Community Health Needs Assessment 2024

Greater Peoria Specialty Hospital, LLC

d.b.a. OSF HealthCare Transitional Care Hospital

PEORIA COUNTY
TAZEWELL COUNTY
WOODFORD COUNTY

Community Health Needs Assessment

2024

Collaboration for Transitional Care

EXECUTIVE SUMMARY

The Greater Peoria Specialty Hospital, LLC, d.b.a. OSF HealthCare Transitional Care Hospital, completed a Community Health Needs Assessment (CHNA) for the Tri-County region. OSF HealthCare Transitional Care Hospital is certified as an acute-care facility. The specialized hospital is dedicated to the treatment of patients who may have multiple serious conditions but have the potential to improve with time and comprehensive care, ultimately allowing them to return home.

A collaborative team was assembled to foster the development of the CHNA. This collaborative team included members from: OSF HealthCare Transitional Care Hospital, OSF Saint Francis Medical Center, Partnership for a Healthy Community (PFHC), Bradley University and the University of Illinois College of Medicine – Peoria. They conducted the CHNA to highlight the health needs and well-being of residents in the Tri-County region, while simultaneously recognizing the nuances specific to transitional care.

Several themes are prevalent in the collaborative community health needs assessment – the demographic composition of the Tri-County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors. Results from this study can be used for strategic

decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by OSF HealthCare Transitional Care Hospital stakeholders, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data, including data from OSF HealthCare Transitional Care Hospital. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, Social Drivers of Health (SDoH) were utilized to provide insights into why certain segments of the population responded differently.

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

- **Improve Health Outcomes Through Social Drivers of Health** – defined as advancing the utilization of social drivers of health data to improve health equity and health outcomes.
- **Health Literacy/Education** – defined as empowering patients with information.

I. INTRODUCTION

Background

OSF HealthCare Transitional Care Hospital (TCH) Long-Term Care Hospital (LTCH) is certified as an acute-care and rehabilitation facility, with a primary focus on patients who typically require a stay of at least 25 days. A significant number of patients in LTCHs are transferred from intensive or critical care units. These specialized hospitals are dedicated to the treatment of patients who may have multiple serious conditions but have the potential to improve with time and comprehensive care, ultimately allowing them to return home. LTCHs offer a range of services including the management of co-morbid conditions, respiratory therapy, ventilator management and weaning, complex wound care, and effective pain management.

Multiple organizations, sectors, and the public participated in population health planning to identify and prioritize health needs and quality of life issues, map and leverage community resources, and form effective partnerships to implement health improvement strategies. Using actionable data to identify health needs and priorities, including those related to health disparities, health inequities, and SDoH, implementation strategies were created by the collaborative team.

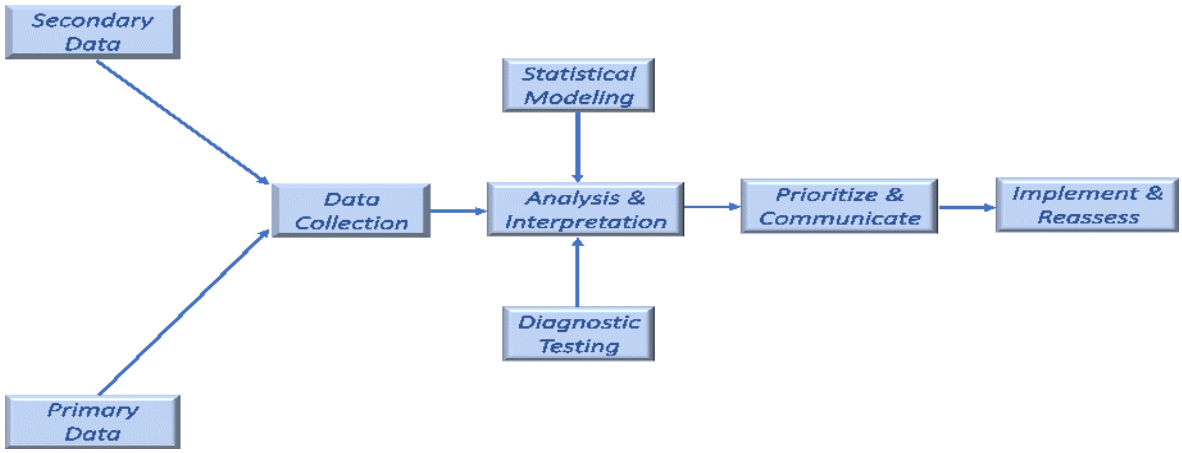
The Community Health Needs Assessment (CHNA) is a joint, collaborative assessment that has been leveraged to prepare Community Health-Needs Assessment Reports for numerous organizations. OSF and Carle/UnityPoint used the CHNA to prepare and adopt a joint CHNA Report in compliance with Internal Revenue Code §501(r) and the final regulations published on December 31, 2014 to implement §501(r). These

requirements are imposed on §501(c)(3) tax-exempt hospitals. Additionally, Hopedale Medical Complex, Carle Eureka Hospital and OSF HealthCare Transitional Care Hospital used the CHNA to support the specific populations they serve.

Illinois law requires certified local health departments to conduct a CHNA and to complete a community health plan. Peoria City/County Health Department, Tazewell County Health Department, and Woodford County Health Department used the CHNA to satisfy the requirements imposed on health departments under 77 Ill. Adm. Code 600 to prepare an IPLAN. In addition, other PFHC stakeholders used the CHNA to support health identification and improvement planning strategies.

The collaborative CHNA takes into account input from specific individuals who represent the broad interests of the community, including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. The fundamental areas of the CHNA are illustrated in Figure 1.

Figure 1



Collaborative Team and Community Engagement

A collaborative team was created to guide the CHNA process. Members of the collaborative team consisted of individuals with special knowledge of and expertise in the health of the community. Team members were carefully selected to ensure representation of the broad interests of the community. The team met in the third quarter of 2024 to finalize the CHNA. Individuals, affiliations, titles and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM. Specifically, this collaborative team included members from:

- OSF HealthCare Transitional Care Hospital, to provide input for the nuances of TCHs
- OSF Saint Francis Medical Center(SFMC), to provide input for SFMC and general CHNA guidance
- Partnership for a Healthy Community (PFHC), to provide input for needs of underserved residents
- Bradley University, to provide input regarding health equity, data analysis and CHNA guidance
- University of Illinois College of Medicine – Peoria, to provide health department input and data analysis

Definition of the Community

In order to determine the geographic boundaries for the primary and secondary markets of OSF HealthCare Transitional Care Hospital, analyses were completed to identify the percentage of patient activity represented in the Tri-County region, comprised of Peoria, Tazewell, and Woodford counties. Approximately 90% of patients served by OSF HealthCare Transitional Care Hospital are referred through OSF Saint Francis Medical Center (SFMC). Accordingly, these three counties were used to define the community for OSF Healthcare Transitional Care Hospital, as they represent approximately 83% of all patients for SFMC. 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 that were eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

The collaborative CHNA has been designed to provide necessary information to OSF HealthCare Transitional Care Hospital. Results of this study will act as a platform that allows the hospital to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, community agencies and health departments will use this CHNA to improve the quality of health in the Tri-County region. When feasible, data are assessed longitudinally to identify trends and patterns and benchmarked with State of Illinois averages.

Community Health Needs Assessment Report Approval

OSF HealthCare Transitional Care Hospital used the data from the SFMC 2022 CHNA [and input received from the SFMC 2022 collaborative team (including the Peoria, Tazewell and Woodford County Health Department team members)] to prepare its 2024 CHNA Report and to adopt implementation strategies to address the significant health needs identified. The Peoria City/County Health Department, Tazewell County Health Department and the Woodford County Health Department have already used the collaborative CHNA to adopt community health plans to meet IPLAN requirements for local health department certification by the Illinois Department of Public Health (IDPH). SFMC, CarleHealth Peoria (formerly UnityPoint Health) and the Hopedale Medical Complex have already completed their community health needs assessments. All organizations are collaborating to better serve the health needs of the Tri-County region.

Implementation strategies have been developed in coordination with other community social service agencies and organizations to address significant health needs. This CHNA Report was approved by the OSF Board of Directors on September 23, 2024.

Community Feedback from Previous Assessments

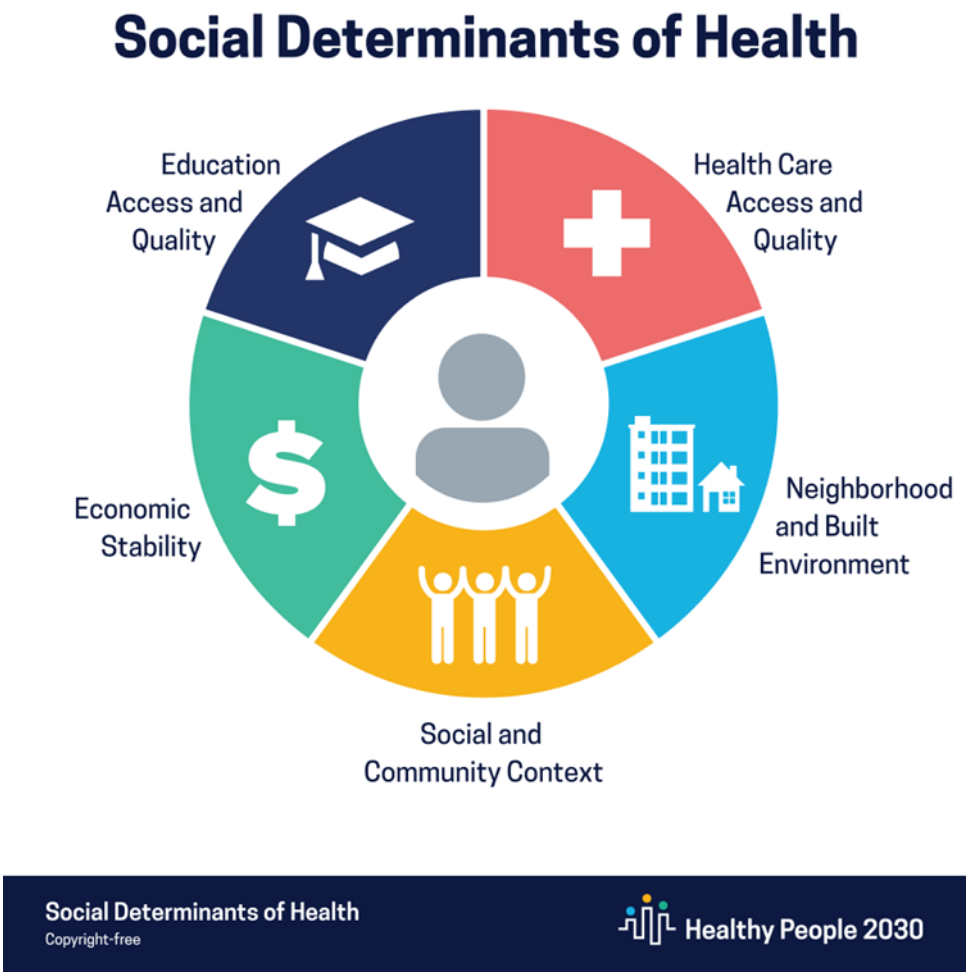
This is the first CHNA for the OSF HealthCare Transitional Care Hospital. Therefore, there is no previous assessment. To provide feedback on this assessment, there is a link on the hospital's website. Additionally, feedback can be given by clicking on this link: CHNAFeedback@osfhealthcare.org.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDoH). SDoH are important environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. According to research conducted by the U.S. Department of Health and Human Services, *Healthy People 2030* has identified five SDoH that should be included in

assessing community health (Figure 2). Note this CHNA refers to social "drivers" rather than "determinants." According to the *Root Cause Coalition*, drivers are malleable and determinants are not. However, the five factors included in Figure 2 remain the same, regardless of the label used.

Figure 2



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

Assessment of SDoH is included in the CHNA, as social drivers help contribute to health inequities and disparities. Simply creating interventions without incorporating SDoH will have limited impact on improving community health for people living in underserved or at-risk areas.

II. METHODS

To complete the comprehensive community health needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, a primary-data 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 team of health professionals 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 health-care leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

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

Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, a new survey in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups from the Healthcare Collaborative (based at the University of Illinois College of Medicine – Peoria) 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 2: SURVEY.

Sample Size

In order to identify our potential population, we first identified the percentage of the Tri-County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Tri-County is 14.2% in Peoria County, 7.6% in Tazewell County and 6.2% in Woodford County. The populations used for the calculation were 176,297, 130,509 and 38,323, respectively, yielding total residents living in poverty in the three counties at 25,034, 9,919 and 2,376, respectively.

A normal approximation to the hypergeometric distribution was assumed given the targeted sample size.
n = (Nz2pq)/(E2 (N-1) + z2 pq)

where:

n = the required sample size
N = the population size
z = the value that specified the confidence interval (use 95% CI)
pq = population proportions (set at .05)
E =desired accuracy of sample proportions (set at +/- .05)

For the total Tri-County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 1,149. The data collection effort for this CHNA yielded a total of 1,649 usable responses. This exceeded the threshold of the desired 90% confidence interval.

To provide a representative profile when assessing the aggregated population for the Tri-County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the county-specific samples were aligned with population demographics according to U.S. Census data. This provided a total usable sample of 1,286 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 2: SURVEY RESPONDENTS.

Data Collection

Survey data were collected in the 3rd and 4th quarter of 2021. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection effort, this became a stratified sample, as other groups were not specifically targeted based on their socio-economic status. Note that use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted of random patients surveyed at the hospital, assuming that patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significance patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-determinants sections of the analyses within each chapter.

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

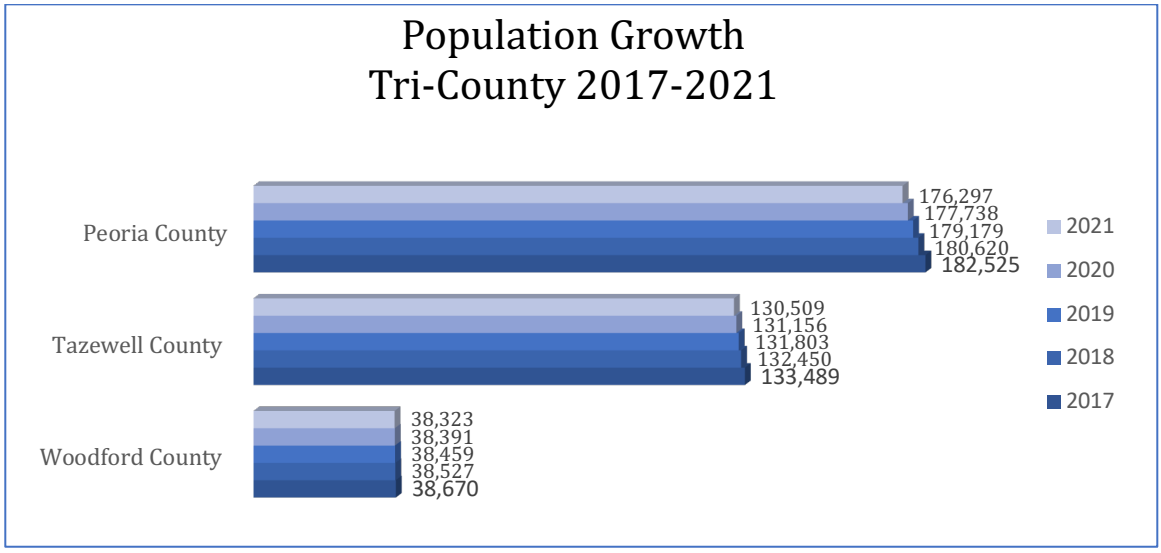
1.1 Population

Importance of the measure: Population data characterize individuals residing in Peoria County, Tazewell County, and Woodford County. These individuals represent the majority of patients for the OSF HealthCare Transitional Care Hospital. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

Population Growth

Data from the last census indicate the population of Peoria County has decreased between 2017 and 2021. During the same time period, the populations of Tazewell County and Woodford County also decreased, respectively (Figure 3).

Figure 3



Source: US Census

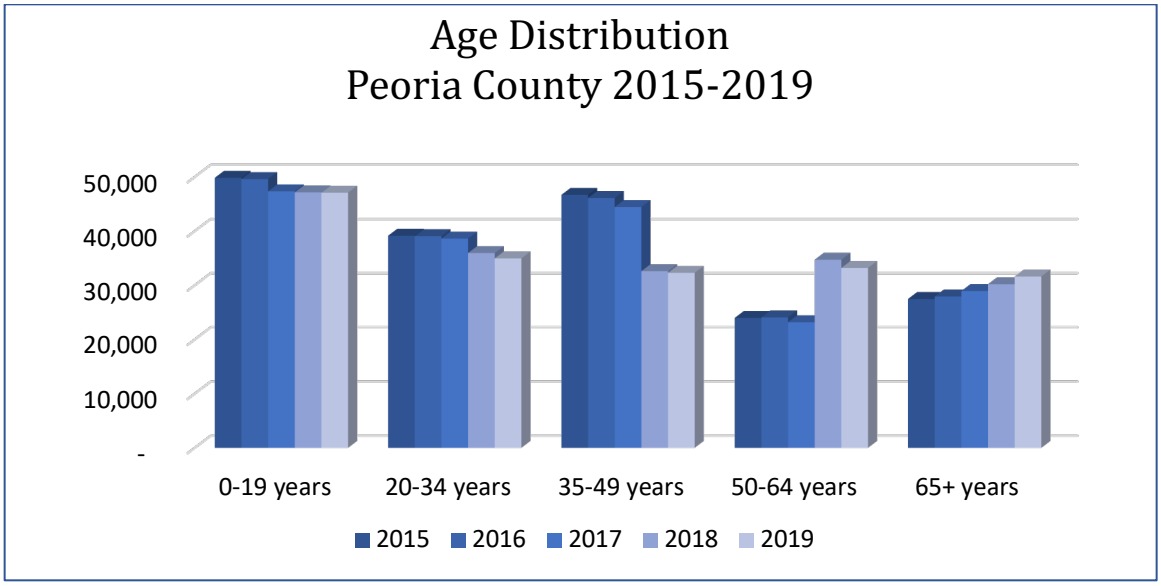
1.2 Age, Gender and Race Distribution

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

Age

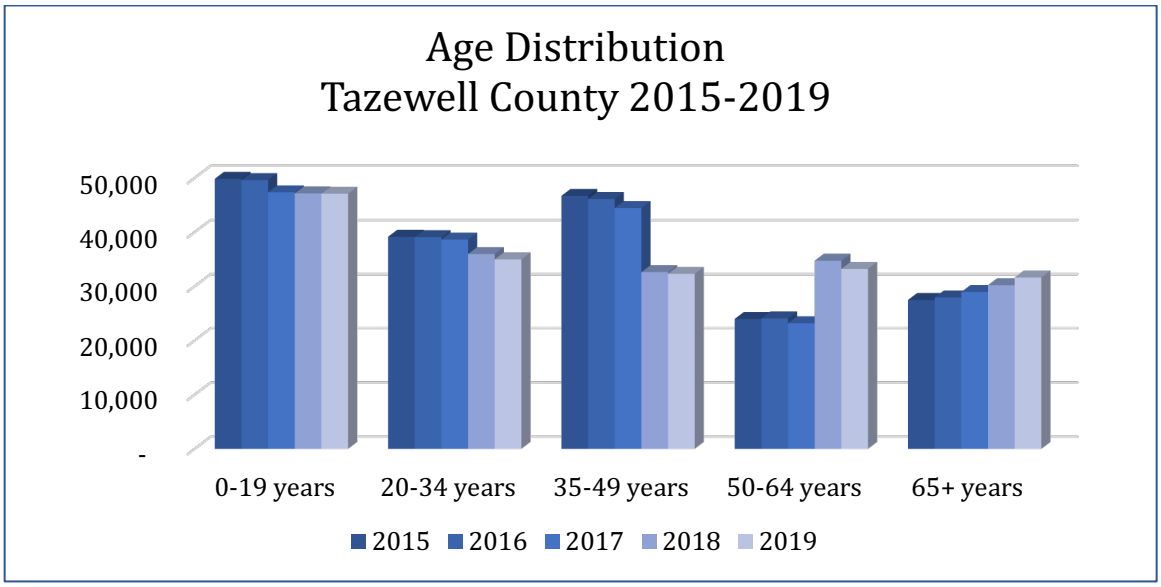
Figure 4, Figure 5 and Figure 6 illustrate the percentage of individuals in the Tri-County region in each age group. Peoria County had an increase in the elderly population (residents aged 65+ years) of 15% between 2015 and 2019. Tazewell County had an increase of 16% and Woodford County had an increase of 9% between 2015 and 2019.

Figure 4



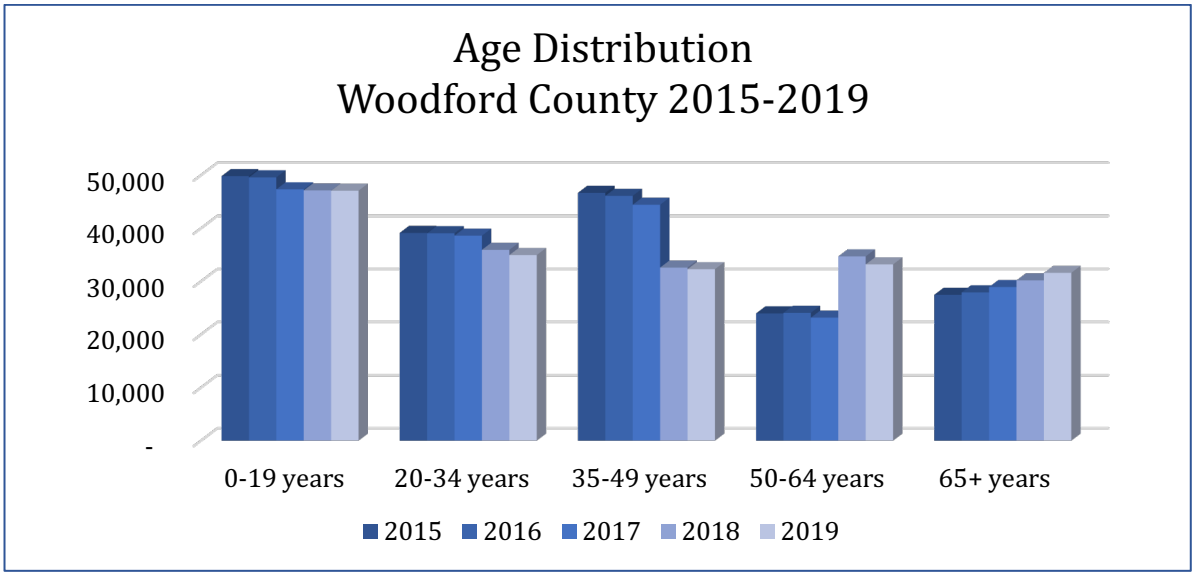
Source: US Census

Figure 5



Source: US Census

Figure 6

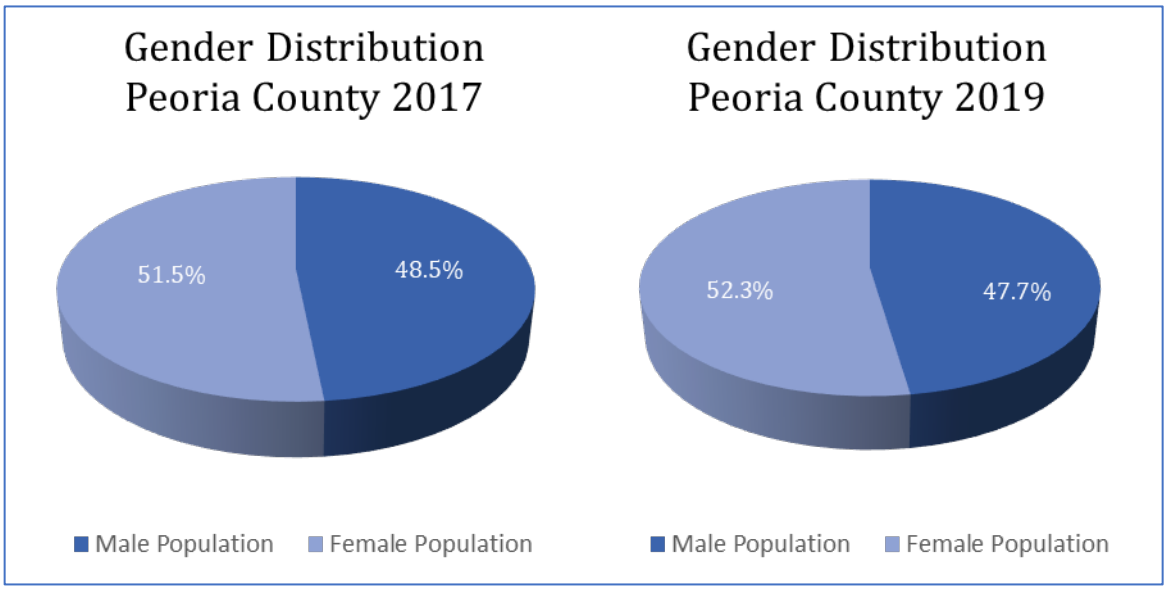


Source: US Census

Gender

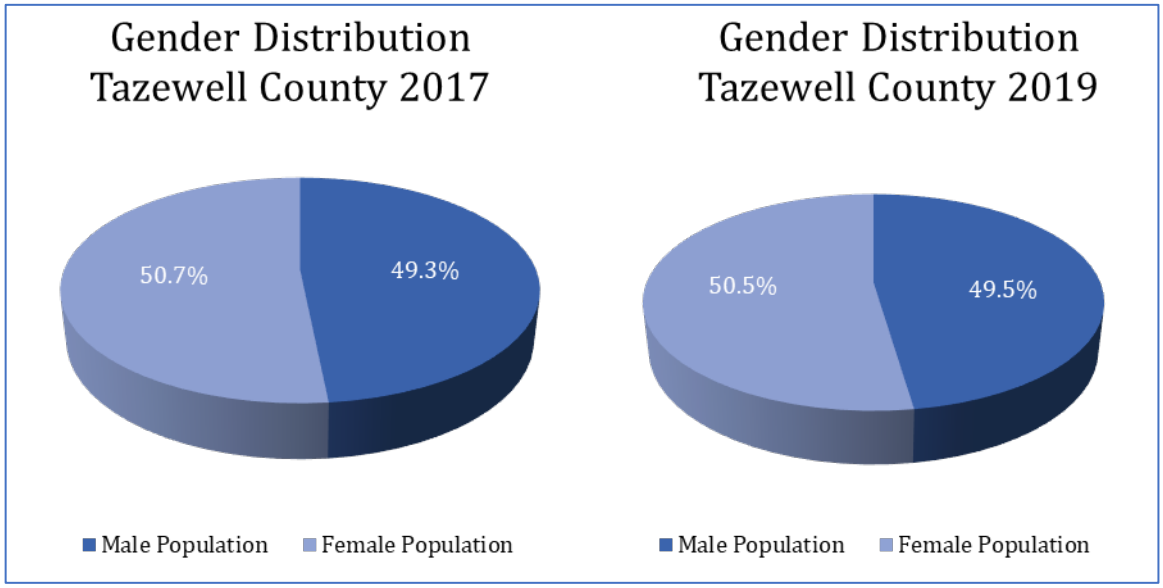
The gender distribution of Peoria, Tazewell and Woodford County residents has remained relatively consistent between 2017 and 2019 (Figure 7, Figure 8 and Figure 9).

Figure 7



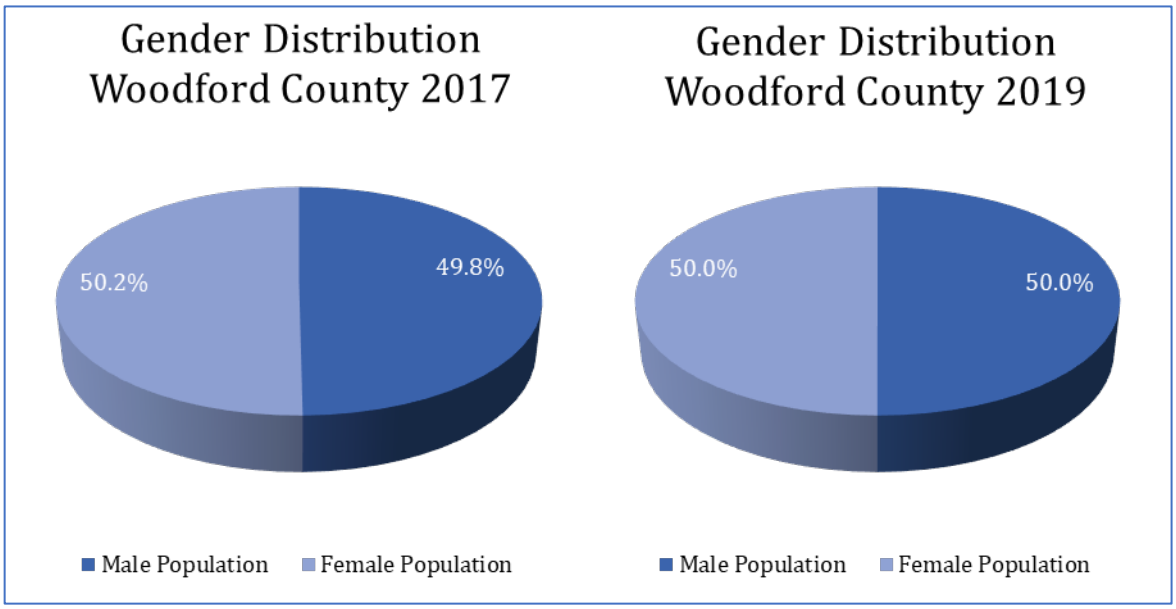
Source: US Census

Figure 8



Source: US Census

Figure 9

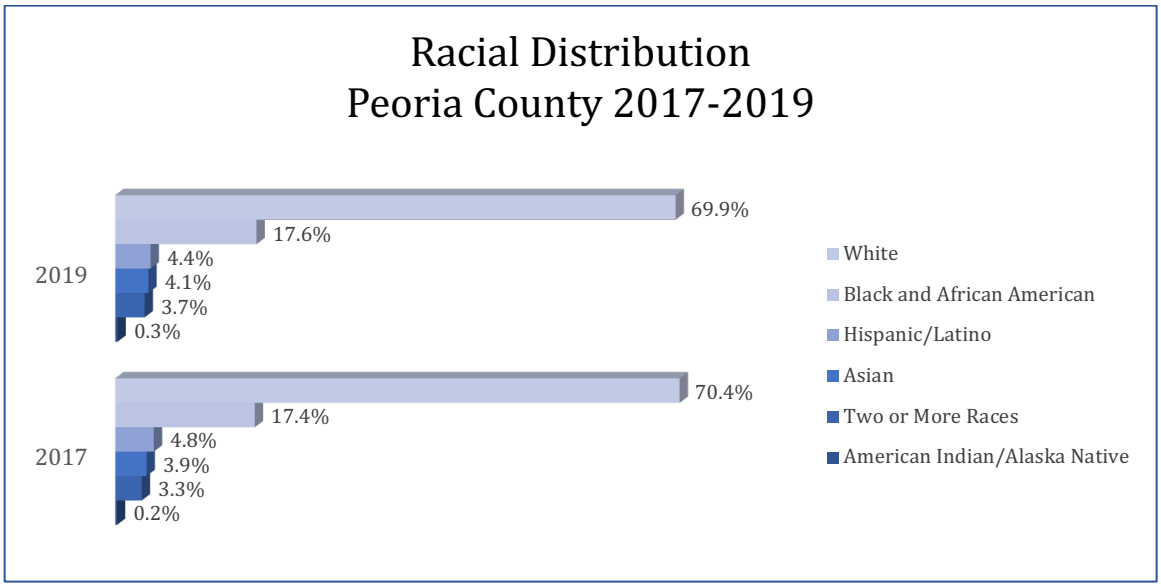


Source: US Census

Race

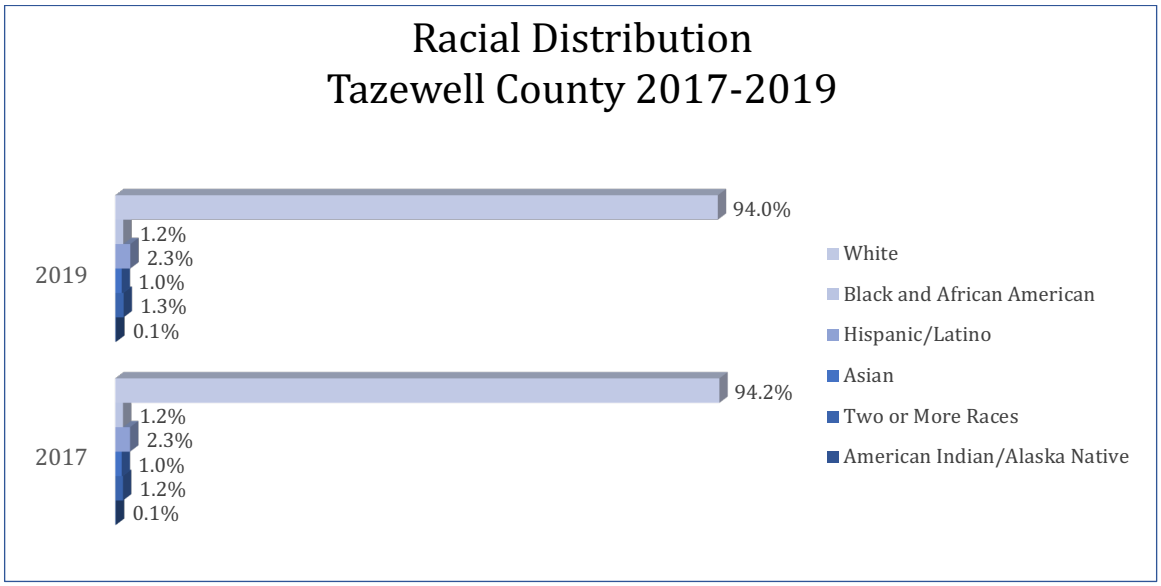
With regard to race and ethnic background, Peoria County is relatively diverse. Data from 2019 shows that the White population is 69.9%, Black population is 17.6%, and Latino (LatinX) population is 4.1% (Figure 10). Data from 2019 show that both Tazewell and Woodford Counties are largely homogeneous. Data from 2019 suggest that White ethnicity comprises 94% of the population in Tazewell County and 95.3% of the population in Woodford County (Figure 11 and Figure 12). However, the non-White population is increasing in Tazewell County (5.8% to 6%) and Woodford County (4.3% to 4.7%) from 2017 to 2019, respectively.

Figure 10



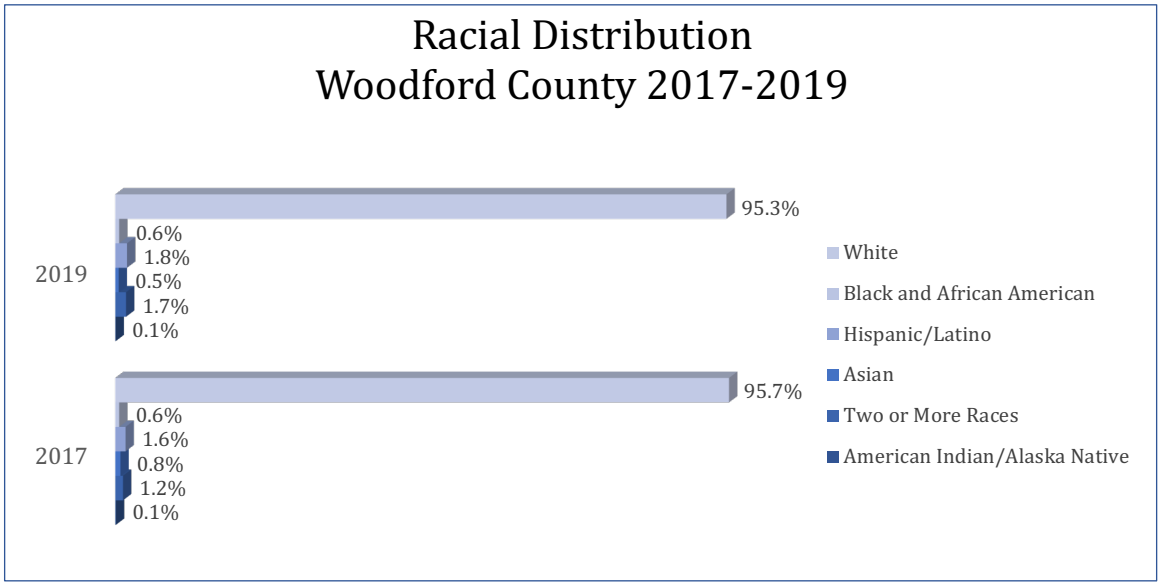
Source: US Census

Figure 11



Source: US Census

Figure 12



Source: US Census

Note that the aggregate population for the Tri-County region is relatively representative of patients served by the Greater Peoria Specialty Hospital. Specifically, for 2023, the Greater Peoria Specialty Hospital inpatients had the following racial/ethnic representation: 86% White, 12% Black, 3% Hispanic/Latino and 1% Asian.

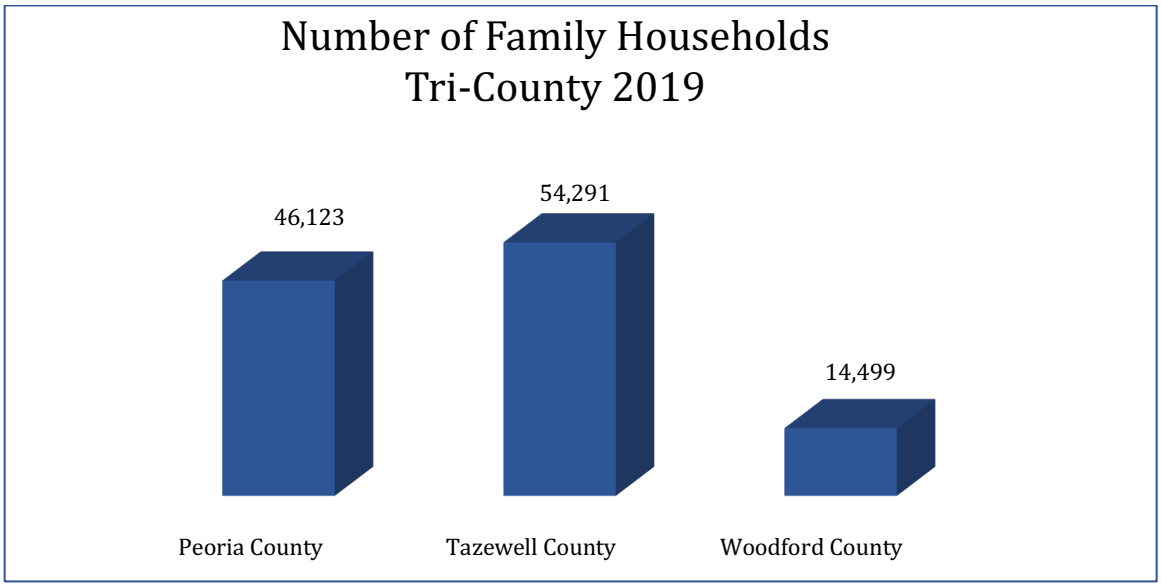
1.3 Household/Family

Importance of the measure: Families are an important component of a robust society in Peoria, Tazewell, Woodford Counties, as they dramatically impact the health and development of children and provide support and well-being for older adults. Given the long-term nature of hospitalization in a transitional care hospital, family support is often paramount in helping a patient recover. Moreover, one of the central tenets of OSF

HealthCare Transitional Care Hospital is to return patients home as quickly as possible and a stable family environment is important for long-term recovery.

The number of family households in the Tri-County area for 2019 are indicated in Figure 13.

Figure 13



Source: US Census

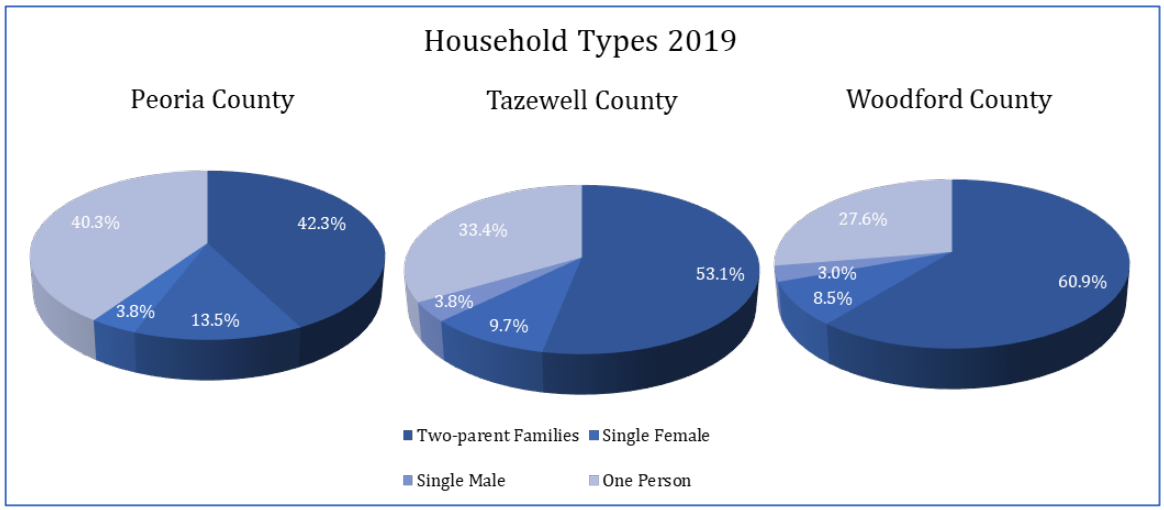
Family Composition

In Peoria County, data from 2019 suggest the percentage of two-parent families is 42.3%, one-person households represent 40.3% of the county population, single-female households represent 13.5% and single-male households represent 3.8% (Figure 14).

In Tazewell County, data from 2019 suggest the percentage of two-parent families is 53.1%, one-person households represent 33.4% of the county population, single-female households represent 9.7% and single-male households represent 3.8%.
(Figure 14).

In Woodford County, data from 2019 suggest the percentage of two-parent families is 60.9%, one-person households represent 27.6% of the county population, single-female households represent 8.5% and single-male households present 3% (Figure 14).

Figure 14



Source: US Census

1.4 Economic Information

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

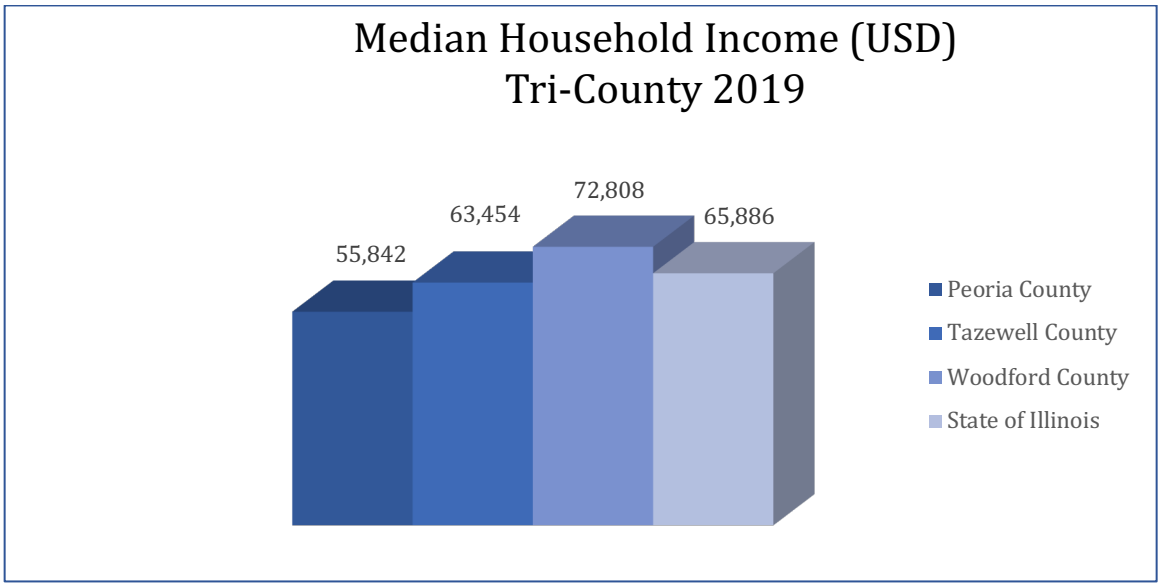
Economic Climate

Economic climate is a measure of a community's financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Tri-County, 20% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

Median Income Level

For 2019, the median household income in Peoria and Tazewell Counties were lower than the State of Illinois (Figure 15). However, Woodford County had median household incomes above the State of Illinois median.

Figure 15

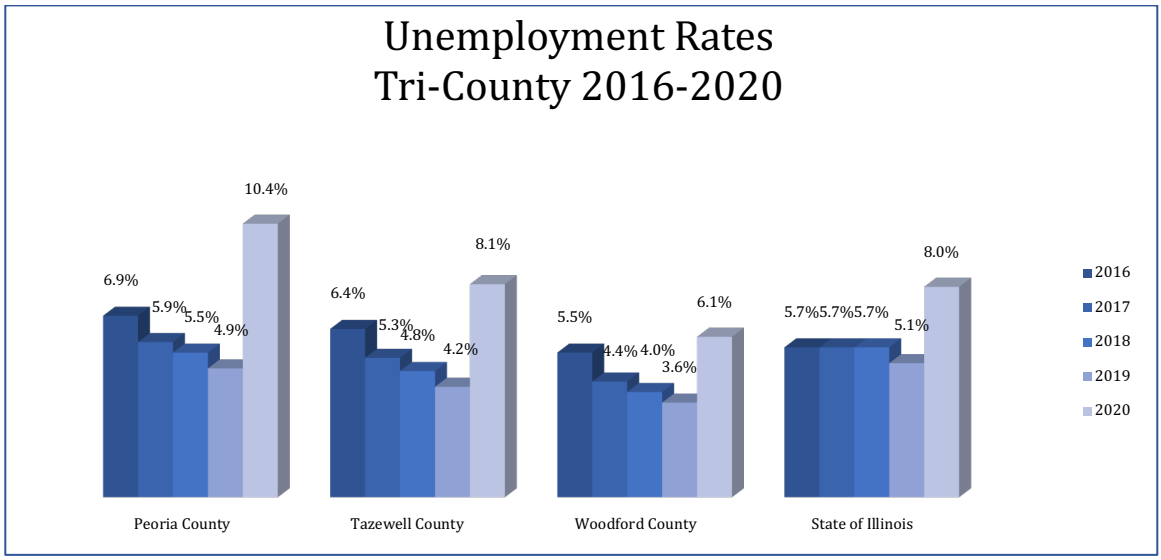


Source: US Census

Unemployment

For the years 2016, 2017 and 2020, the Peoria County unemployment rate was higher than the State of Illinois unemployment rate. For the years 2016 and 2020, the Tazewell County unemployment rate was higher than the State of Illinois unemployment rate. Woodford County maintained an unemployment rate below the State of Illinois unemployment rate for the years 2016 to 2020. Note the increase in unemployment for 2020 may be partially attributed the COVID-19 pandemic. However, in 2020 the rate significantly increased and did remain higher than State of Illinois. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 16).

