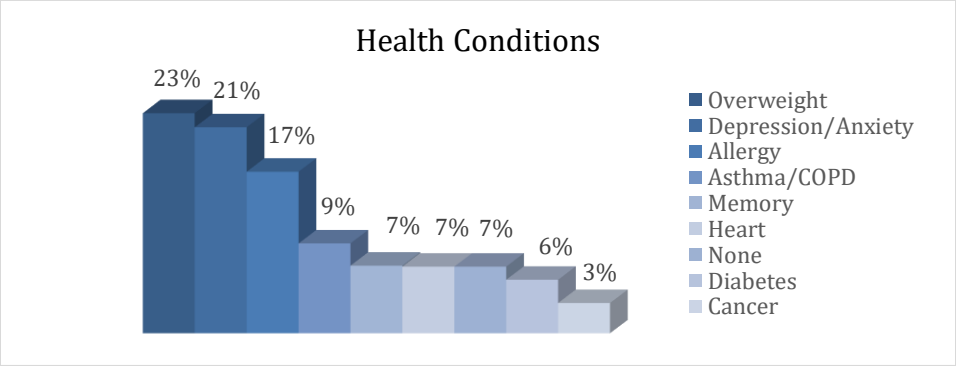
CHAPTER 4: Morbidity and Mortality

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Bureau County hospitals using COMP data 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. Notably, being overweight (23%) and depression/anxiety (21%) were significantly higher than any other health conditions. Often percentages for self-identified data are lower than secondary data sources (Figure 53).

Figure 53



Source: CHNA Survey

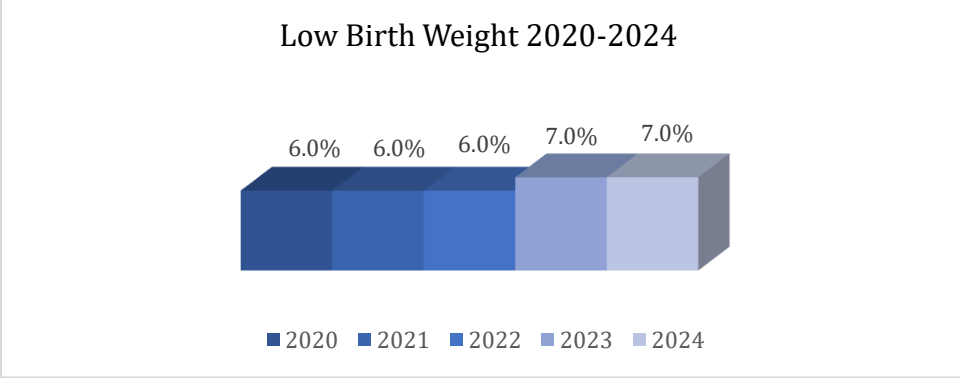
4.2 Healthy Babies

Importance of the Measure: Regular prenatal care is vital for producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for 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 (5.5 pounds). Very low birth weight rate is defined as the percentage of infants born below 1,500 grams (3.3 pounds). In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Bureau County has remained constant with a slight increase in 2023 (7.0%) (see Figure 54).

Figure 54



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

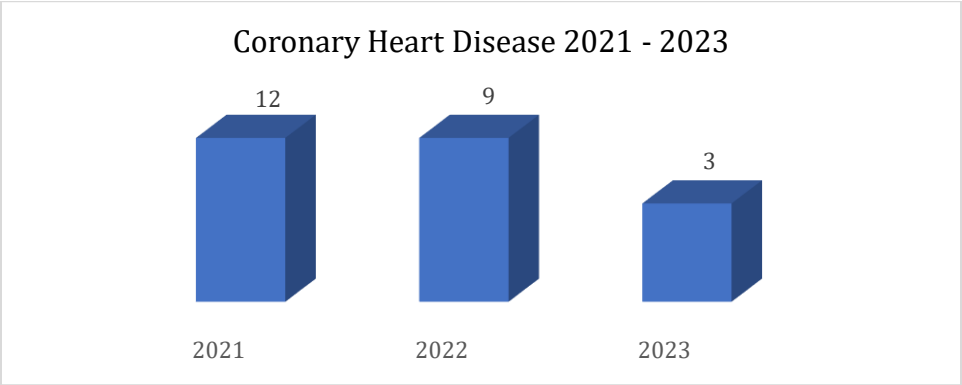
Importance of the Measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary 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 are from heart attacks caused by sudden blood clots in the heart's arteries.

The number of cases of coronary heart disease at Bureau County area hospitals has decreased, with 3 cases reported in 2022 (see Figure 55).

Figure 55

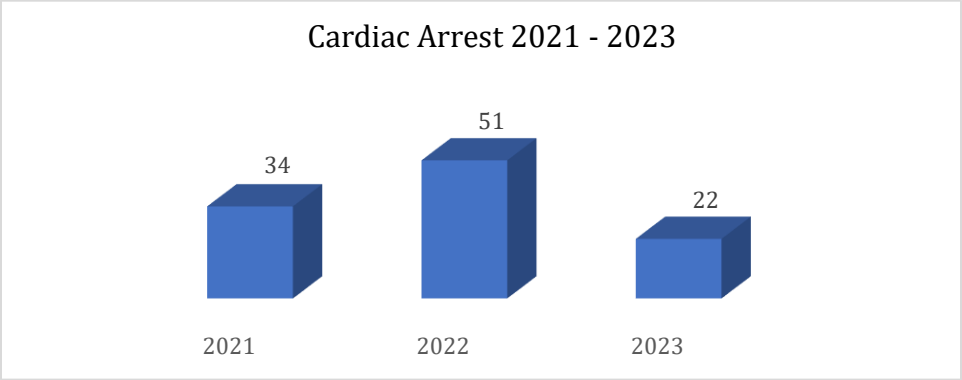


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Bureau County area hospitals was 34 in 2021, 51 in 2022, and 22 in 2023 (see Figure 56).

Figure 56

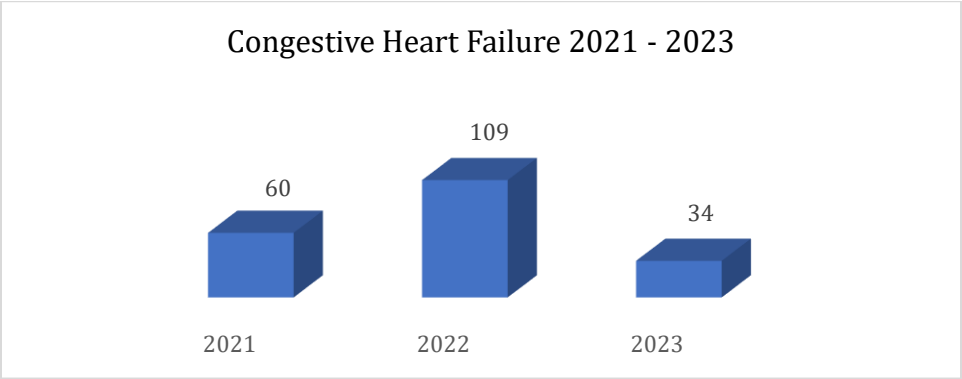


Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at Bureau County area hospitals has decreased. In 2021, 60 cases were reported, 109 cases were reported in 2022, and 34 cases were reported in 2023 (Figure 57).

Figure 57

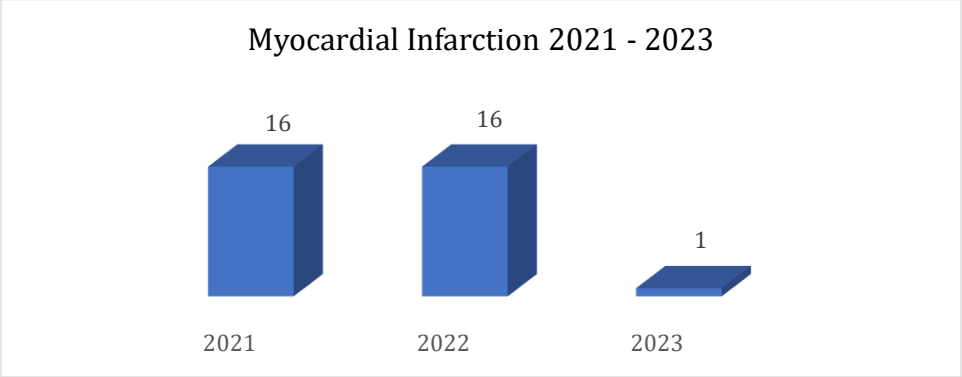


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Bureau County decreased overall between 2021 (16) and 2023 (1) (Figure 58).