Figure 16

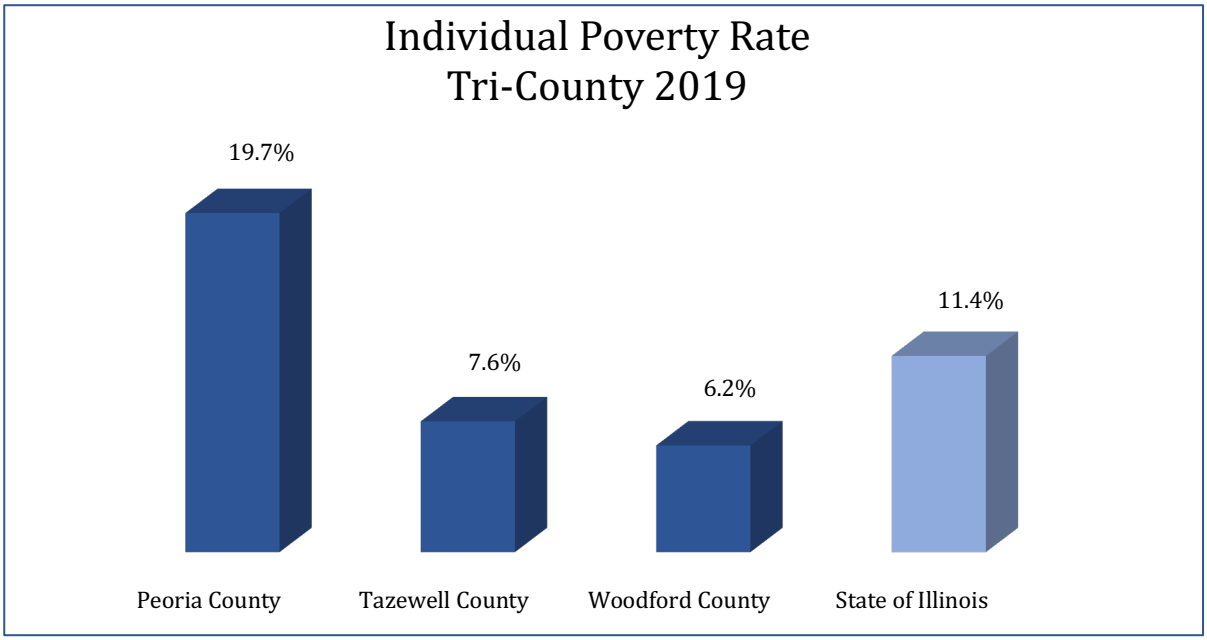


Source: Bureau of Labor Statistics

Individuals in Poverty

Poverty has a significant impact on the development of children and youth. Below is the poverty rate for all individuals across the Tri-County area for 2019. In Peoria County, the percentage of individuals living in poverty was 19.7%, which is higher than the State of Illinois individual poverty rate of 11.4%. In Tazewell County, the percentage of individuals living in poverty is 7.6%, which is significantly lower than the State of Illinois poverty rate of 11.4%. In Woodford County, the percentage of individuals living in poverty is 6.2%, which is also significantly lower than the State of Illinois poverty rate of 11.4% (Figure 17).

Figure 17



Source: US Census

1.5 Education

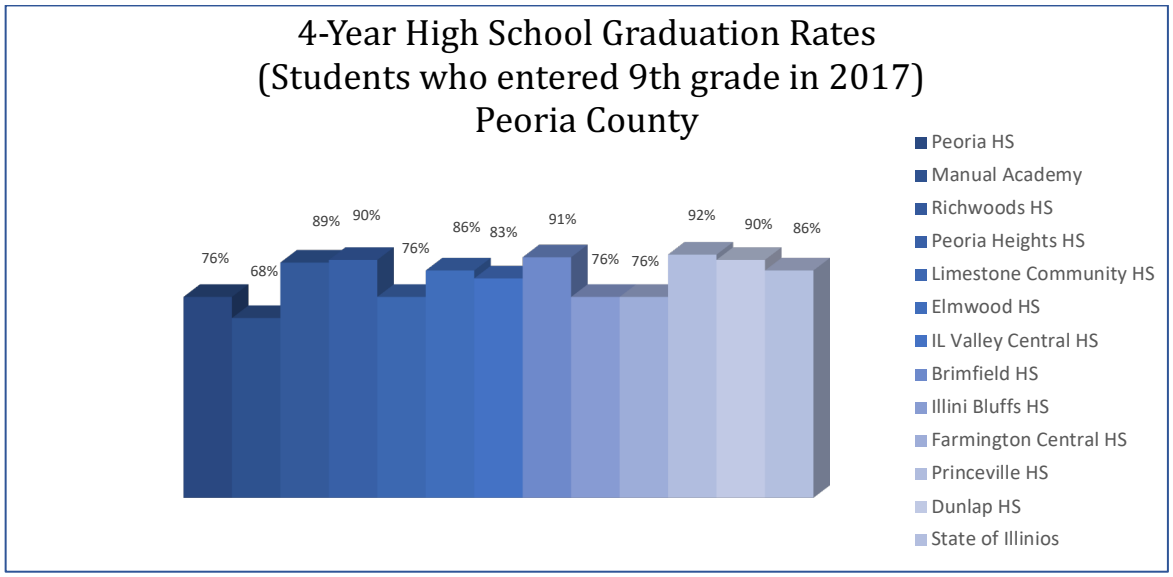
Importance of the measure: According to the National Center for Educational Statistics[1], "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one's health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual's propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

High School Graduation Rates

Students who entered 9th grade in 2021 in Peoria County school districts, except Peoria HS, Manual Academy, Limestone Community HS, Il Valley Central HS, Illini Bluffs HS and Farmington HS reported high school graduation rates that were comparable to the State average of 86% (Figure 18).

[1] NCES 2005

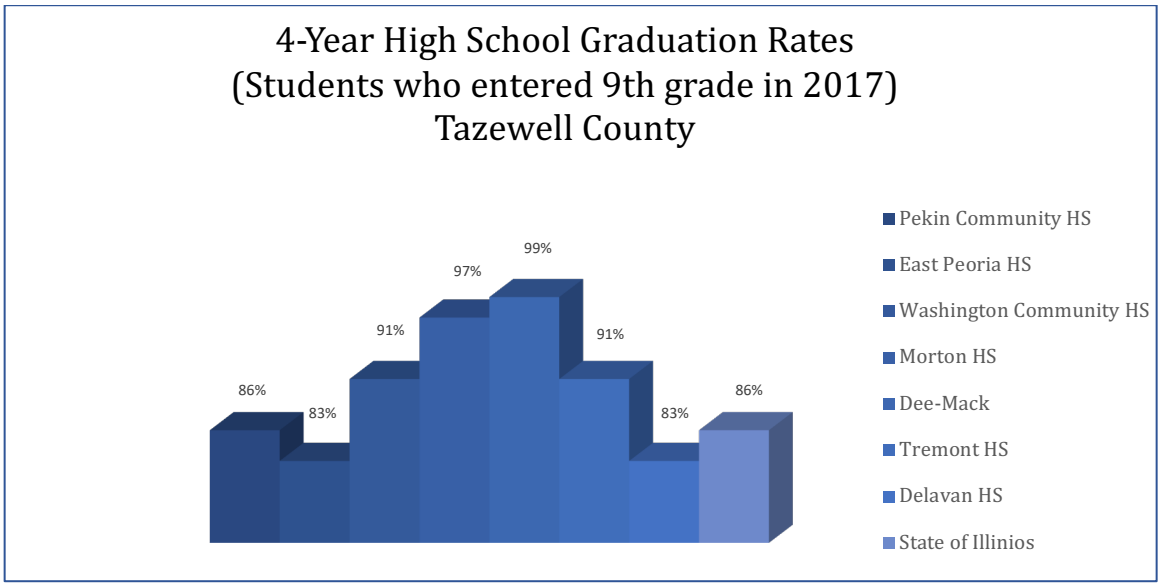
Figure 18



Source: Illinois Report Card

Students who entered 9th grade in 2021 in Tazewell County school districts, except East Peoria HS and Delavan HS reported high school graduation rates that were comparable to the State average of 86% (Figure 19).

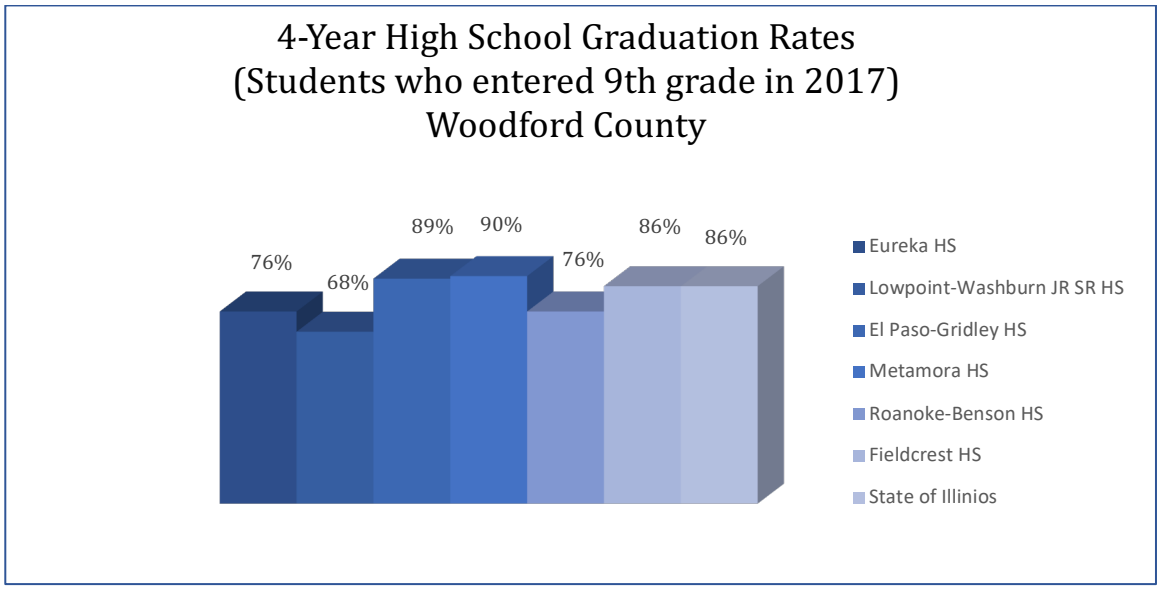
Figure 19



Source: Illinois Report Card

Students who entered 9th grade in 2021 in Woodford County school districts, except Eureka HS, Lowpoint-Washburn JR SR HS and Roanoke-Benson HS reported high school graduation rates that were comparable to the State average of 86% (Figure 20).

Figure 20

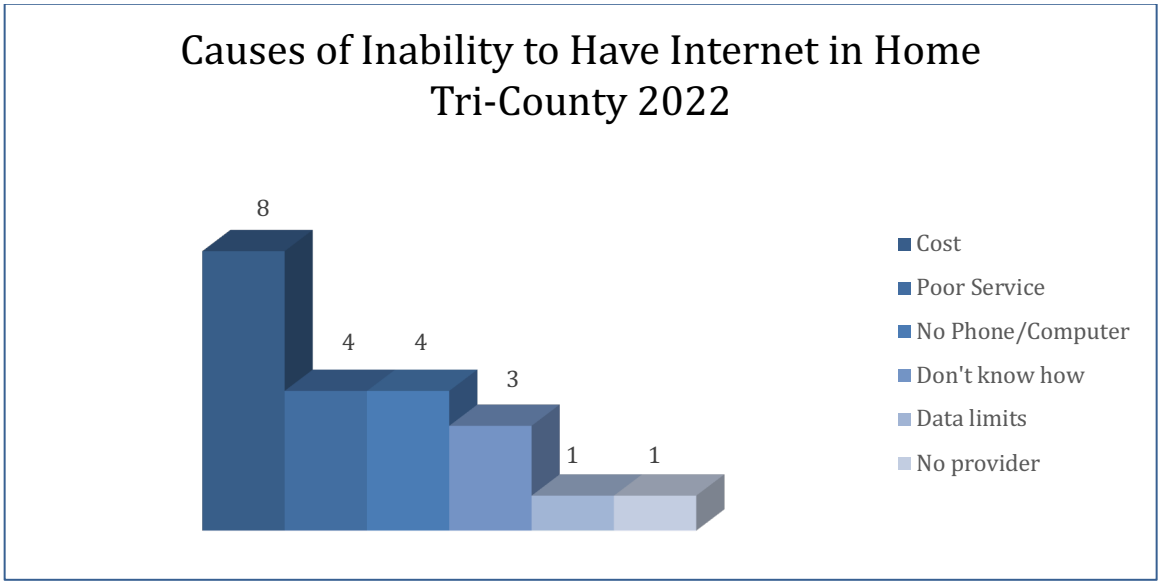


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 95% 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 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21



Source: CHNA Survey

Social Drivers Related to Internet Access

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

- **Access to Internet** tends to be rated higher for women, younger people, those with higher education, those with higher income and those in Tazewell County. Access to Internet tends to be rated lower for those living in an unstable (e.g., homeless) housing environment and those in Woodford County.

Digital Landscape

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

1.7 Key Takeaways from Chapter 1

- ✓ **POPULATION DECREASED OVER THE LAST 5 YEARS.**
- ✓ **POPULATION OVER AGE 65 IS INCREASING.**
- ✓ **SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD RANGED FROM 8.5% - 13.5% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.**
- ✓ **NEARLY HALF OF THE HIGH SCHOOLS IN THE TRI-COUNTY AREA HAVE GRADUATION RATES LOWER THAN STATE AVERAGES.**

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

2.1 Accessibility

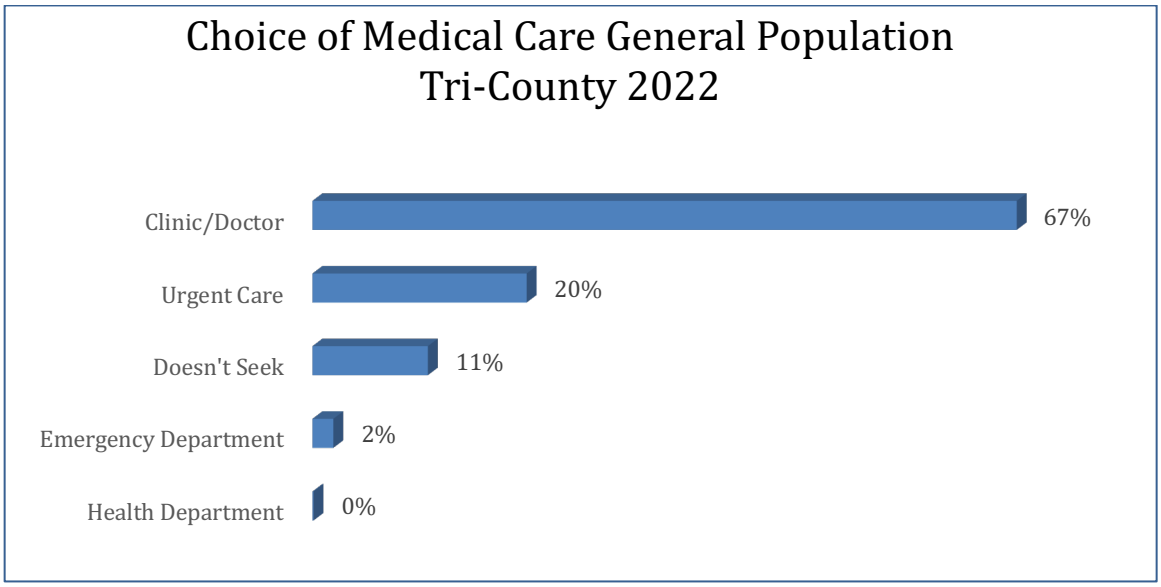
Importance of the measure: It is critical for health-care services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services. OSF Transitional Care Hospital is indirectly impacted by accessibility via SFMC.

Choice of Medical Care

Survey respondents were asked to select the type of health-care facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment and other.

The most common response for source of medical care was clinic/doctor's office, chosen by 67% of survey respondents. This was followed by urgent care (20%), not seeking medical attention (11%), the emergency department (2%) and the health department (0%) (Figure 22).

Figure 22



Source: CHNA Survey

Social Drivers Related to Choice of Medical Care

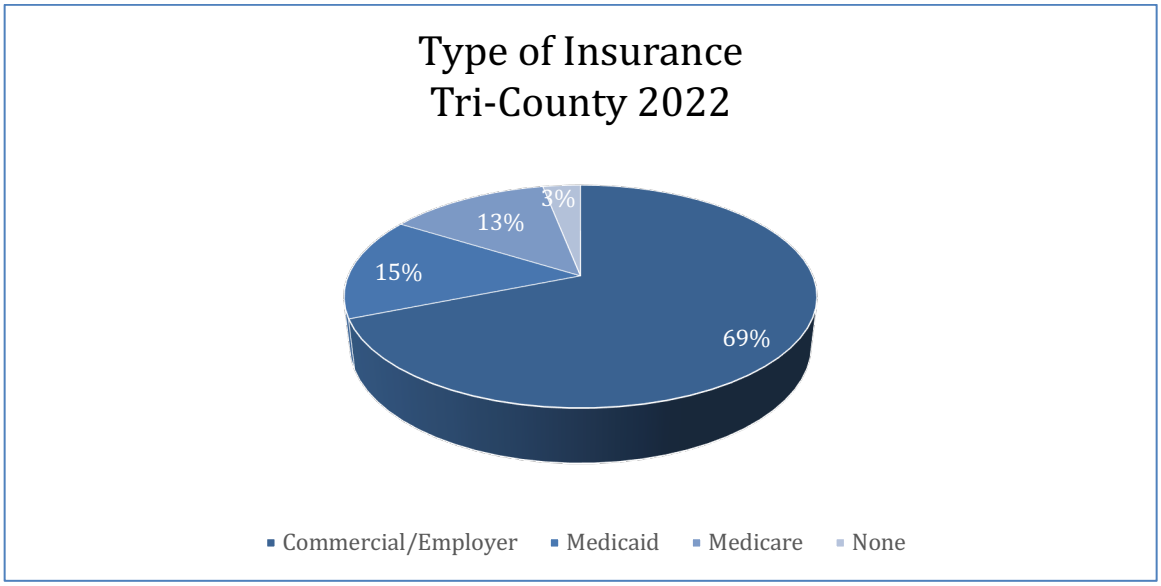
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by women, older people, White people, those with higher income and people from Tazewell County. Clinic/Doctor's office tends to be used less often by Black people, people with an unstable (e.g., homeless) housing environment and people from Peoria County.
- **Urgent Care** tends to be used more by younger people and Black people. Urgent care tends to be used less by White people.
- **Emergency Department** tends to be used more often by Black people, less educated people, those with lower incomes, Peoria County residents and people with an unstable (e.g., homeless) housing environment. Emergency department tends to be used less by White people and people from Tazewell County.
- **Do Not Seek Medical Care** tends to be rated higher by younger people, men and those with lower income.
- **Health Department** had no significant correlates.

Insurance Coverage

According to survey data, 69% of the residents are covered by commercial/employer insurance, followed by Medicaid (15%) and Medicare (13%). Only 3% of respondents indicated they did not have any health insurance (Figure 23).

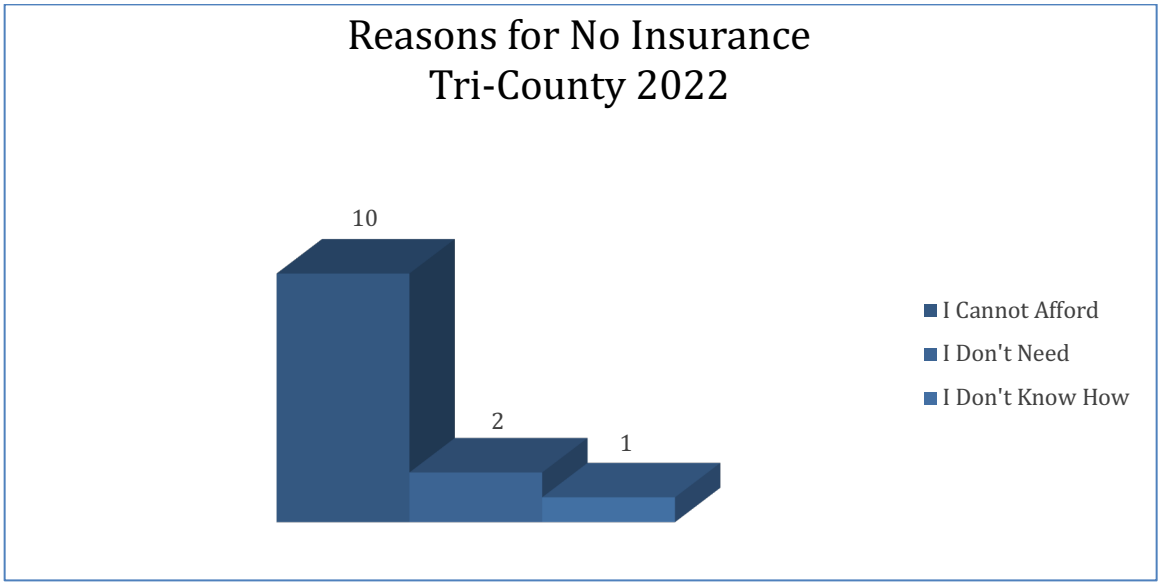
Figure 23



Source: CHNA Survey

Data from the survey show that for the 3% individuals who do not have insurance, the most prevalent reason was cost (Figure 24). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 24



Source: CHNA Survey

Social Drivers Related to Type of Insurance

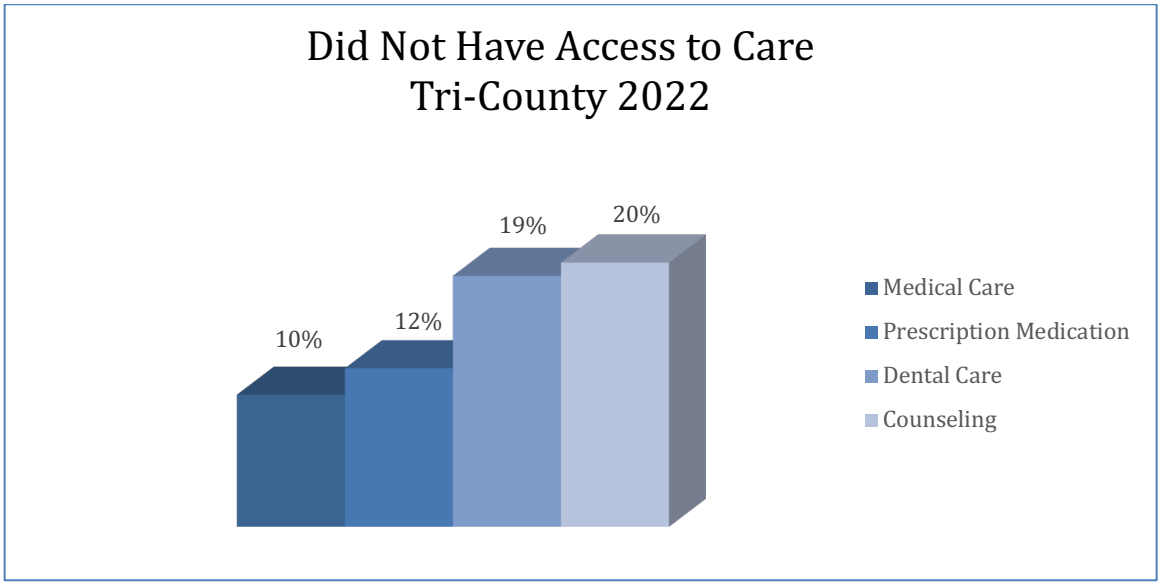
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

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

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 10% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medication when needed; 19% of the population did not have access to dental care when needed; and 20% of the population did not have access to counseling when needed (Figure 25).

Figure 25



Source: CHNA Survey

Social Drivers Related to Access to Care

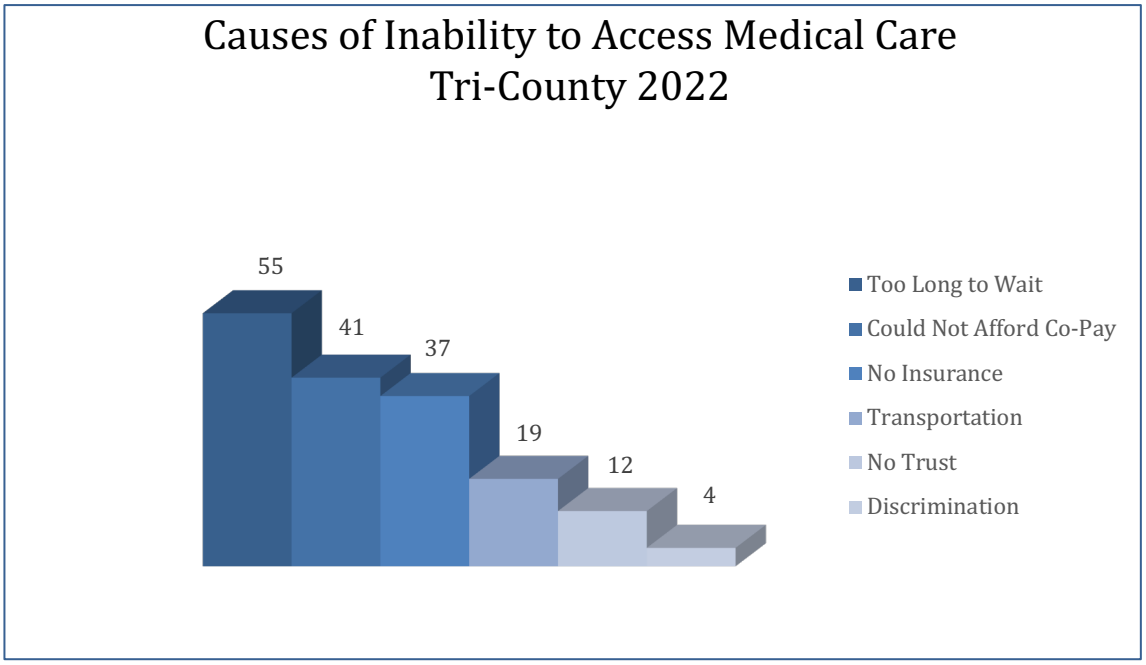
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for older people, those with higher education and those with higher income. Access to medical care tends to be lower for Peoria County residents.
- **Access to prescription medications** tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment. Access to prescription medications tends to be lower for Black people and Peoria County residents.
- **Access to dental care** tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment. Access to dental care tends to be lower for Black people, Latino (LatinX) people and Peoria County residents.
- **Access to counseling** tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment. Access to counseling tends to be lower for Black people.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading cause of the inability to gain access to medical care was too long to wait for an appointment (55), could not afford co-pay (41) and no insurance (37) (Figure 26). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 26

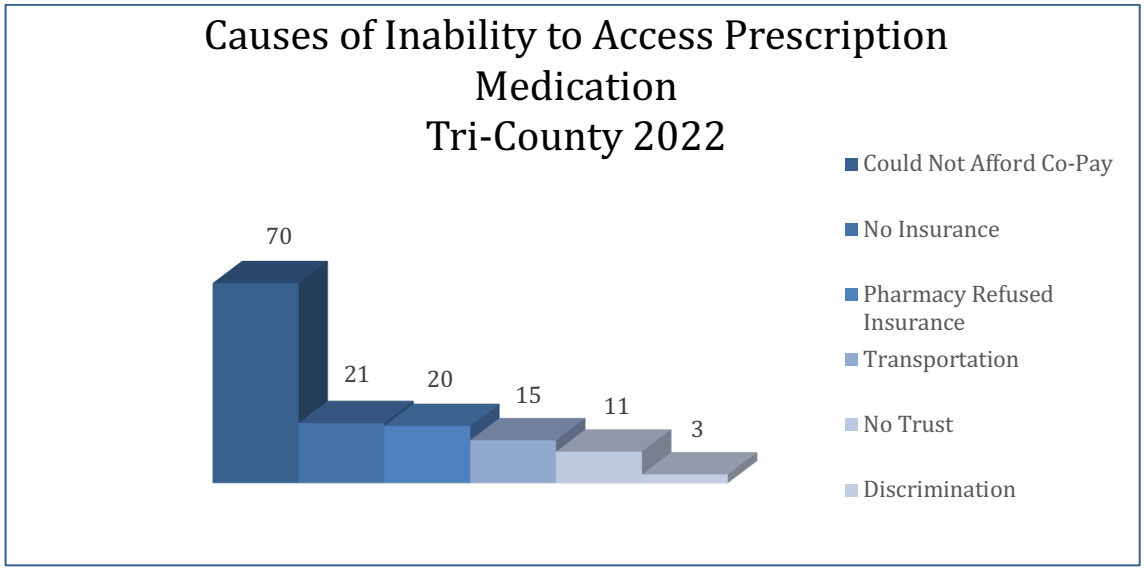


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (70) (Figure 27).

Figure 27

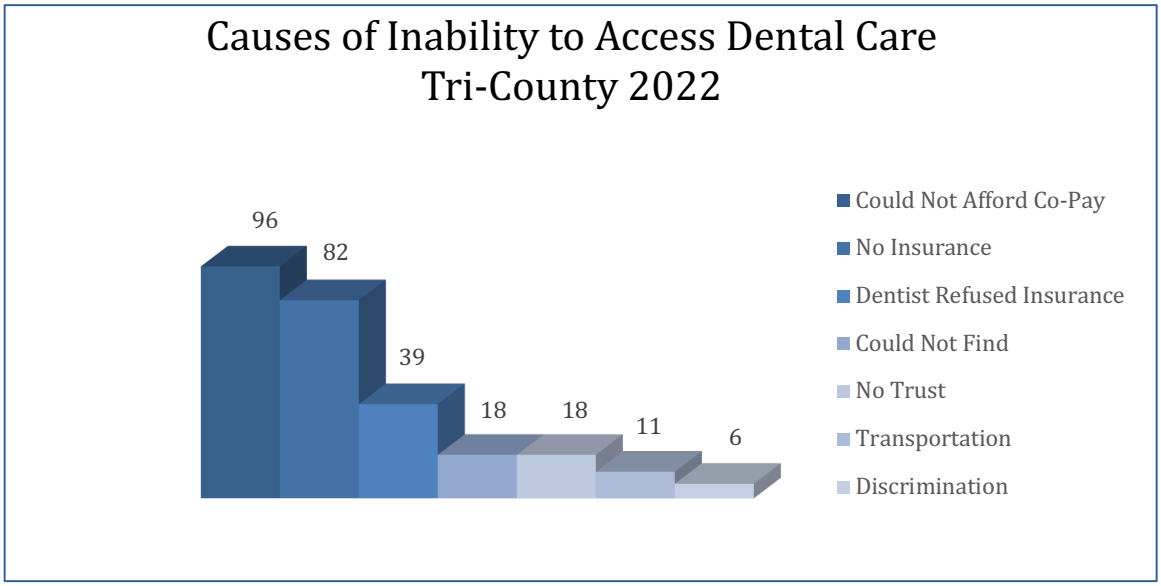


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause were inability to afford copay or deductible (96) and no insurance (82) (Figure 28). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 28

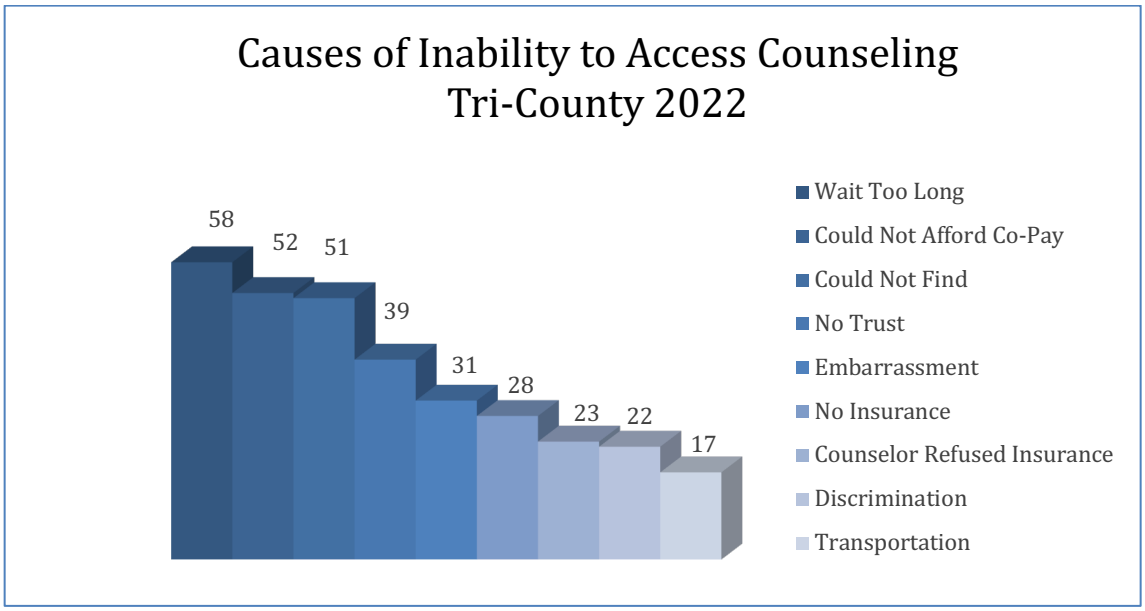


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the wait was too long (58), inability to afford co-pay (52) and could not find counselor (51) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for the Tri-County region, 14% of the population is at elevated risk for transportation network. This is higher to the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

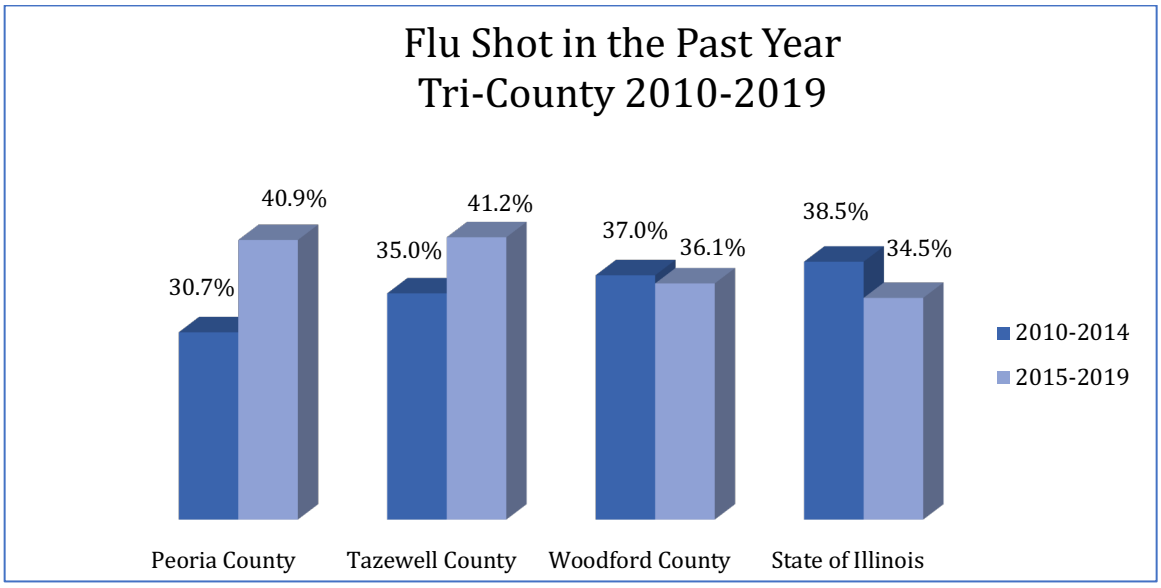
2.2 Wellness

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

Frequency of Flu Shots

Figure 30 shows that the percentage of people who have had a flu shot in the past year increased for Peoria County (40.9%) for 2015-2019 compared to 30.7% for 2010-2014. Tazewell County had an increase from 2014 (35%) to 2015-2019 (41.2%). Woodford County experienced a minimal decrease from 2014 (37%) to 2015-2019 (36.1%). During the same timeframe, the State of Illinois realized a decrease of flu immunizations.

Figure 30

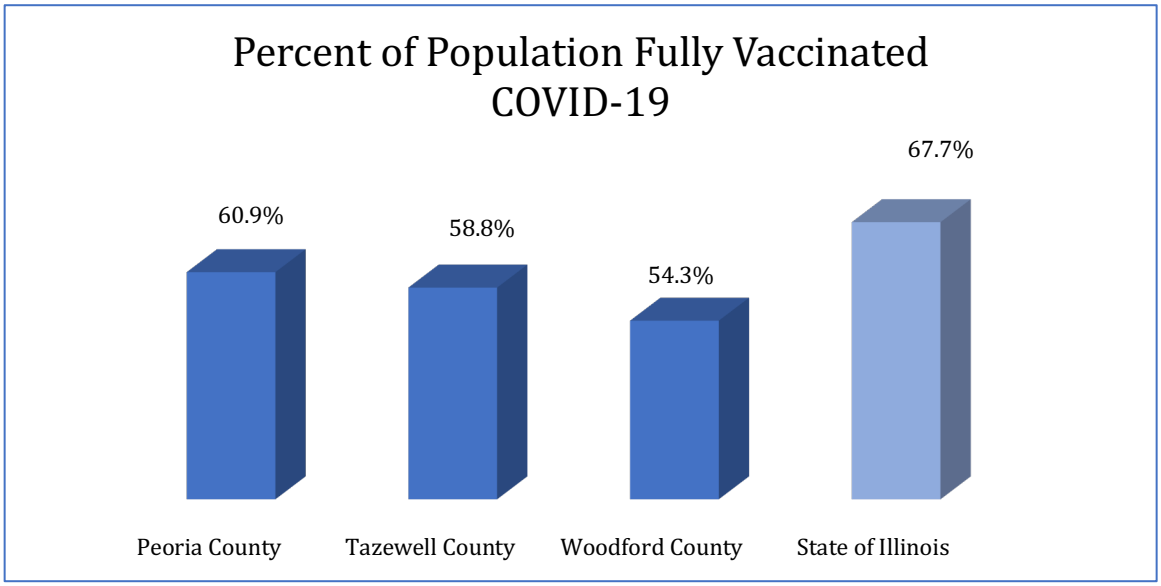


Source: Illinois Department of Health

COVID-19 Vaccinations

Figure 31 shows that the percentage of people who have been fully vaccinated from the COVID-19 virus. All three counties in the Tri-County area remain lower than the State rate of 67.7%. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 31

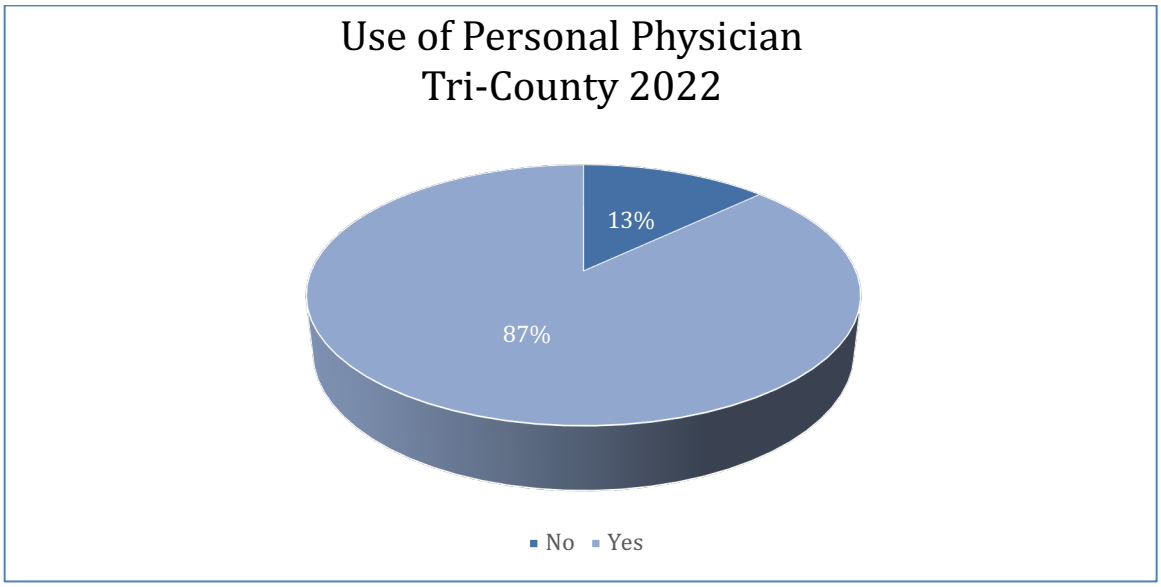


Source: Centers for Disease Control and Prevention (03-07-22)

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 87% of residents have a personal physician (Figure 32).

Figure 32



Source: CHNA Survey

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:

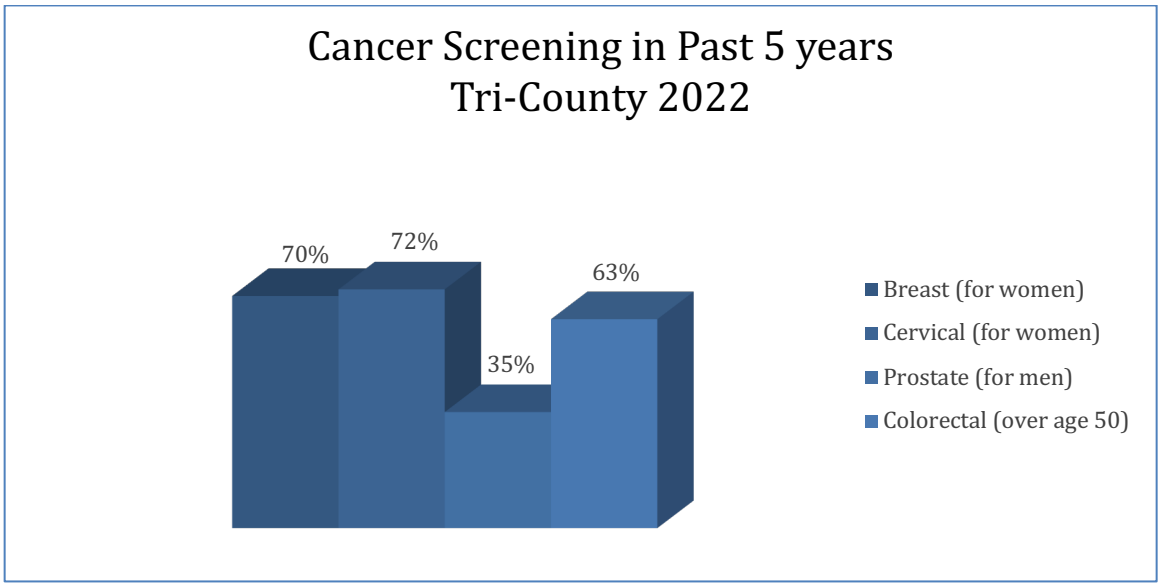
- **Having a personal physician** tends to be higher for women, older people and those with a higher income.

Cancer Screening

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

Results from the CHNA survey show that 70% of women had a breast screening in the past five years and 72% of women had a cervical screening. For men, 35% had a prostate screening in the past five years. For women and men over the age of 50, 63% had a colorectal screening in the last five years (Figure 33).

Figure 33



Source: CHNA Survey

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, White women, those with a higher level of education, those with higher income and those from Tazewell County. Breast cancer screening tends to be lower for those in an unstable (e.g., homeless) housing environment and those from Peoria County.

- **Cervical screening** tends to be more likely for younger women, White women, those with a higher level of education, and those with higher income. Cervical cancer screening tends to be lower for those in an unstable (e.g., homeless) housing environment and those from Woodford County.

- **Prostate screening** tends to be more likely for older men, those with higher income and men from Woodford County.

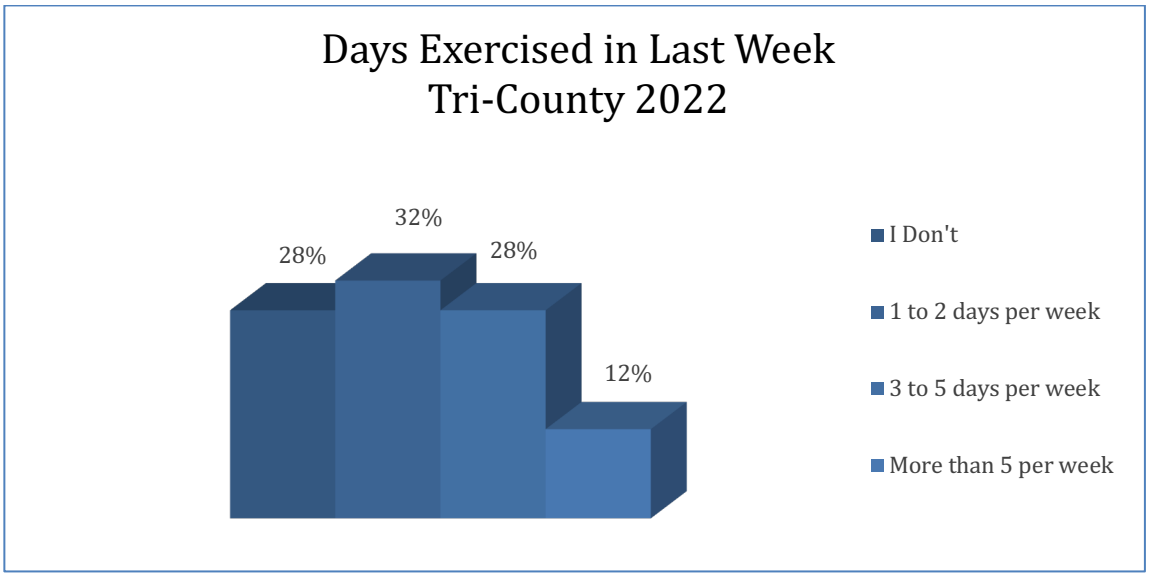
- **Colorectal screening** tends to be more likely for older people, those with higher income and those from Woodford County. Colorectal screening tends to be less likely for those in an unstable (e.g., homeless) housing environment.