Figure 58

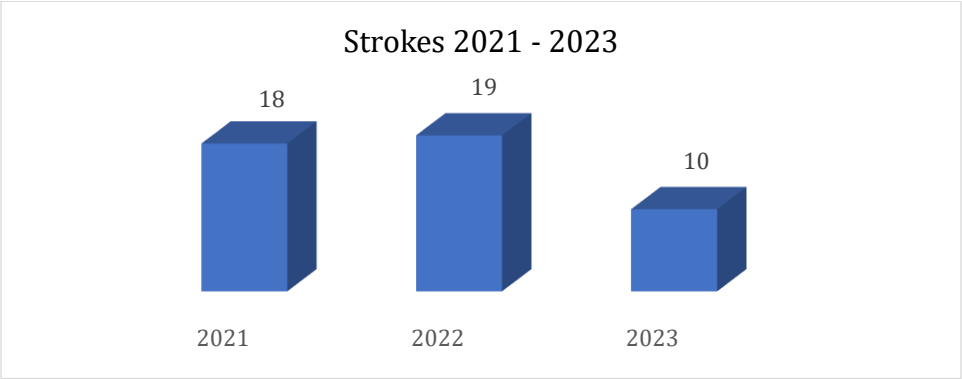


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Bureau County area hospitals decreased between 2021 (18) and 2023 (10) (Figure 59).

Figure 59



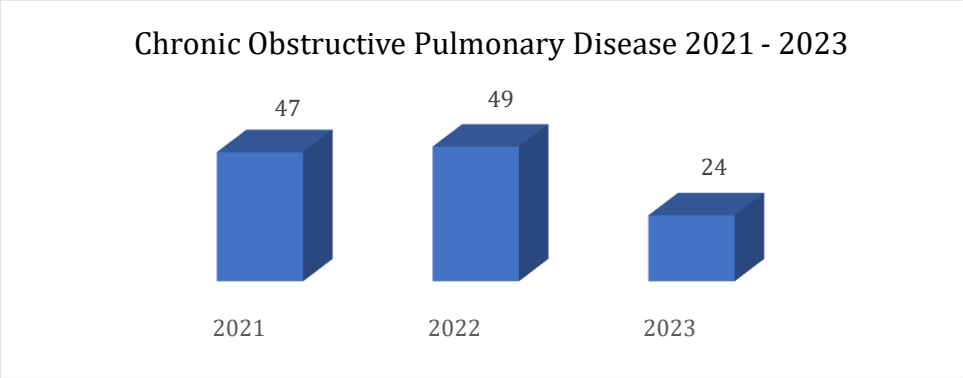
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Bureau County area hospitals decreased overall between 2021 and 2023 from 47 to 24 (Figure 61).

Figure 61



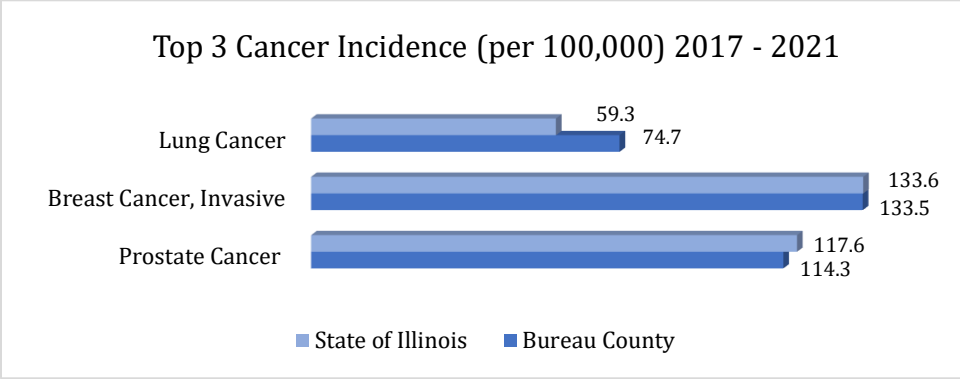
Source: COMPdata Informatics

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 Bureau County.

For the top three prevalent cancers in Bureau County, comparisons can be seen below. Specifically, lung cancer is higher than State of Illinois averages, breast cancer is equal to the State of Illinois average, and prostate cancer is lower than the State of Illinois average (Figure 62). Note that 2021 is the most recent year of data.

Figure 62



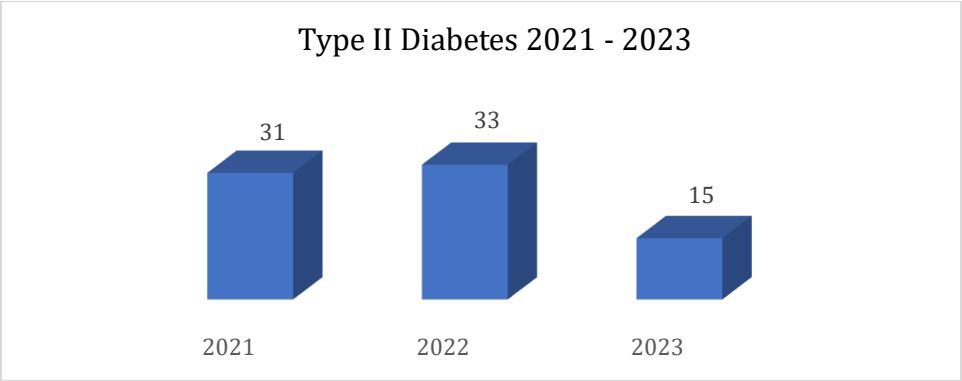
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Bureau County decreased overall between 2021 (31) and 2023 (15) (Figure 63).

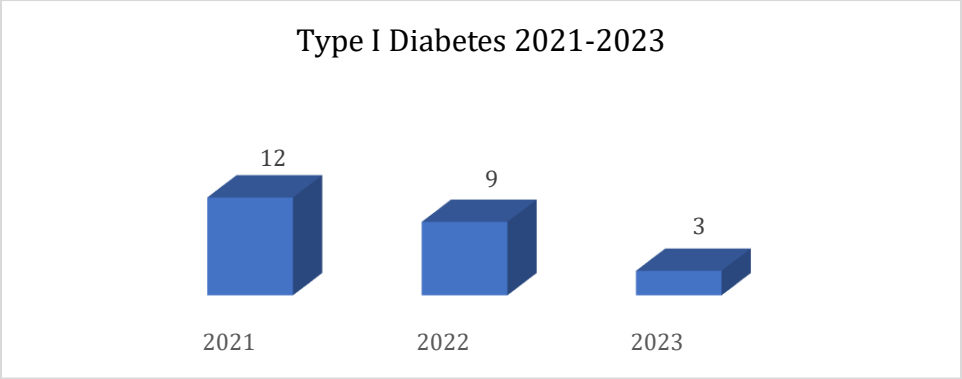
Figure 63



Source: COMPdata Informatics

Inpatient cases of Type I diabetes decreased from 2021 (12) to 2023 (3) in Bureau County (Figure 64).