Physical Exercise

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

Specifically, 28% of respondents indicated that they do not exercise at all, while the majority (60%) of residents exercise 1-5 times per week (Figure 34).

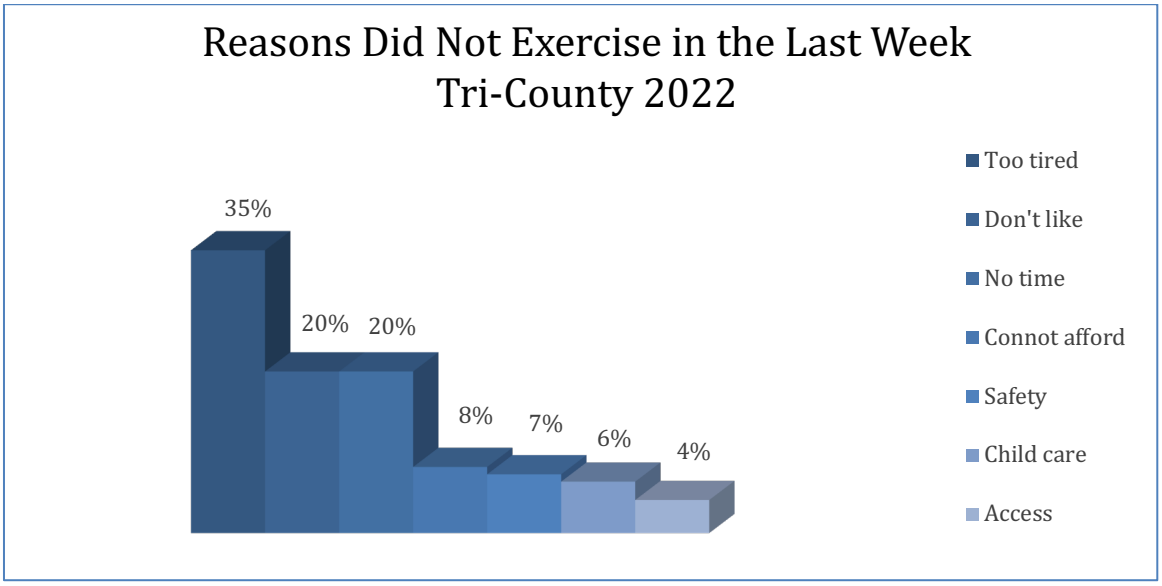
Figure 34



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 too tired (35%), dislike of exercise (20%) and not having enough time (20%) (Figure 35).

Figure 35



Source: CHNA Survey

Social Drivers Related to Exercise

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

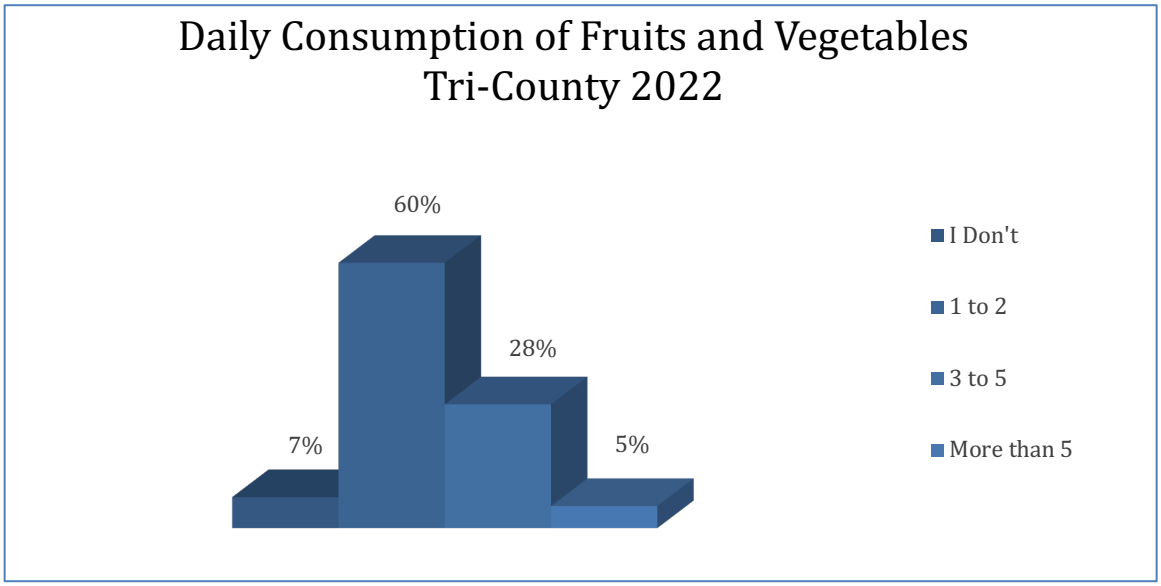
- **Frequency of exercise** tends to be rated higher for men, those with higher education, and those with higher income.

Healthy Eating

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

Two-thirds (67%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5% (Figure 36).

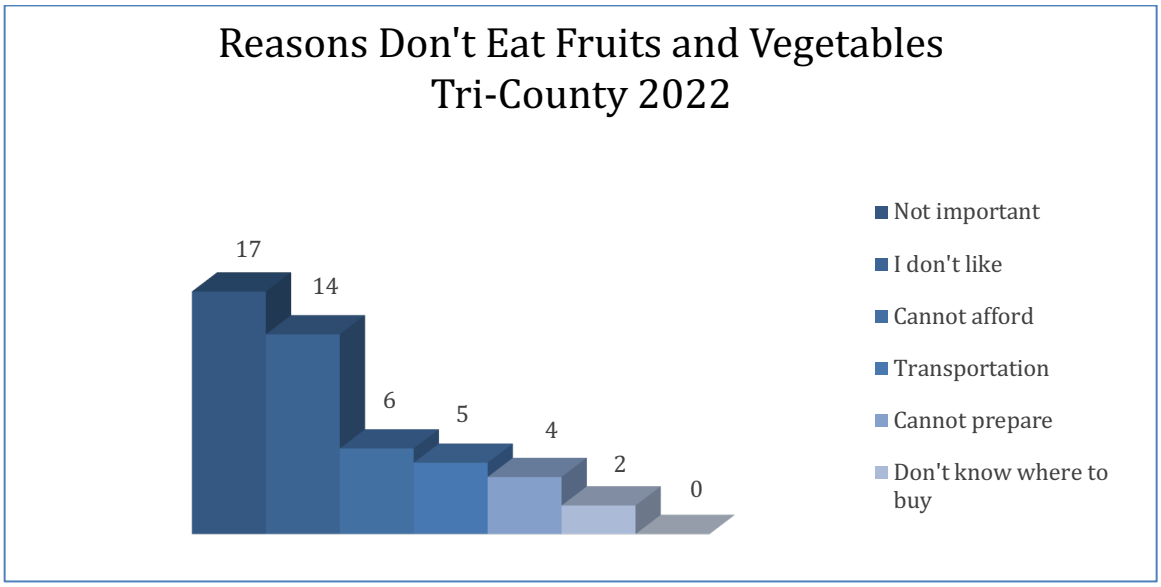
Figure 36



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently cited reasons for failing to eat more fruits and vegetables are lack of importance (17) and dislike (14) (Figure 37). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 37



Source: CHNA Survey

Social Drivers Related to Healthy Eating

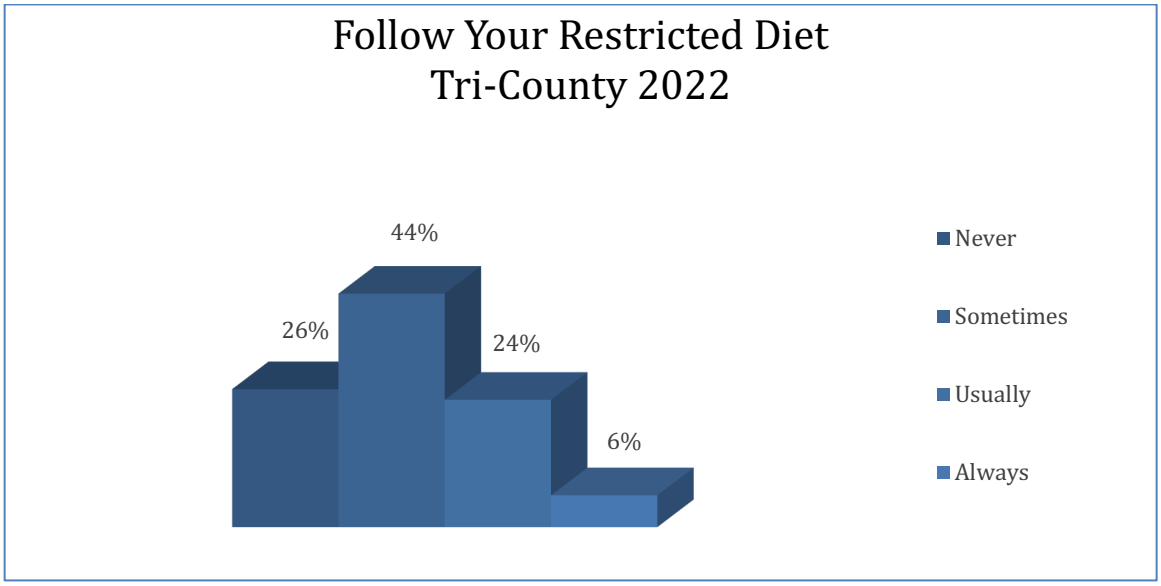
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

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

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 30% usually or always follow a restricted diet (Figure 38).

Figure 38



Source: CHNA Survey

Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For the Tri-County region, 16% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

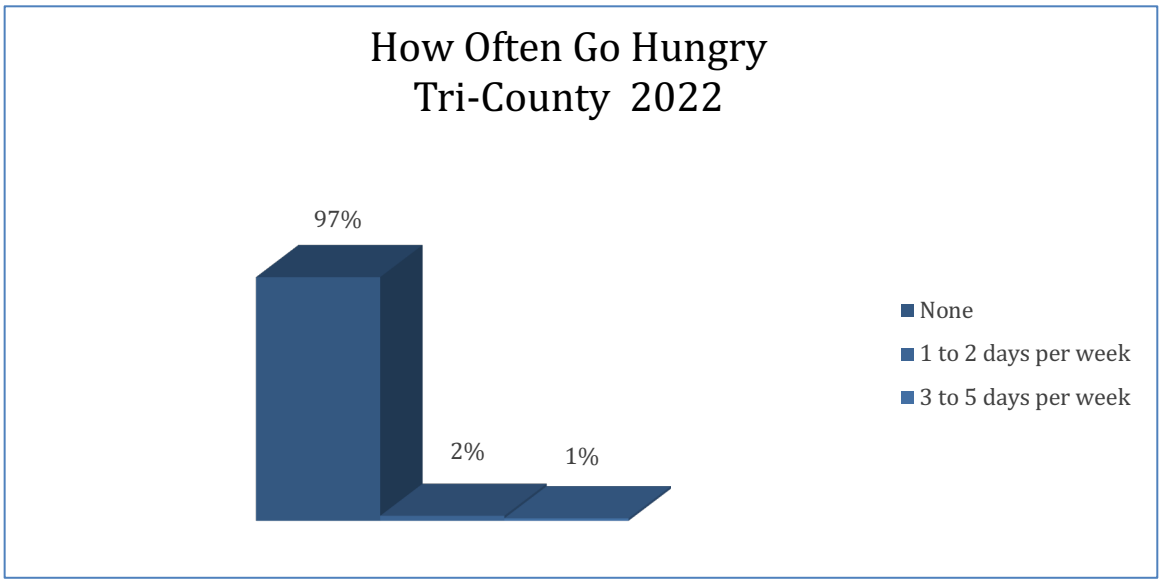
2.3 Understanding Food Insecurity

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

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 (97%); however, 3% indicate they go hungry between 1 and 5 days per week (Figure 39).

Figure 39



Source: CHNA Survey

Social Drivers Related to Prevalence of Hunger

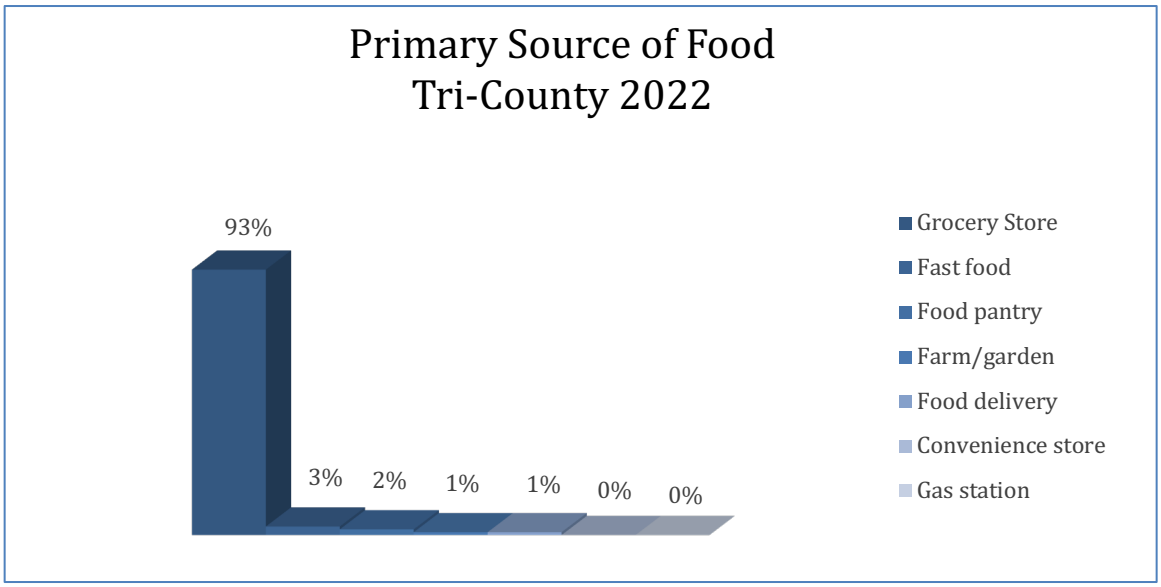
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

- **Prevalence of Hunger** tends to be less likely for White people, those with higher education, and those with higher income, Prevalence of hunger tends to be more likely for people in an unstable (e.g., homeless) housing environment and people from Woodford County.

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (93%) identified a grocery store (Figure 40).

Figure 40



Source: CHNA Survey

Food Landscape

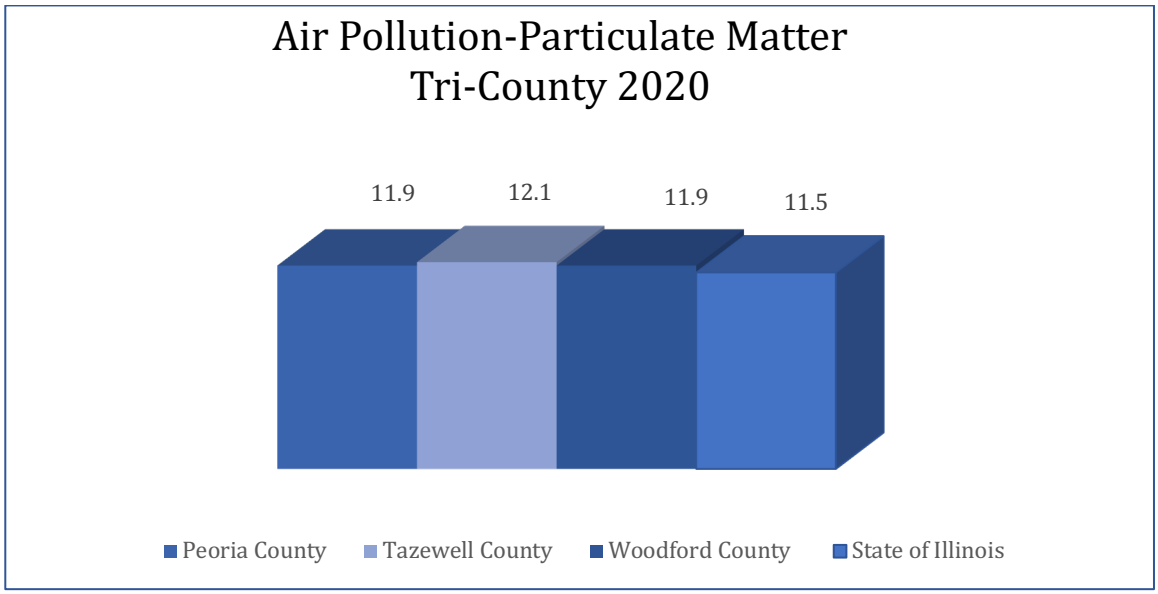
Food landscape is a measure of the conditions that affect the ability of residents to access health, affordable nutrition. Key risk influencers include accessibility, affordability and literacy. For the Tri-County region, 22% of the population is at elevated risk for food landscape. This is lower than the State of Illinois average of 25%. (SocialScape® powered by SociallyDetermined®, 2022).

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for the Tri-County region (11.5), which is the same as the State average (Figure 41).

Figure 41



Source: County Health Rankings 2021

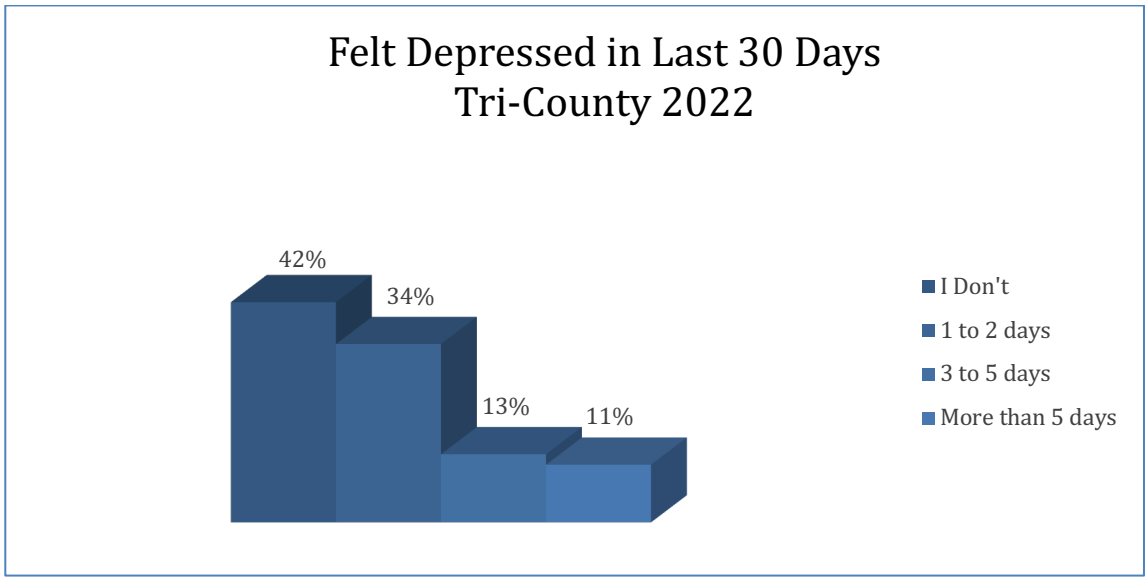
2.5 Health Status

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

Mental Health

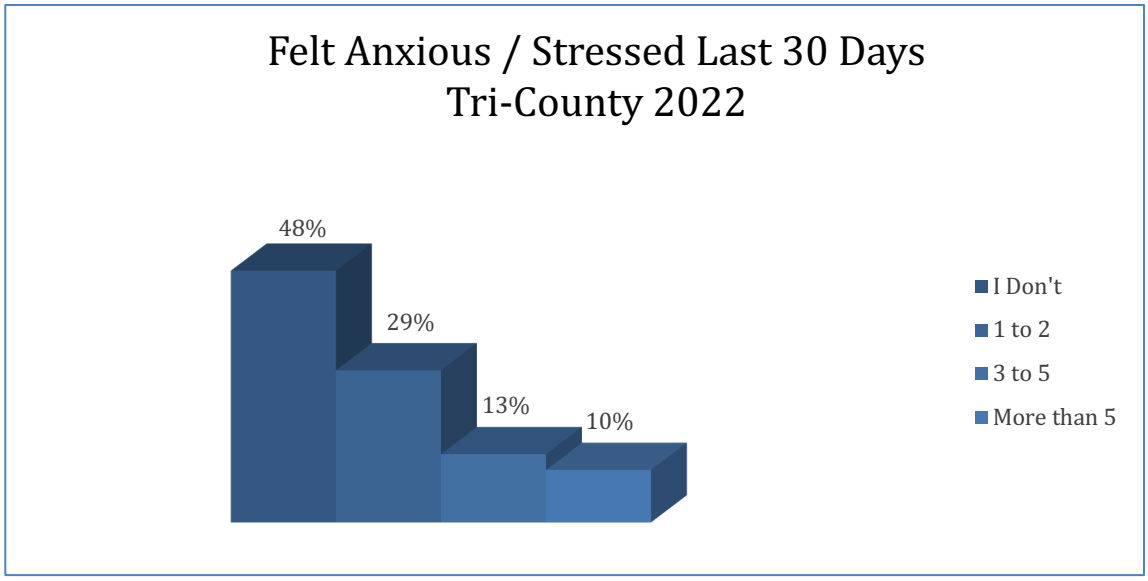
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 42% indicated they did not feel depressed in the last 30 days (Figure 42) and 48% indicated they did not feel anxious or stressed (Figure 43).

Figure 42



Source: CHNA Survey

Figure 43



Source: CHNA Survey

Social Drivers Related to Behavioral Health

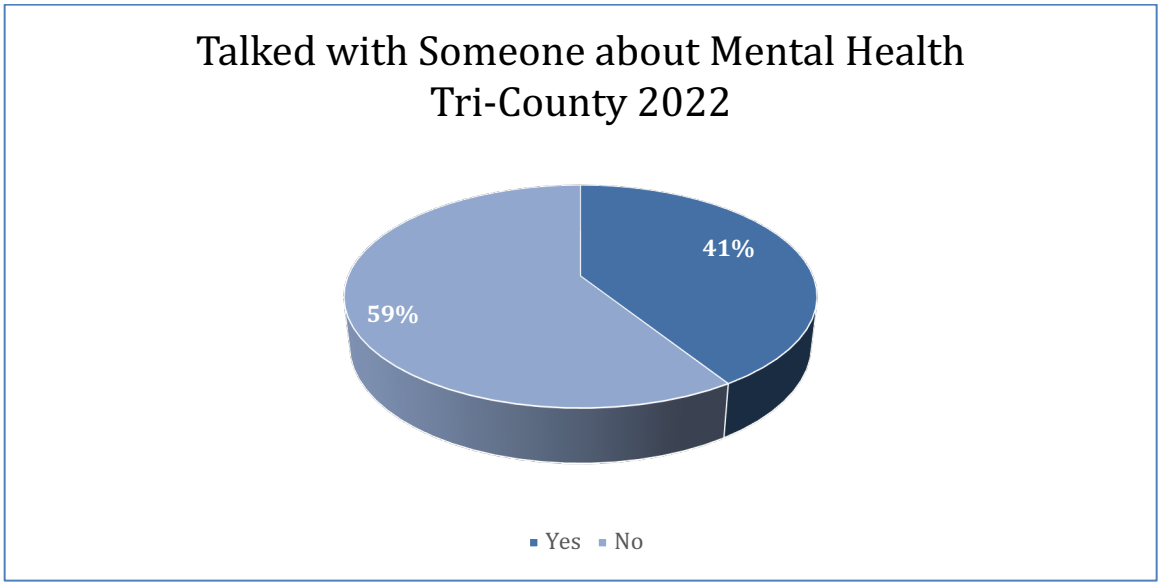
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for younger people, women, those with less income, and Tazewell County residents. Depression tends to be rated lower by Woodford County residents.

- **Stress and anxiety** tends to be rated higher for younger people, women, Black people, those with less income and Peoria County residents. Stress and anxiety tends to be rated lower by Woodford County residents.

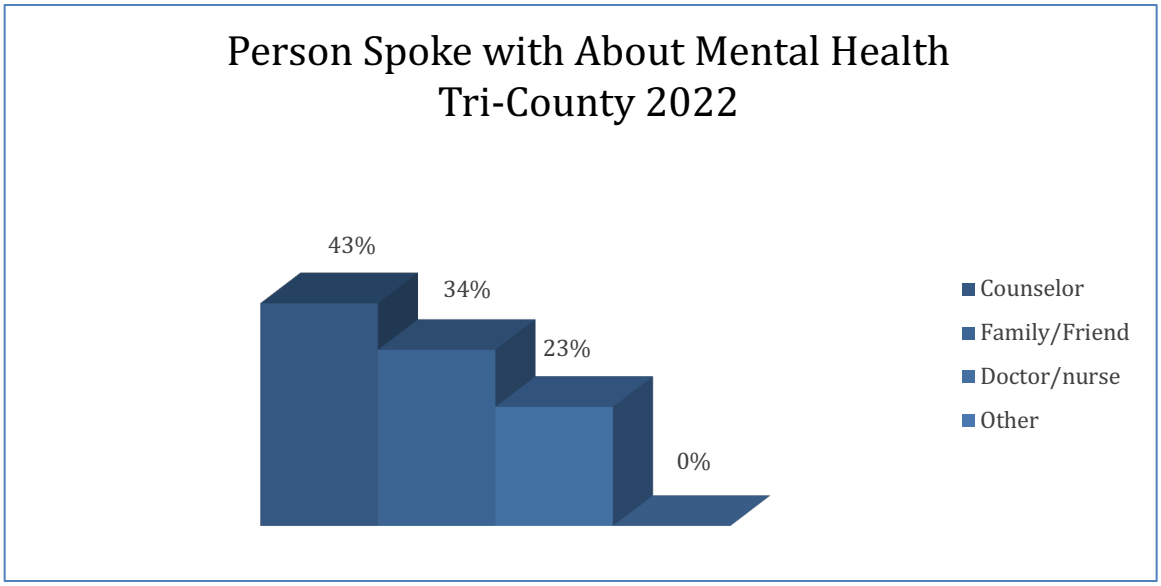
Respondents were asked if they spoke with anyone about their mental health in the past year. Of respondents, 41% indicated that they spoke to someone (Figure 44), the most common response was a Counselor (43%) (Figure 45).

Figure 44



Source: CHNA Survey

Figure 45

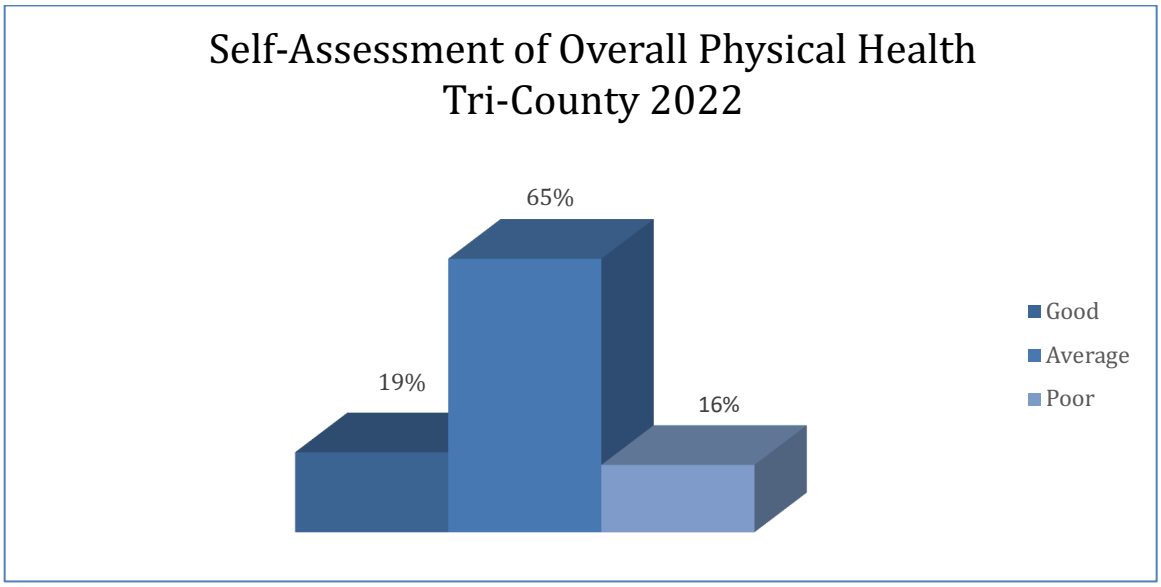


Source: CHNA Survey

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents report having poor physical health (Figure 46).

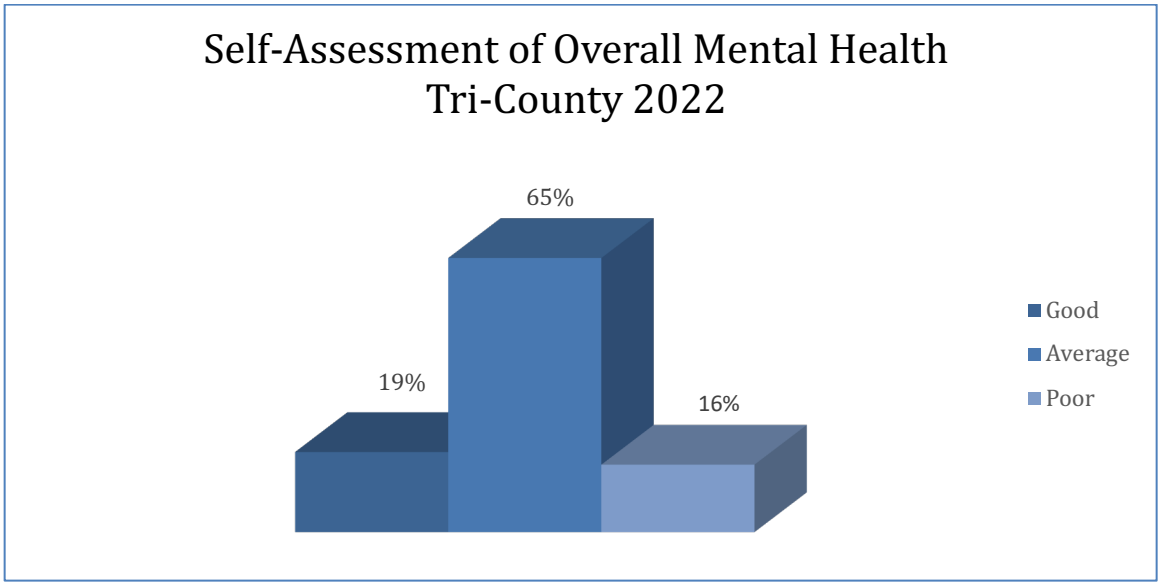
Figure 46



Source: CHNA Survey

In regard to self-assessment of overall mental health, 16% of respondents stated they have poor overall mental health (Figure 47).

Figure 47



Source: CHNA Survey

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 men, older people, those with higher education and those with higher income.
- **Perceptions of mental health** tend to be higher for men, older people, those with higher education, those with higher income and Woodford County residents.

2.6 Key Takeaways from Chapter 2

- ✓ **DECREASED UTILIZATION OF DOCTORS/CLINICS AS A PRIMARY SOURCE OF HEALTHCARE.**
- ✓ **INCREASED RATE OF PEOPLE WHO DO NOT HAVE ACCESS TO COUNSELING.**
- ✓ **SDOH ARE STRONGLY CORRELATED WITH ACCESS TO CARE AND HEALTHY BEHAVIORS.**
- ✓ **THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY. THESE NUMBERS ARE TRENDING NEGATIVELY.**
- ✓ **WHILE ELEVATED RISK OF HEALTH LITERACY IS RELATIVELY LOW, REASONS FOR LACK OF HEALTHY BEHAVIORS INDICATES CHALLENGES WITH HEALTH LITERACY.**
- ✓ **THERE WAS A SIGNIFICANT INCREASE IN PEOPLE WHO EXPERIENCE DEPRESSION AND A SIGNIFICANT INCREASE IN PEOPLE WHO EXPERIENCE STRESS/ANXIETY.**
- ✓ **SDOH ARE STRONGY CORRELATED WITH MENTAL HEALTH IN THE COMMUNITY.**

CHAPTER 3 OUTLINE

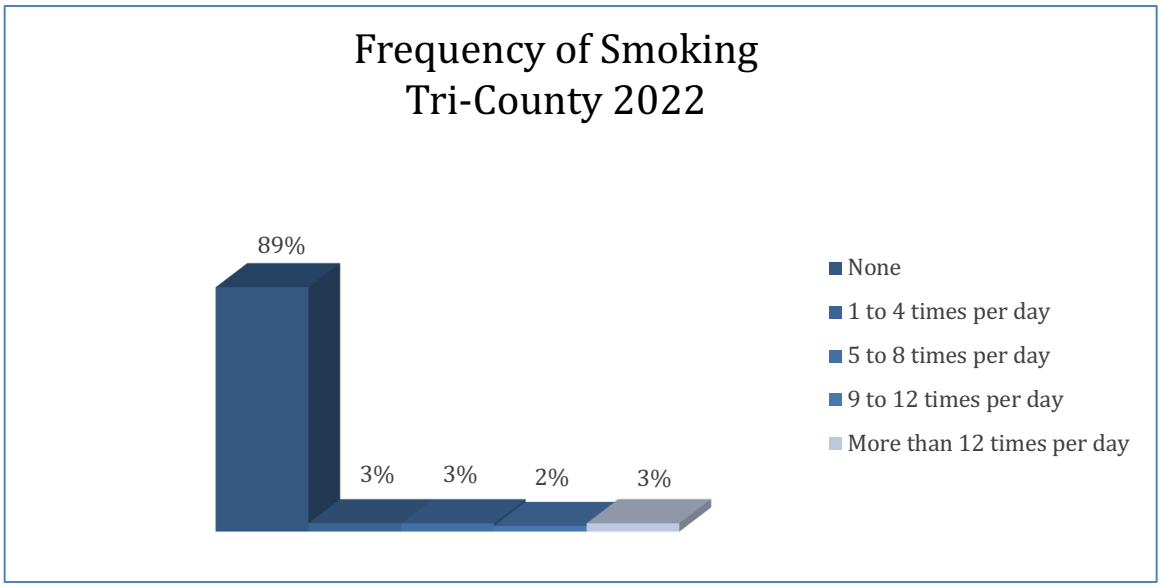
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

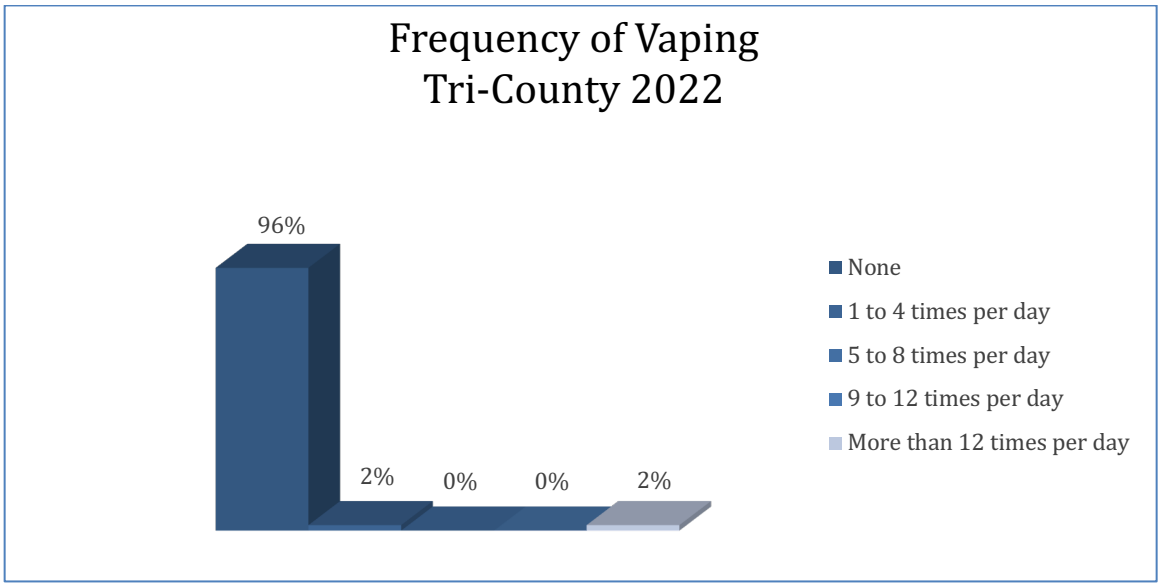
CHNA survey data show 89% of respondents do not smoke (Figure 48) and 96% of respondents do not vape (Figure 49).

Figure 48



Source: CHNA Survey

Figure 49



Source: CHNA Survey

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 for residents with less education and those with lower income.
- **Vaping** tends to be rated higher by younger people, those with less education and those with lower income.

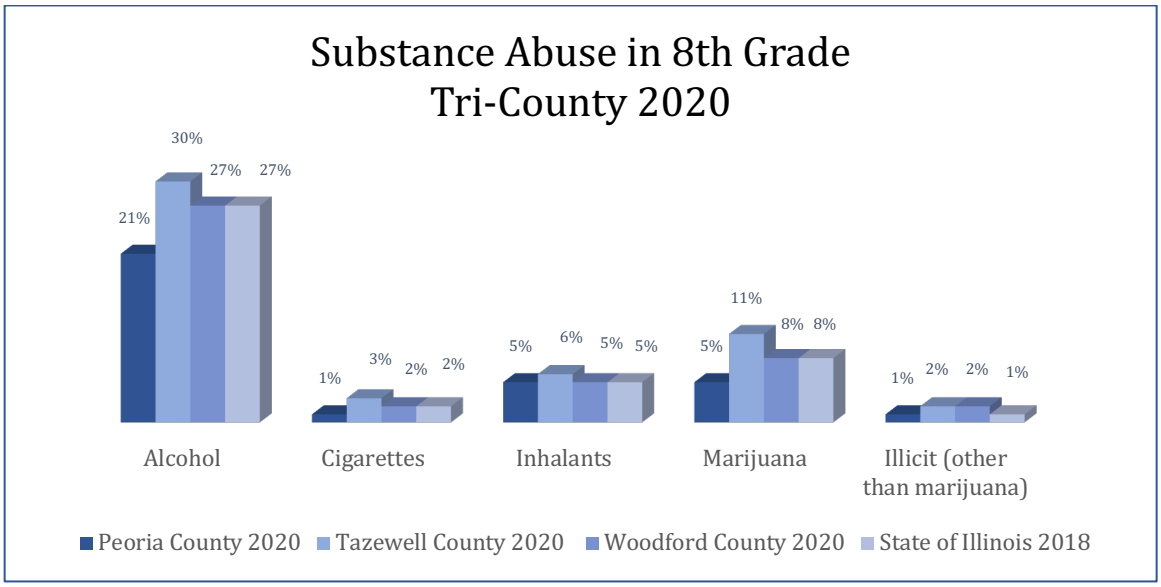
3.2 Drug and Alcohol Abuse

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

Youth Substance Abuse

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Peoria County is at or below State averages in all categories among 8th graders. Tazewell County is above State averages in all categories among 8th graders. Woodford County is at state averages in all categories among 8th graders except for one category which it is slightly higher: illicit (Figure 50).

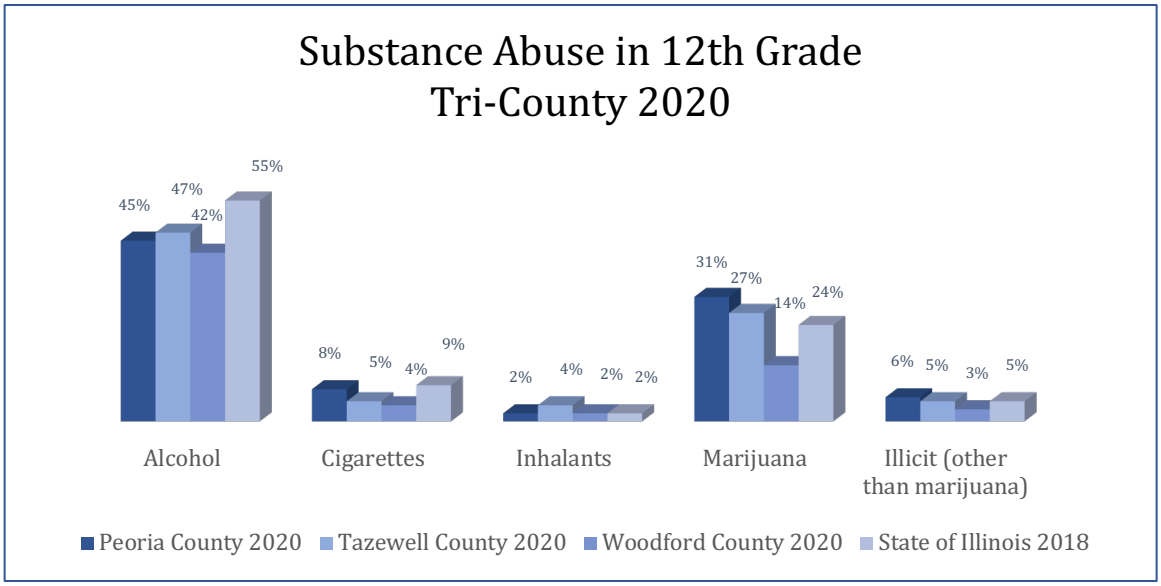
Figure 50



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, Peoria County is at or below State averages in all categories except marijuana and illicit. Tazewell County is at or below State averages in all categories except inhalants and marijuana among 12th graders. Woodford County is at or below State averages in all categories among 12th graders (Figure 51).

Figure 51

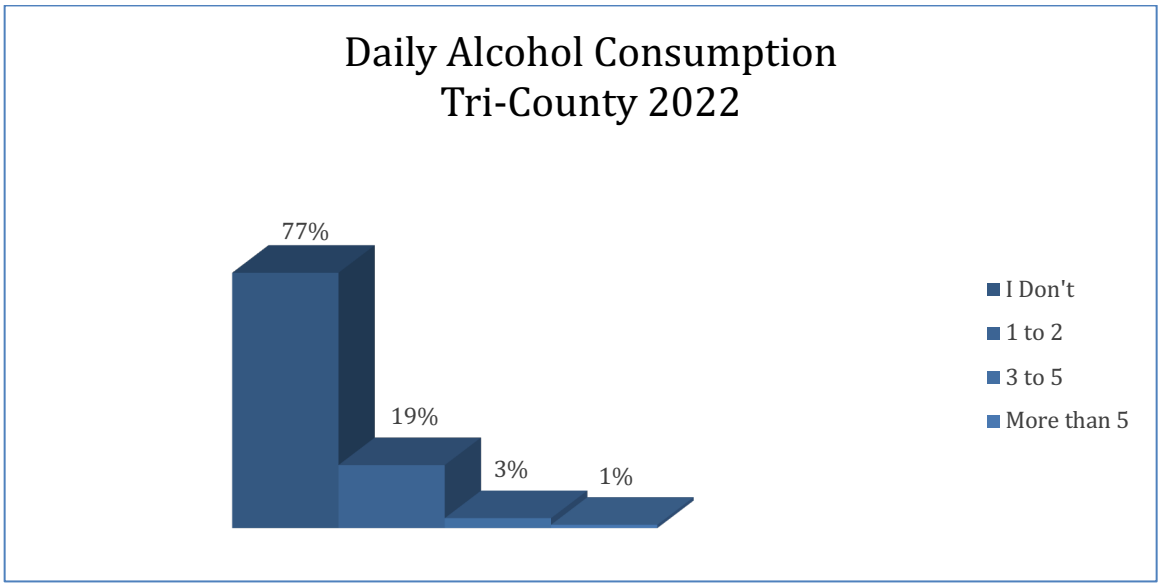


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

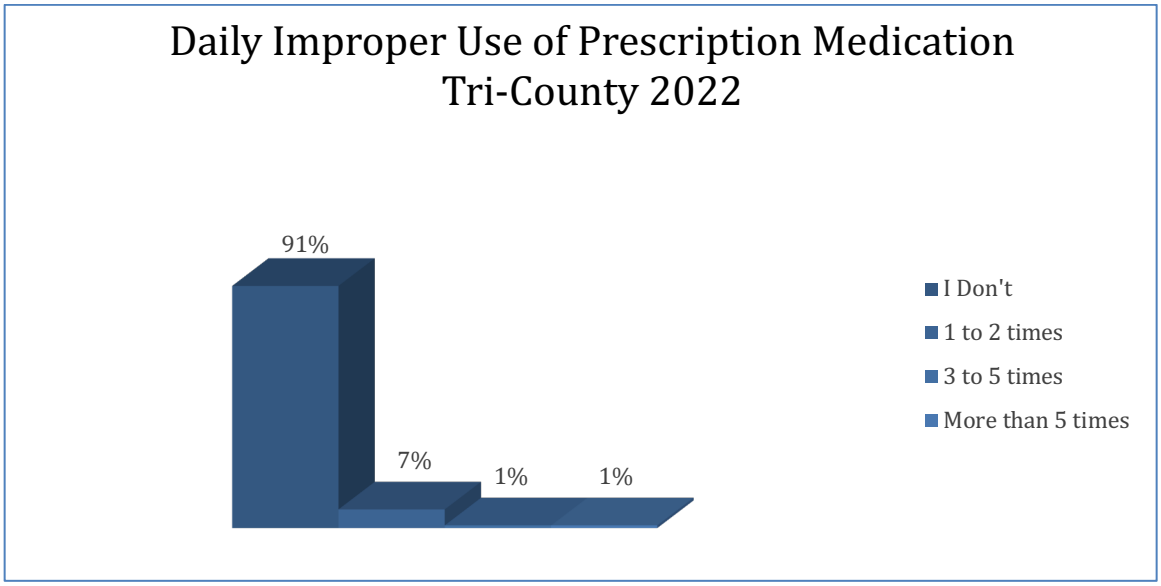
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 77% indicated they did not consume alcohol on a typical day, 91% indicated they do not take prescription medication improperly on a typical day, 91% indicated they do not use marijuana on a typical day and 99% indicated they do not use illegal substances on a typical day.