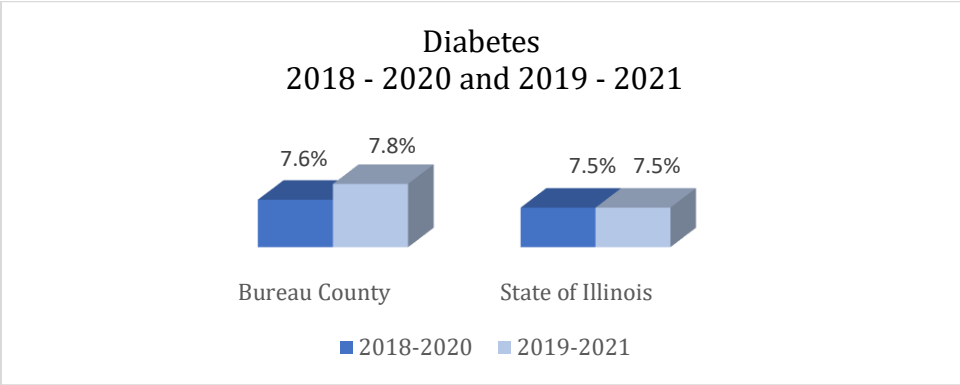
Figure 64



Source: COMPdata Informatics

Data indicate that 7.8% of Bureau County residents have diabetes (Figure 65). Trends are concerning, as the prevalence of diabetes is increasing in Bureau County and is higher in than the State of Illinois. Note that data have not been updated past 2021 by the Center for Disease Control (CDC).

Figure 65



Source: Center for Disease Control

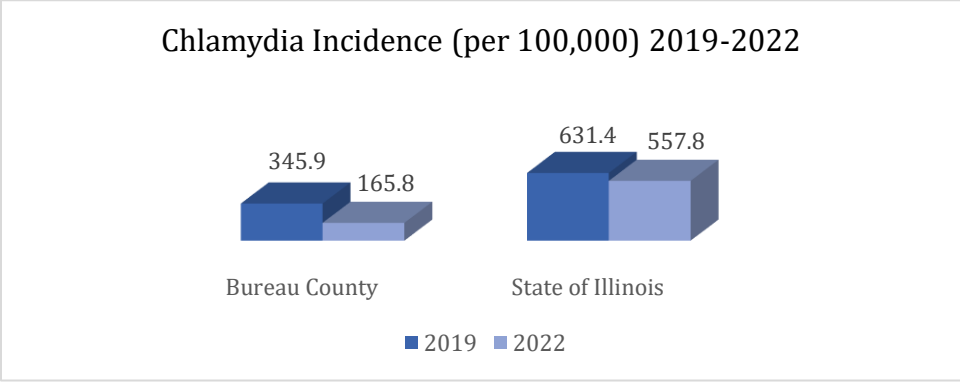
4.7 Infectious Diseases

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

Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Bureau County from 2019-2022 indicate a decrease. There is also a decrease of incidence of chlamydia across the State of Illinois. Rates of chlamydia in Bureau County are lower than the State of Illinois averages (Figure 66).

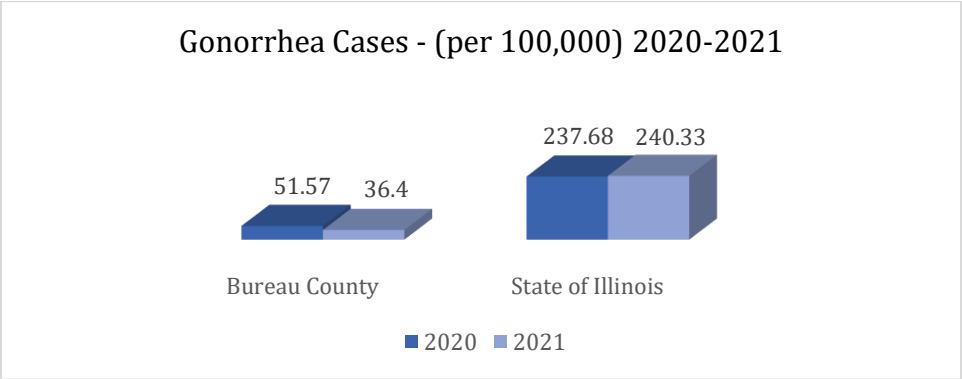
Figure 66



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Bureau County are low and have decreased. The State of Illinois did experience a slight increase from 2020-2021 (Figure 67).

Figure 67



Source: Illinois Department of Public Health

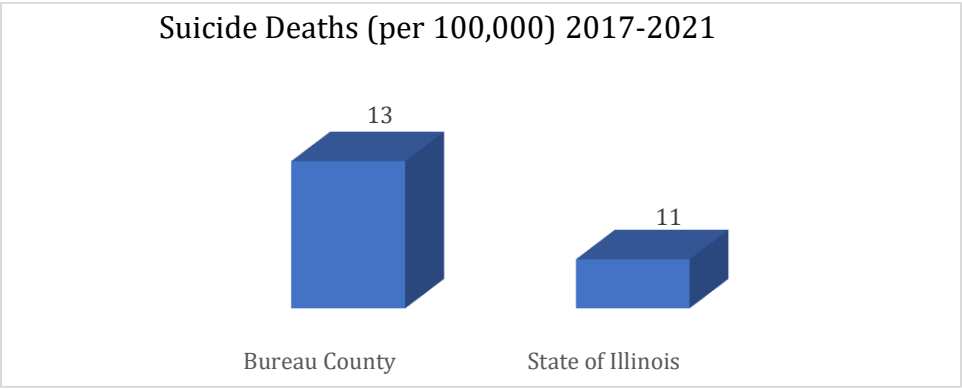
4.8 Injuries

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

Suicide

The number of suicides in Bureau County indicates higher incidence than State of Illinois averages, as there were approximately 13 per 100,000 people in Bureau County in 2021(Figure 68).

Figure 68



Source: Illinois Department of Public Health

4.9 Mortality

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

The leading causes of death in the State of Illinois and Bureau County are similar as a percentage of total deaths in 2022. Diseases of the Heart are the cause of 22.1% of deaths, cancer is the cause of 19.8% of deaths, and Accidents are the cause of 8.5% of deaths in Bureau County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County and State of Illinois (2022)		
Rank	Bureau County	State of Illinois
1	Diseases of Heart (22.1%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (19.8%)	Malignant Neoplasm (19.2%)
3	Accidents (8.5%)	Accidents (6.1%)
4	COVID-19 (6.6%)	COVID-19 (5.8%)
5	Cerebrovascular Disease (8%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN BUREAU COUNTY ARE HIGHER THAN THE STATE OF ILLINOIS AVERAGES.
- ✓ WHILE THE STATE OF ILLINOIS AVERAGES HAVE STAYED THE SAME, DIABETES IS INCREASING IN BUREAU COUNTY AND IS STILL HIGHER THAN THE STATE OF ILLINOIS AVERAGES.
- ✓ CANCER, HEART DISEASE, AND ACCIDENTS ARE THE LEADING CAUSES OF MORTALITY IN BUREAU COUNTY.

CHAPTER 5 OUTLINE

CHAPTER 5: Prioritization of Health-Related Issues

In this chapter, the most critical health-related needs in the community are identified. To accomplish this, community perceptions of health issues, unhealthy behaviors and issues related to well-being were first considered. Key takeaways from each chapter, we 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 were prioritized.

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

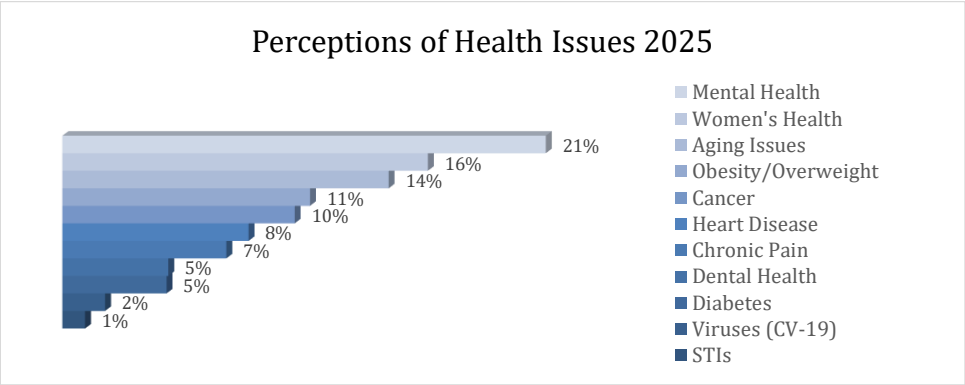
5.1 Perceptions of Health Issues

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

The highest rated health issue was mental health (21%), followed by women's health (16%). Additionally, aging issues (14%), obesity (11%) and cancer (10%) were rated relatively high (Figure 49). These five factors were significantly higher than other categories based on *t-tests* between sample means.

Note that perceptions of the community were accurate in some cases. For example, issues such as mental health, obesity, and cancer are commonly identified issues. 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 49

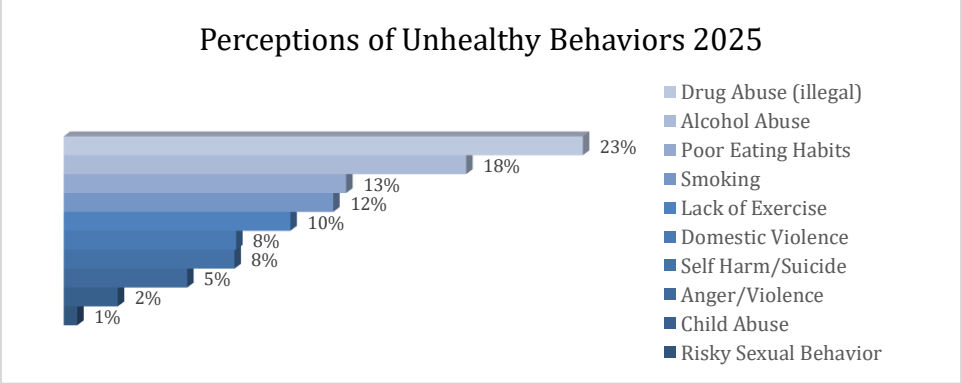


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The two highest rated unhealthy behaviors were drug abuse(illegal) at 23% and alcohol abuse at 18% (Figure 50).

Figure 50



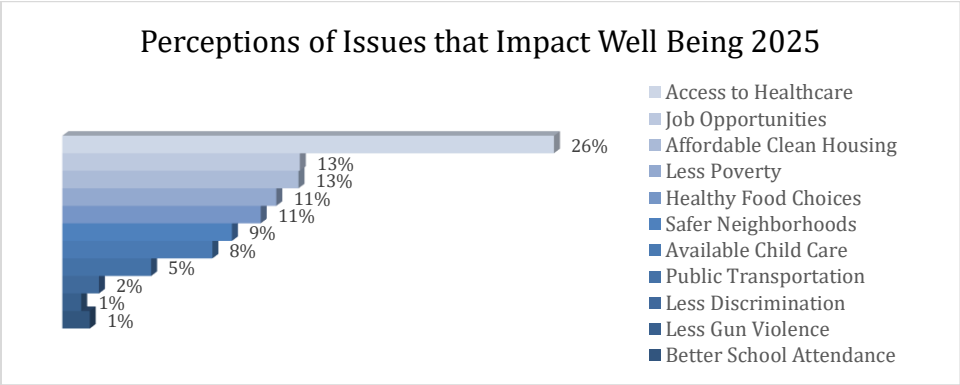
Source: CHNA Survey

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 issue impacting well-being was access to healthcare (26%). This factor was significantly higher than other categories based on *t-tests* between sample means (Figure 51).

Figure 51



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
- Population over age 65 increased
- Single female head-of-house-household represents 24.4% of the population
- Higher unemployment

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

- Access to medical care
- Cancer screening
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Substance use
- Obesity
- Incidence of vaping
- Risk factors for heart disease

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

- Lung cancer
- Diabetes is trending upward and higher than State of Illinois levels
- Cancer, heart disease, and accidents 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 10 potential categories. Based on similarities and duplication, the 10 potential areas considered are:

- **Aging Issues**
- **Access to Healthcare**
- **Healthy Behaviors – Including Both Nutrition and Exercise**
- **Behavioral Health – Including Both Depression and Anxiety**
- **Obesity**
- **Substance Use**
- **Diabetes**
- **Cancer – Lung**
- **Cancer Screening**
- **Vaping**

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 10 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5. RESOURCE MATRIX relating to the 10 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 6: Prioritization Methodology), the collaborative team identified two significant health needs and considered them equal priorities:

- **Behavioral Health – Including Mental Health and Substance Use**
- **Healthy Behaviors – Defined as Nutrition, Exercise, and Impact on Obesity**

BEHAVIORAL HEALTH – INCLUDING 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, 58% indicated they felt depressed in the last 30 days and 55% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people, those with less income, and those living in an unstable housing environment. Stress and anxiety tend to be rated higher for younger people, those with less income, and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents 45% indicated that they spoke to someone, the most common response was to a doctor/nurse (38%). In regard to self-assessment of overall mental health, 16% 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, 28% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men. Of survey respondents, 5% indicated they improperly use prescription medications each day to feel better and 8% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by men and those living in an unstable living environment. Marijuana use tends to be rated higher by men and those with those living in an unstable living environment. Finally, of survey respondents, 2% 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 (23%) in Bureau County, followed by alcohol use (18%).

HEALTHY BEHAVIORS – DEFINED AS NUTRITION, EXERCISE, AND IMPACT ON OBESITY

Healthy behaviors, such as a balanced diet consisting of whole foods and physical exercise, are critical for both physical and mental well-being. Healthy behaviors can have substantial influence in reducing the risk of numerous health issues and these behaviors contribute to increased longevity and improved quality of life. Nationwide, lack of physical exercise and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

NUTRITION. Over two-thirds (70%) of residents in Bureau County 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 2%. The most prevalent reasons for failing to eat more fruits and vegetables were cost, the lack of desire, and lack of importance.

EXERCISE. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 29% of respondents indicated that they do not exercise at all, while the majority (63%) of residents, exercise 1-5 times per week. The most common reason for not exercising was not having enough energy (32%).

OBESITY. In Bureau County, the percentage of obese people has increased from 32% in 2021 to 38% in 2024. This is higher than the State of Illinois average, where obesity rates have increased from 30% in 2021 to 34% in 2024. In the 2025 CHNA survey, respondents indicated that obesity was the fourth 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 Bureau County. The U.S. Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees.

APPENDICES

APPENDIX 1: MEMBERS OF THE 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:

John Bowser is Director of Finance for OSF Saint Luke Medical Center (Kewanee, IL) and OSF Saint Clare Medical Center (Princeton, IL). John has 24 years of healthcare experience, beginning his healthcare career with OSF in 2000 at OSF Saint Joseph Medical Center in Bloomington, IL and then the OSF Multispecialty Group in Peoria, IL. John has a bachelor's degree from Western Illinois University and a Master of Business Administration from Illinois State University. He is accountable for the financial leadership at both entities and participates in many committees and projects locally and ministry wide. John is also active in the community as a member of the Kewanee Rotary Club serving as President in Fiscal Year 23-24.

Rick Brooks, Director of Midwest Partners in Princeton, Rick has been a social entrepreneur in health and social change for more than four decades. As an outreach program Manager at the University of Wisconsin-Madison, his services included training and consultation with local businesses, education agencies, health departments and nonprofits on issues ranging from family planning and adolescent pregnancy to environmental health, nutrition, traffic safety, domestic violence, prevention of drinking and driving, literacy, resiliency and protective factors, recruitment of long-term care workers, and positive youth development. He served as director of the Health Promotion Project, a collaborative outreach effort to improve the health of adults with developmental disabilities living in the community. He also served as director of marketing for the Wisconsin Clearinghouse for Alcohol Drug Abuse and Prevention, and lecturer in the Departments of Genetics and Human Ecology, and Schools of Engineering and Education. He co-founded the Center for Social Marketing in Delaware and served in international health positions in Africa, Asia and Latin America. In 2010, he co-founded the Little Free Library movement, now in 122 countries.

Nancy Crowther, Licensed Massage Therapist and owner of PRINCETON FAMILY THERAPEUTIC MASSAGE AND WELLNESS, Health & Fitness enthusiast, PN Level1 Certified Nutrition Coach specializing in Women's Gut and Hormone Health, Sports Nutrition, Menopause Coach and ISSA Certified personal trainer.