Figure 52



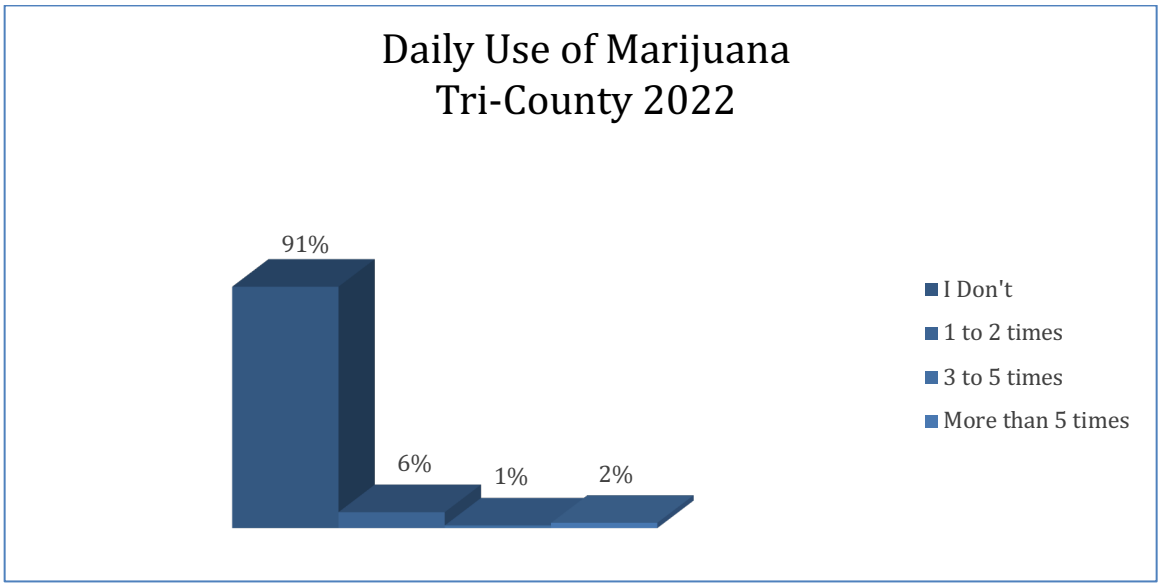
Source: CHNA Survey

Figure 53



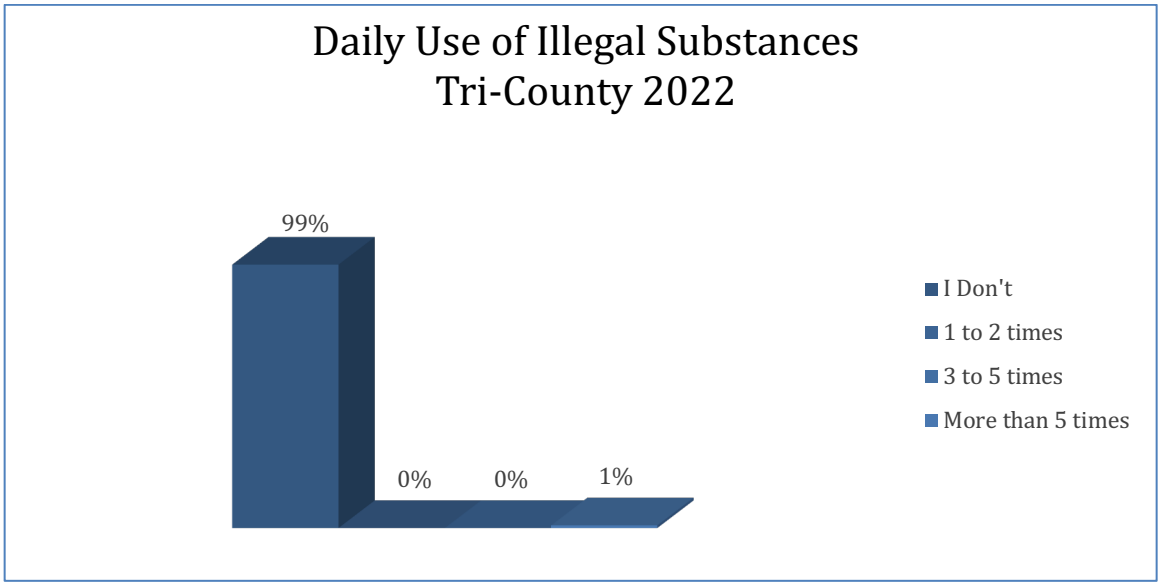
Source: CHNA Survey

Figure 54



Source: CHNA Survey

Figure 55



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:

- **Consumption of Alcohol** tends to be rated higher by men and people from Woodford County. Consumption of alcohol tends to be rated lower by people from Tazewell County.

- **Misuse of prescription medication** tends to be rated higher by older people, and those with less education, people in an unstable (e.g., homeless) housing environment and people from Peoria County. Misuse of prescription medication tends to be rated lower by White people and people from Tazewell County.

- **Use of Marijuana** tends to be rated higher by men, younger people, Black people, those with lower education and those with less income. Use of marijuana tends to be rated lower by White people.

- **Use of illegal substances** tends to be rated higher by men, Black people, those with lower education and people form Peoria County. Use of illegal substances tends to be rated lower by White people.

3.3 Overweight and Obesity

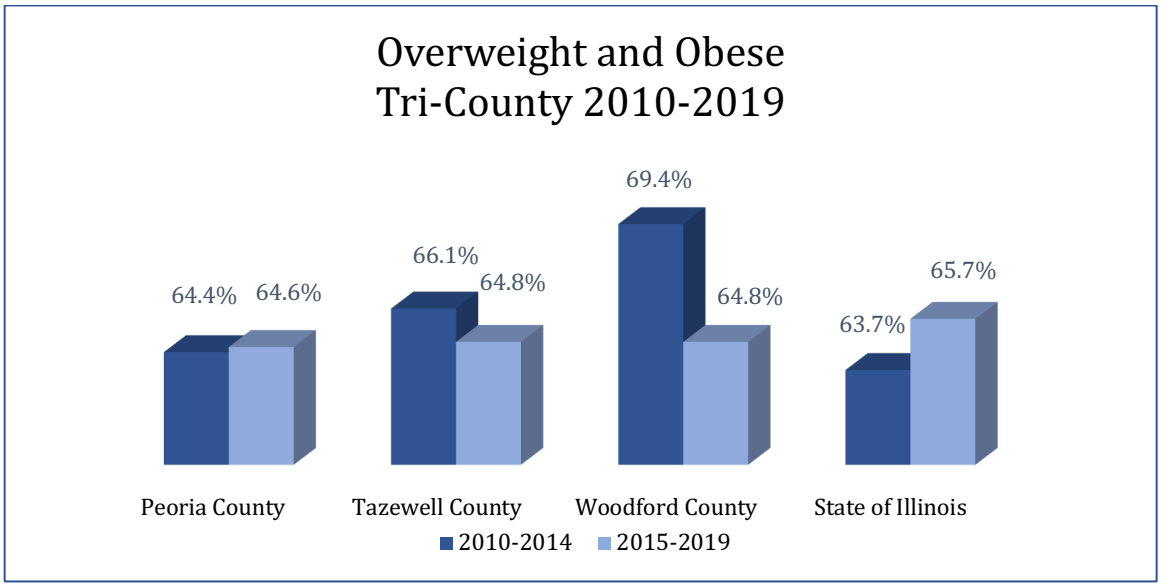
Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the Tri-County region. The US Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded $3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

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

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

In Peoria County, the number of people diagnosed with obesity and being overweight has increased slightly over the years from 2010-2014 to 2015-2019. Tazewell County has seen a decrease in the number of people diagnosed with being overweight and obese going from 66.1% to 64.8% in 2019. Woodford County has also seen a decrease in 2010-2014 from 69.4% to 64.8% in 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 63.7% to 65.7% for the State of Illinois. Data have not been updated by the Illinois Department of Public Health. However, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 56

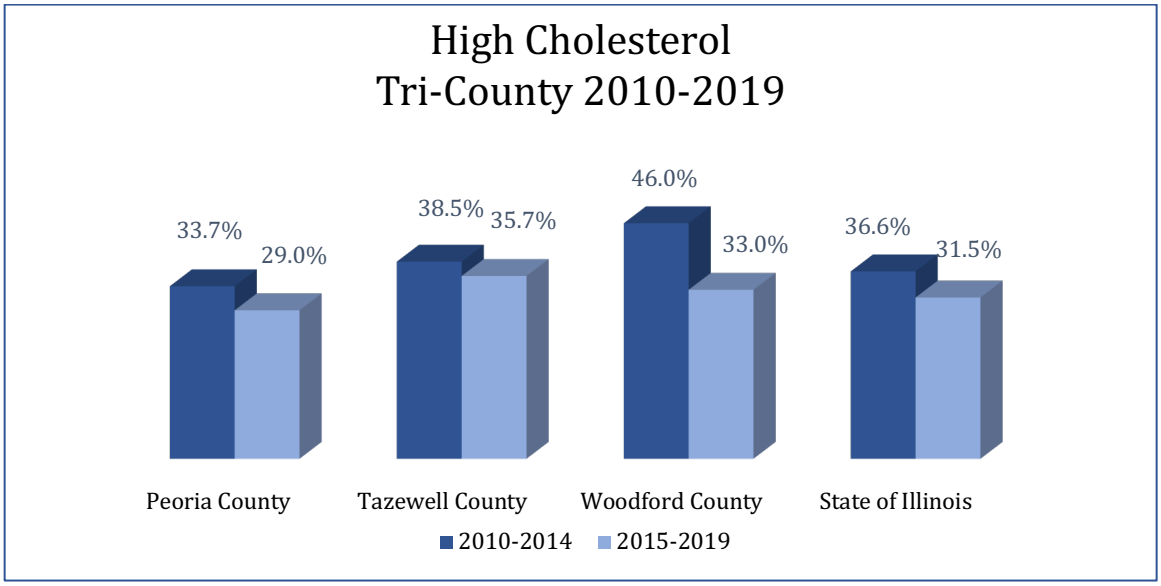


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in Tri-County report a higher than State average prevalence of high cholesterol, except Peoria County. Note that data have not been updated past 2019 by the Illinois Department of Public Health (Figure 57).

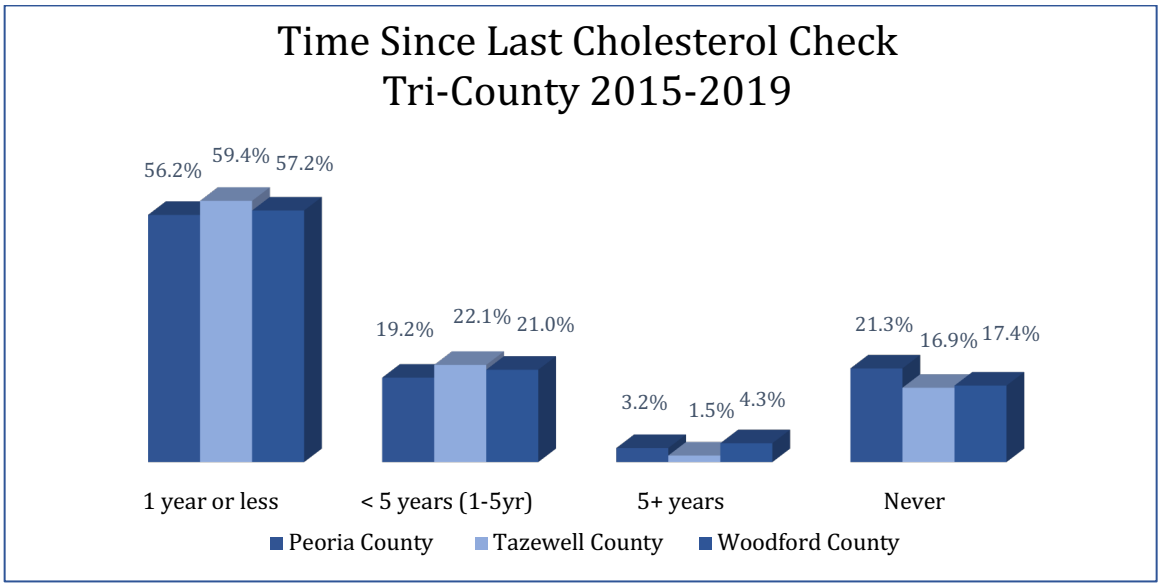
Figure 57



Source: Illinois Behavioral Risk Factor Surveillance System

However, most residents of the Tri-County report having their cholesterol checked recently (Figure 58). Note that data have not been updated by the Illinois Department of Public Health.

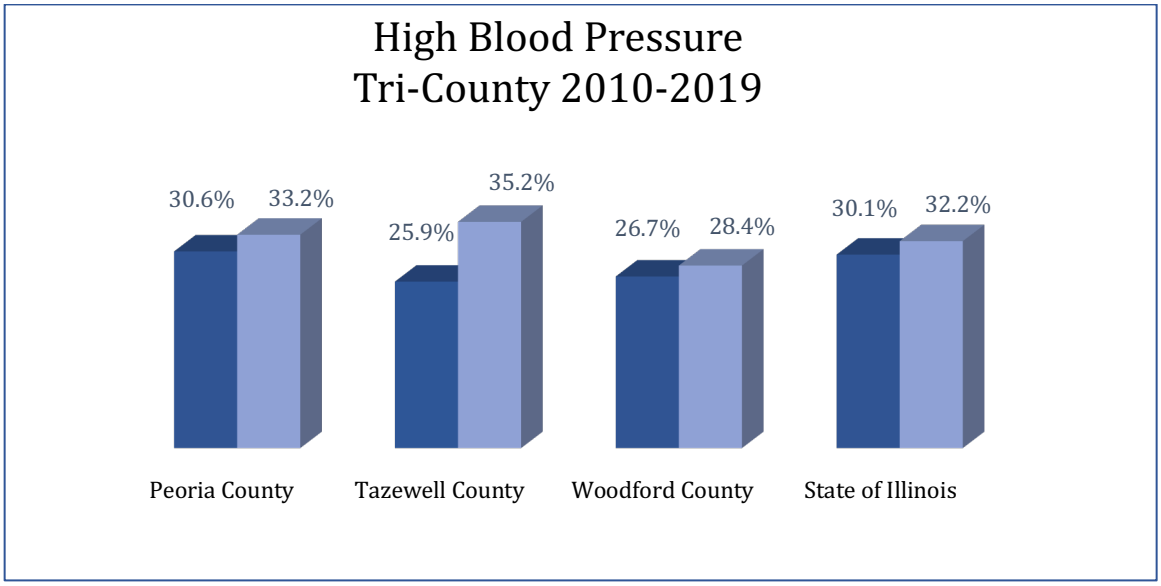
Figure 58



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Peoria and Tazewell County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Peoria County residents reporting they have high blood pressure in 2019 increased from 30.6% to 33.2%, in Tazewell County, the increase was from 25.9% to 35.2%, in Woodford County also saw an increase from 26.7% to 28.4% but was still lower than state averages. (Figure 59). The State of Illinois increased 30.1% to 32.2% during the same timeframe. Note that data have not been updated by the Illinois Department of Public Health.

Figure 59



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ **SUBSTANCE ABUSE AMONG 12TH GRADERS IS AT OR BELOW STATE AVERAGES IN MOST CATEGORIES. HOWEVER, AMONG 8TH GRADERS, AT LEAST ONE COUNTY IS ABOVE STATE AVERAGES IN EACH CATEGORY.**
- ✓ **WHILE DECREASING IN TAZEWELL AND WOODFORD COUNTIES, APPROXIMATELY TWO-THIRDS OF THE POPULATION IS OVERWEIGHT AND OBESE IN THE TRI-COUNTY AREA.**
- ✓ **9% OF RESPONDENTS INDICATE THAT THEY MISUSE PRESCRIPTION MEDICATION.**
- ✓ **SDOH ARE STRONGLY CORRELATED WITH SUBSTANCE USE.**

CHAPTER 4 OUTLINE

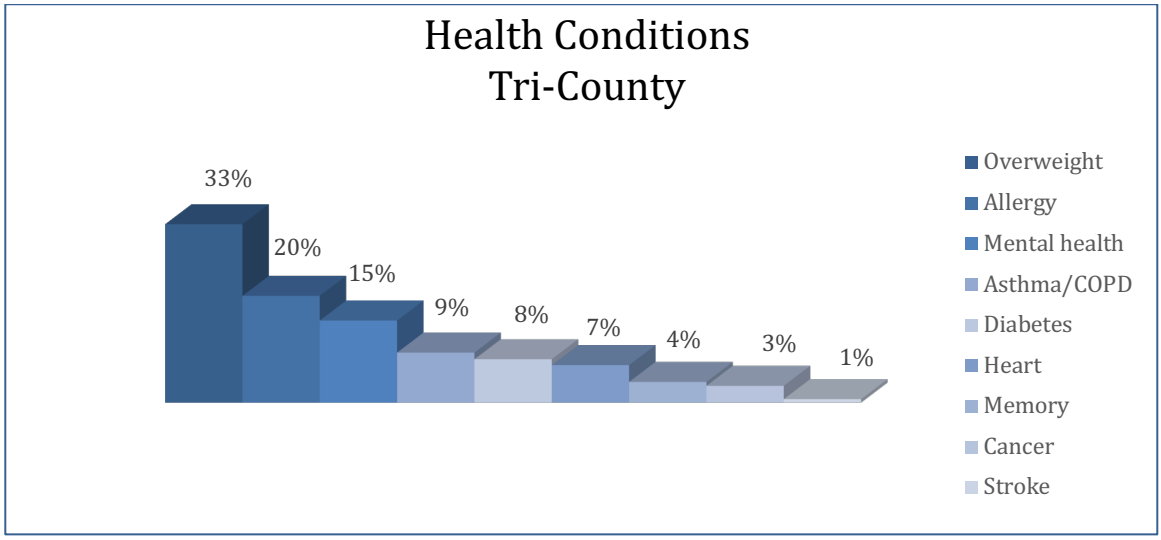
CHAPTER 4: MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Tri-County region hospitals using COMPdata Informatics. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures. Patients at OSF HealthCare Transitional Care Hospital often suffer from multiple morbidities.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (33%) was significantly higher than any other health conditions (Figure 60). This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., diabetes 9%).

Figure 60



Source: CHNA Survey

4.2 Cardiovascular Disease

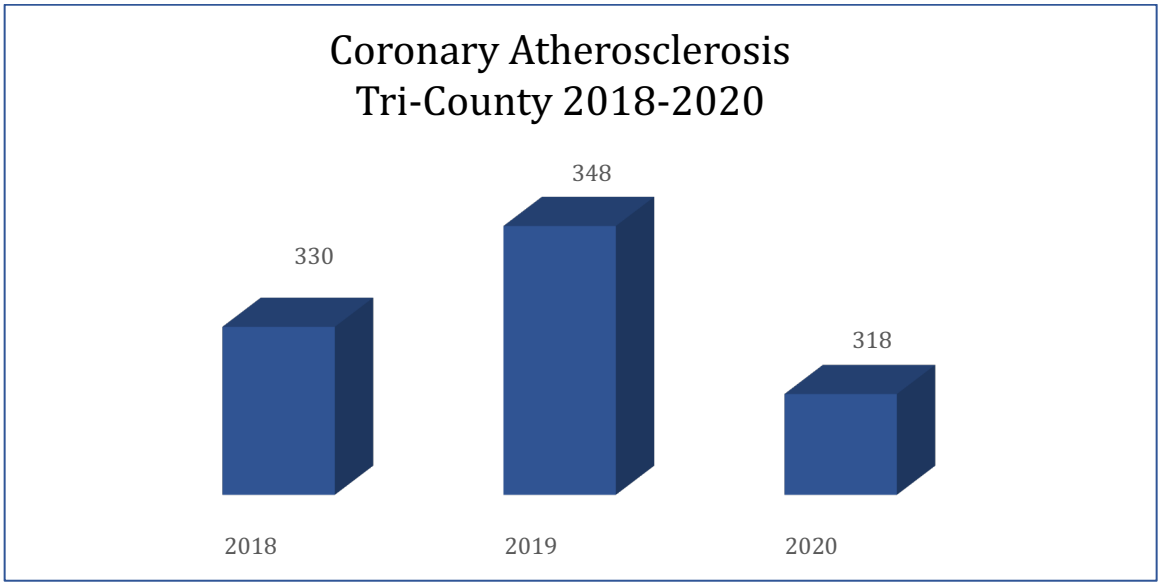
Importance of the measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary Atherosclerosis

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

The number of cases of coronary atherosclerosis complication at Tri-County area hospitals has greatly fluctuated between 2018 and 2020 (Figure 64). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 61

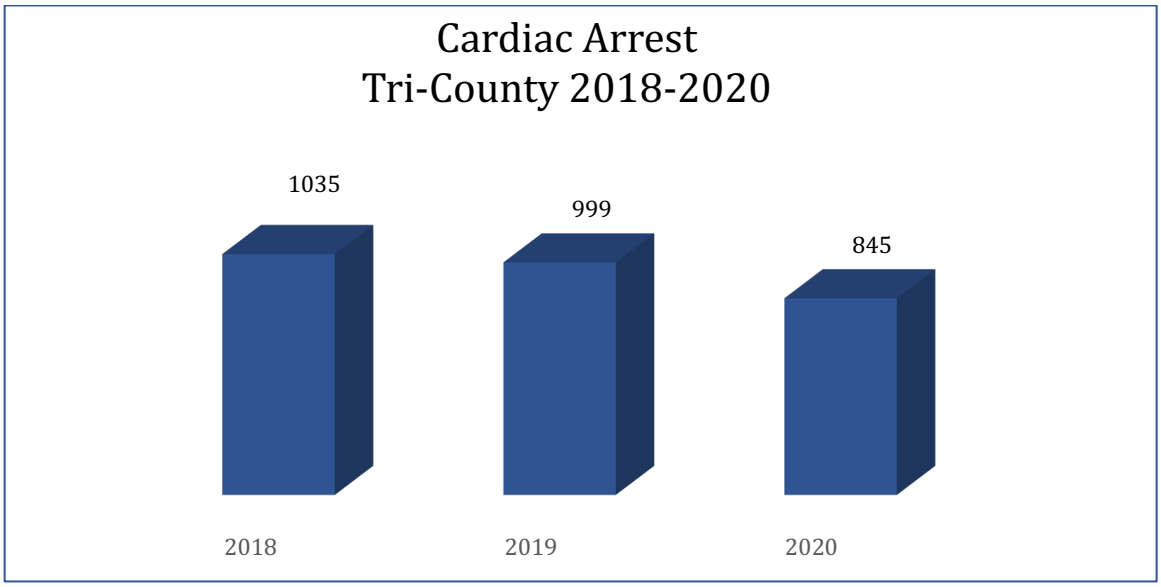


Source: COMPdata Informatics 2021

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Tri-County area hospitals decreased by 190 cases between 2018 and 2020. (Figure 62). Note that hospital-level data only show hospital admissions.

Figure 62

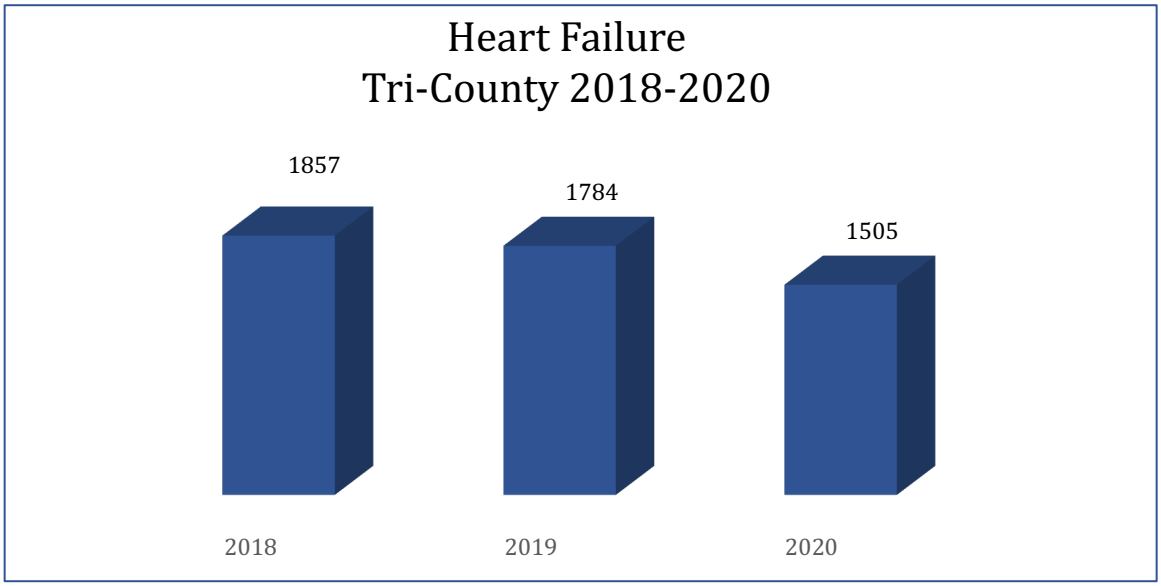


Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at Tri-County area hospitals fluctuated. In 2018, 1857 cases were reported, and in 2020, there were only 1505 cases reported (Figure 63). This decrease could be because of the COVID-19 pandemic. Note that hospital-level data only show hospital admissions.

Figure 63

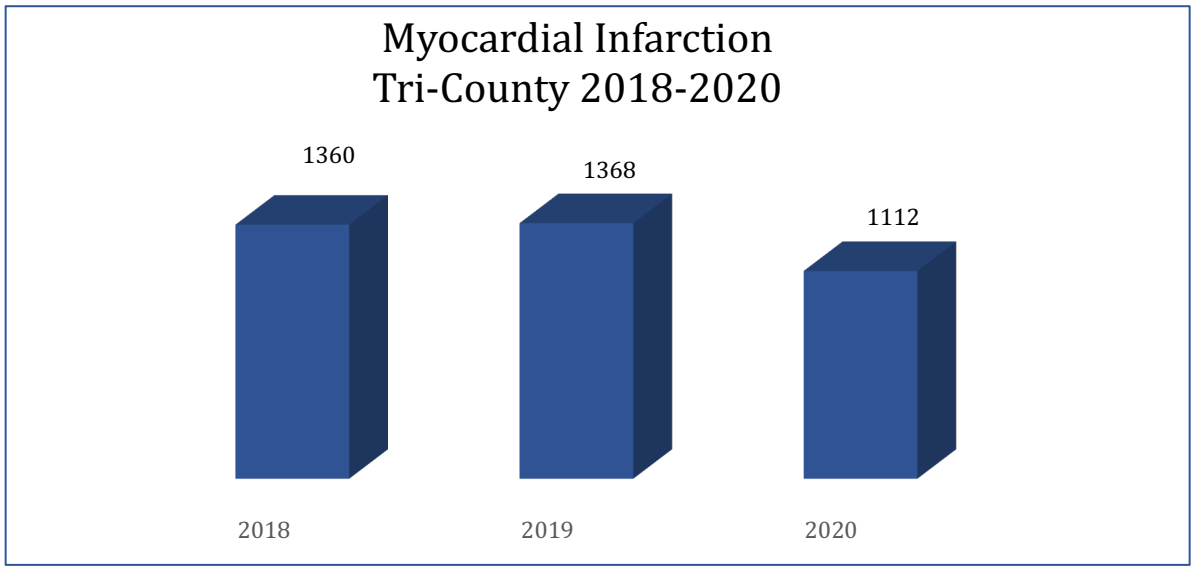


Source: COMPdata Informatics 2021

Myocardial Infarction

The number of treated cases of heart failure at Tri-County area hospitals fluctuated. In 2018, 1360 cases were reported, and in 2020, there were only 1,112 cases reported. (Figure 64). Note that hospital-level data only show hospital admissions.

Figure 64

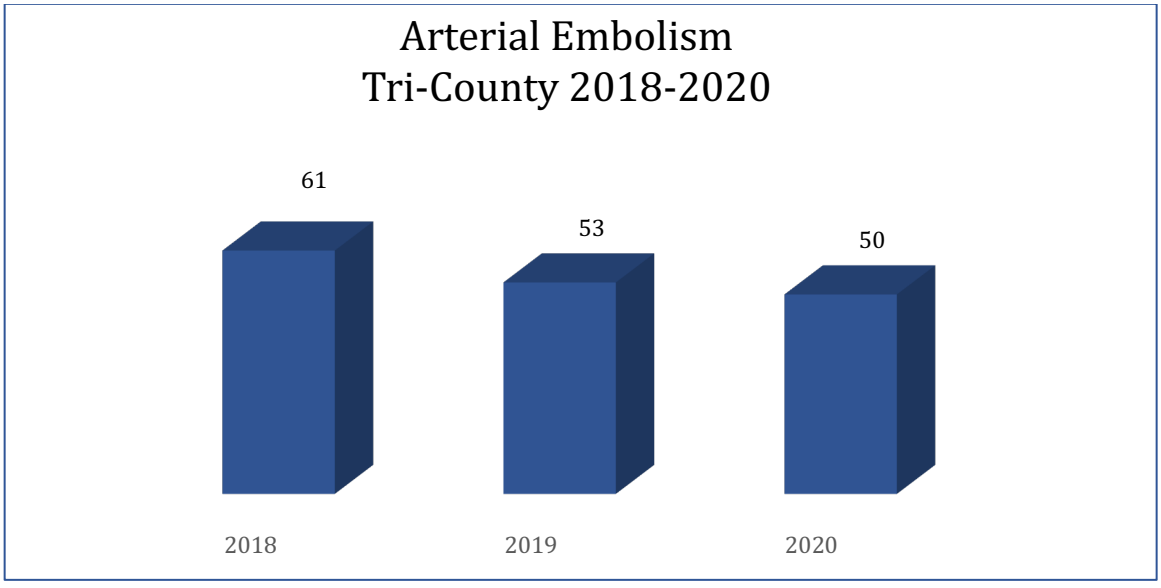


Source: COMPdata Informatics 2021

Arterial Embolism

The number of treated cases of arterial embolism at Tri-County area hospitals decreased between 2018 (61) and 2020 (50) (Figure 65). Note that hospital-level data only show hospital admissions.

Figure 65

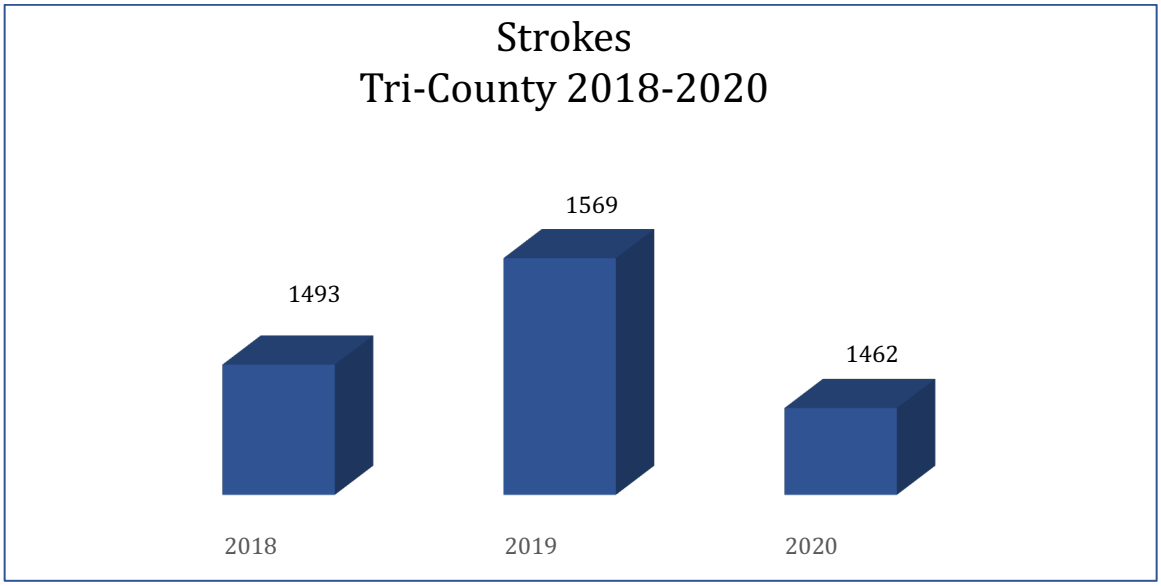


Source: COMPdata Informatics 2021

Strokes

The number of treated cases of stroke at Tri-County area hospitals increased between 2018 and 2019 but significantly decreased in 2020 (Figure 66). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 66



Source: COMPdata Informatics 2021

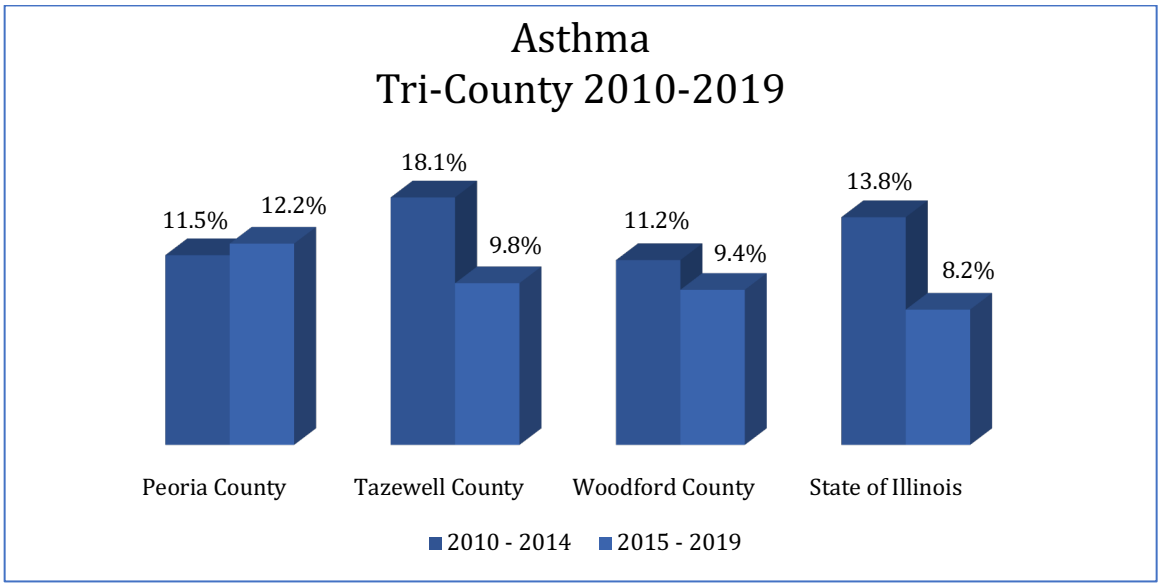
4.3 Respiratory

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

Asthma

The percentage of residents that have asthma in the Tri-County area has decreased in Tazewell and Woodford and increased in Peoria County between 2010-2014 and 2015-2019. State averages have decreased from 13.8% to 8.2% (Figure 67). Note that data have not been updated by the Illinois Department of Public Health.

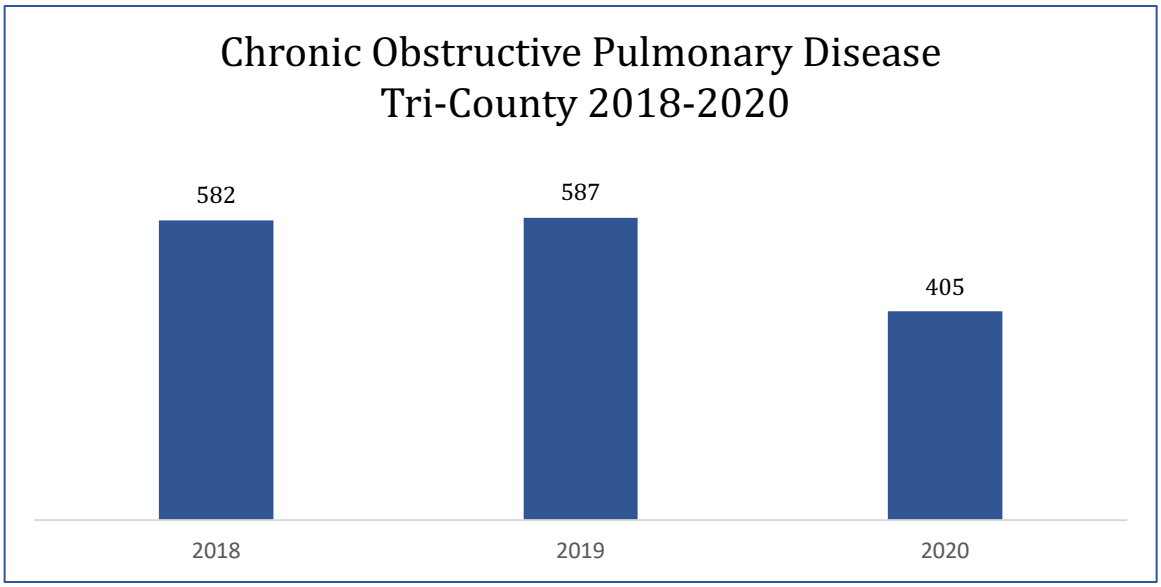
Figure 67



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Tri-County area hospitals fluctuated between 2018 and 2020 with a significant decline in 2020 (Figure 68). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 68



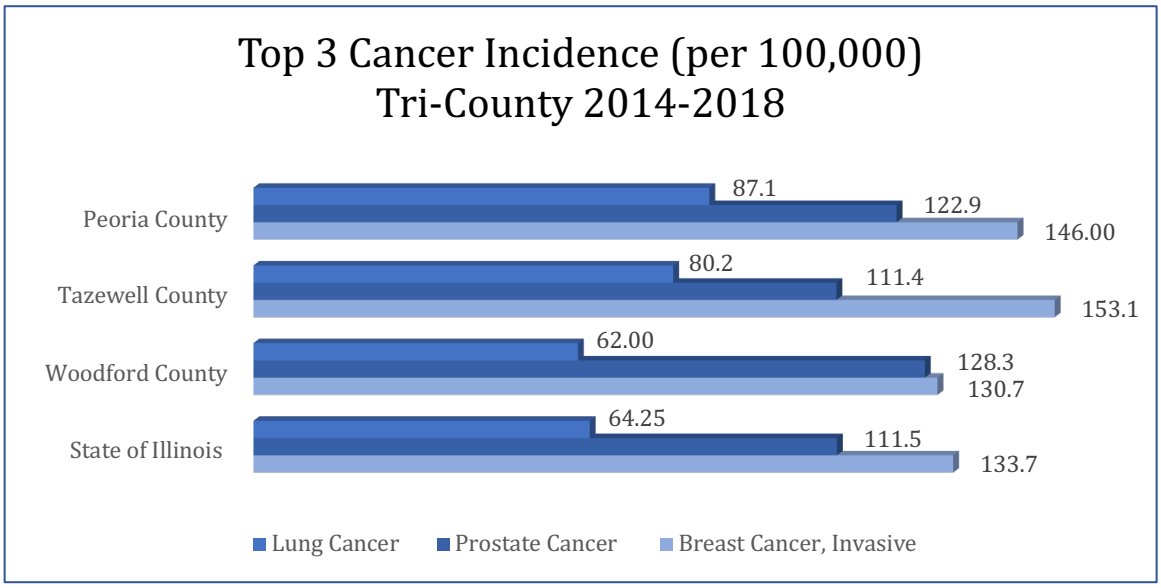
Source: COMPdata Informatics 2021

4.4 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 Tri-County.

The top three prevalent cancers in Tri-County, comparisons are illustrated in Figure 69. Specifically, all cancer rates in Peoria County are higher than the State of Illinois. Tazewell County reports significantly higher rates of lung and breast cancer compared to the State of Illinois. Woodford County reports significantly higher rates of prostate cancer than the State of Illinois.

Figure 69



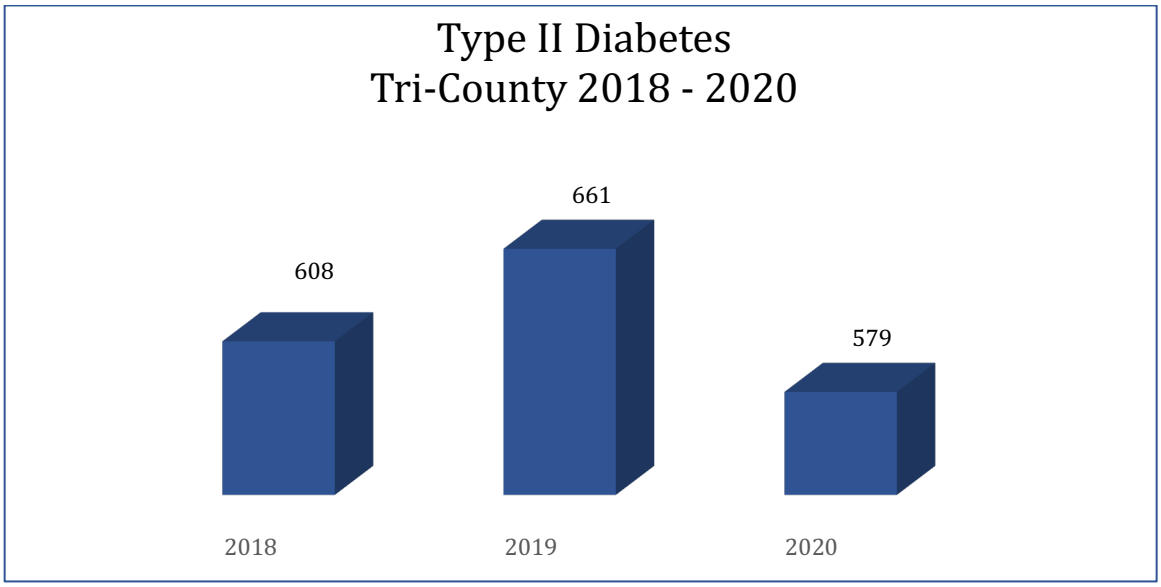
Source: Illinois Department of Public Health – Cancer in Illinois

4.5 Diabetes

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

Inpatient cases of Type II diabetes from the Tri-County increased between 2018 (608) and 2019 (661) with a dramatic drop in 2020 (579) (Figure 70). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

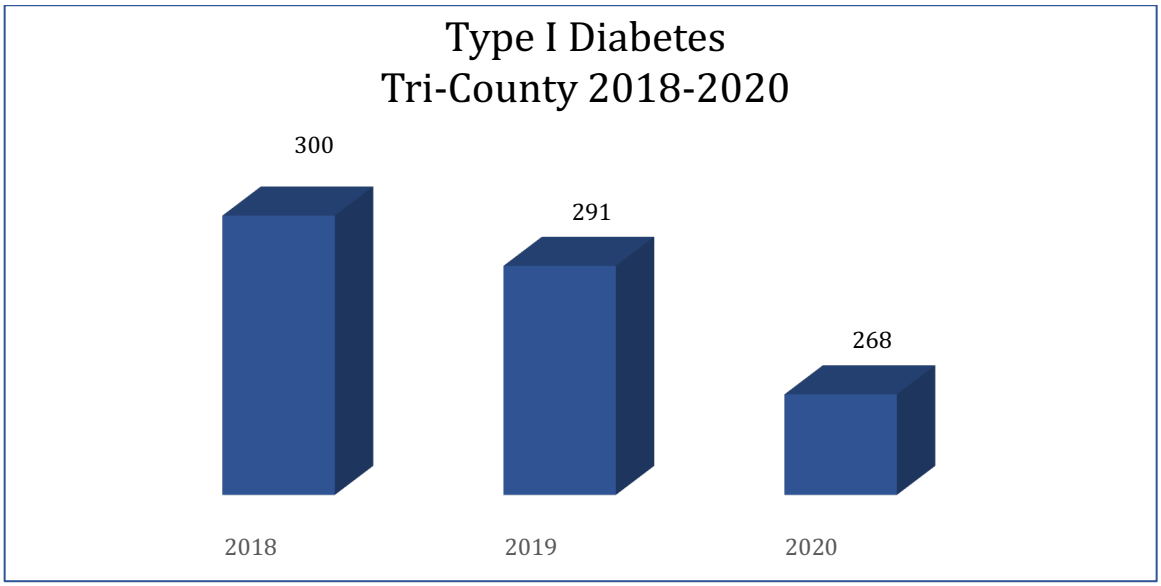
Figure 70



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2018 (300) to 2020 (268) (Figure 71). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

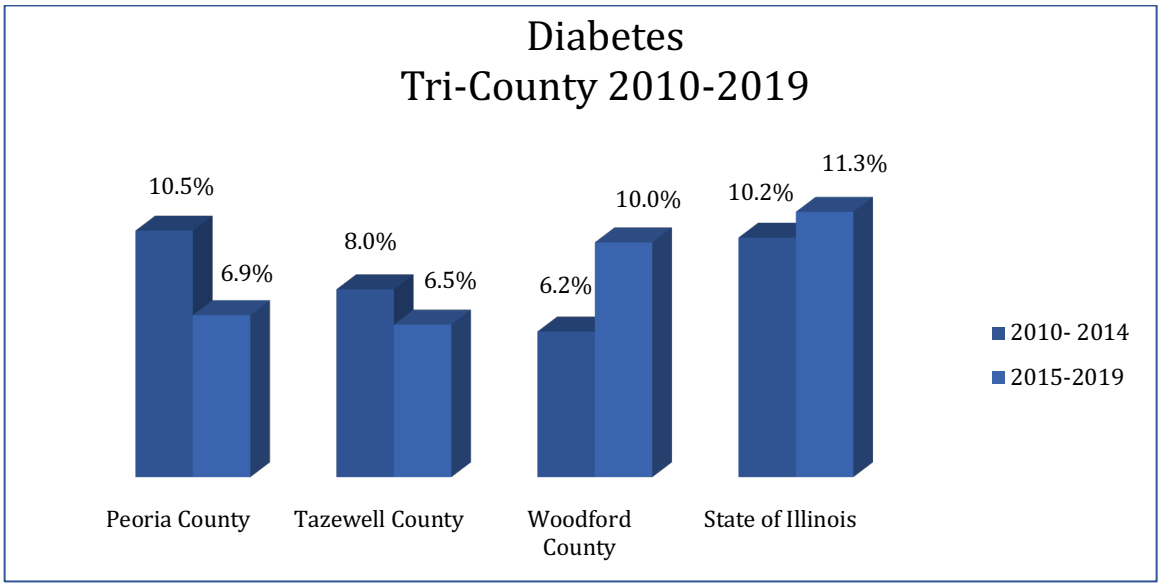
Figure 71



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 6.9% of Peoria County residents have diabetes and 6.5% of Tazewell County. For Woodford County residents, 10% have diabetes and trends are concerning as prevalence is increasing (Figure 72). Note that data have not been updated by the Illinois Department of Public Health.