Susan Glassman is an Extension Educator specializing in Nutrition and Wellness for the University of Illinois Extension, serving Bureau, LaSalle, Marshall, and Putnam counties. She provides programming in chronic disease prevention and management, food safety, and food preservation. Susan helps individuals set SMART goals for healthier lifestyles that promote lifelong learning through making small changes. She teaches hands-on food labs and nutrition topic programs throughout her county. Susan promotes walking by offering virtual walking programs and an Illinois Extension Walking Guide, which she co-authored. She holds a Bachelor of Science in Food and Nutrition, specializing in Dietetics, and a Master of Science in Health Education and Administration from Southern Illinois University in Carbondale. Susan recently completed the qualifications and passed the national exam to become a

Certified Health Education Specialist, CHES. Certified in food safety, Susan offers Illinois Extension Certified Food Protection Manager and Serve it Safely (non-restaurant) Food Handler Training. She graduated from the National Extension Leadership Development Program (NELD) from Missouri Extension in 2024, and her work has been recognized through awards from the University of Illinois Extension, the Illinois Extension Association of Family and Consumer Sciences (IEAFCS), and the National Extension Association of Family and Consumer Sciences (NEAFCS).

Tess Heidenreich resides in Princeton, IL and is the operations manager for Cornerstone Community Wellness Inc., a nonprofit wellness center in Sheffield, IL. Tess is well-acquainted with nonprofits, having grown up in South Asia with a wide variety of experiences in an international community, filled with nonprofit development organizations. Before her current role, she taught middle school math and science for four years, at Ohio Community Schools. She has a Bachelor of Science degree in Science Education with a concentration in Biology.

Vanessa Hoffeditz, is the Community Services and Food Pantry Manager for Tri-County Opportunities Council. She has worked for Tri-County for 13 years. Vanessa has a Bachelor of Arts degree in Sociology with a minor in Psychology. Vanessa's experience spans supporting adults with developmental disabilities living in the community, case management for low-income children and their families, as well as facilitating supportive services for households experiencing homelessness. She manages the Bureau County Food Pantry and is focused on providing healthy food and lifestyle opportunities to the patrons served. During the past three years, Vanessa has been a Health Coach, promoting healthy lifestyle and positive health choices.

Denise Ihrig has been the director of the Bureau County Senior Center, providing core services to people age 60 or older for nearly 18 years in association with the Western Illinois Area Agency on Aging. She is also founder and director of the Dementia Friendly Princeton coalition.

Levi Lamothe is the owner of AnyTime Fitness in Princeton IL. He is a Degreed, ACE Certified Personal Trainer with over 25 years of fitness experience, providing weight loss, advanced athletic training, pre/post rehabilitation, body composition testing, and nutritional counseling. Let's Make Healthy Happen!

Stefanie Morris is the Community Health Educator for OSF Saint Clare. She has worked for Perry Memorial/OSF Healthcare System since 2018. Stefanie has a Bachelor of Science degree in Criminal Justice and has 20 years of education/teaching experience. Stefanie's experience spans early childhood education, health and nutrition advising, case management for those experiencing addiction, parental coaching services for low-income children and their families, as well as school-based presentations to children and adults regarding safe relationships, boundaries, coping strategies, sexual abuse prevention and a variety of other topics regarding healthy behaviors. She is a certified trainer for Mental Health First Aid, Mental Health First Aid for Youth, Signs of Suicide, Applied Suicide Intervention Skills Training, SafeTalk, American Heart Association CPR AED and First Aid, and Non-Violent Crisis Intervention.

Samantha Rux is the Public Relations and Communications Coordinator for OSF Saint Clare in Princeton and OSF Saint Luke in Kewanee. Sam holds a bachelor's degree in health administration and planning from the University of Illinois at Urbana-Champaign and has been working in health care marketing for

most of her professional career. She enjoys interdepartmental collaboration with fellow Mission Partners and working in the Princeton community.

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

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

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

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

Goal 1: *Increase Awareness of the Importance of Healthy Eating in Bureau County*

1. Increased Nutritional Counseling Referrals
    a. 75 visits successfully completed
2. Established a Micro Pantry/Hygiene Pantry Program
    a. $2,291 allocated for program supplies
3. Launched the Smart Meals Pilot Program
    a. 40 meal bags purchased and distributed to community organizations and individuals
4. Expanded Educational Outreach Through the "Healthy Living Campaign"
    a. 111 articles distributed across traditional and social media, reaching 78,351 users
5. Boosted Fruit and Vegetable Consumption Through Increased Access at the TCOC Food Pantry
    a. 3,820 pounds of fresh produce distributed at the Princeton Food Pantry
6. Provided Education Sessions on Food Pantry Distribution Days
    a. 105 individuals engaged in educational sessions at the Food Pantry

Goal 2: *Increase Awareness of How an Active Lifestyle Can Benefit Bureau County Residents' Physical and Emotional Health*

1. Encouraged Participation in Active Living Challenges
    a. 12 challenges successfully completed
2. Sponsored Events that Inspire Active Living, Targeting Youth
    a. $2,250 contributed to support events such as SK

2. Behavioral Health - Defined as Mental Health and Substance Use

***Goal 1**: To Increase Awareness of Coping Strategies and Improve Resiliency in Bureau County*

1. Provided Coping Strategies Workshops
    a. Conducted at one school, reaching 500 students
2. Expanded Behavioral Health Navigation Services
    a. 116 individuals served
3. Increased Resource Link Navigation Services
    a. 22 individuals supported
4. Community Health Conference Participation
    a. No conference in 2024
5. Provided Mental Health First Aid Courses for the Community
    a. 84 individuals trained
6. OSF Behavioral Health Education Partnership/Promotion
    a. Two sessions conducted

***Goal 2:** To Decrease Improper Use of Prescription and Non-Prescription Substances in Bureau County*

1. Raised Awareness Through Substance Use Education and Outreach
    a. 31 articles distributed, reaching 20,527 people
2. Educated the Community on the Dangers of Tobacco and Vaping
    a. 1,032 people informed about vaping risks
3. Promoted Narcan Distribution and Education
    a. 180 Narcan boxes distributed to support overdose prevention
4. Launched the OSF RX Disposal Program at OSF Saint Clare Medical Center
    a. 204.1 pounds of prescription drugs safely collected and disposed

APPENDIX 3: SURVEY

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

COMMUNITY PERCEPTIONS

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

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

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

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

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

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

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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

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

Prescription Medicine

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

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

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

- ☐ Didn't have health insurance
- ☐ Pharmacy refused to take my insurance or Medicaid
- ☐ 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
☐ Don't like to exercise
☐ Can't afford the fees to exercise
☐ Don't have child care while I exercise
☐ Don't have access to an exercise facility
☐ Too tired
☐ Safety issues

Healthy Eating

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

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

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

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

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

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

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Overall Health Ratings

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

INTERNET

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

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

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

BACKGROUND INFORMATION

1. What county do you live in?

☐ Bureau ☐ 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

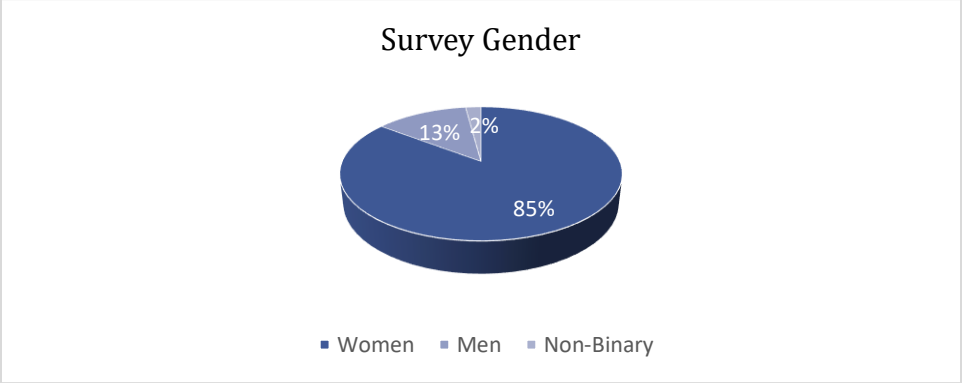
☐ Mother treated violently

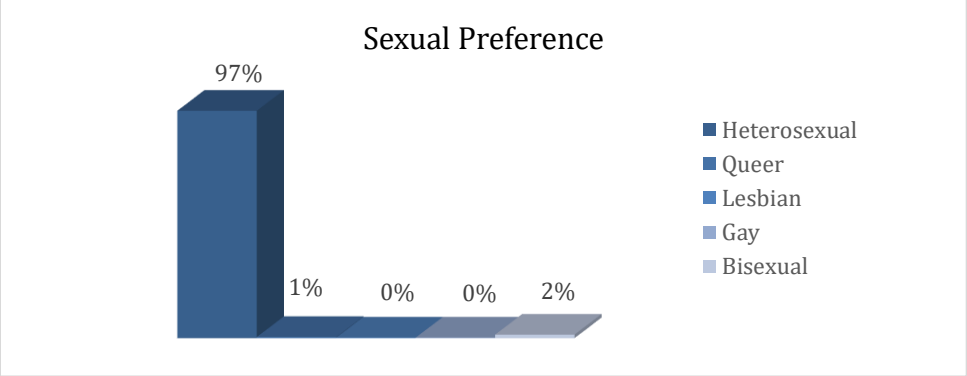
Is there anything else you'd like to share about your own health goals or health issues in our community?

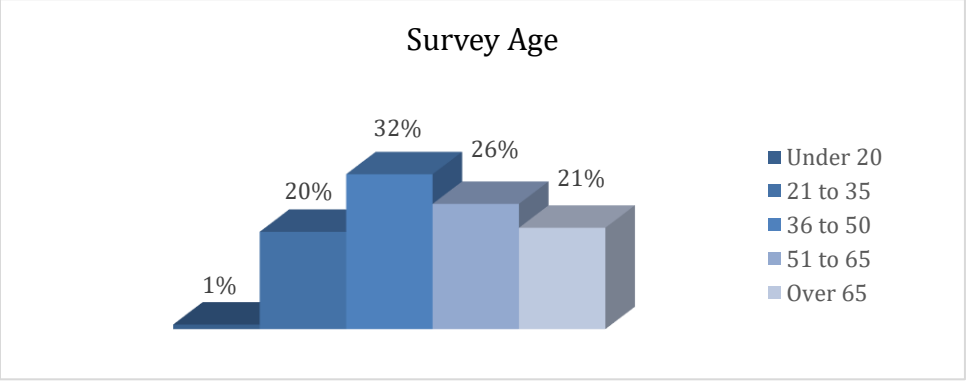
_____

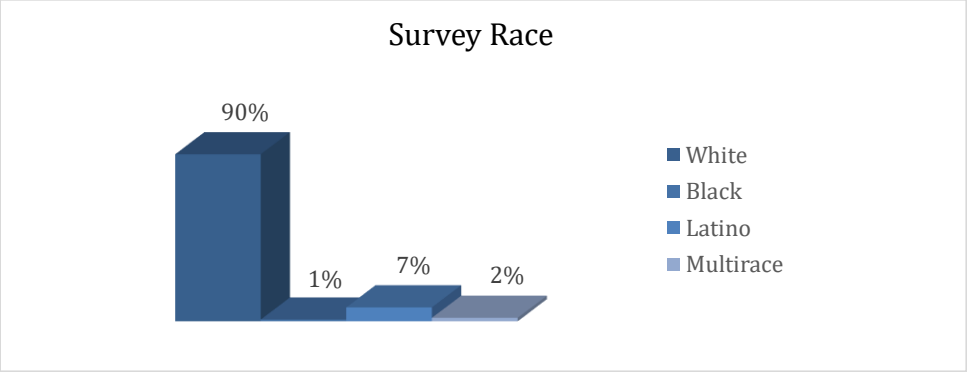
Thank you very much for sharing your views with us!

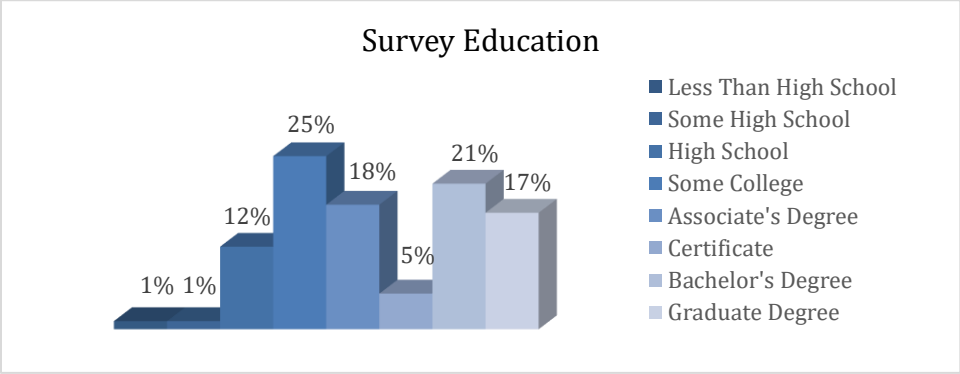
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