Figure 72



Source: Illinois Behavioral Risk Factor Surveillance System

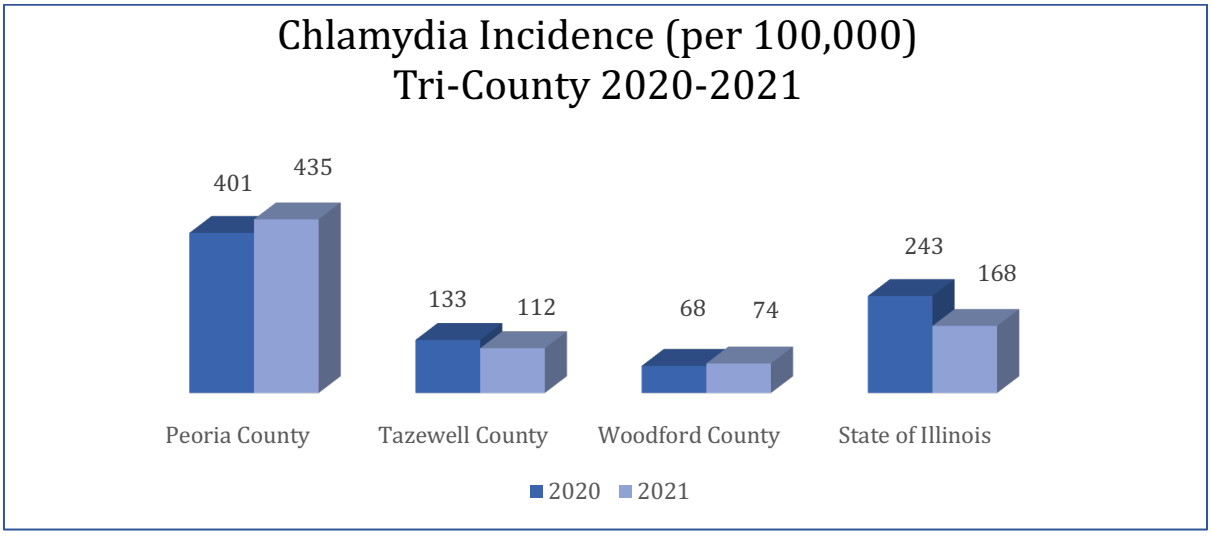
4.6 Infectious Diseases

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 the Tri-County area from 2020-2021 indicate an increase, except in Tazewell County, which decreased. The State of Illinois, incidence of chlamydia decreased (Figure 73).

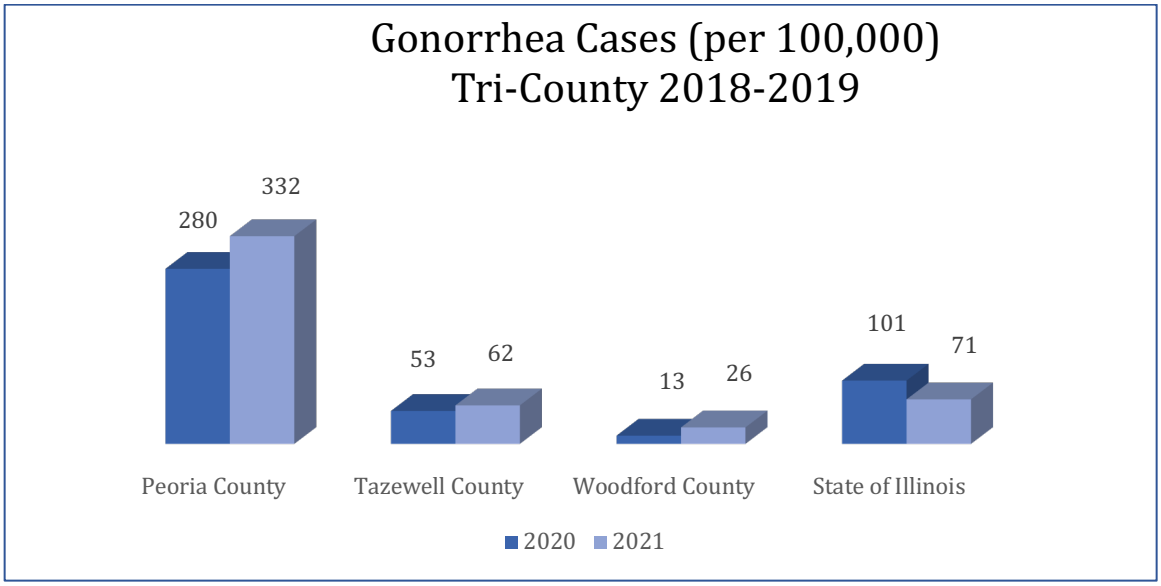
Figure 73



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in the Tri-County indicate an increase in 2018-2019 while the State of Illinois rate decreased. Note that the rates of gonorrhea in Peoria County are significantly higher than State rates (Figure 74).

Figure 74



Source: Illinois Department of Public Health

Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubeola), Mumps, Rubella (German measles), Diphtheria, Hepatitis B and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. The Tri-County region has shown no significant outbreaks compared to state statistics, but there are limited data available (Table 1 and Table 2). Also note that COVID-19 vaccine rates are presented in Chapter 2.

Table 1
Vaccine Preventable Diseases 2013-2016 Tri-County Region

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

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

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

Source: Illinois Department of Public Health

Table 2 Tuberculosis 2017-2019 Tri-County Region

Tuberculosis	2014	2015	2016	2017
Peoria County	9	7	4	3
Tazewell County	10	11	14	7
Woodford County	5	8	2	0
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

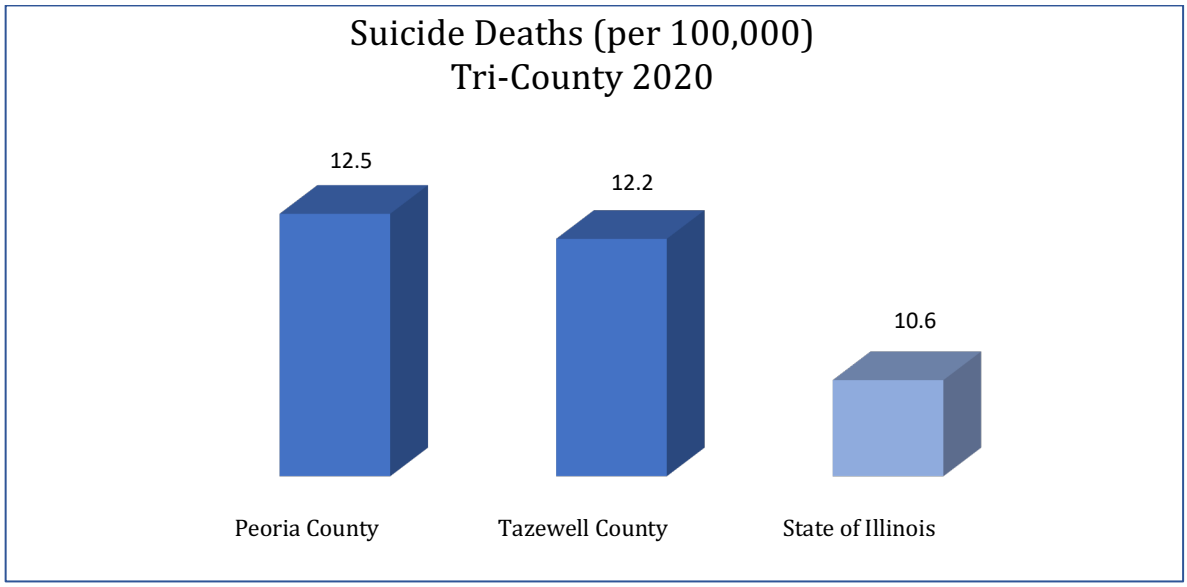
4.7 Injuries

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

Suicide

The number of suicides in the Tri-County region indicate higher incidence than State of Illinois averages for 2020 (Figure 75). Note that IDPH data for Woodford County is not reported, as IDPH does not report the number of suicides in a county if 11 or less.

Figure 75



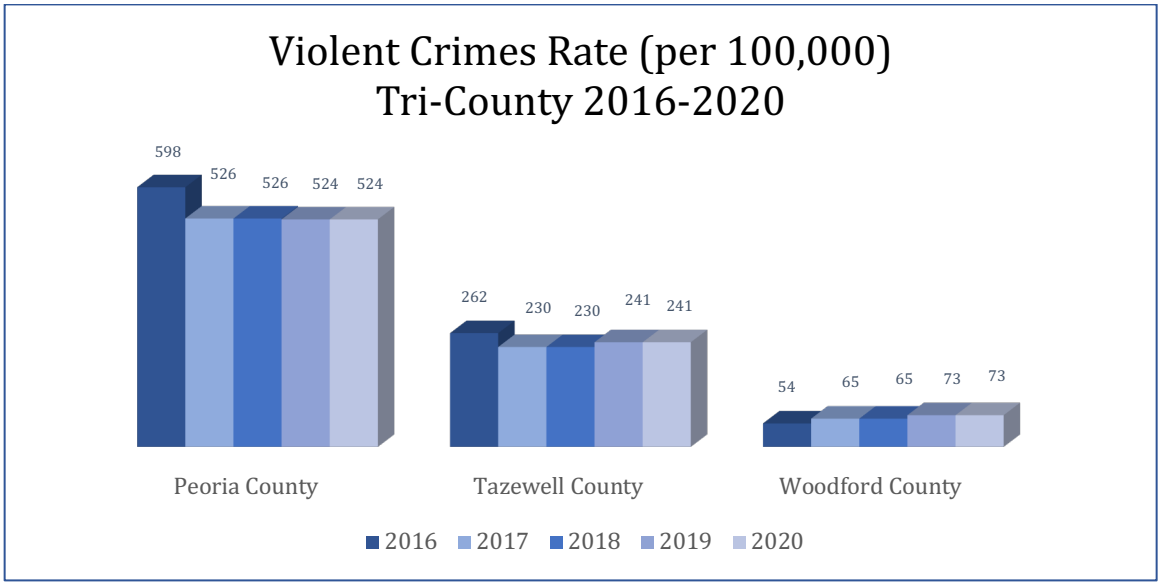
Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people.

The number of violent crimes remained consistent between 2016 and 2020 (Figure 76).

Figure 76



Source: Illinois County Health Rankings and Roadmaps

4.8 Mortality

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

The top two leading causes of death in the State of Illinois and the Tri-County are similar as a percentage of total deaths in 2020. Cancer (20%) and Diseases of the Heart (19.9%) are the leading causes of death in Peoria County. Diseases of the Heart (21.0%) and Cancer (17.6%) are the leading causes of death in Tazewell County. Diseases of the Heart (23.8%) and Cancer (18.5) are the leading causes of death in Woodford County (Table 3). Finally note that COVID-19 is the third leading cause of death in all three counties.

Table 3

Top 5 Leading Causes of Death for all Races by County & State 2020				
Rank	**Peoria County**	**Tazewell County**	**Woodford County**	**State of Illinois**
1	**Malignant Neoplasm (20.0%)**	**Diseases of Heart (21%)**	**Diseases of the Heart (23.8%)**	**Diseases of Heart (20.7%)**
2	**Diseases of Heart (19.9%)**	**Malignant Neoplasm (17.6%)**	**Malignant Neoplasm (18.5%)**	**Malignant Neoplasm (18.1%)**
3	**COVID-19 (6.9%)**	**COVID-19 (6.6%)**	**COVID-19 (10.2%)**	**COVID-19 (11.8%)**
4	**Accidents (6.8%)**	**Chronic Lower Respiratory Disease (6.5%)**	**Alzheimer Disease (6.7%)**	**Accidents (5.4%)**
5	**Chronic Lower Respiratory Disease (4.9%)**	**Alzheimer Disease (4.6%)**	**Chronic Lower Respiratory Disease (5.1%)**	**Cerebrovascular Disease (5.1%)**

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ **PROSTATE, BREAST AND LUNG CANCER RATES ARE HIGHER THAN STATE AVERAGES IN AT LEAST ONE-OR-MORE COUNTIES.**
- ✓ **WHILE STATE AVERAGES HAVE SEEN AN INCREASE, DIABETES IS TRENDING DOWNWARD IN THE TRI-COUNTY REGION AND IS LOWER THAN STATE AVERAGES.**
- ✓ **SUICIDE RATES ARE HIGHER THAN STATE AVERAGES.**
- ✓ **SEXUALLY TRANSMITTED INFECTIONS IN PEORIA COUNTY ARE SIGNIFICANTLY HIGHER THAN THE OTHER COUNTIES AND STATE AVERAGES.**
- ✓ **CANCER, HEART DISEASE AND COVID-19 ARE THE LEADING CAUSES OF MORTALITY.**

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

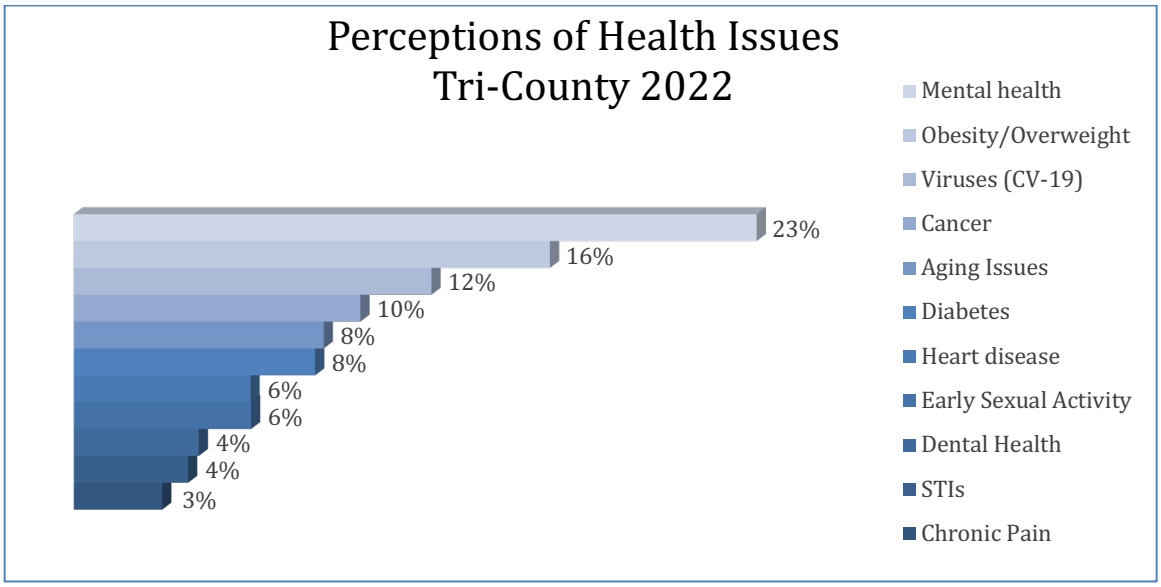
5.1 Perceptions of Health Issues

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

The health issue that rated highest was mental health (23%), followed by obesity/overweight (16%) and viruses (12%) (Figure 77). These three factors were significantly higher than other categories based on *t-tests* between sample means.

Note that perceptions of the community were accurate in some cases. For example, mental health is a significant issue in the Tri-County area. Also, obesity is an important concern and the survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low. In terms of relevance to transitional care hospitals, these issues are indirectly addressed – although obesity may be linked to comorbidities such as neurological, nephrological and respiratory issues that impact patients served.

Figure 77

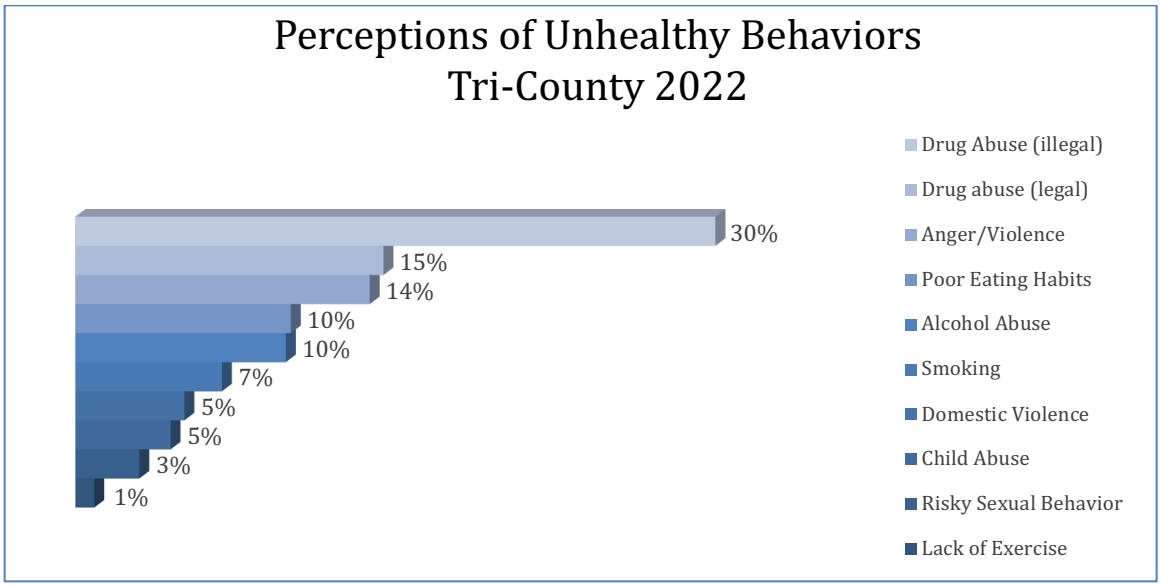


Source: CHNA Survey

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 three unhealthy behaviors that rated highest were drug abuse (illegal) at 30%, drug abuse (legal) at 15% and anger/violence at 14% (Figure 78). Again, in terms of relevance to transitional care hospitals, these issues are indirectly addressed .

Figure 78



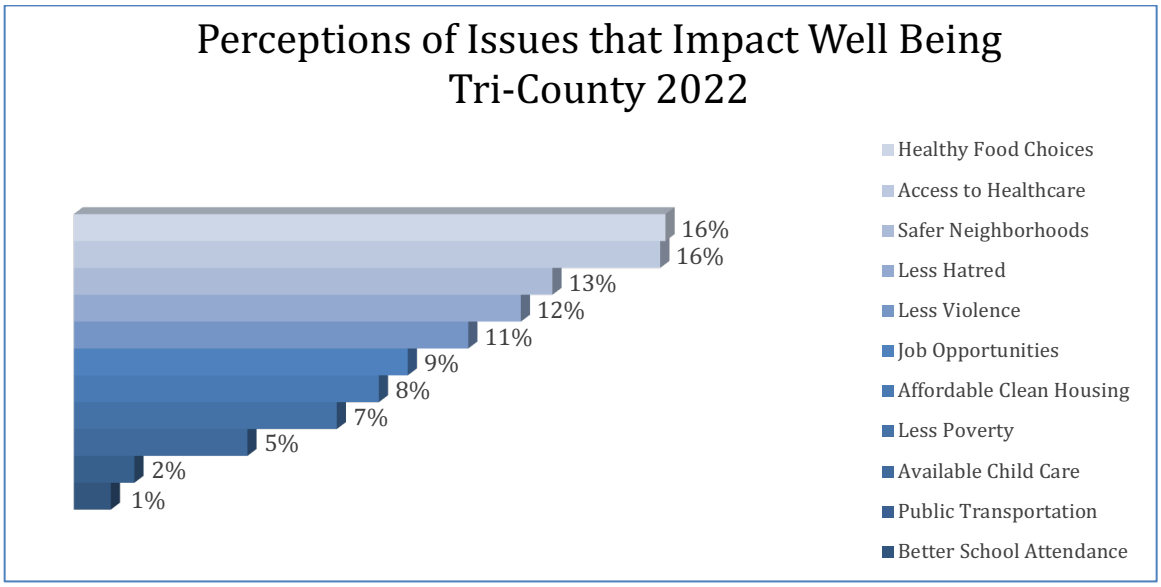
Source: CHNA Survey

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 issues impacting well-being that rated highest was healthy food choices (16%) and access to healthcare (16%) (Figure 79). Healthy food choices may be indirectly linked to issues in transitional care hospitals, as well as access to healthcare.

Figure 79



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 a significant percentage of the population
- Graduation rates are concerning in almost all of the Tri-County high schools

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

- Decreased utilization of doctors/clinics
- Access to counseling decreased
- Strong correlations between SDoH and healthy behaviors
- Exercise and healthy eating behaviors
- Health literacy and education

- Depression and stress/anxiety
- Strong correlations between SDoH and mental health

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
- Overweight and obesity
- Misuse of prescription medications is increasing
- Strong correlations between SDoH and substance use

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

- Cancer rates
- Diabetes rates
- Suicide rates
- Sexually transmitted infections (in Peoria County)
- Cancer, heart disease and COVID-19 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 potential categories. Based on similarities and duplication, as well as (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community, six potential areas are considered:

- Access to care
- Improved well-being via assessment of SDoH impact
- Healthy eating and active living (including access to food)
- Mental health (including anxiety and depression)
- Health literacy
- Cancer

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, the collaborative team identified 6 potential health needs using the PEARL approach from the Hanlon Method. A comprehensive analysis of existing community resources was performed to identify the efficacy to which these 6 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 3: CHARACTERISTICS OF SURVEY RESPONDENTSOURCE MATRIX relating to the 6 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 4: RESOURCE MATRIX.

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 team, comprised of diverse representation from the community, identified two significant health needs and considered them equal priorities:

- **Improve Health Outcomes Through Social Drivers of Health** – defined as advancing the utilization of social drivers of health data to improve health equity and health outcomes.
- **Health Literacy/Education**– defined as empowering patients with information

Note there are potential interdependencies between social drivers of health and health literacy. People that are more educated tend to have better health literacy than those who are not. Research shows that people with higher health literacy skills are more likely to have better health outcomes. However, everyone, no matter how educated, is still at risk for misunderstanding health information.

Improve Health Outcomes Through Social Drivers of Health

Healthcare is only one factor impacting patient health. According to *Deloitte Insights*, social drivers of health (SDoH), including social, economic, and environmental drivers, can account for 80% of health outcomes, whether positive or negative. This health need focusses on "drivers" rather than "determinants." According to *Root Cause Coalition*, determinants are nonmalleable, meaning they cannot change. However, drivers are malleable, as these factors can be influenced and have a direct impact on interventions to improve health outcomes.

Health equity is influenced by many factors, including where people are born, live, work and play. Specifically, five categories of SDoH impact health equity, including education access and quality, healthcare access and quality, economic stability, social and community context and neighborhood and built environment. Moreover, there are complexities within-and-between drivers of health, as drivers are interdependent on each other (e.g., quality of education impacts economic stability).

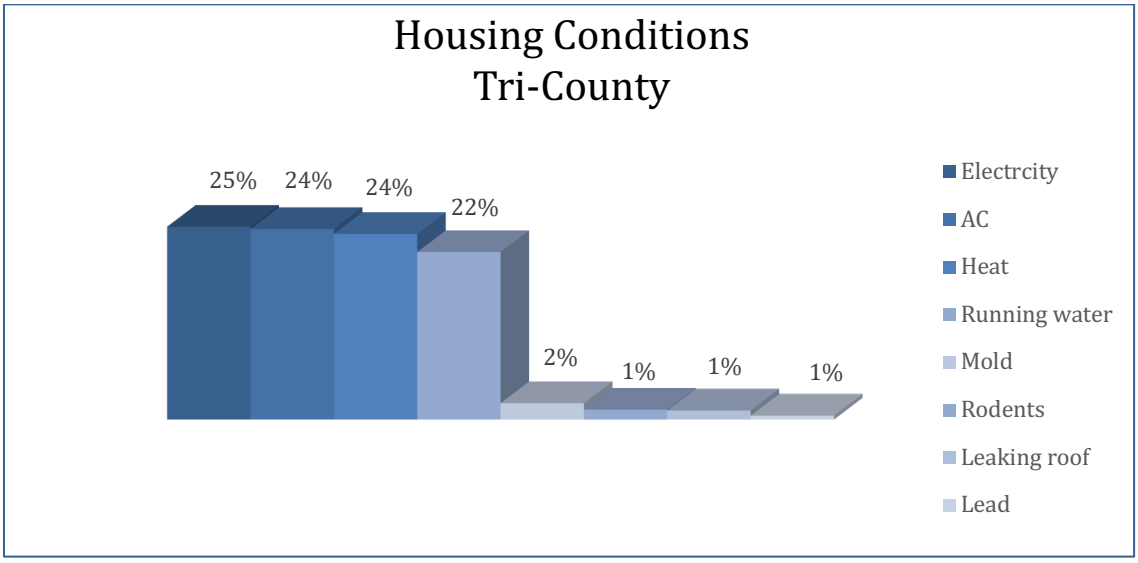
There is a need to address gaps in health equity via leveraging information from SDoH. By improving use of data from SDoH, transitioning patients from long-term care and/or rehabilitation to going home could improve. Given the long-term nature of hospitalization in a transitional care hospital, family support is often paramount in helping a patient recover. Moreover, one of the central tenets of OSF HealthCare Transitional Care Hospital is to return the majority of their patients home as quickly as possible – SDoH can influence this transition. Consequently, one basic SDoH that can impact patients' well-being is housing (note, in this CHNA, housing status was statistically related to Internet access, choice of medical care, insurance, access to healthcare, cancer screenings, prevalence of hunger and substance use).

Housing Environment

When a patient returns home, having a healthy housing environment is critical to long-term well-being. Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For the Tri-County region, 31% of the population is at elevated risk for healthy housing environment. While significant, this is lower than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).

Survey respondents were asked if they have issues with the following housing conditions. As seen in Figure 80, for those who identified issues with housing conditions, electricity, air conditioning, heat and running water were the most commonly identified.

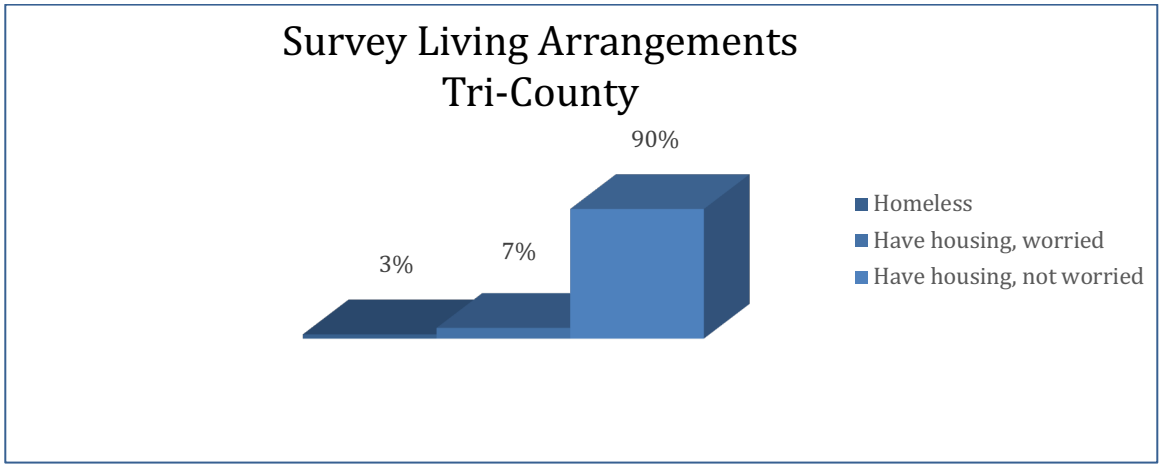
Figure 80



Source: CHNA Survey

Survey respondents were also asked about their living arrangements and how stable their housing situation was. Note that 10% of the population had an unstable housing situation, where they were worried about having housing or they were homeless (Figure 81).

Figure 81



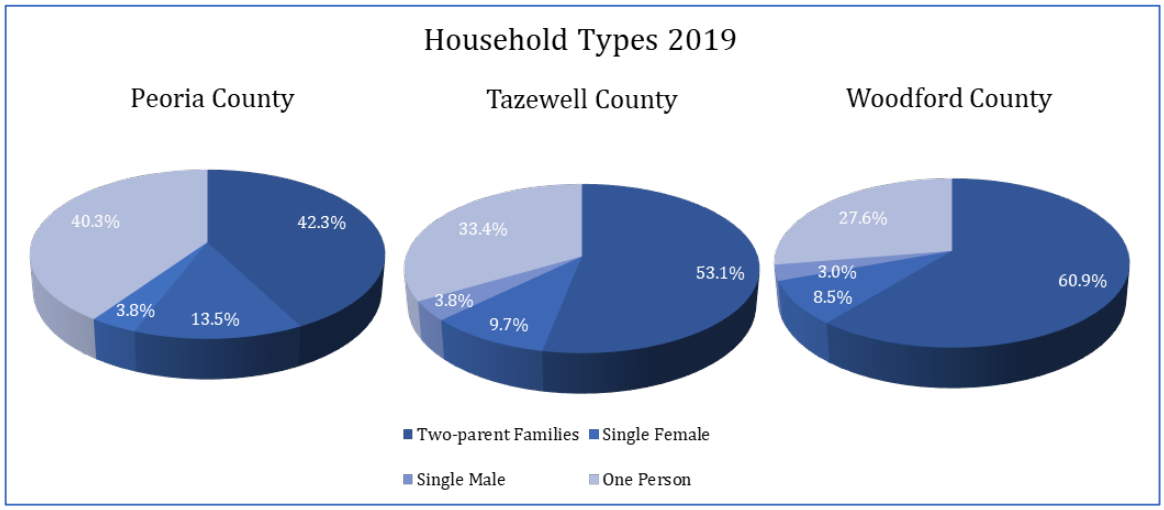
Source: CHNA Survey

Stability and Safety

A stable family environment is important for long-term recovery. Families are an important component of a robust society, as they dramatically impact the health and well-being of recovering patients. Additionally, safe neighborhoods can impact stability. According to the CHNA survey, 3% of respondents do not feel safe in the neighborhoods where they live.

Also note that according to Census data, roughly one-third of residents in the Tri-County region live alone, as seen in Figure 82.

Figure 82



Source: US Census Bureau

Health Literacy/Education

Healthy People 2030 defines health literacy as the capacity of patients to obtain, understand, and use health-related information in order to make appropriate decisions regarding their health and well-being. Through proper education, empowering patients with understandable information is critical to long-term well-being. As many patients transition from OSF HealthCare Transitional Care Hospital to their homes, they need to understand the health information that affects them in order to make important health decisions. Unfortunately, research illustrates there is a significant portion of the population that lacks the health literacy to manage their own well-being and to live longer. Thus, lack of education and health literacy challenges patients regarding long-term well-being. This is sometimes caused by health professional providing information that is too difficult for patients to understand. Healthcare providers may expect patients to comprehend information and health services that are often unfamiliar, confusing and sometimes contradictory.

National research has shown a significant portion of the U.S. population struggles with understanding and using health-related information effectively. According to the National Assessment of Adult Literacy (overseen by the U.S. Department of Education), only 12% of U.S. adults have proficient health literacy skills, 53% have intermediate health literacy skills, 21% have basic health literacy skills and 14% do not have adequate health literacy skills.

Health literacy in the Tri-County region is measured based on a set of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For the Tri-County region, 16% of the population is at elevated risk for health literacy. While this is a significant number and slightly higher than U.S. averages, it is still lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022). Moreover, health literacy varies widely within the Tri-County area. In Peoria specifically, SDoH such as education levels/graduation rates and socioeconomic status are not as high as Tazewell County and Woodford County, and these SDoH have been shown to influence health literacy.

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

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

Stephanie Cain, DNP, APRN-BC, NEA-BC, is the Vice President and Chief Nursing Officer of the OSF Healthcare Transitional Care Hospital. She is responsible for planning, directing and evaluating the operations of the patient care services division and ensuring the provision of proficient nursing care services at the OSF Transitional Care Hospital. Stephanie graduated in 2013 with her Doctor of Nursing Practice from Duke University. She is currently holds board certifications as an Advanced Practice Registered Nurse and Nurse Executive Advanced.

Chris Curry, MBA, is the President of OSF HealthCare Transitional Care Hospital, where he has served since 2016. He is responsible for the direction of all internal operations of the hospital, while developing and implementing short-term tactics within long-term strategies that provide high-quality and cost-effective health care to the patient population of the Greater Peoria area.

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

Sara Kelly, PhD, MPH, is a Research Assistant Professor at the University of Illinois College of Medicine in Peoria (UICOMP) in the Division of Research Services and Department of Pediatrics. Currently, she serves as the lead for the Data Team for the Partnership for Healthy Communities (PFHC), which is a community-drive partnership of public and private partners working together to address priority health issues in Peoria, Tazewell and Woodford Counties in Illinois. She serves an administrative role at the Institute for Research on Addictions and has a faculty appointment at the AI.Health4All Center for Health Equity using Machine Learning and Artificial Intelligence at the University Of Illinois Chicago (UIC). She extensive experience using epidemiologic methods with large population-based and health services datasets. She has utilized national electronic medical records to examine the intersection of substance use, suicide risk, and rehabilitation among highly vulnerable populations.

Jennifer M. Stockman, BA-RN, OCN, CHEC, is the Manager of Quality and Safety for OSF Transitional Care Hospital, where she has served since 2009. She is responsible for Quality, Safety, Infection Control, Patient experience, PPS quality reporting for LTAC and ARU, Regulatory, and Emergency Management at OSF Transitional Care Hospital. She has served as SME for LTAC clinical (during transition) and currently besides the above also serves as Policy and Procedures Lead, LTRAX PPS data reporting Lead (CMS reporting for LTACs), NDNQI Coordinator, Nursing Peer Review Chair, GPO Supply chain and LPO falls.

FACILITATORS

Amy Krantz (Coordinator) is Director, Strategic Reimbursement at OSF HealthCare. Amy has held multiple positions since joining OSF HealthCare System (Peoria, IL) in 2001. In her role as Director of Strategic Reimbursement, she is responsible for monitoring and reporting the financial performance in value-based programs. Prior to this role Amy was a Master Black Belt and Director in the Performance Improvement

Division and oversaw the deployment of rapid improvement methodologies as well as program management for the initiatives to advance into population health management and value-based care. Amy received her bachelors' degree in Sociology from the University of Iowa in 1991 and Master of Social Work degree also from the University of Iowa, in 1994.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Consultant at OSF HealthCare System. She has worked for OSF HealthCare System since 2004 and acts as the coordinator for 16 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 and has since 2008. Dawn holds a Master's in Healthcare Administration from Purdue University and is certified in Community Benefit as of 2020. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over fifteen years. She has served as the President for two cycles, President-Elect, Vice President, and Director on the board of Directors. She earned a silver, bronze, gold and Metal of Honor from her work with the McMahon-Illini HFMA Chapter.

Dr. Laurence G. Weinzimmer (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 100s of 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 is also a founding and current board member of the Partnership for a Healthy Community (PFHC) and also serves on the Healthcare Collaborative – both organizations focus on health equity in the Tri-County region. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2: SURVEY

Tri-County

2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

COMMUNITY PERCEPTIONS

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

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

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

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

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

- ☐ Access to health services
- ☐ Affordable healthy housing
- ☐ Availability of child care
- ☐ Better school attendance
- ☐ Good public transportation
- ☐ Healthy food choices
- ☐ Job opportunities
- ☐ Less hatred & more social acceptance
- ☐ Less poverty
- ☐ Less violence
- ☐ Safer neighborhoods/schools

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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

- ☐ Didn't have health insurance.
- ☐ Too long to wait for appointment.
- ☐ Couldn't afford to pay my co-pay or deductible.
- ☐ Didn't have a way to get to the doctor.
- ☐ Fear of discrimination.
- ☐ Lack of trust.

Prescription Medicine

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

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

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

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

Dental Care

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

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

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

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

Mental-Health Counseling

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

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

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

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

HEALTHY BEHAVIORS

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

Exercise

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

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

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

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

Healthy Eating

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

☐ None (please answer #4) ☐ 1 - 2 servings ☐ 3 - 5 servings ☐ More than 5 servings

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

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

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

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

6. Please check the box next to any health conditions that you have. (Please choose all that apply).
If you don't have any health conditions, please check the first box and go to question #8: Smoking.

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

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

☐ Never ☐ Sometimes ☐ Usually ☐ Always

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

_____

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

12. How many days a week do you or your family members go hungry?
☐ None ☐ 1–2 days ☐ 3-5 days ☐ More than 5 days

13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?
☐ None ☐ 1–2 days ☐ 3 – 5 days ☐ More than 5 days

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

15. In the last YEAR have you talked with anyone about your mental health?
☐ Yes (please answer #16) ☐ No (please go to #17)

16. If you talked to anyone about your mental health, who was it?
☐ Doctor/nurse ☐ Counselor ☐ Family/friend

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

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

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

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

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

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

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

☐ Peoria ☐ Tazewell ☐ Woodford ☐ Other

2. What is your Zip Code? _____

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

☐ Medicare ☐ Medicaid/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. During the COVID pandemic, how important have financial stimulus payments been to provide stability for your family, such as stimulus checks, SNAP benefits, unemployment benefits, loan/mortage deferment, eviction protections?
☐ Not important ☐ Neutral ☐ Very important

12. What is your housing status?

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

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

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

14. How many people live with you? _____

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

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

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

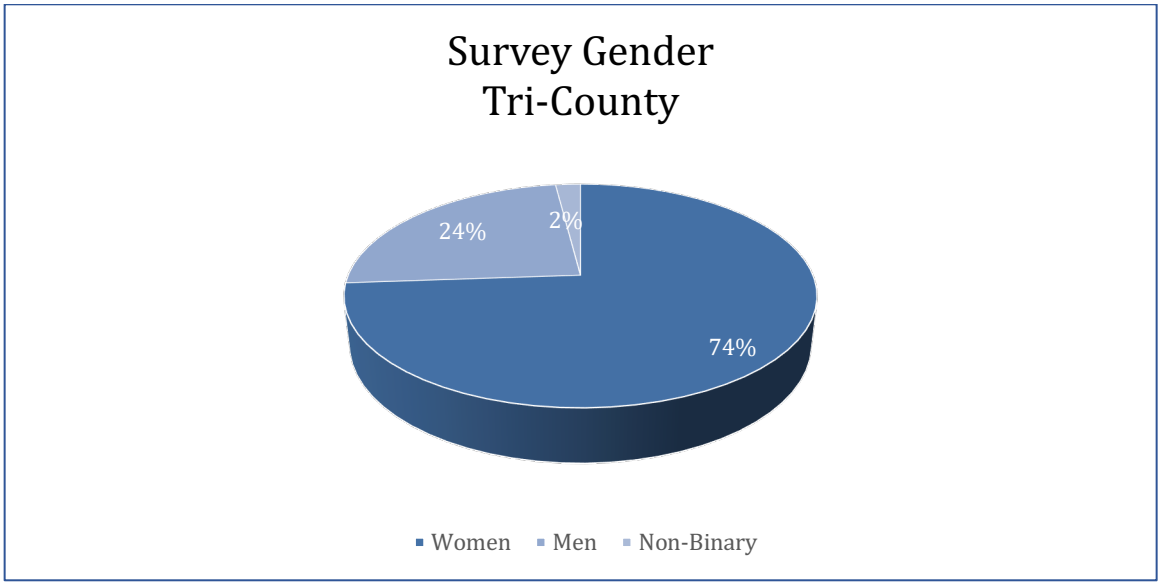
☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse
☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce
☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member
☐ Mother treated violently

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

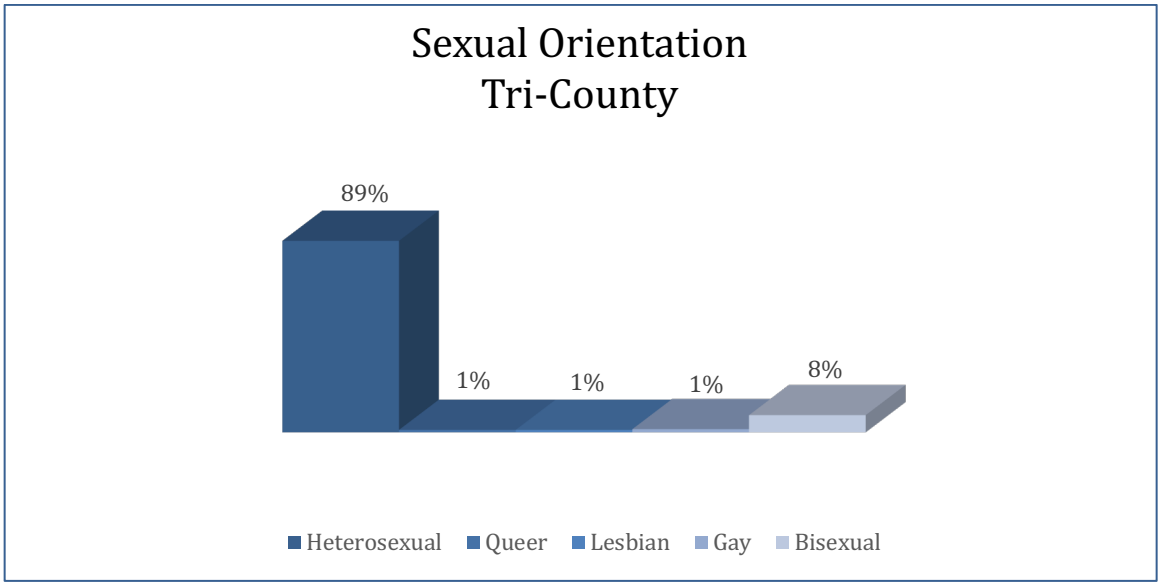
_____

Thank you very much for sharing your views with us!