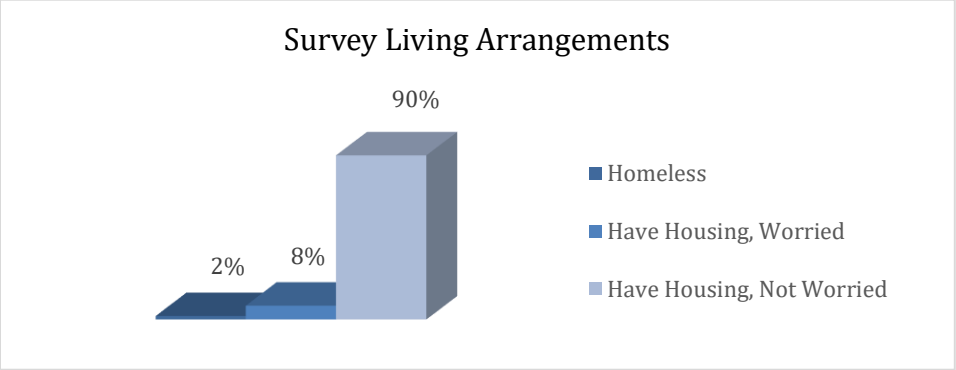


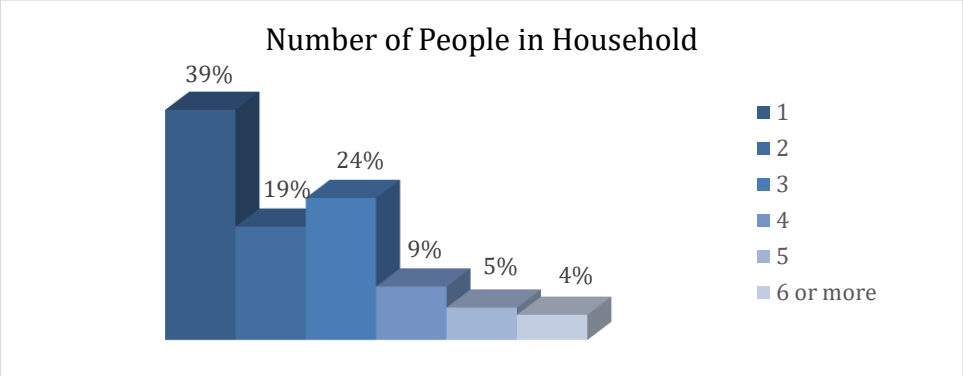


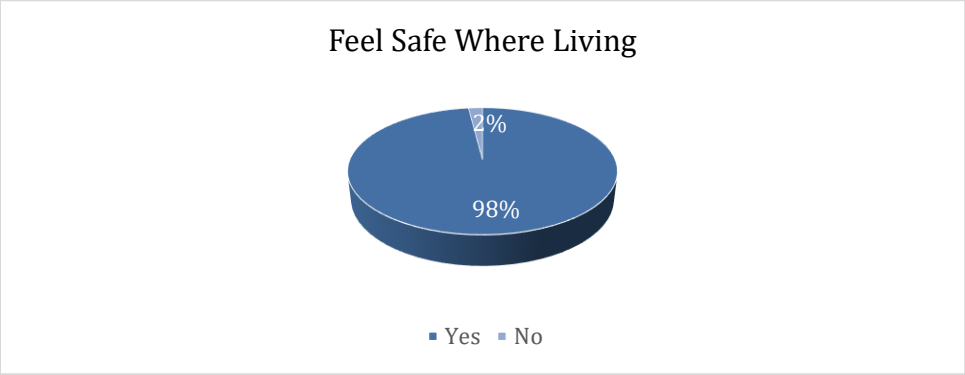


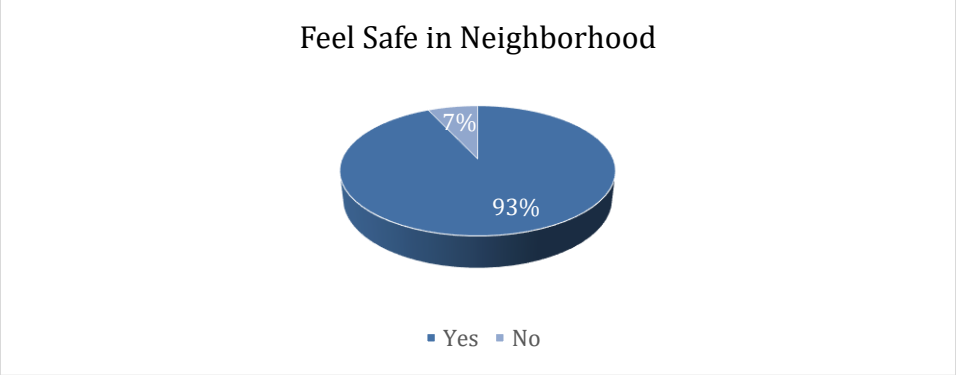

Survey Race
90%
1%
7%
2%
White
Black
Latino
Multirace

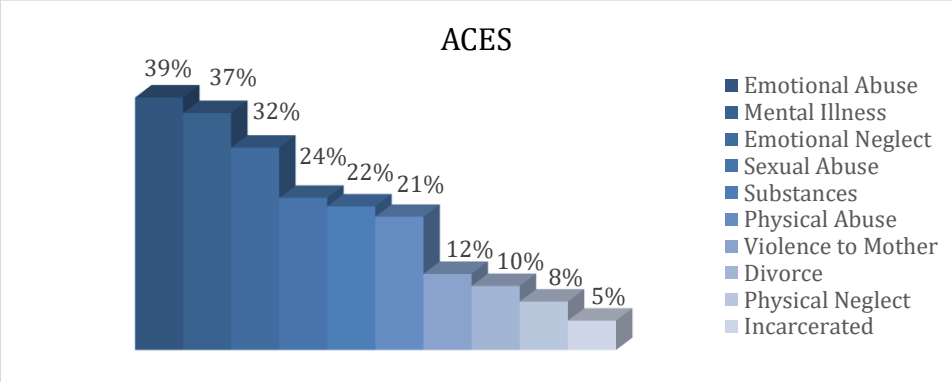

Survey Education
1%
1%
12%
25%
18%
5%
21%
17%
Less Than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
2%
8%
90%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
39%
19%
24%
9%
5%
4%
1
2
3
4
5
6 or more


Feel Safe Where Living
2%
98%
Yes
No


Feel Safe in Neighborhood
7%
93%
Yes
No


ACES
39%
37%
32%
24%
22%
21%
12%
10%
8%
5%
Emotional Abuse
Mental Illness
Emotional Neglect
Sexual Abuse
Substances
Physical Abuse
Violence to Mother
Divorce
Physical Neglect
Incarcerated

APPENDIX 5: RESOURCE MATRIX

OSF Saint Clare Medical Center (Princeton)	Aging Issues	Access to Healthcare	Lung Cancer	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Substance Abuse / Vaping	Cancer Screening	Diabetes
Recreational Facilities									
Bureau County Metro Center	3			3	2	3			
Princeton Park District	3			3	2	3			
Senior Citizen Center									
Anytime Fitness	3			3	2	3			
Cornerstone Wellness in Sheffield	2			3	2	2	2		
Health Departments									
Bureau Putnam Marshall County Health Department/WIC	1	3	3	3		1	3	2	2
Community Agencies									
Alcoholics Anonymous					1		3		
ARUKAH		1		3	3		3		
BPART Transportation	3	3			3				
Braveheart					3		2		
Bureau County Youth Services Bureau					2	1	1		
Bureau County Food Pantry	3			3		1			2
Bureau County Senior Center	3	3		3	1	2			3
Bureau-Henry Stark Regional Office of Education				2	2	2	1		
C5 Rural					1		1		
Freedom House				2	3		2		
Gateway/Open Doors Services	2	1		2	3	1	3		
Housing Authority of Bureau County	3			2			2		

OSF Saint Clare Medical Center (Princeton)	Aging Issues	Access to Healthcare	Lung Cancer	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Substance Abuse / Vaping	Cancer Screening	Diabetes
Our Table				3		1			
Perfectly Flawed		2		1	2		3		
Princeton Family Therapeutic Massage/Wellness	3	1		3	2	3			
Second Story Teen Center				2	2		2		
Spring Valley Project Success				2		1			
The Bike Place	2	1		3	2				1
University of Illinois Extension	2			3	1	3			3
Tri County Opportunities	2	3		2	3		1		2
Hospitals / Clinics									
OSF Saint Clare Medical Center (Princeton)		3	3						3
OSF Prompt Care (Princeton)	2	3	3	2	3	1	3		3
OSF Medical Group (Princeton)	3	3	3	3	3	3	3	3	3
OSF Medical Group (Sheffield)		3	3	3	2	3	2	3	3
OSF Medical Group - Internal Medicine (Princeton)	3	3	3	3	3	3	3	3	3
OSF Home Care and Hospice	3	3	3						3
In Home Care Connection and Hospice	3	3	3	3		3			3
Dentistry									
Krabill Kheshgi Dentistry (Princeton)		3							
Granville Dental (Granville)		3							
Mueller Dental Care (Princeton)		3							
Princeton Dental Care (Princeton)		3							
Safranski Family Dentistry (Spring Valley)		3							
Timothy Puhr Dental Care (Princeton)		3							

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

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES

Anytime Fitness
A total fitness experience designed around your abilities, your body, and your goals. Friendly, degreed, and certified coaches await.

Bureau County Metro Center
The Bureau County Metro Center is a 50,000 square-foot recreation center with full size gymnasium; 25-yard indoor swimming pool with wading pool and observation balcony; racquetball courts; weight room; cardio-vascular room, elevated running/walking track above the gym; and locker rooms.

Princeton Park District
Created in 1946, the Princeton Park District maintains over 200 acres of parks, the Bureau County Metro Center, and the outdoor Alexander Swimming Pool. It is our mission to provide leisure and recreation services to our communities and to provide safe, inviting and family-oriented activities for all residents. The Princeton Park District Board of Commissioners, the Executive Director and all support staff are dedicated to providing leisure and recreational services to the communities we serve. It is the goal of the district to provide safe, inviting and family-oriented activities to our residents.

HEALTH DEPARTMENTS

Bureau County Health Department/WIC
The mission of the Bureau & Putnam County Health Departments is to prevent disease and promote & protect health through education, collaboration, and public service.

COMMUNITY AGENCIES

Alcoholics Anonymous
Alcoholics Anonymous is a fellowship of people who come together to solve their drinking problem. It doesn't cost anything to attend A.A. meetings. There are no age or education requirements to participate. Membership is open to anyone who wants to do something about their drinking problem.

ARUKAH
The Arukah Institute provides client-centered, complementary health and counseling services to foster prevention wellness, and mental health in rural communities. Arukah's method involves a variety of approaches including novel video-based programs, mind-body therapies as well as more conventional individual and group therapies. We journey with clients long-term and help them build a healthy view of self as well as healthy relationships with others. Our method is data-driven and validated by our research program.

BPART Transportation
Bureau-Putnam Area Rural Transit, or BPART, is a demand response, curb-to-curb transportation

service for Bureau and Putnam Counties. In order to meet the needs of our riders, we ask that rides are scheduled at least 24 hours in advance and by noon the business day before a trip. Same day service may be available but is not guaranteed. The BPART fleet ranges in size from minivans to 14-passenger buses. All vehicles are accessible and have required safety restraints. They are clean, comfortable and well-maintained. Each of the vehicles meet or exceed the State of Illinois' requirements for safety, inspection, and insurance. They are easily identified by the BPART name and logo that is displayed on each vehicle! BPART can coordinate transportation services to get riders to their destinations by linking with neighboring providers in LaSalle, Lee/Ogle, Whiteside, Henry, and Marshall/Stark Counties.

Braveheart CAC
Braveheart CAC is a fully Accredited Member of the National Children's Alliance (NCA) which is a professional membership organization dedicated to helping local communities respond to allegations of child abuse in ways that are effective and efficient – and put the needs of child victims first.

Bureau County Food Pantry
Provides food to meet meal gaps to families residing in Bureau County through the distribution of emergency food.

Bureau County Youth Services Bureau
As a community-based agency, YSB responds to the changing needs of children and families in the Illinois Valley through a variety of programs. YSB's board, staff, and donors strive to improve the quality of life for the people the agency serves, and by doing so improve the Illinois Valley community.

Bureau County Senior Center
The Bureau County Senior Center is a Community Focal Point serving all seniors of the county since 1981. They are a designated focal point by the Western Area Agency on Aging, providing certain core services to senior citizens age 60 or older. Services include information and assistance, outreach, fitness program, transportation, free loan of assistive devices, and activities at the center. The goal of the Senior Center is to make life just a little better for as many seniors as they possibly can.

Bureau-Henry Stark Regional Office of Education
The vision of the Bureau, Henry and Stark County Regional Office of Education is to be a proactive intermediate educational agency serving the learning community through innovative and collaborative leadership.

C5 Rural
C5-Rural is a new collaborative healthcare network with members from Lasalle, Bureau, Marshall and Putnam counties in the state of Illinois with the purpose of bringing together primary care providers, mental health providers, complementary care and community-based providers in order to develop integrative care strategies that bridge gaps in rural mental health and substance use prevention, treatment and recovery in new and innovative ways.

Cornerstone Wellness (Sheffield)
Cornerstone Community Wellness curates opportunities for our community to grow in physical, emotional, and spiritual health.

Freedom House
Freedom House provides compassionate, confidential, free services to victims of domestic violence and sexual assault, as well as awareness and prevention education in our community.

Gateway/Open Doors Services
Gateway Services, Inc. is a 501(c)(3) non-profit organization that provides services to adults with intellectual and/or developmental disabilities. We aim to provide supports tailored to individuals' choices in order for them to live the lives they dream of. Our mission statement is "Empowering People ~ Enriching Community."

Housing Authority of Bureau County
The Bureau County Housing Authority provides stable, quality affordable housing opportunities for low- and moderate-income families throughout the local community. Through the provision of public housing apartments and the management of Section 8 Housing Choice Vouchers, the Bureau County Housing Authority serves more than 71 low-income families and individuals, while supporting healthy communities.

Our Table
Area churches and organizations provide a full, hot meal for the community, free of charge.

Perfectly Flawed Foundation
The Perfectly Flawed Foundation is grassroots 501(c)3 community-based harm reduction and recovery community organization that provides services and support to individuals and families in North Central Illinois related to substance use, mental health and addiction. Perfectly Flawed serves as a safety net and provides a wide range of services for those seeking care. Our peer support team helps people navigate basic needs and treatment needs. This includes mobile harm reduction, overdose prevention and response, peer support, service navigation and referral to treatment, linkage to care, support groups, social activities, family support scholarships, training, education, and awareness. Through our community walk-in center and mobile support vehicle, our staff works to empower individuals to take control of their lives and assist them to successfully make positive lifestyle changes as defined by the individual.

Princeton Family Therapeutic Massage and Wellness
Offers tailored nutrition guidance, focusing on gluten-free, dairy-free, and balanced eating habits that support various dietary needs. Through mindful fitness plans, stress management techniques, and lifestyle coaching, Princeton Family Therapeutic Massage and Wellness helps clients build strength, increase energy, and foster long-term well-being.

Second Story Teen Center
This organization operates as a teen drop-in center two nights per week. The Center provides after-school programs and distributes basic-needs items to 50-150 youth per night- 8,000 visits annually. To offer the young people of Bureau County, grades 6-12, a sense of purpose and acceptance by providing an inclusive social atmosphere of companionship and encouraging conversation. We want to cultivate and nurture the full potential of our younger generations through education, mentorship, and support.

Spring Valley Project Success
Project Success of Eastern Bureau County began in 1996 as the result of a state-wide program initiated by Illinois' First Lady Brenda Edgar. It was her goal to create community programs that would involve families – children and parents working, playing and just being together. (Sadly, only the Spring Valley and Decatur chapters continue today.) Programs have changed with the times, but the mission remains the same – to offer activities to strengthen family units. Annually we participate in family-oriented programs such as Santa's Workshop, Stamp Out Hunger, Teen Showcase, Santa's On the Run and National Night Out.

The Bike Place
A program of the non-profit Midwest Partners, offers tool-sharing for bicycle repairs, free or low-cost, repaired and restored bicycles, mentoring and coaching cyclists of all abilities. Working with the Princeton Bicycle and Pedestrian Commission and the annual Z-Tour, a major goal of The Bike Place is to ensure that youth and adults of all ages have the opportunity to learn proper bike safety and healthy cycling. Volunteers have donated bikes and taught repair and ridership throughout Bureau County at scout camps, the county fair, local hospitals, city parks and the Zearing Child Enrichment Center.

Tri-County Opportunities Council
A Community Action Agency serving low- income households in nine counties-Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside. Our mission is to investigate the impact of poverty through our nine-county area and to work, in partnership with individuals, families, and communities to provide opportunities that support movement toward stability and self-sufficiency. Our organization does this through a variety of programs. All programs are income based and require an application. The following services are available: Community Services Block Grant (CSBG) which provides a comprehensive needs assessment, information and referrals and numerous case management programs to eligible customers to obtain self-sufficiency for employment, youth, education, housing, medical and emergency needs. Offers various programs to those facing homelessness or on the verge of becoming homeless. Low-Income Energy Assistance (LIHEAP) which provides a one-time utility payment. Repair or replace furnaces to homeowners who are current on their mortgage and taxes. Illinois Home Weatherization Program makes home more energy efficient, provides safe heating equipment, if needed, replaces a furnace and provides clients with safety equipment. Foster Grandparent program providing meaningful volunteer opportunities for those in the lower income range who are 55 years old and older. This program offers supportive person-to-person services to at risk children in reading, math, spelling, and other constructive projects. Head Start/Early Head Start programs are federally funded programs that provide comprehensive early childhood education, health, nutrition, and parent engagement services to children from birth to 5 years of age, expectant mothers and their families.

University of Illinois Extension
As part of the state's land grant institution, the University of Illinois Extension develops research-based educational programs, extends knowledge, and builds partnerships to support people, communities, and their environments. Illinois Extension strives to be a leader in fostering a legacy of sustainable development, lifelong learning, and community resilience regarding environment, food and agriculture, health, community, and economy through technology and discovery, partnerships, and workforce

excellence. Extension staff comprises a network of administrators, educators, faculty experts, and staff in all 102 Illinois counties dedicated to the mission.

HOSPITALS/CLINICS

Bureau County Family Health

OSF Saint Clare Medical Center (Princeton)

OSF Prompt Care (Princeton)

OSF Medical Group (Princeton)

OSF Medical Group (Sheffield)

OSF Medical Group - Internal Medicine (Princeton)

OSF Home Care and Hospice

OSF operates in the spirit of Christ and the example of Francis of Assisi. The Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

DENTISTRY

Granville Dental, LLC
Has provided general and cosmetic dental care and treatment for more than 20 years.

Dr. Laura Krabill Kheshgi Dentistry
Is dedicated to providing comfortable, quality dental care to children, youth and adults of all ages.

Mueller Dental Care (Princeton)
Offers a range of comprehensive dental services that benefit individuals and families.

Princeton Dental Care (Princeton)
At Princeton Dental Care LTD, we value our patient relationships, making it our priority to deliver gentle compassionate care that you deserve from a dentist in Princeton.

Safranski Family Dentistry (Spring Valley)
Dr. Safranski works in Spring Valley, IL specializes in General Dentistry.

Timothy Puhr Dental Care (Princeton)
General Dentistry with the most current technology. Our office is completely digital which means low radiation and high efficiency!

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)