APPENDIX 3: CHARACTERISTICS OF SURVEY RESPONDENTS



Source: CHNA Survey



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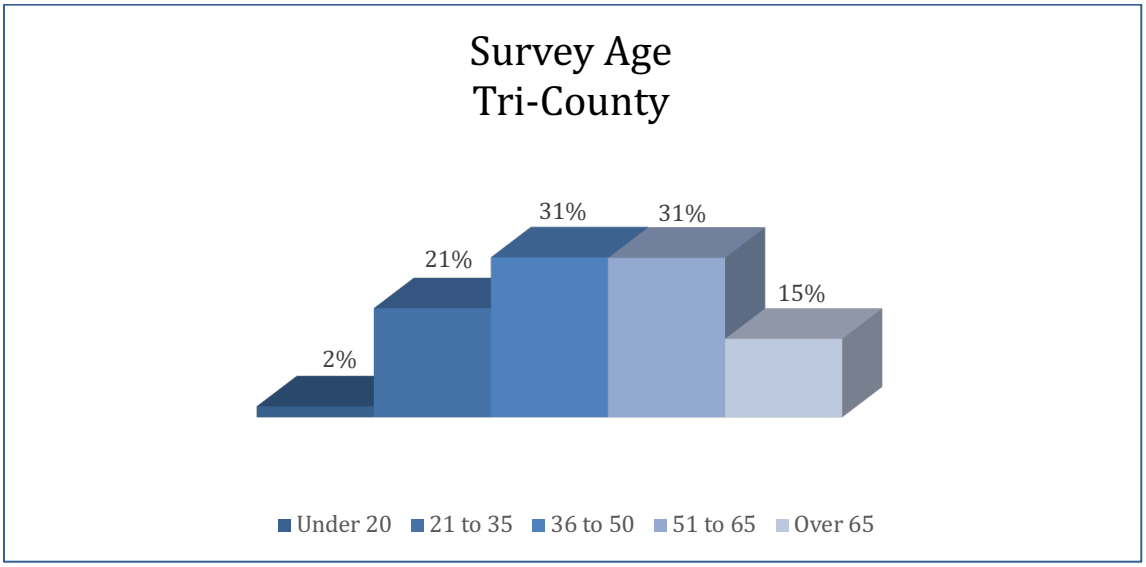
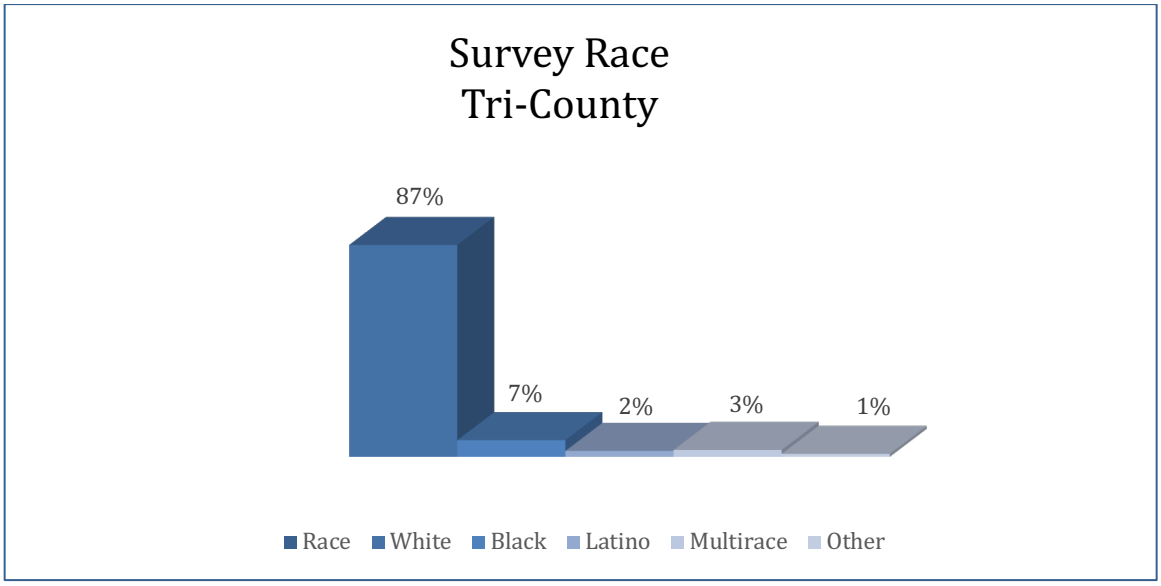


Source: CHNA Survey



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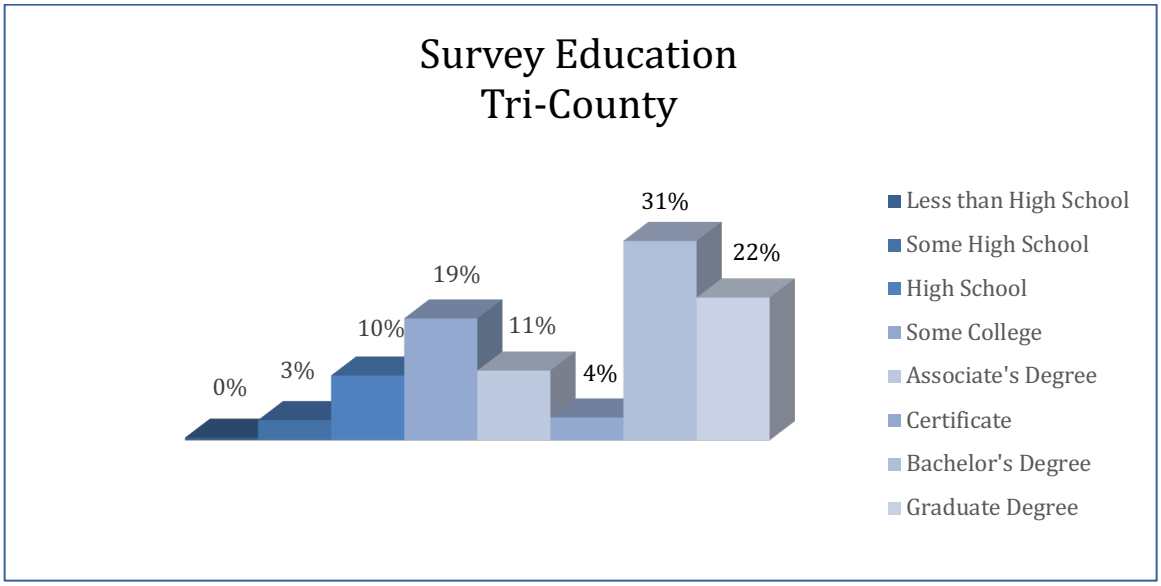

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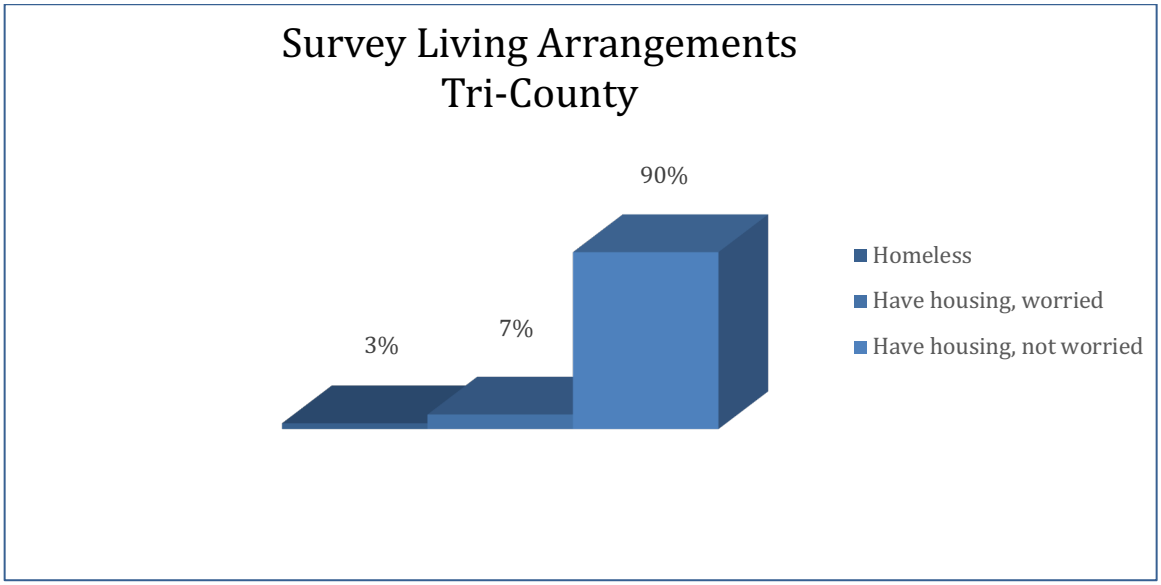
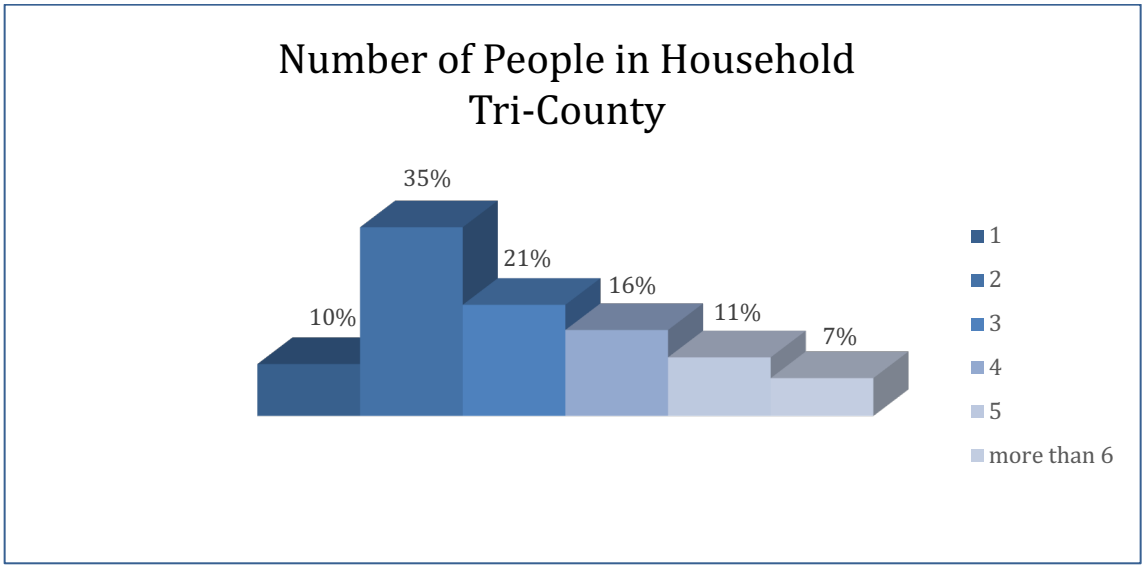
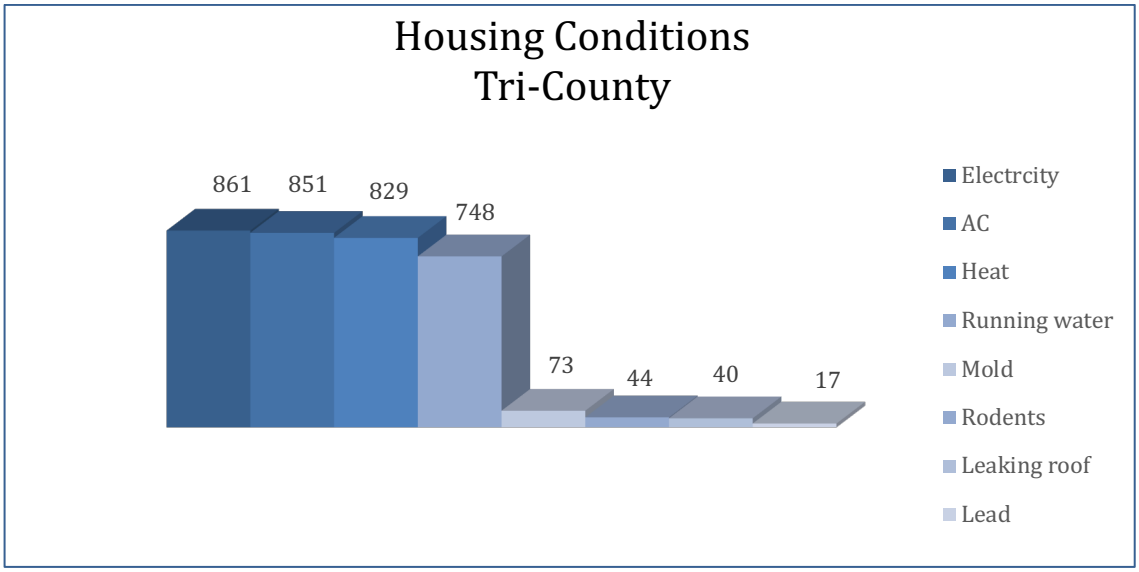


Source: CHNA Survey



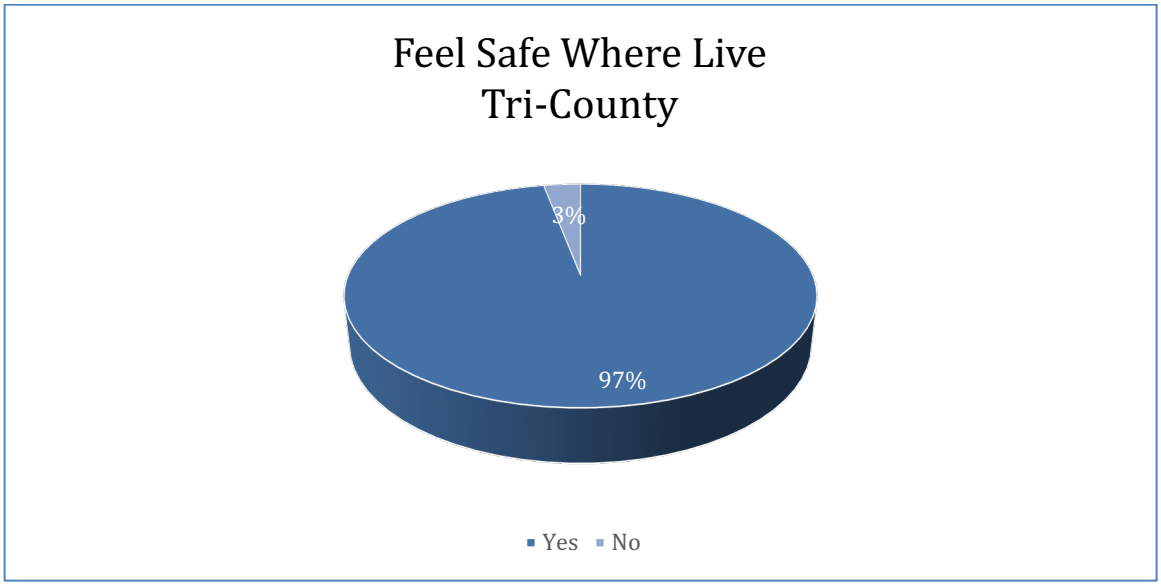
Source: CHNA Survey



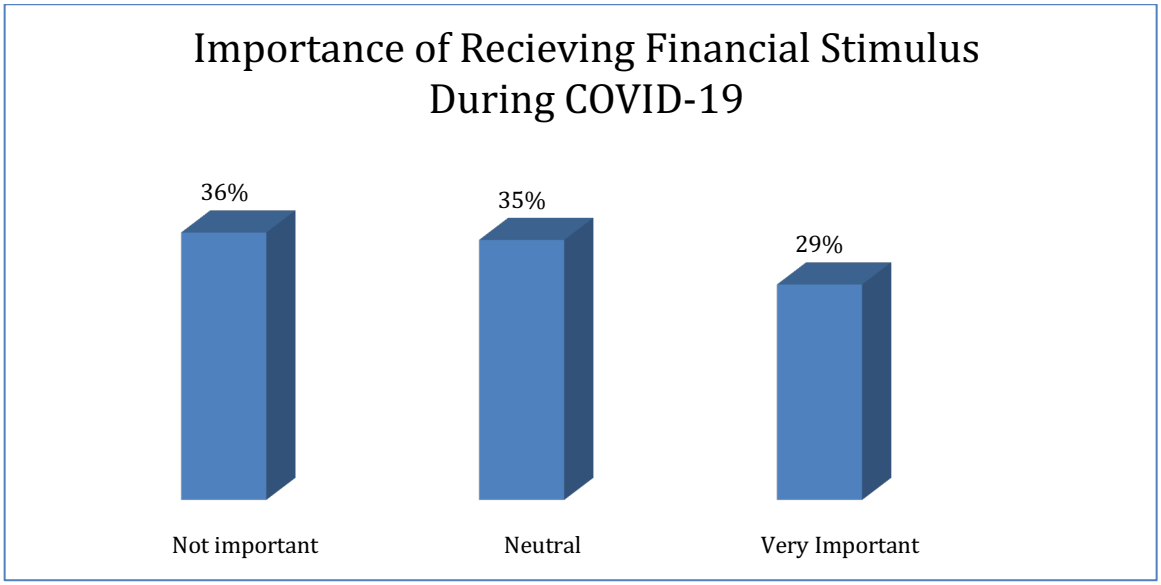
Source: CHNA Survey

Housing Environment

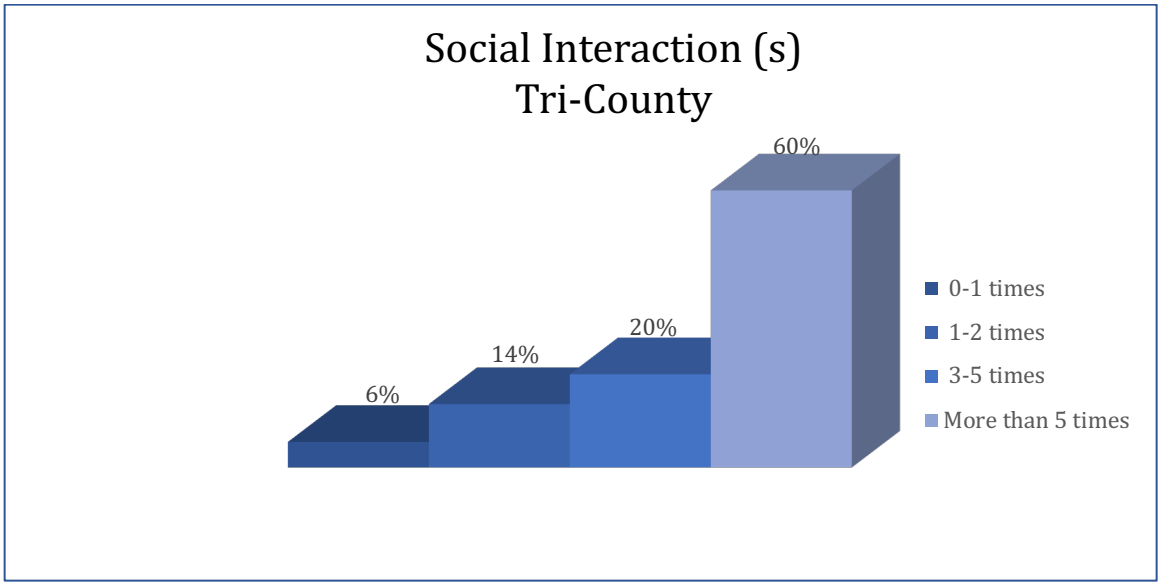
Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For the Tri-County region, 31% of the population is at elevated risk for Housing environment. This is lower than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).



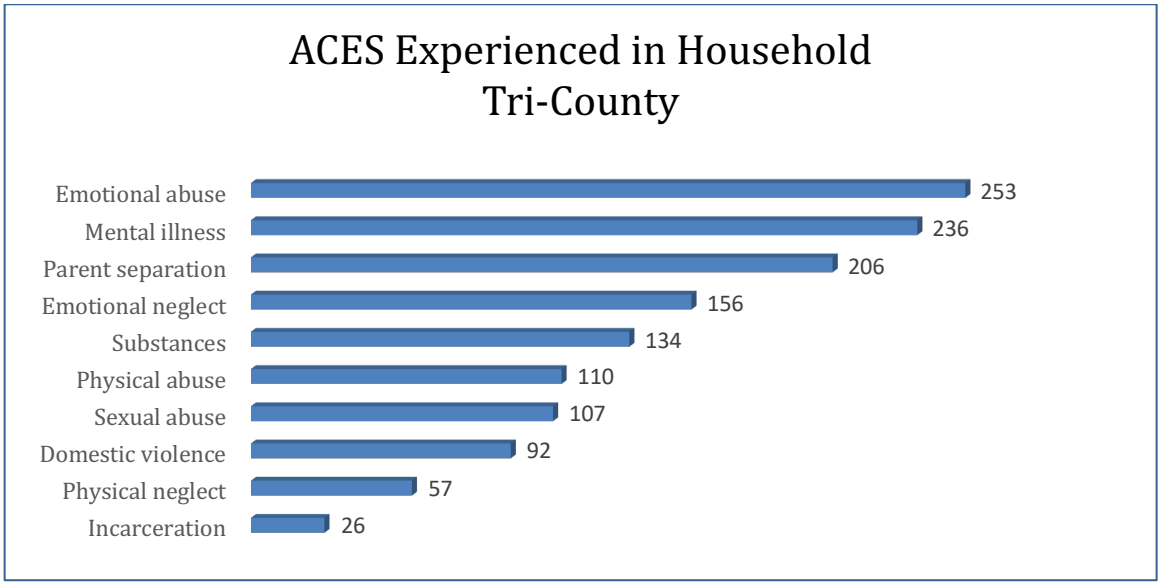
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 4: RESOURCE MATRIX

	Access to Care	Leverage SDoH Data	Health Eating/Active Living	Mental Health	Health Literacy	Cancer
Health Departments						
Peoria County Health Department	S (2); T (2)	T(2);S(3)	T(3); S (3)	T(2) S(3)	T(1); S (1)	T(1);S(2)
Tazewell County Health Department	T (2); S (1)	T(3); S(3)	T(3); S (3)	T(2) S(2)	T(1); S (1)	T(3); S(3)
Woodford County Health Department	S (1); T(1)	T(1);S (2)	T(3); S (3)	T(1) S(2)	T(1); S (2)	T(1);S (2)
Hospital/Clinics						
Carle Eureka Hospital	S(3) T (3)	T(2) S(2)	T(2) S(2)	T(3) S(3)	T(2) S(2)	T(2) S(2)
Heartland Health Services	S(3);T(3)	S(2);T(3)	S(2):T(2)	S(3);T(3)	S(2):T(2)	S(2);T(3)
Hopedale Medical Complex	S(3);T(3)	S(2);T(2)	S(2):T(2)	S(3);T(3)	S(2):T(2)	S(2);T(2)
OSF Saint Francis Medical Center	S(3);T(3)	S(3);T(3)	S(2);T(2)	S(3);T(3)	S(2);T(3)	S(3);T(3)
Carle/UnityPoint Health Pekin	S(3);T(3)	S(1);T(1)	S(3):T(3)	S(1);T(1)	S(3):T(3)	S(1);T(1)
Carle/UnityPoint Health Peoria	S(3);T(3)	S(3);T(3)	S(3):T(3)	S(3);T(3)	S(3):T(3)	S(3);T(3)
Community Agencies						
Heart of Illinois United Way	S(3);T(3)	S(3)	S(3)	S(3)	S(3);T(3)	S(3);T(3)

*Note: S - indicates strategic focus, T- indicates tactical focus
(1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

APPENDIX 5: DESCRIPTION OF COMMUNITY RESOURCES

HEALTH DEPARTMENTS

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

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

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

HOSPITALS/CLINICS

Carle Eureka Hospital
Carle Eureka Hospital is a 25-bed facility that has served and cared for the people of Woodford County and the surrounding area since 1901. Carle Eureka Hospital is the only hospital in Woodford County and is a critical access hospital as certified by the Centers for Medicare and Medicaid Services. By functioning in this capacity, Carle Eureka Hospital plays a vital role in serving the health needs of a primarily rural area. Carle Eureka Hospital is a part of Carle Health, an integrated system of healthcare services based in Urbana, Illinois, which includes five hospitals with 806 beds, multi-specialty physician group practices with more than 1,000 doctors and advanced practice providers, and health plans including FirstCarolinaCare and Health Alliance. Carle Health combines clinical care, health insurance, research and academics in a way that solves real-world problems today with an eye toward the future.

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

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

OSF HealthCare Saint Francis Medical Center
Since our founding in 1877, the Mission of OSF HealthCare Saint Francis Medical Center has been to serve

persons with the greatest care and love in a community that celebrates the Gift of Life. Over the years, OSF Saint Francis has grown to become the fourth largest medical center in Illinois. Our facility has a medical staff of 850+ physicians, 5,000+ employees and 649 patient beds. OSF St. Francis is the area's only Level 1 Trauma Center and a major affiliate of the University of Illinois College of Medicine at Peoria. OSF Saint Francis is the home of OSF Children's Hospital of Illinois, OSF Illinois Neurological Institute (INI), OSF Cardiovascular Institute, OSF Richard L. Owens Hospice Home, Jump Trading Simulation and Education Center and more. Specific programs of interest include OSF Dental Clinics, Faith Community Nursing, Care-A-Van, Saint Francis Community Clinic, Gardens of Hope, Child Advocacy, Strive Trauma Recovery and Street Medicine.

Carle/UnityPoint Health – Central IL (including Methodist, Proctor and Pekin campuses, UnityPlace, and UnityPoint Clinics]

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

COMMUNITY AGENCIES

Heart of Illinois United Way

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

APPENDIX 6: 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[2]

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

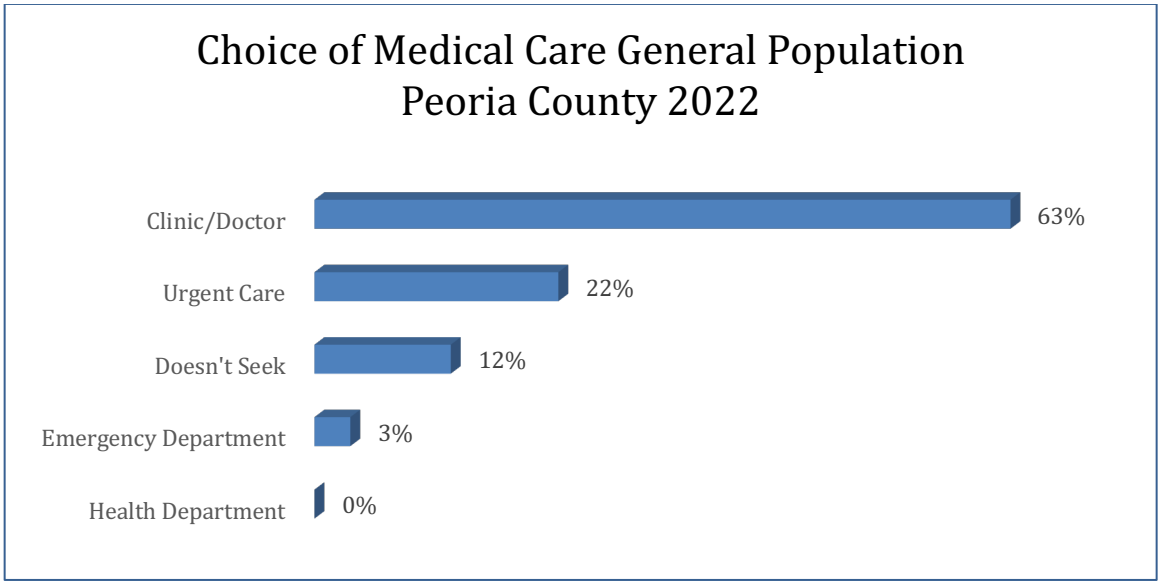
3. Potential for impact through collaboration – can management of the issue make a difference in the community?

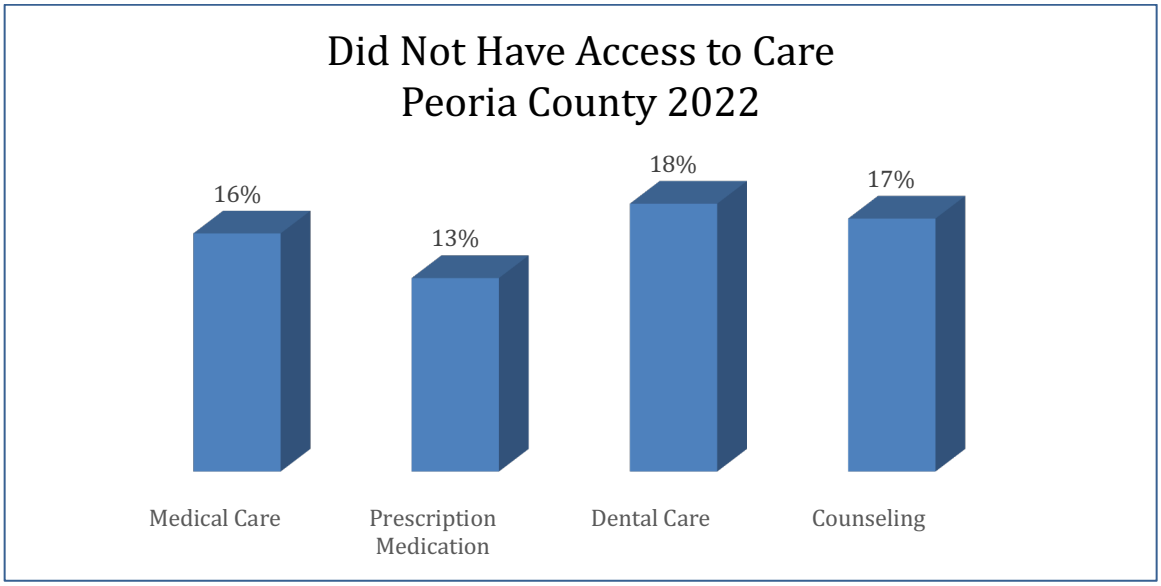
Considerations include, but are not limited to:

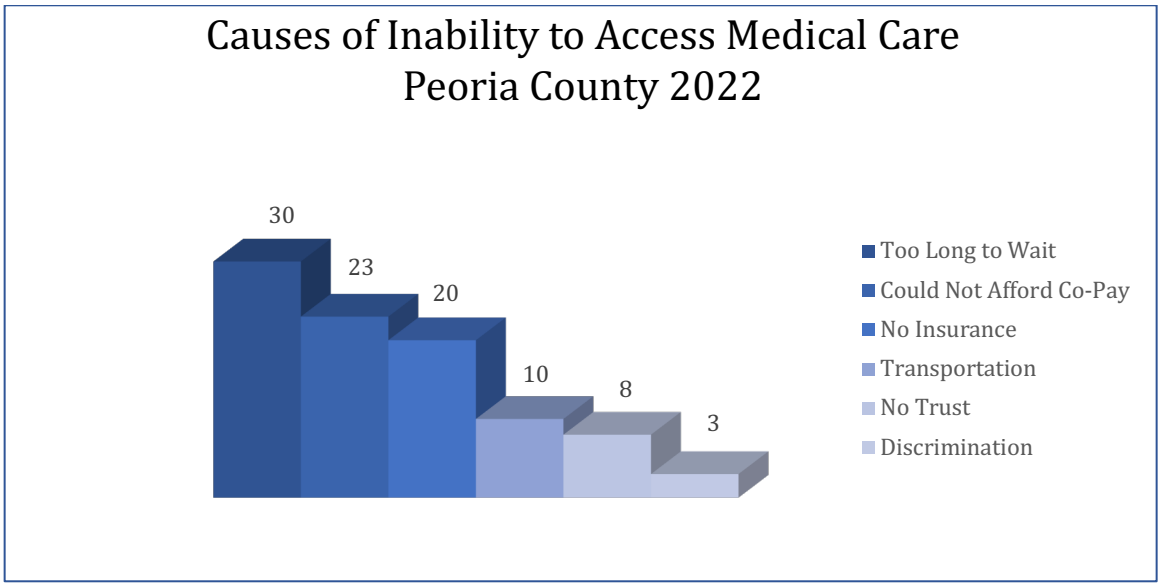
- Availability and efficacy of solutions
- Feasibility of success

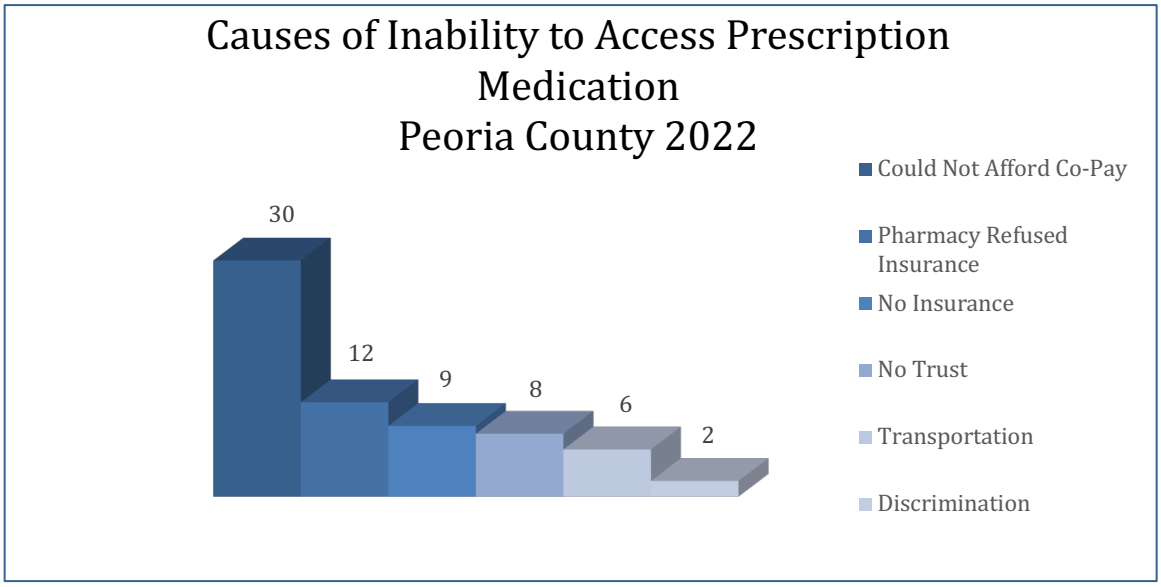
[2] "Guide to Prioritization Techniques." National Connection for Local Public Health (NACCHO)

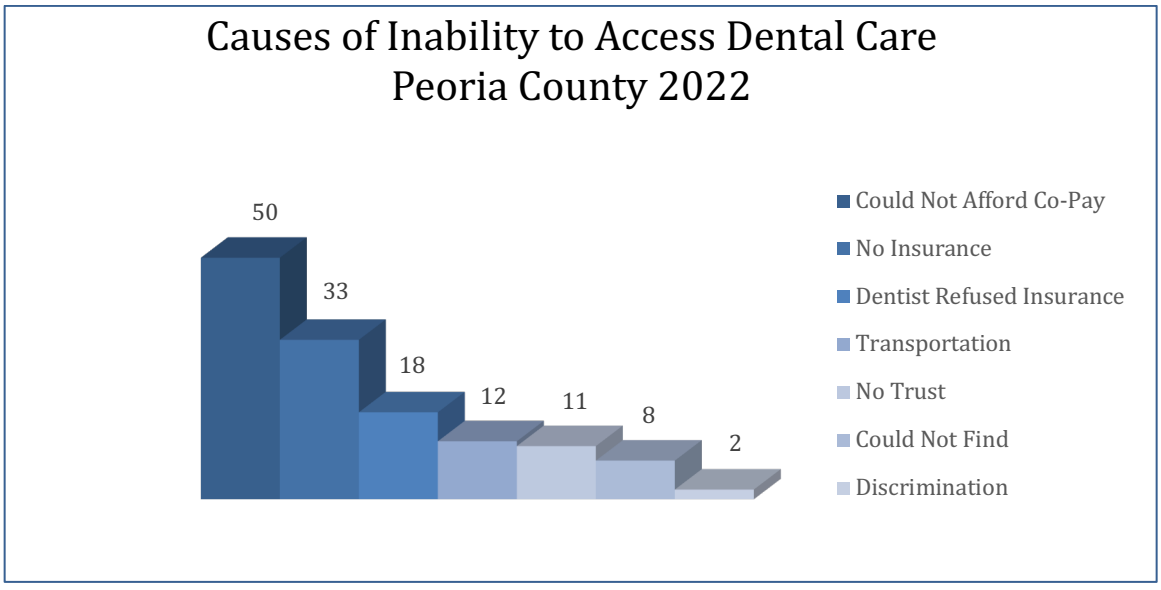
APPENDIX 7: CHNA SURVEY RESULTS FOR PEORIA COUNTY 2022



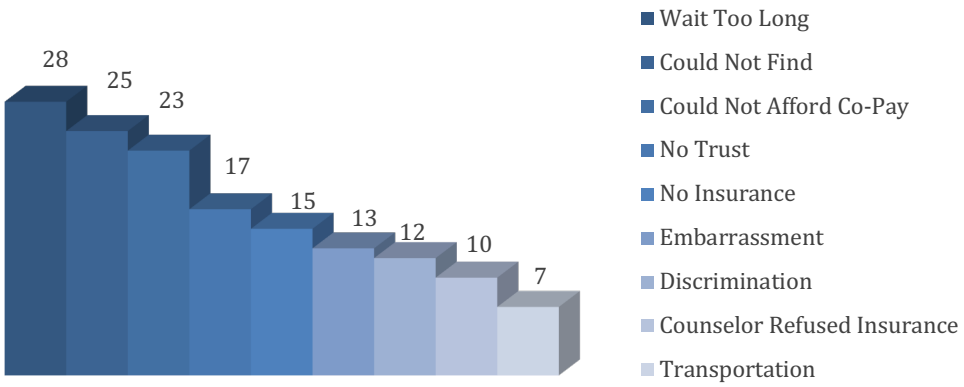



Causes of Inability to Access Medical Care
Peoria County 2022
30
23
20
10
8
3
Too Long to Wait
Could Not Afford Co-Pay
No Insurance
Transportation
No Trust
Discrimination

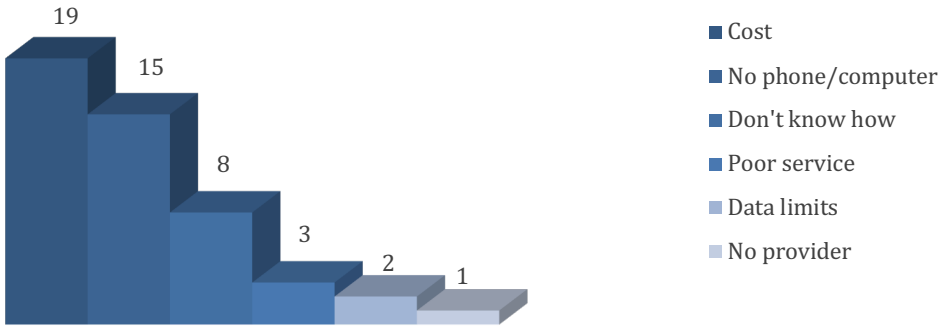

Causes of Inability to Access Prescription Medication
Peoria County 2022
30
12
9
8
6
2
Could Not Afford Co-Pay
Pharmacy Refused Insurance
No Insurance
No Trust
Transportation
Discrimination


Causes of Inability to Access Dental Care
Peoria County 2022
50
33
18
12
11
8
2
Could Not Afford Co-Pay
No Insurance
Dentist Refused Insurance
Transportation
No Trust
Could Not Find
Discrimination

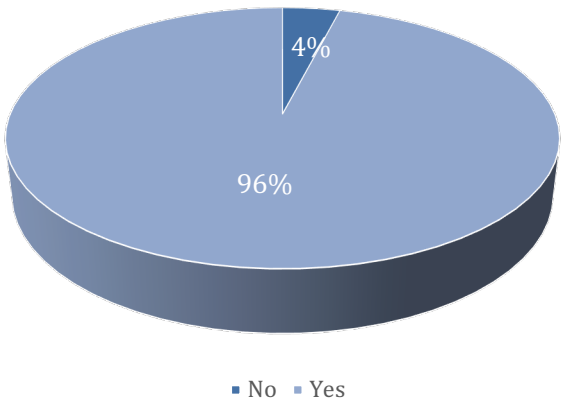
Causes of Inability to Access Counseling
Peoria County 2022

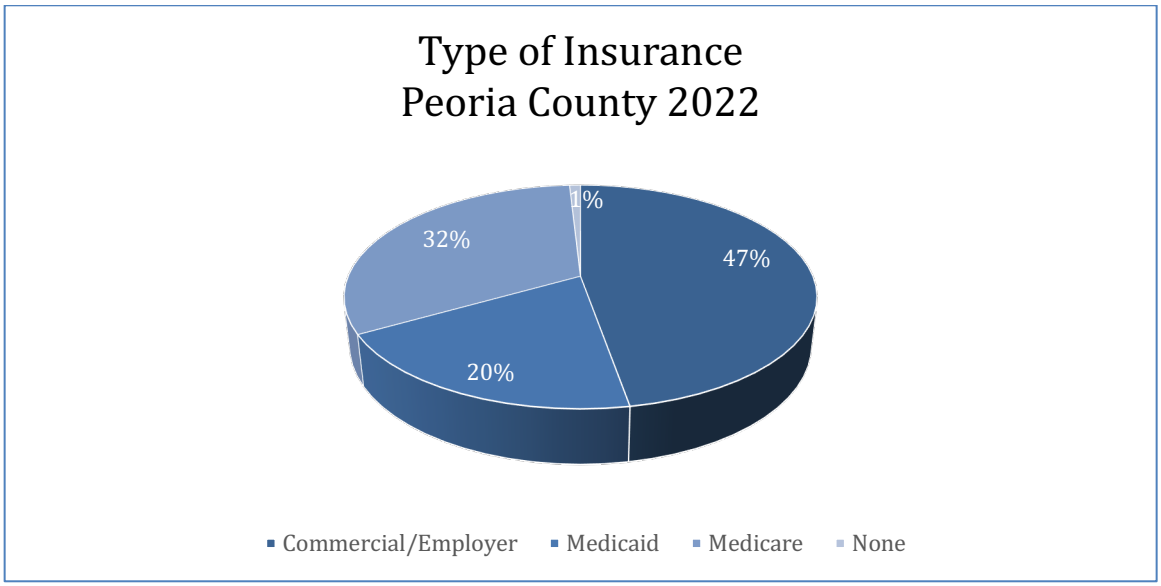


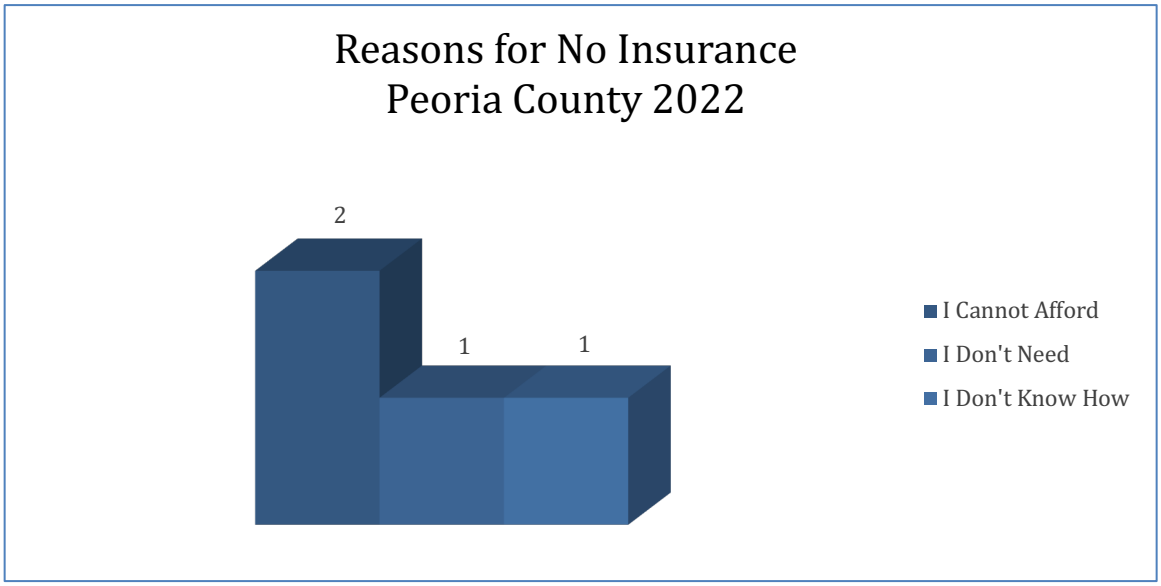
Causes of Inability to Have Internet in Home
Peoria County 2022

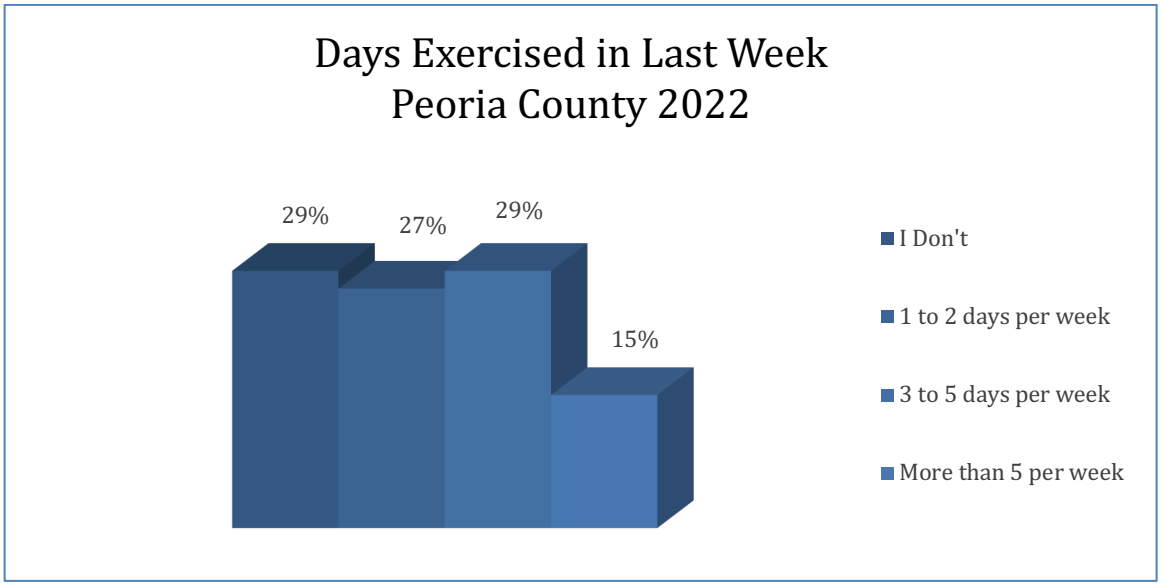


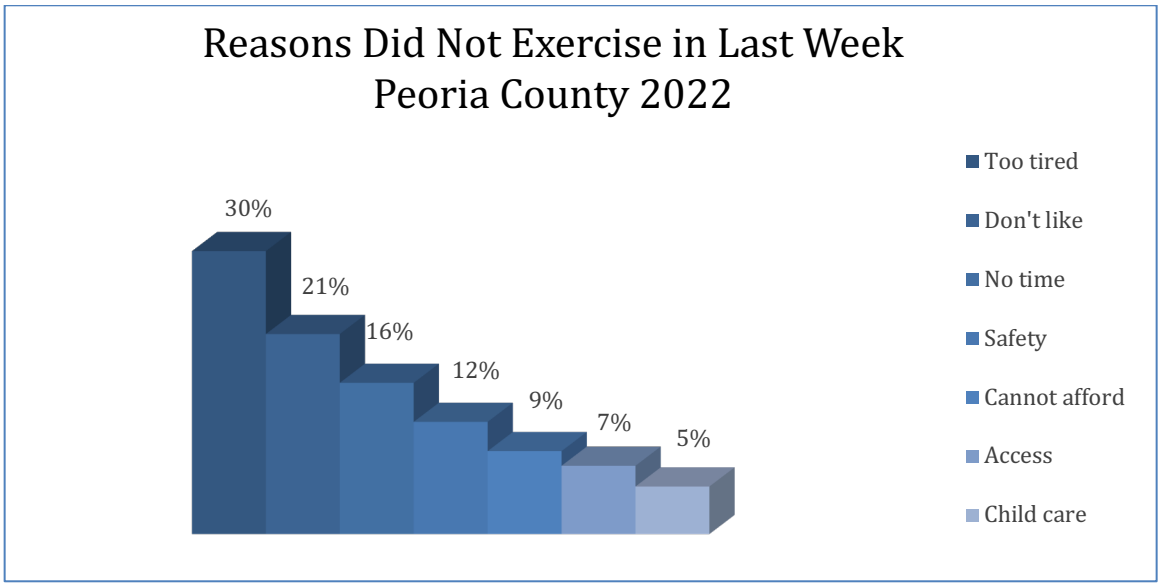
Use of Personal Physician
Peoria County 2022

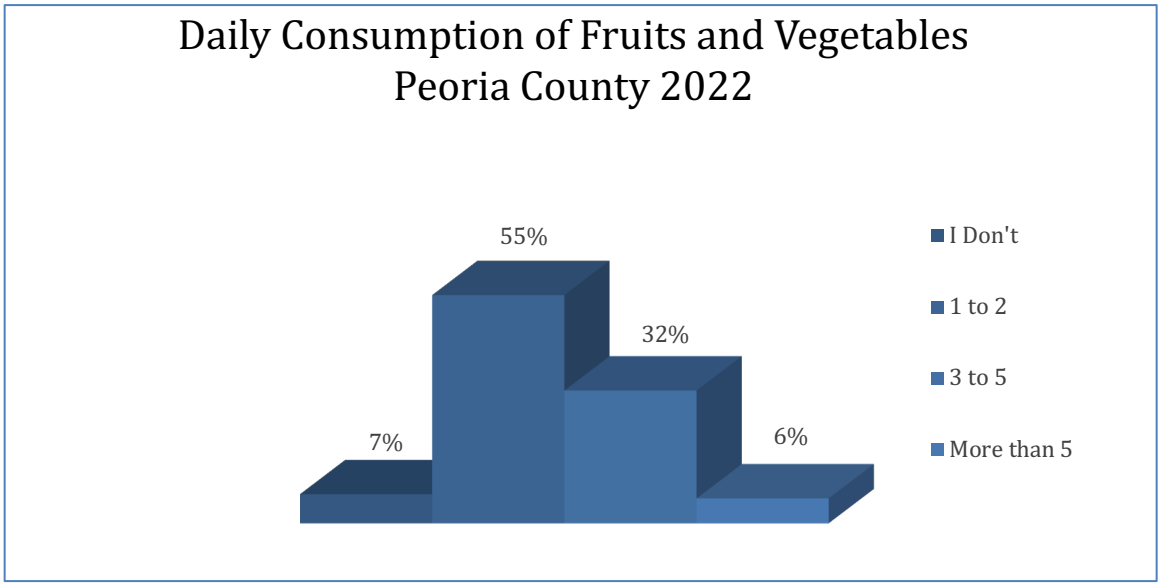


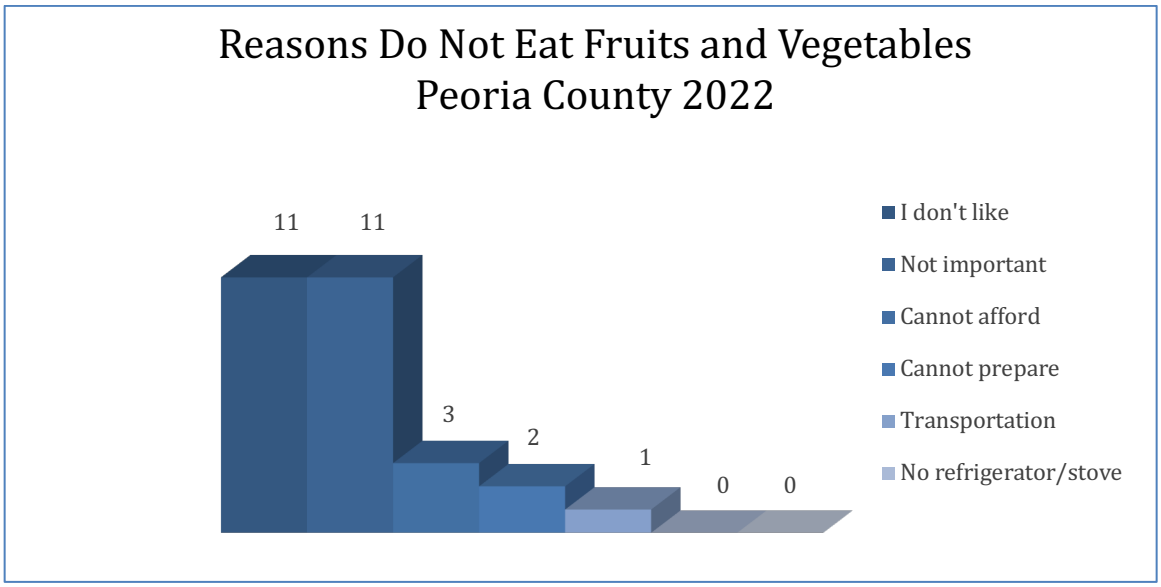

Type of Insurance
Peoria County 2022
1%
47%
32%
20%
Commercial/Employer
Medicaid
Medicare
None

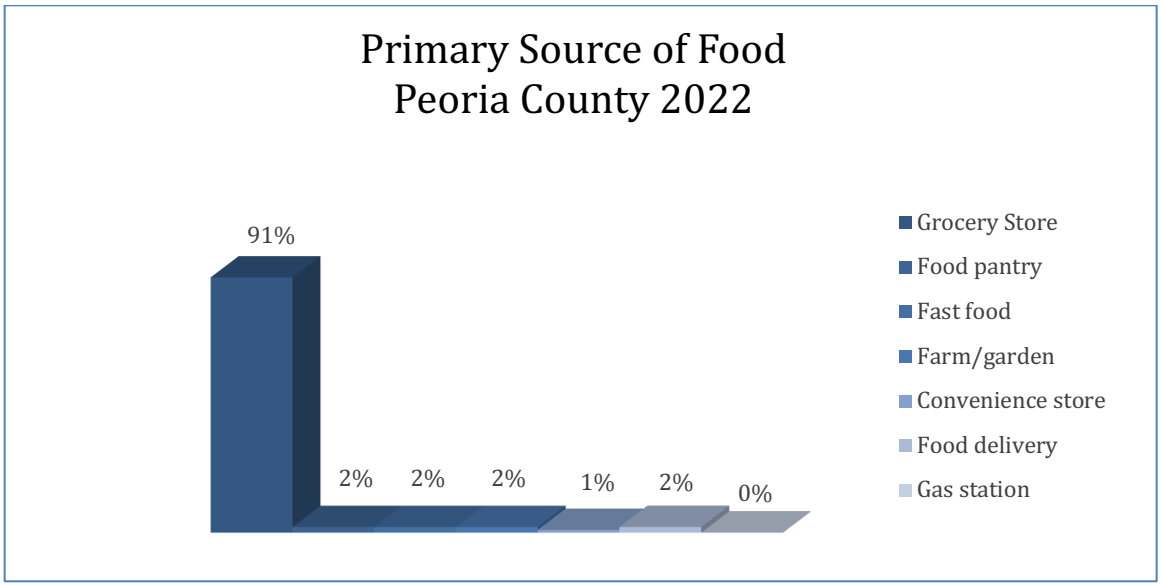

Reasons for No Insurance
Peoria County 2022
2
1
1
I Cannot Afford
I Don't Need
I Don't Know How

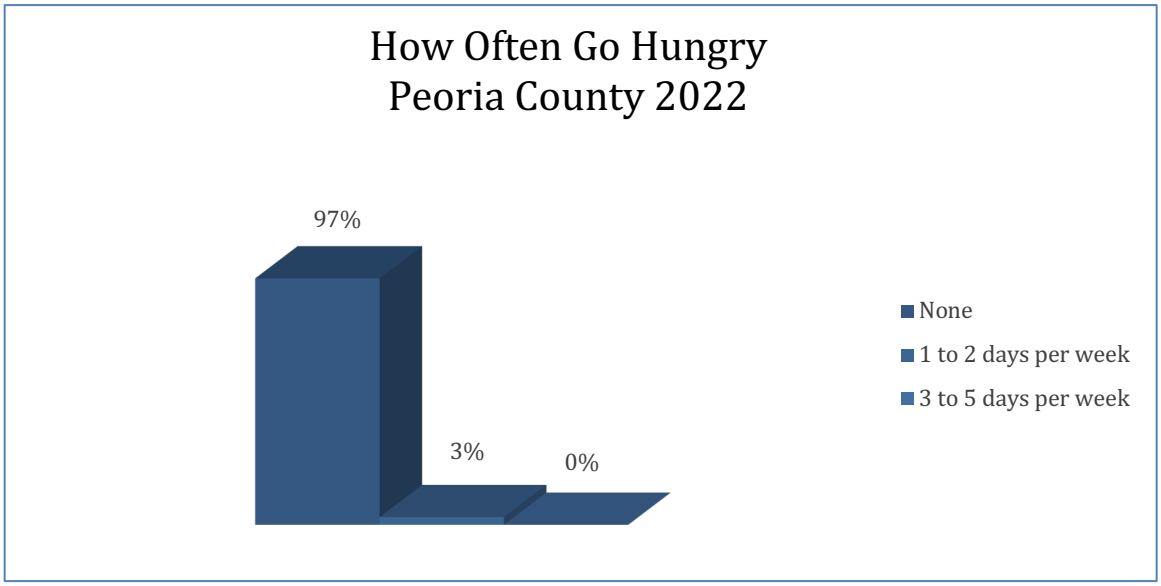

Days Exercised in Last Week
Peoria County 2022
29%
27%
29%
15%
I Don't
1 to 2 days per week
3 to 5 days per week
More than 5 per week

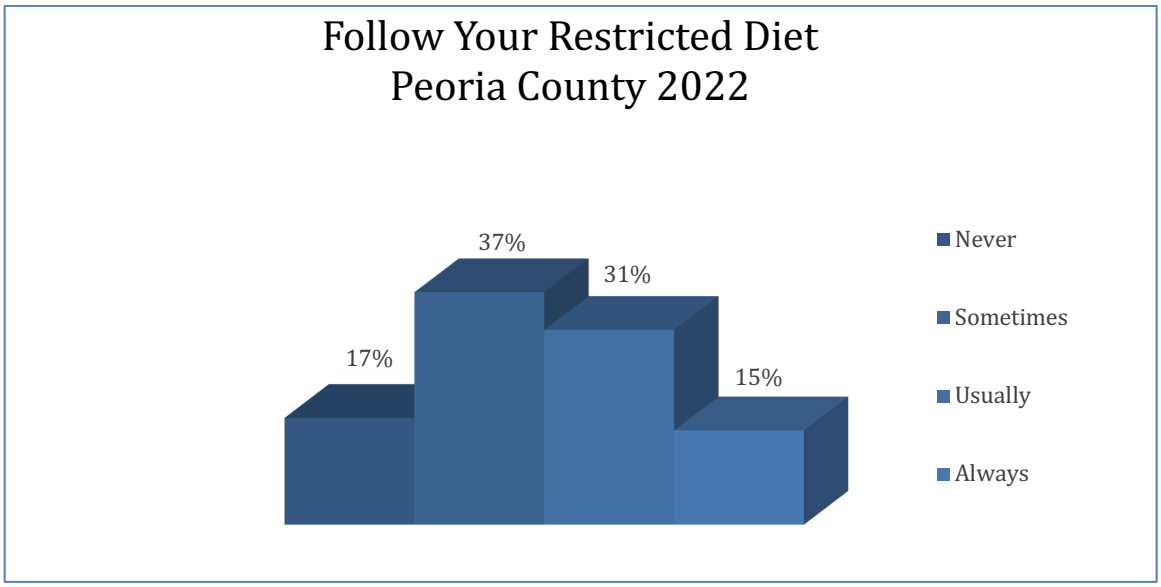

Reasons Did Not Exercise in Last Week
Peoria County 2022
30%
21%
16%
12%
9%
7%
5%
Too tired
Don't like
No time
Safety
Cannot afford
Access
Child care

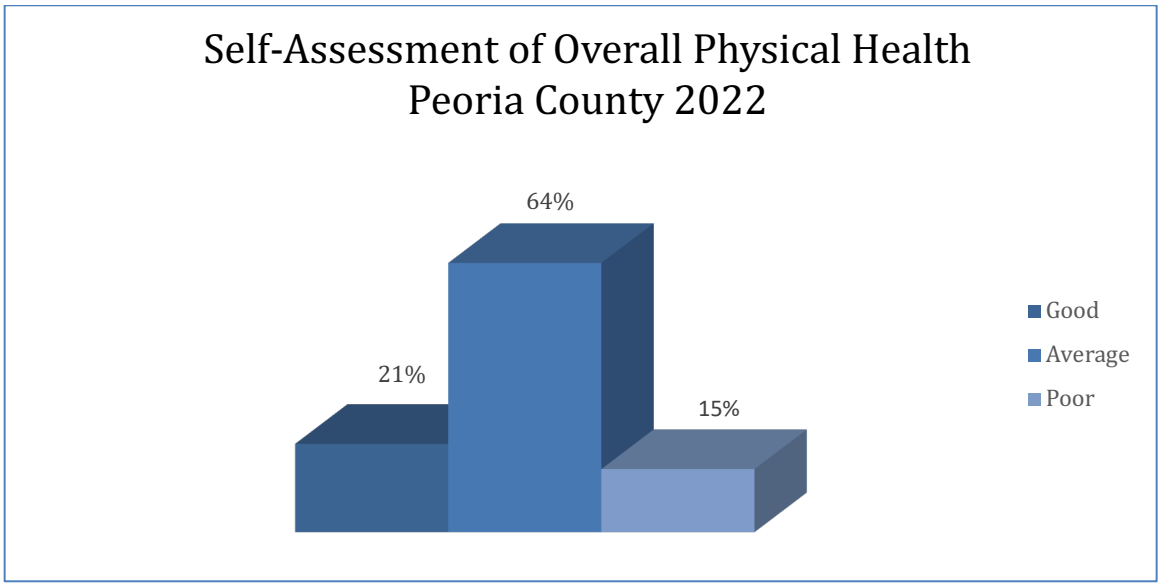

Daily Consumption of Fruits and Vegetables
Peoria County 2022
55%
32%
7%
6%
I Don't
1 to 2
3 to 5
More than 5

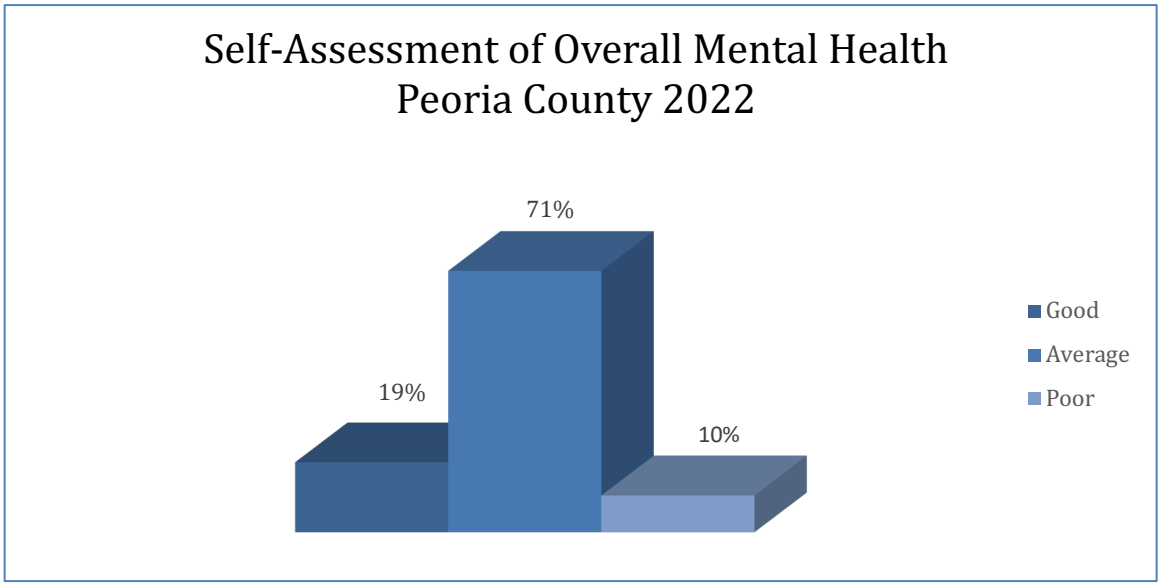

Reasons Do Not Eat Fruits and Vegetables
Peoria County 2022
11
11
3
2
1
0
0
I don't like
Not important
Cannot afford
Cannot prepare
Transportation
No refrigerator/stove

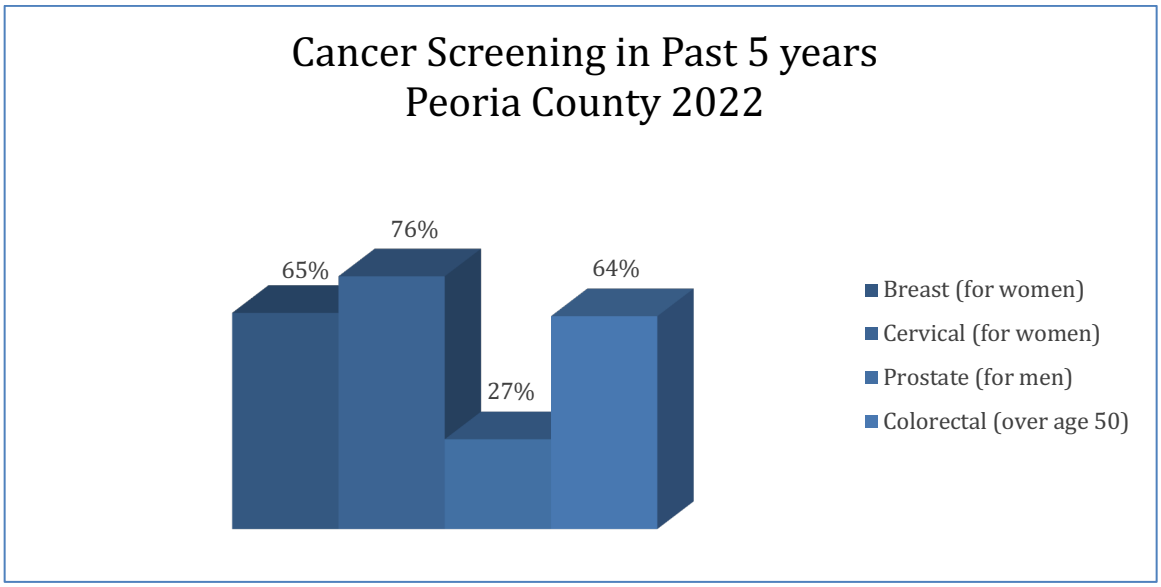

Primary Source of Food
Peoria County 2022
91%
2%
2%
2%
1%
2%
0%
Grocery Store
Food pantry
Fast food
Farm/garden
Convenience store
Food delivery
Gas station

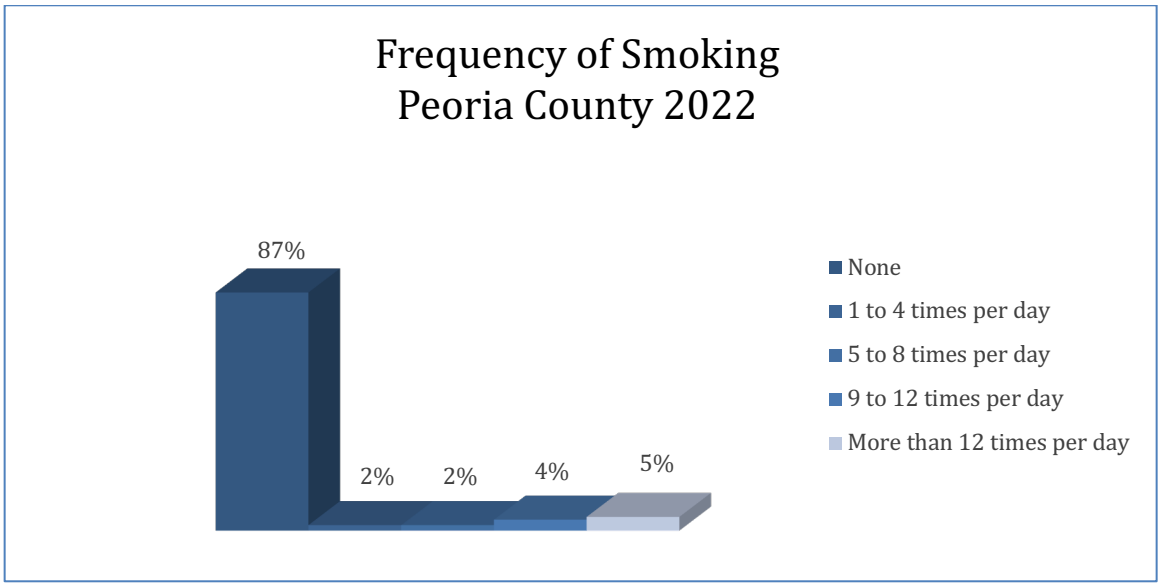

How Often Go Hungry
Peoria County 2022
97%
3%
0%
None
1 to 2 days per week
3 to 5 days per week

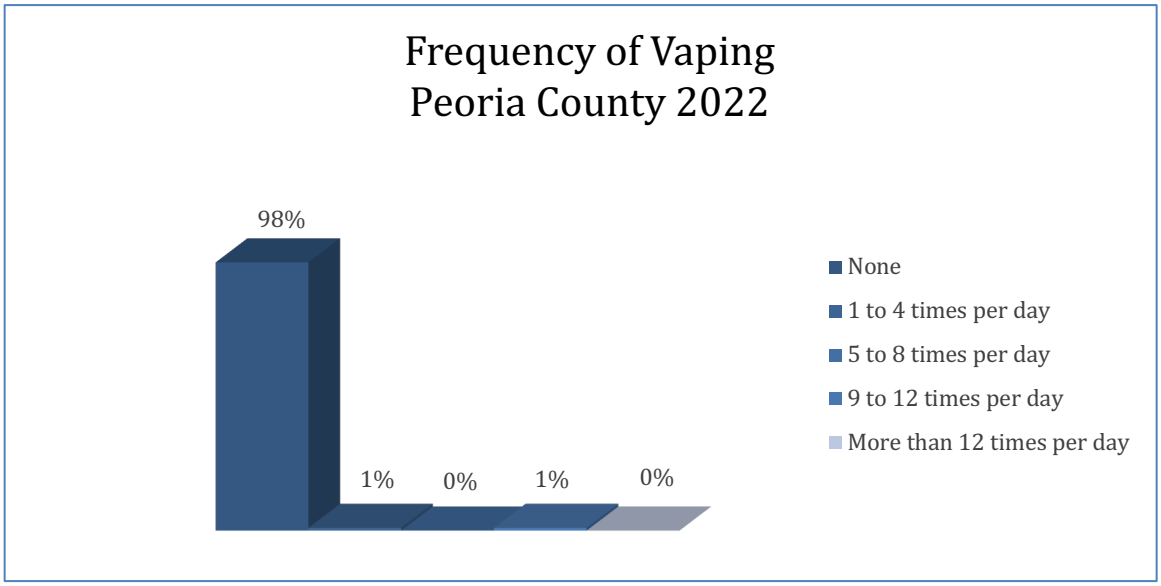

Follow Your Restricted Diet
Peoria County 2022
17%
37%
31%
15%
Never
Sometimes
Usually
Always

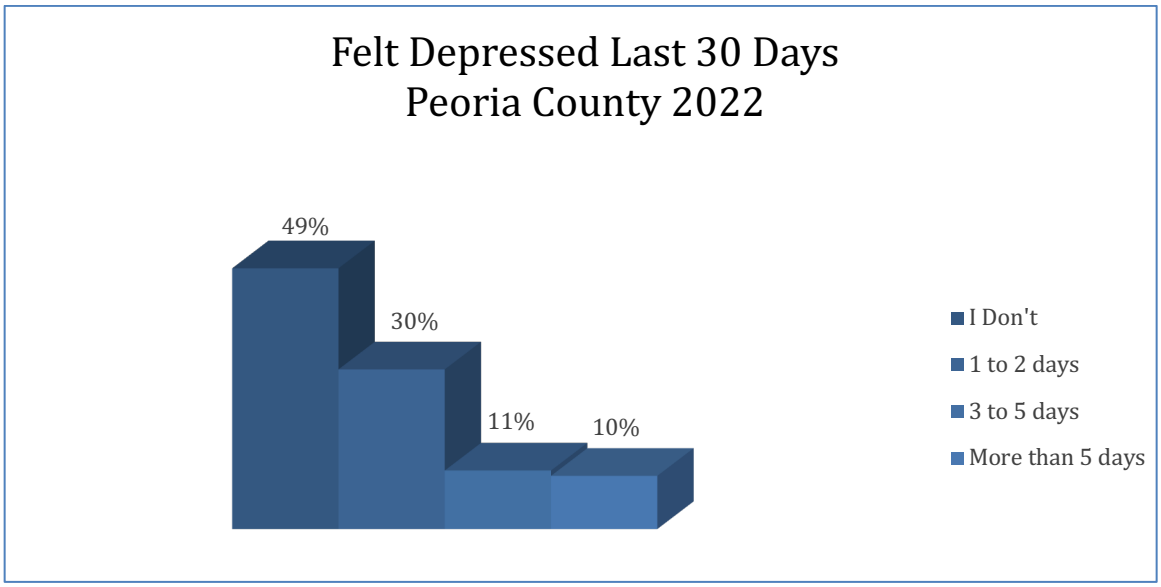

Self-Assessment of Overall Physical Health
Peoria County 2022
64%
21%
15%
Good
Average
Poor

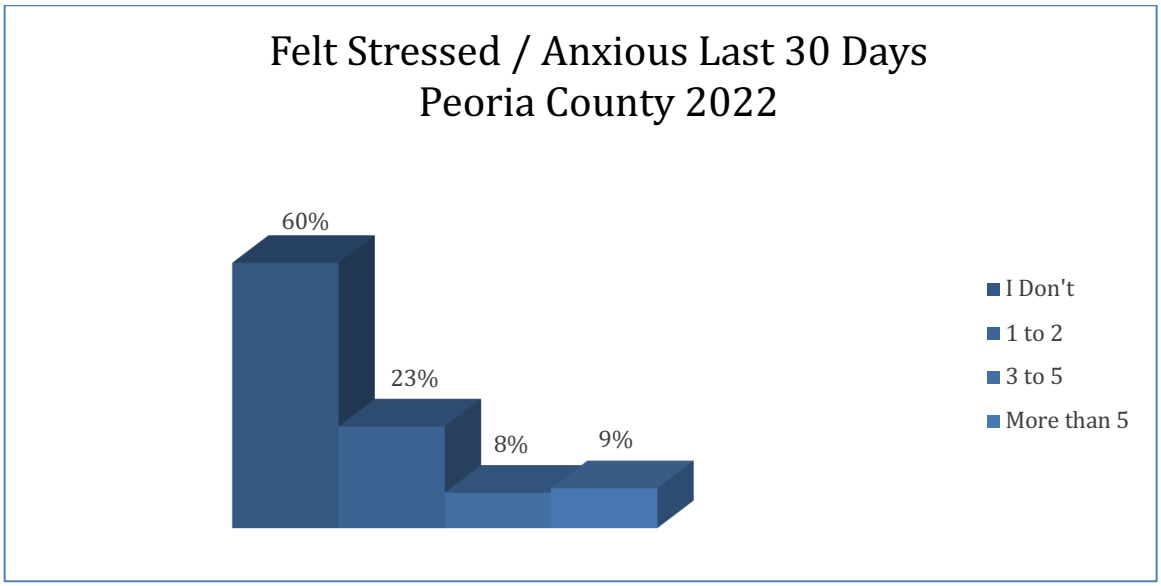

Self-Assessment of Overall Mental Health
Peoria County 2022
71%
19%
10%
Good
Average
Poor

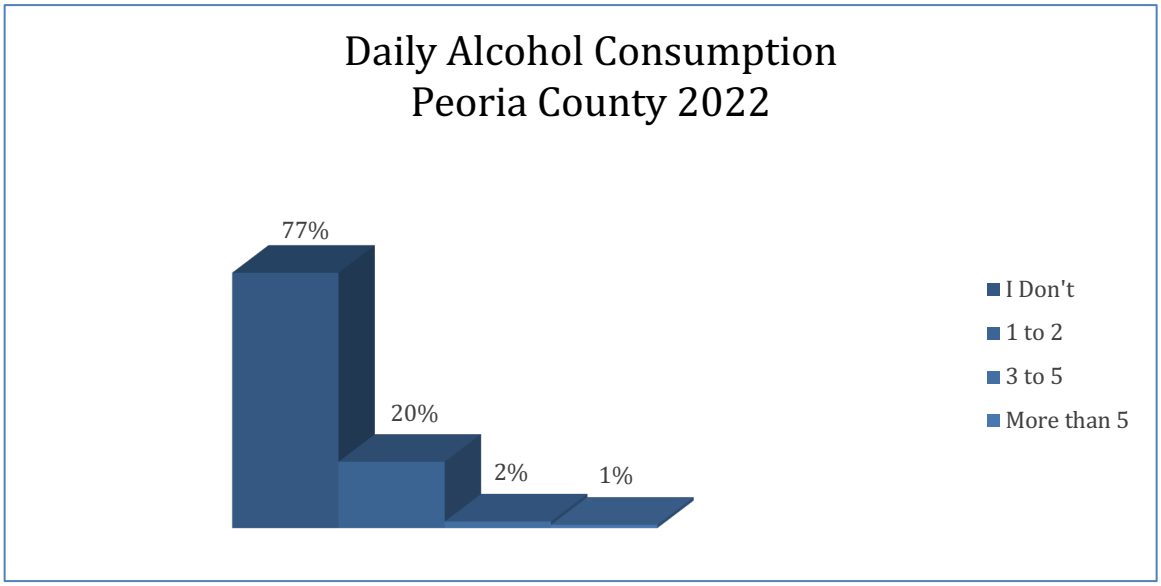

Cancer Screening in Past 5 years
Peoria County 2022
76%
65%
64%
27%
Breast (for women)
Cervical (for women)
Prostate (for men)
Colorectal (over age 50)

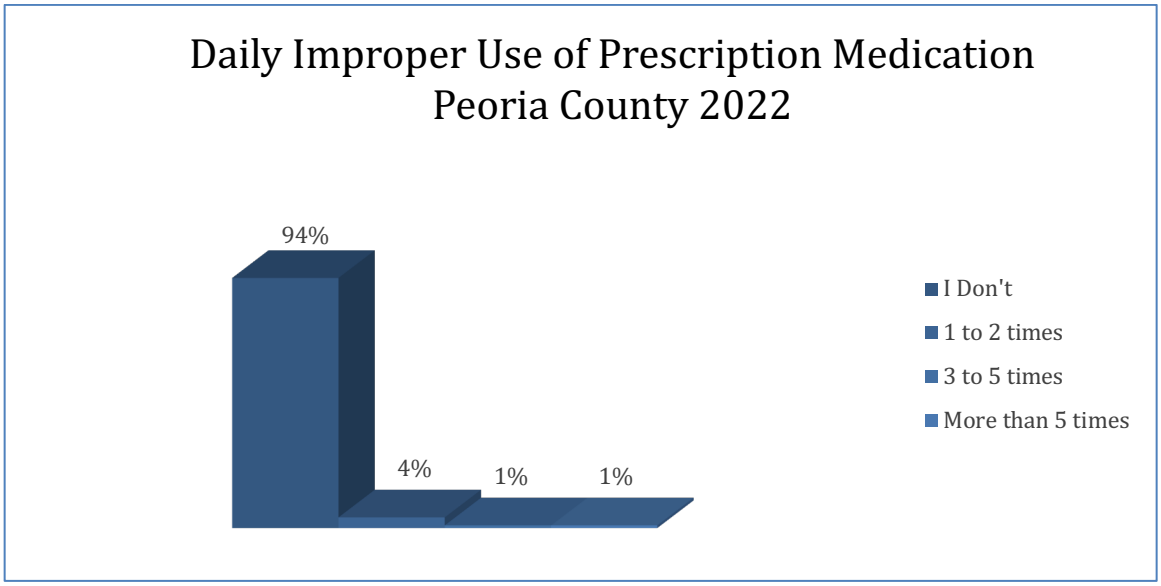

Frequency of Smoking
Peoria County 2022
87%
2%
2%
4%
5%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

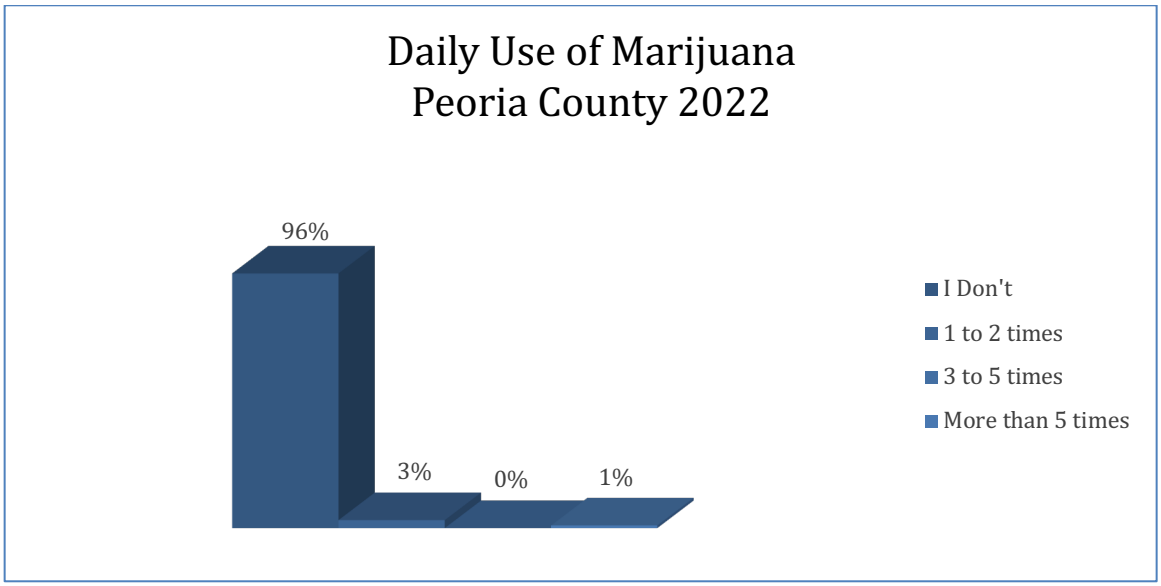

Frequency of Vaping
Peoria County 2022
98%
1%
0%
1%
0%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

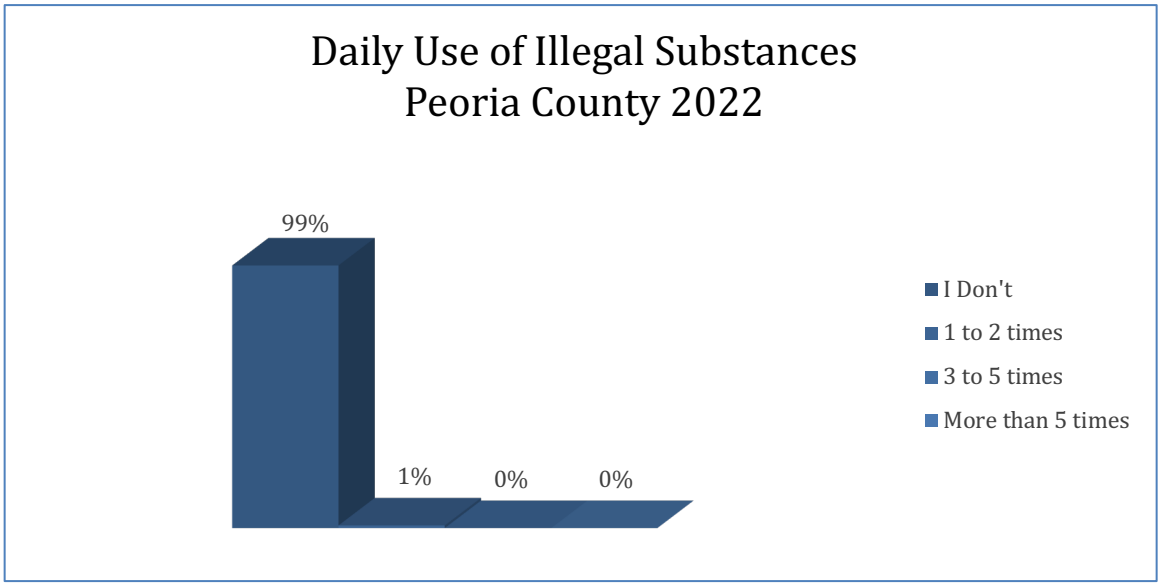

Felt Depressed Last 30 Days
Peoria County 2022
49%
30%
11%
10%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

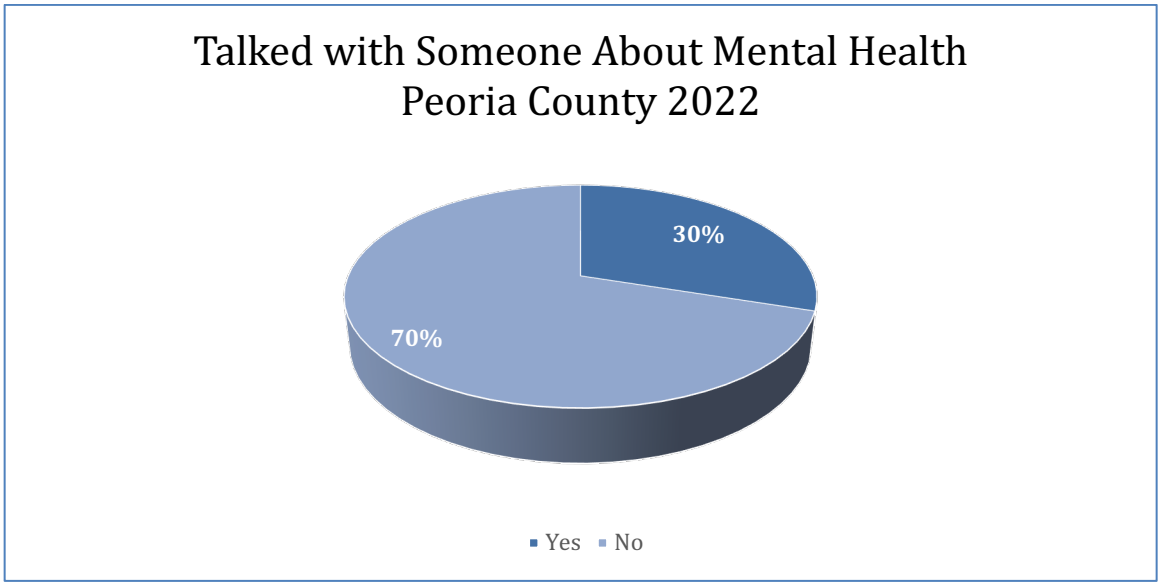

Felt Stressed / Anxious Last 30 Days
Peoria County 2022
60%
23%
8%
9%
I Don't
1 to 2
3 to 5
More than 5

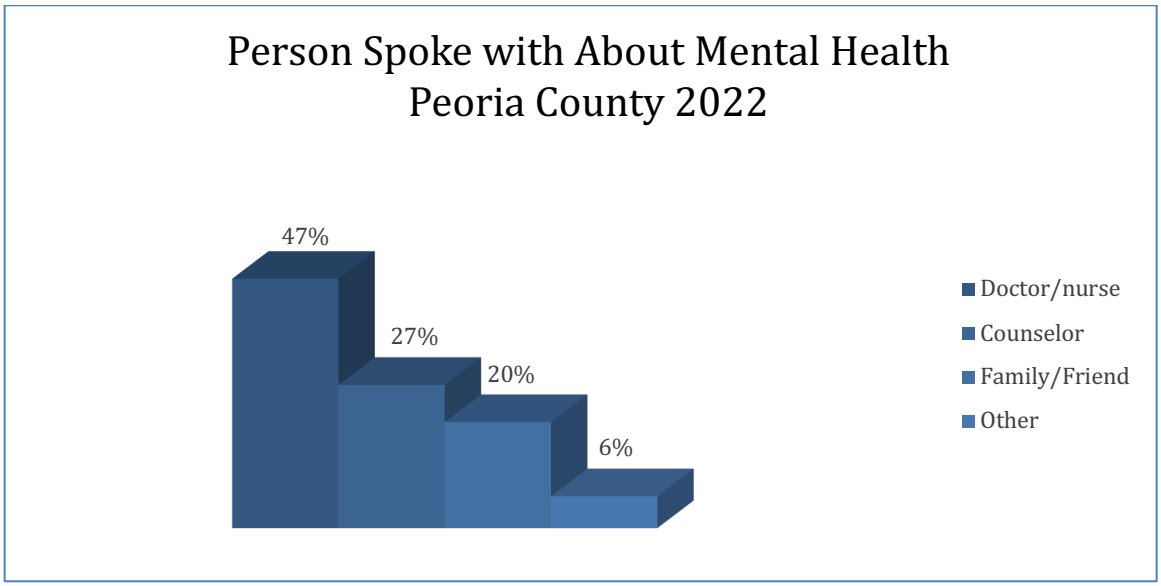

Daily Alcohol Consumption
Peoria County 2022
77%
20%
2%
1%
I Don't
1 to 2
3 to 5
More than 5

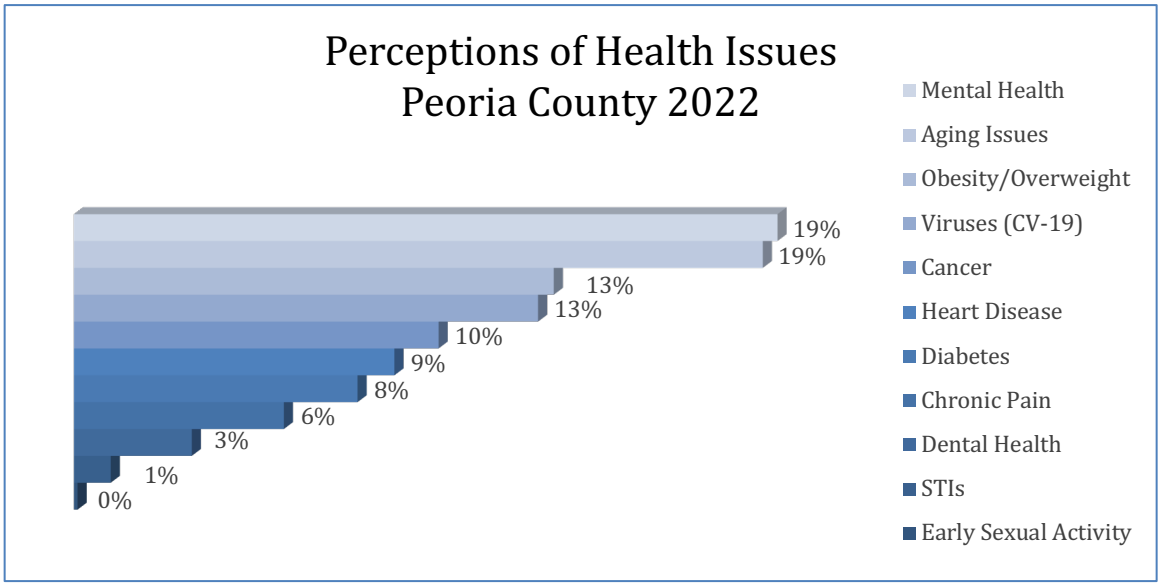

Daily Improper Use of Prescription Medication
Peoria County 2022
94%
4%
1%
1%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

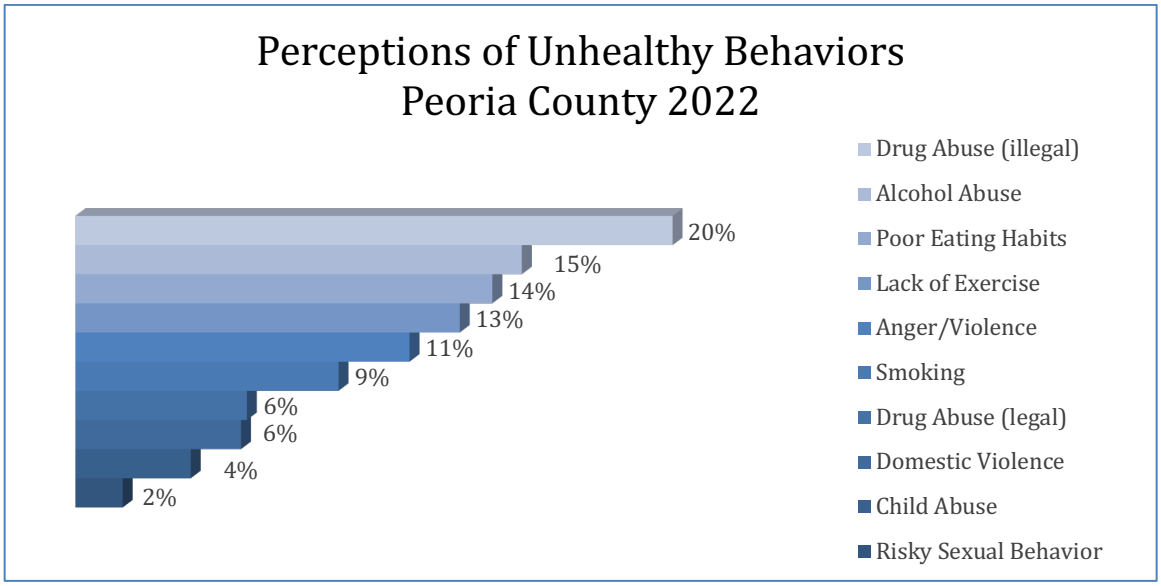

Daily Use of Marijuana
Peoria County 2022
96%
3%
0%
1%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

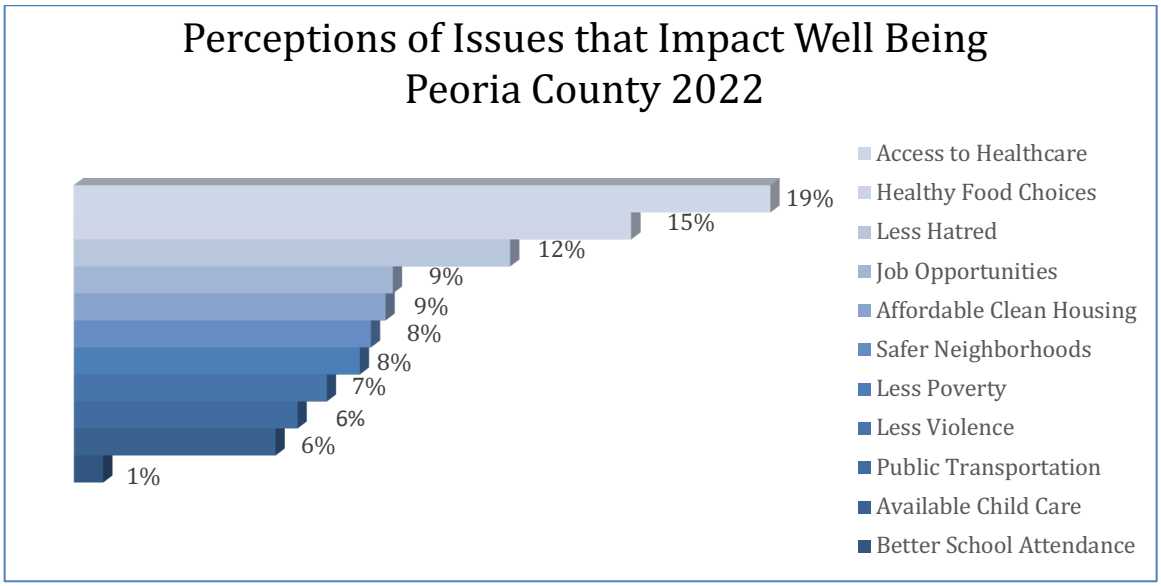

Daily Use of Illegal Substances
Peoria County 2022
99%
1%
0%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

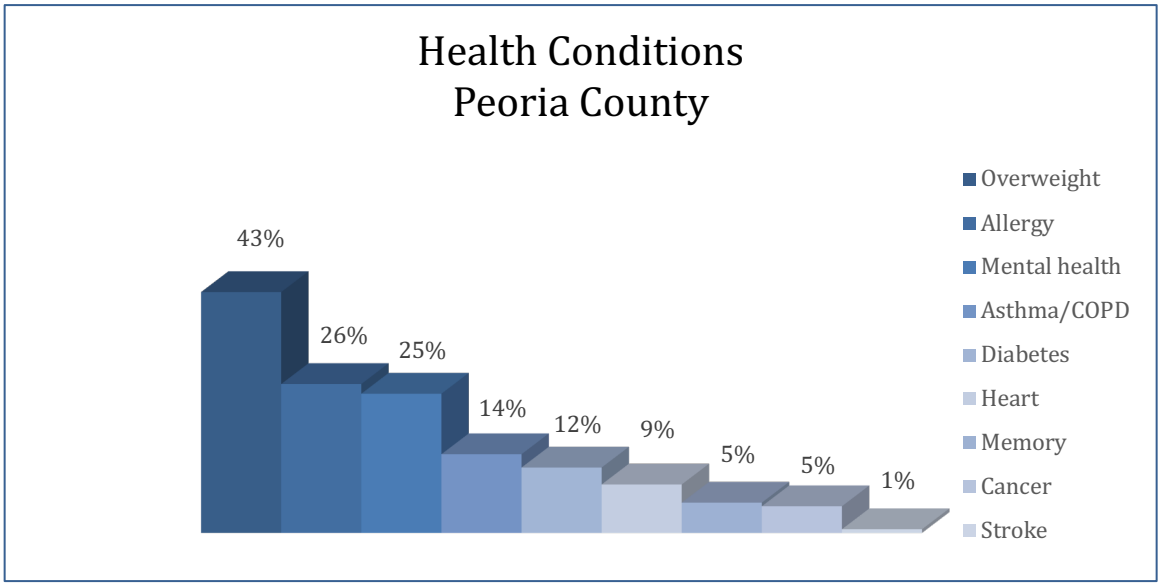

Talked with Someone About Mental Health
Peoria County 2022
30%
70%
Yes
No

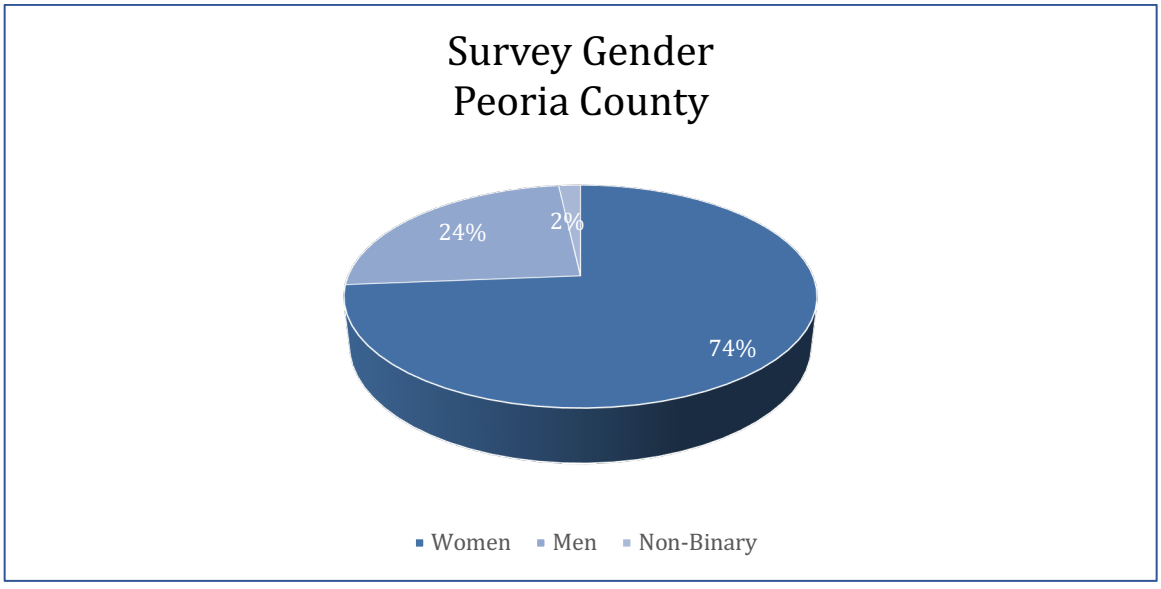

Person Spoke with About Mental Health
Peoria County 2022
47%
27%
20%
6%
Doctor/nurse
Counselor
Family/Friend
Other

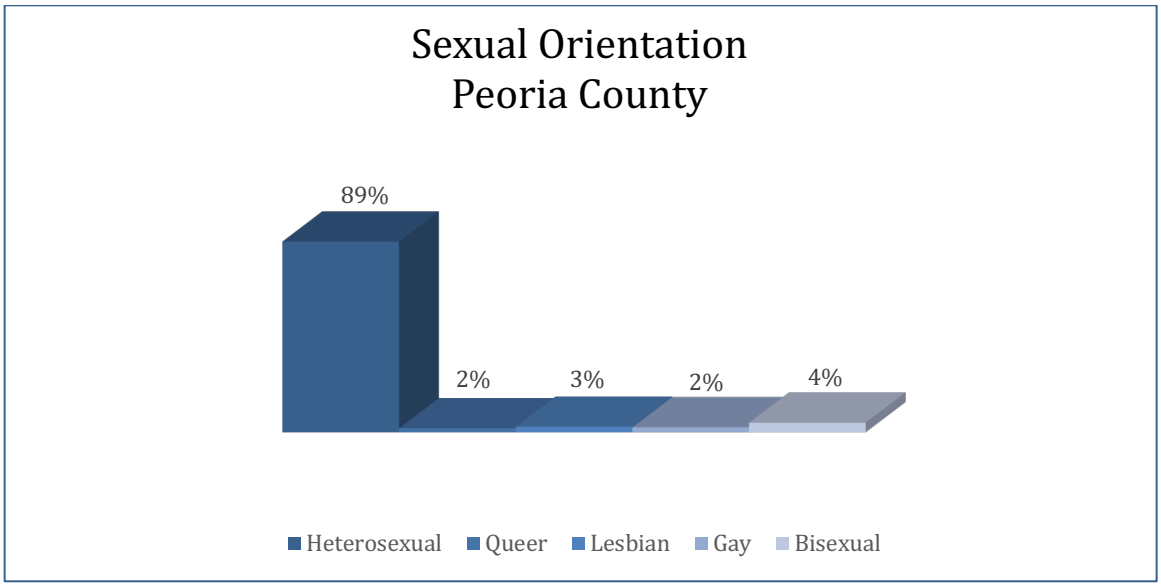

Perceptions of Health Issues
Peoria County 2022
19%
19%
13%
13%
10%
9%
8%
6%
3%
1%
0%
Mental Health
Aging Issues
Obesity/Overweight
Viruses (CV-19)
Cancer
Heart Disease
Diabetes
Chronic Pain
Dental Health
STIs
Early Sexual Activity

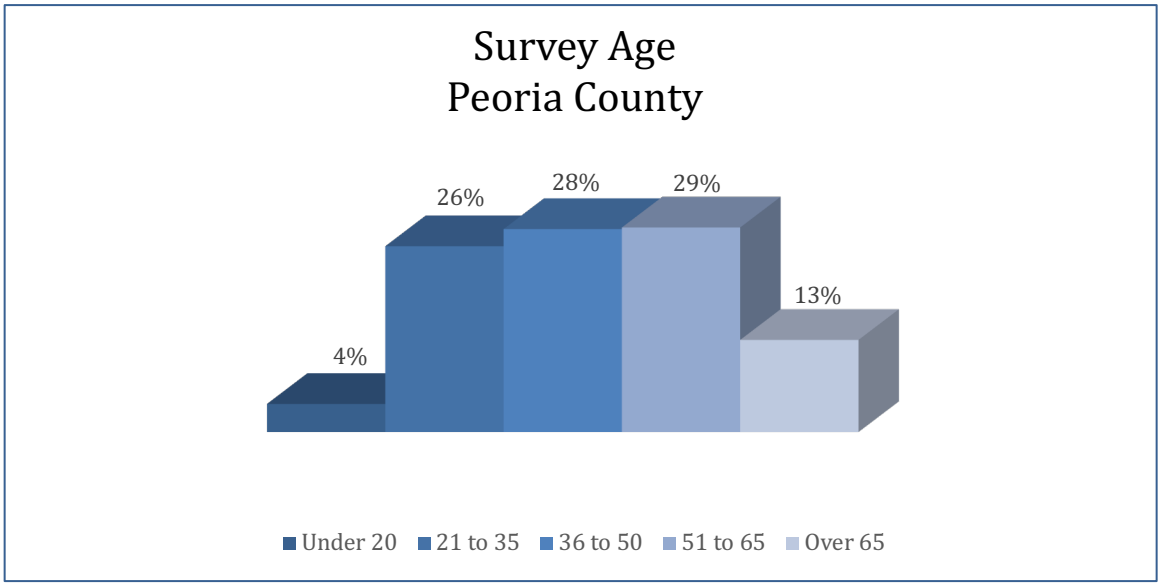

Perceptions of Unhealthy Behaviors
Peoria County 2022
20%
15%
14%
13%
11%
9%
6%
6%
4%
2%
Drug Abuse (illegal)
Alcohol Abuse
Poor Eating Habits
Lack of Exercise
Anger/Violence
Smoking
Drug Abuse (legal)
Domestic Violence
Child Abuse
Risky Sexual Behavior

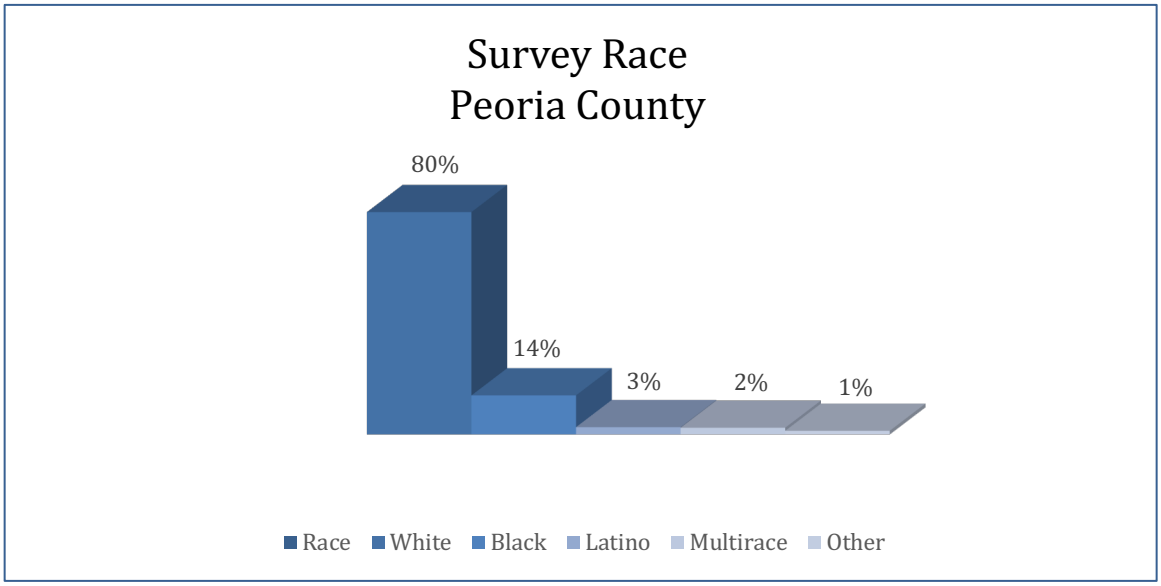

Perceptions of Issues that Impact Well Being
Peoria County 2022
19%
15%
12%
9%
9%
8%
8%
7%
6%
6%
1%
Access to Healthcare
Healthy Food Choices
Less Hatred
Job Opportunities
Affordable Clean Housing
Safer Neighborhoods
Less Poverty
Less Violence
Public Transportation
Available Child Care
Better School Attendance

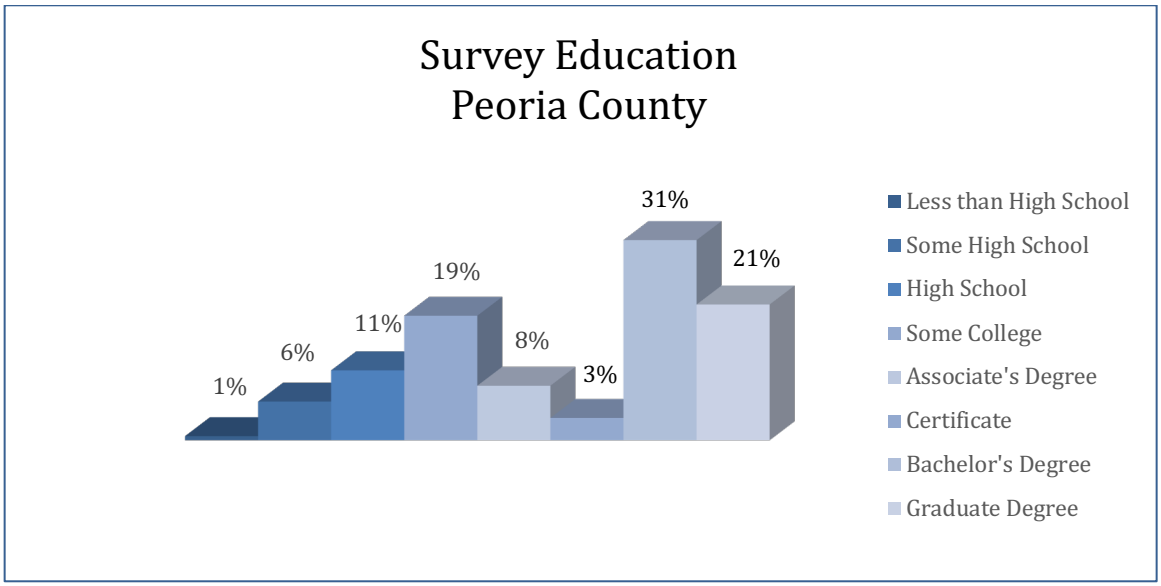

Health Conditions
Peoria County
43%
26%
25%
14%
12%
9%
5%
5%
1%
Overweight
Allergy
Mental health
Asthma/COPD
Diabetes
Heart
Memory
Cancer
Stroke

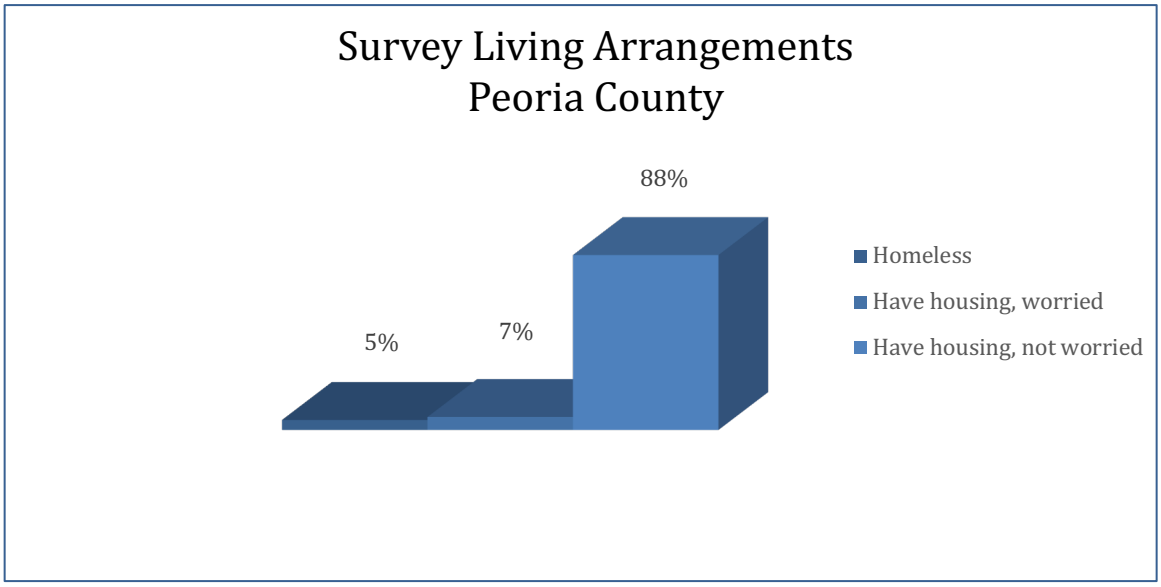

Survey Gender
Peoria County
24%
2%
74%
Women
Men
Non-Binary

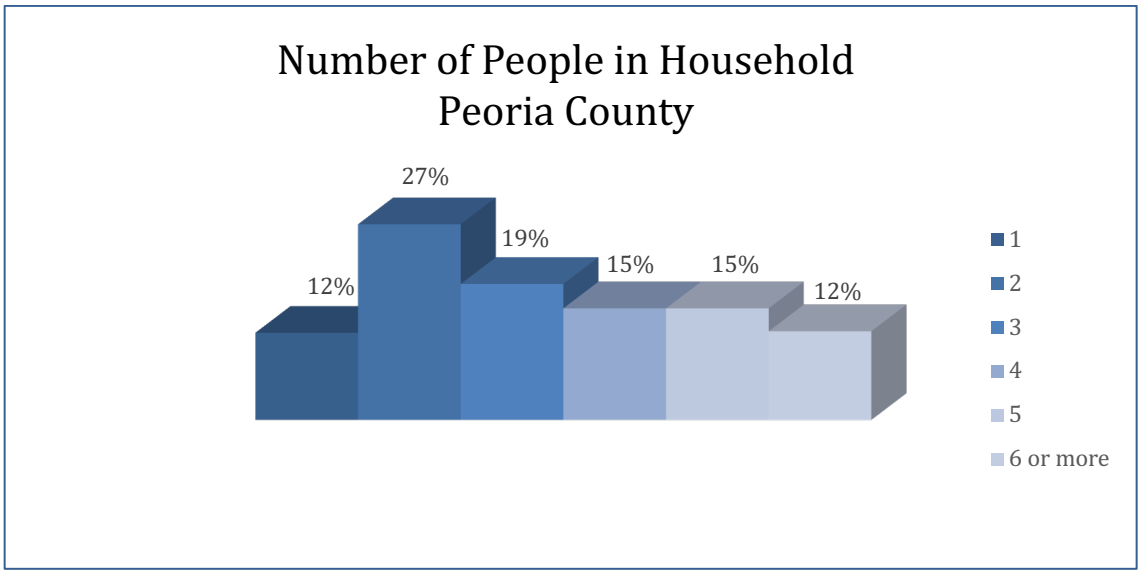

Sexual Orientation
Peoria County
89%
2%
3%
2%
4%
Heterosexual
Queer
Lesbian
Gay
Bisexual

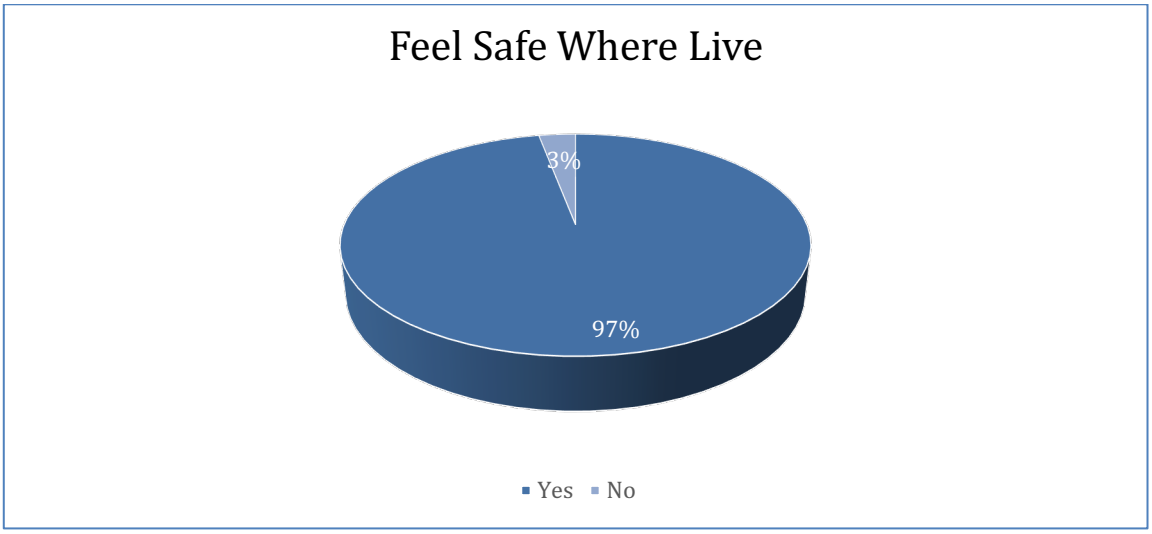

Survey Age
Peoria County
4%
26%
28%
29%
13%
Under 20
21 to 35
36 to 50
51 to 65
Over 65

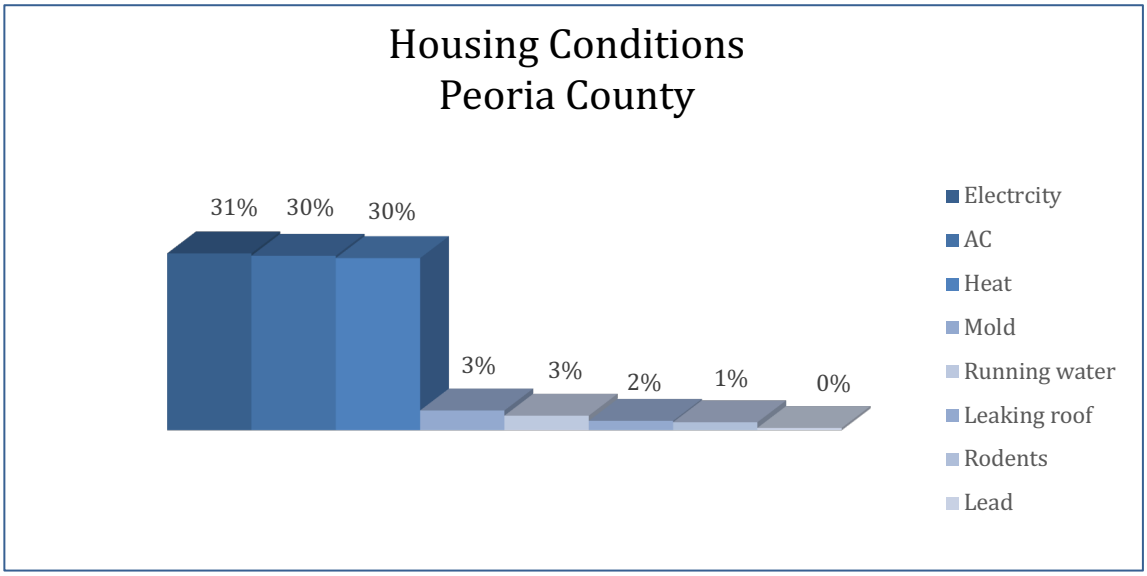

Survey Race
Peoria County
80%
14%
3%
2%
1%
Race
White
Black
Latino
Multirace
Other

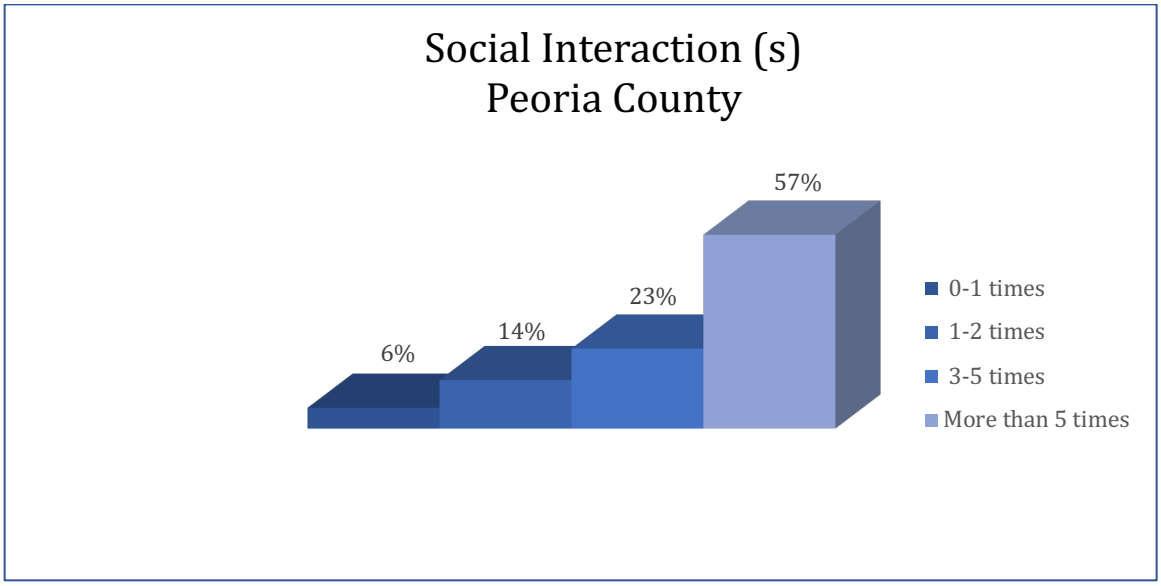

Survey Education
Peoria County
1%
6%
11%
19%
8%
3%
31%
21%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
Peoria County
5%
7%
88%
Homeless
Have housing, worried
Have housing, not worried

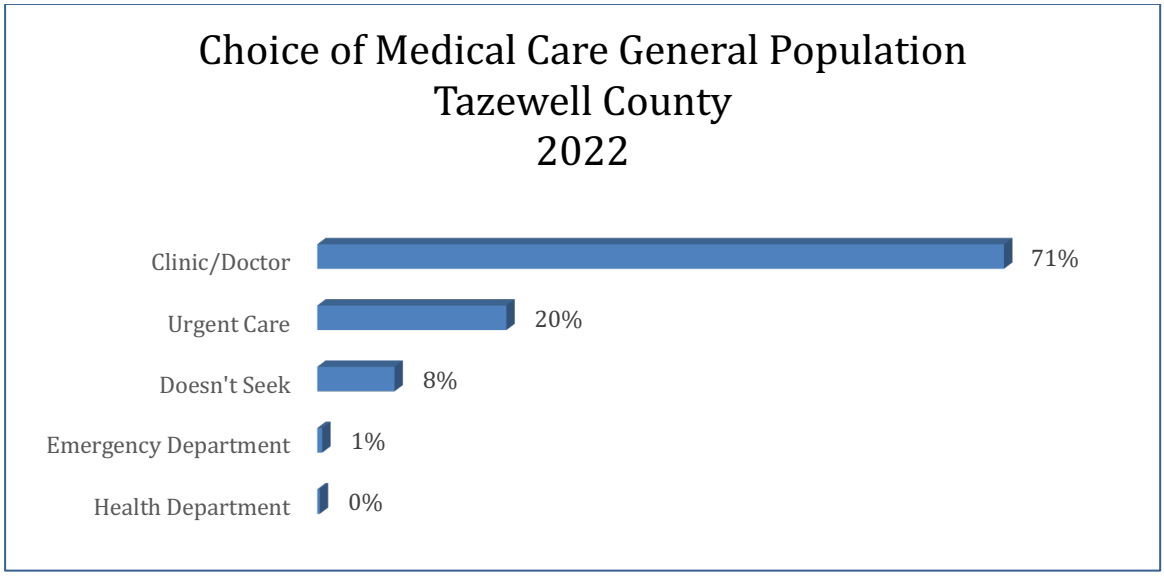

Number of People in Household
Peoria County
12%
27%
19%
15%
15%
12%
1
2
3
4
5
6 or more

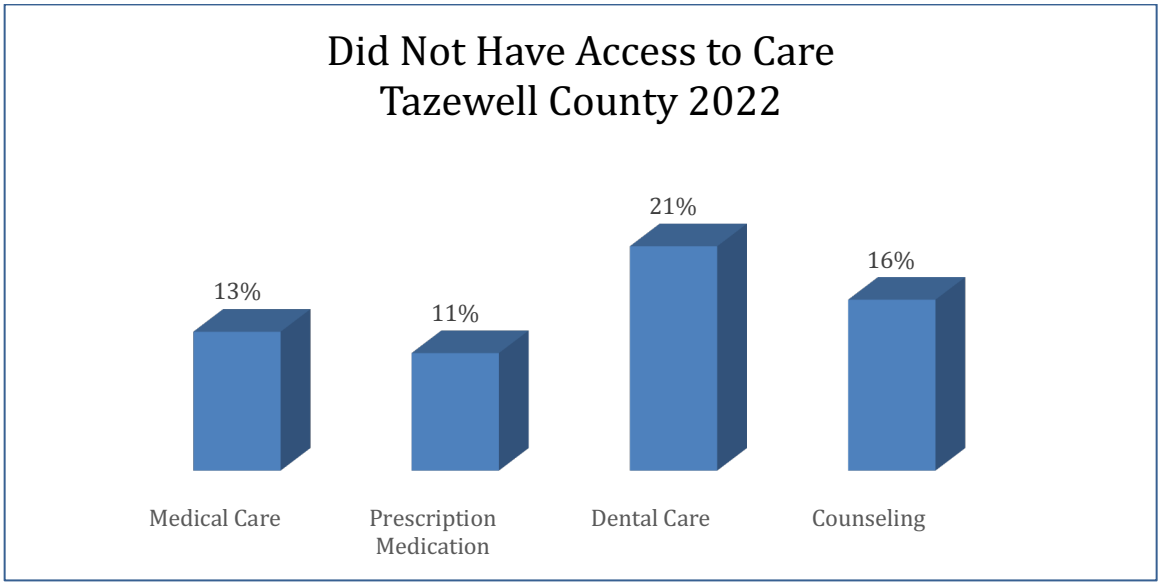

Feel Safe Where Live
3%
97%
Yes
No

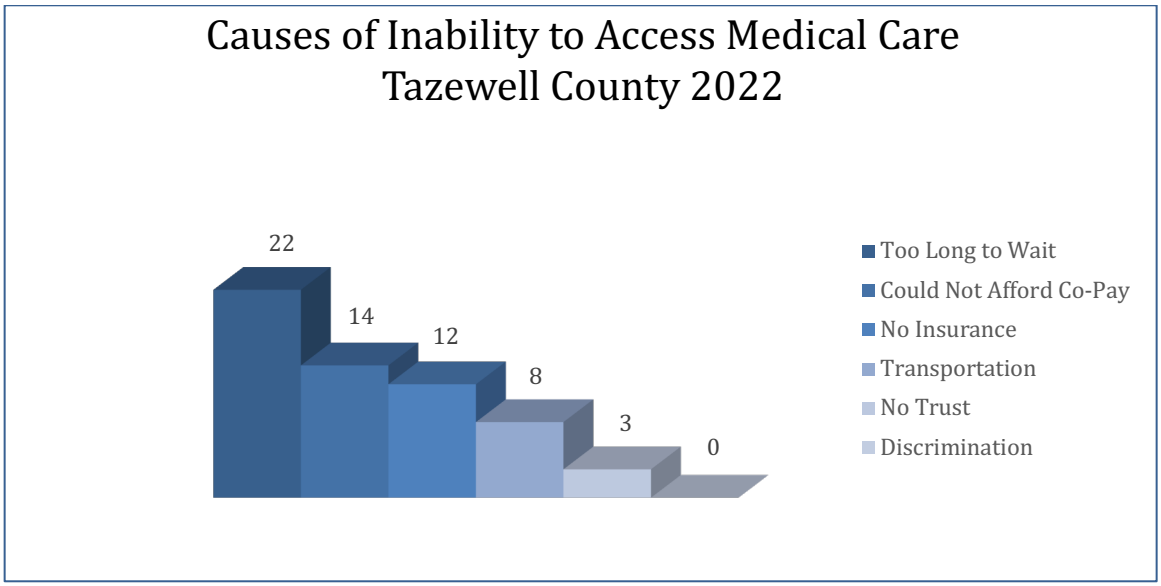

Housing Conditions
Peoria County
31%
30%
30%
3%
3%
2%
1%
0%
Electrcity
AC
Heat
Mold
Running water
Leaking roof
Rodents
Lead

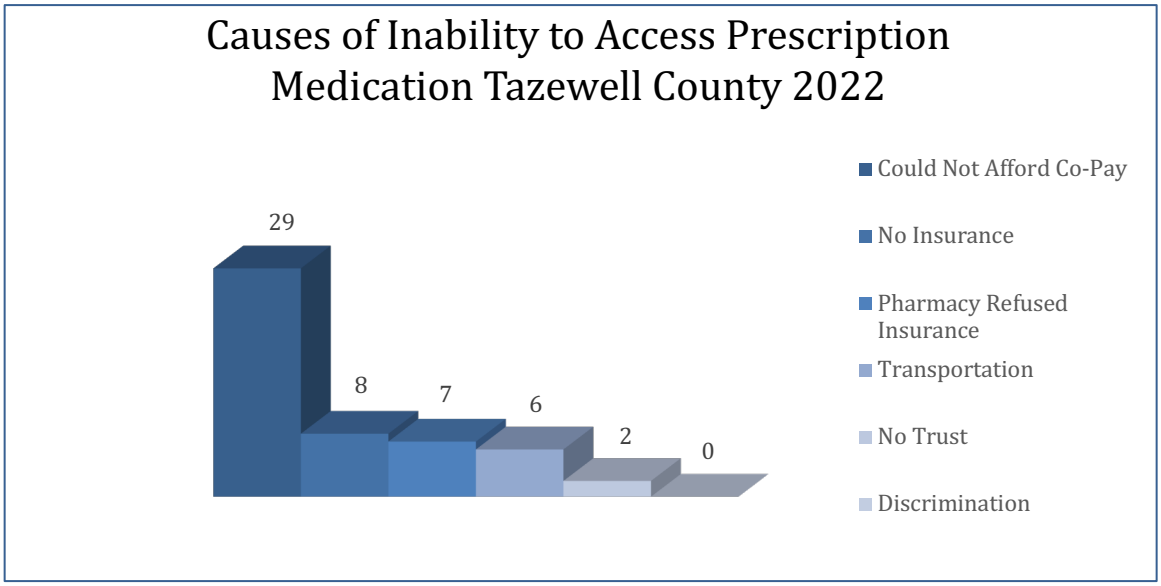

Social Interaction (s)
Peoria County
6%
14%
23%
57%
0-1 times
1-2 times
3-5 times
More than 5 times

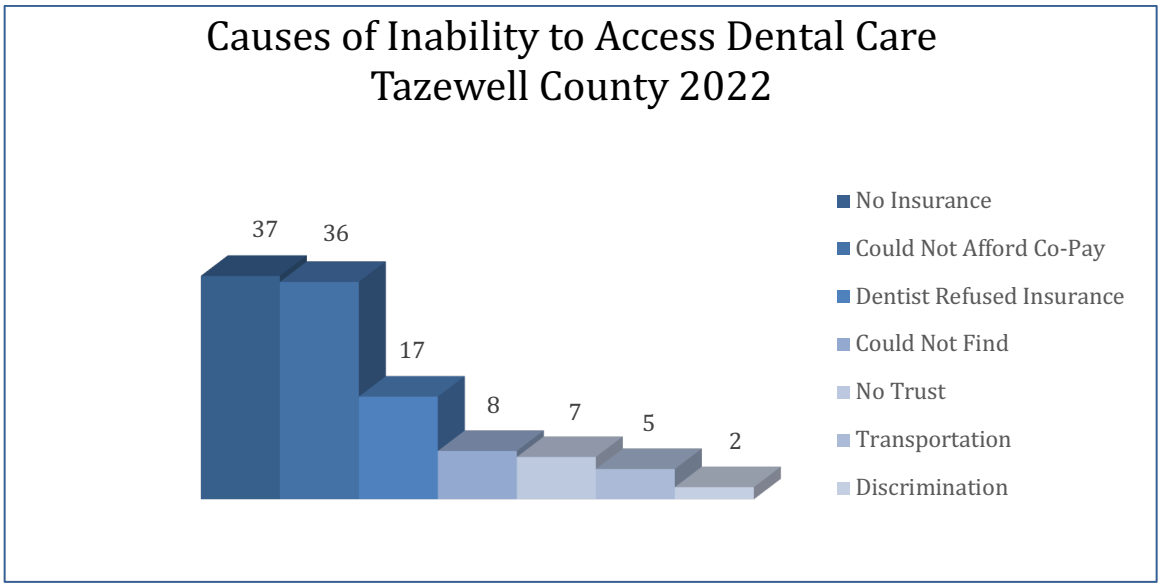
APPENDIX 8: CHNA SURVEY RESULTS FOR TAZEWELL COUNTY 2022

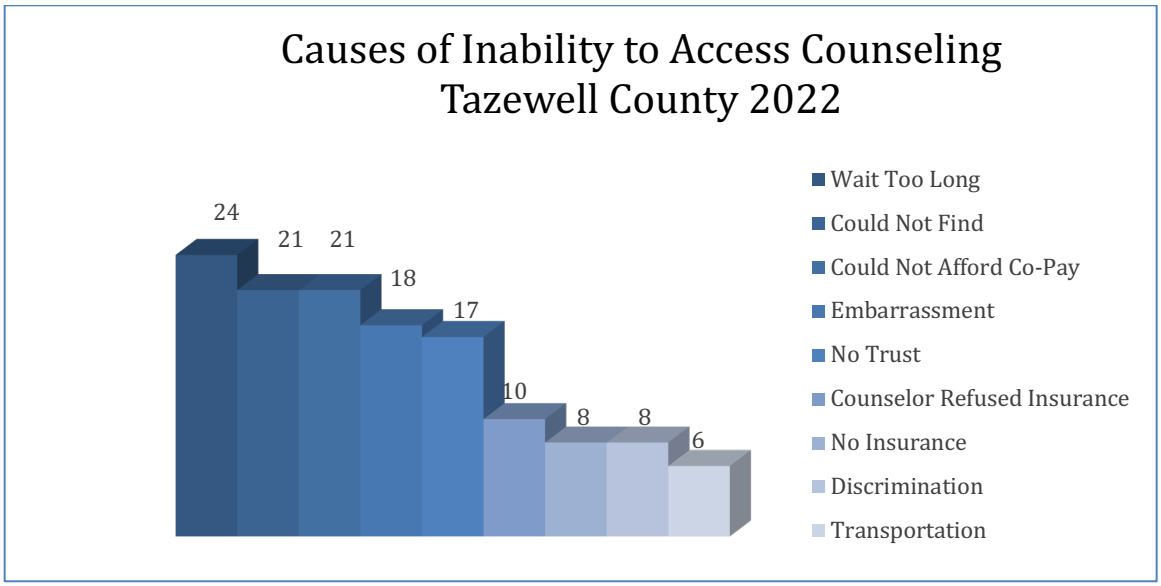


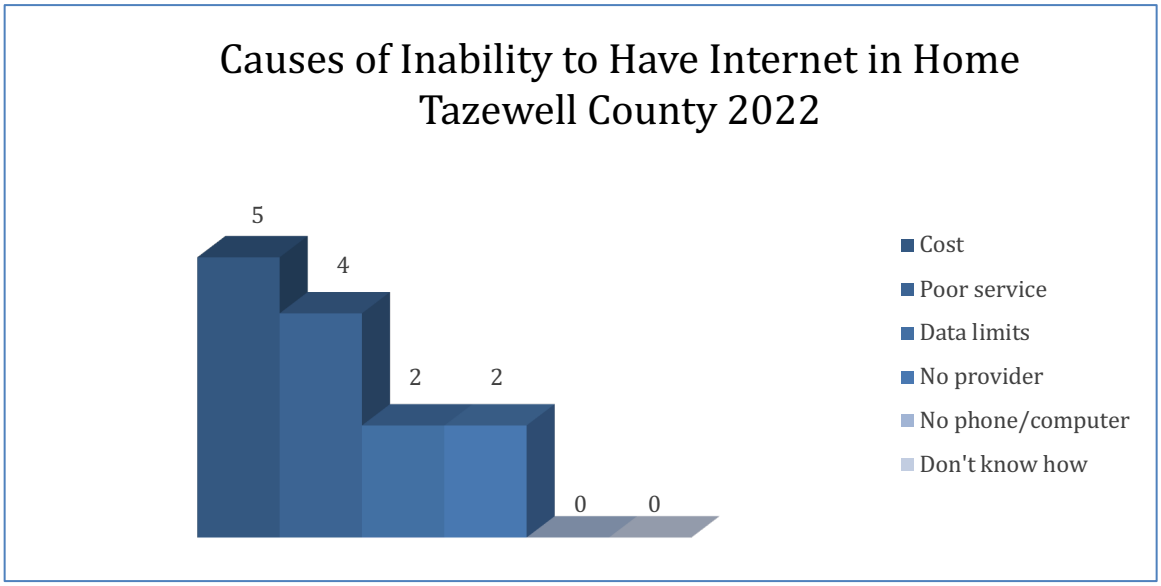


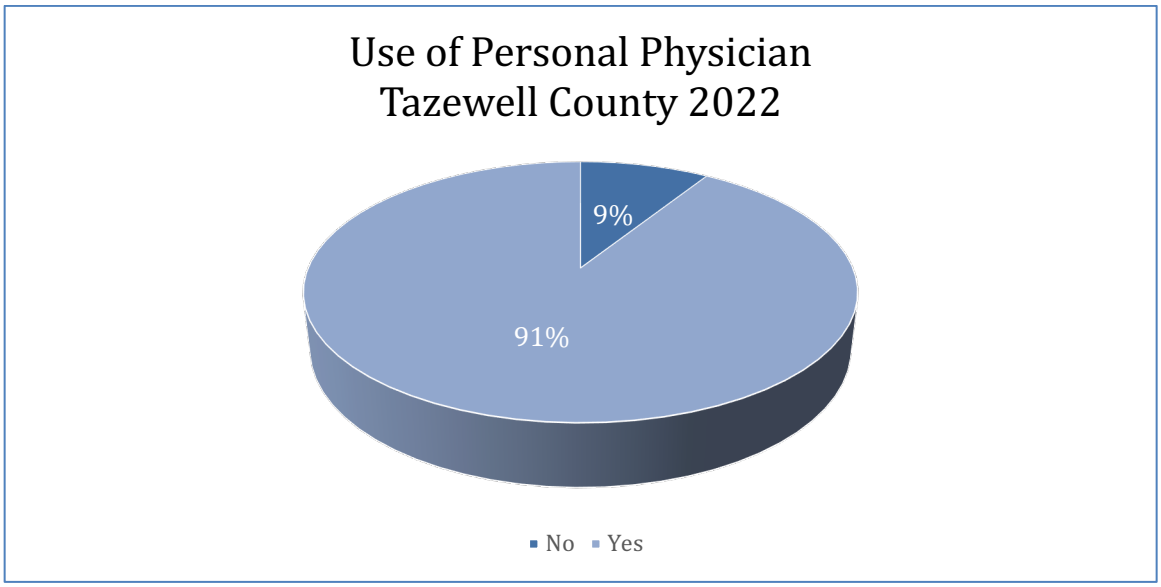

Causes of Inability to Access Medical Care
Tazewell County 2022
22
14
12
8
3
0
Too Long to Wait
Could Not Afford Co-Pay
No Insurance
Transportation
No Trust
Discrimination

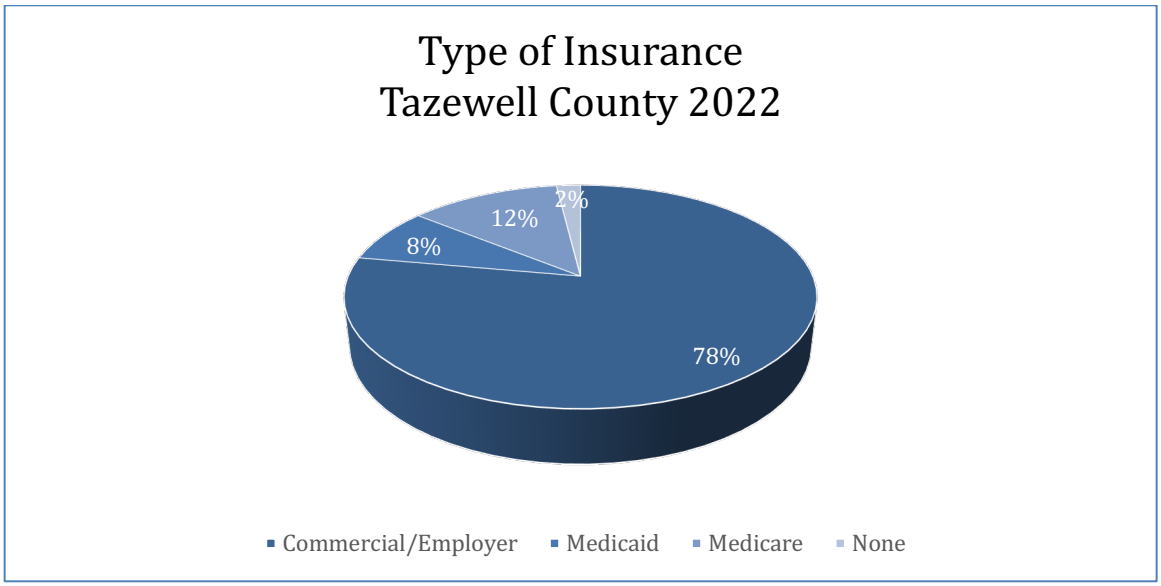

Causes of Inability to Access Prescription
Medication Tazewell County 2022
29
8
7
6
2
0
Could Not Afford Co-Pay
No Insurance
Pharmacy Refused Insurance
Transportation
No Trust
Discrimination

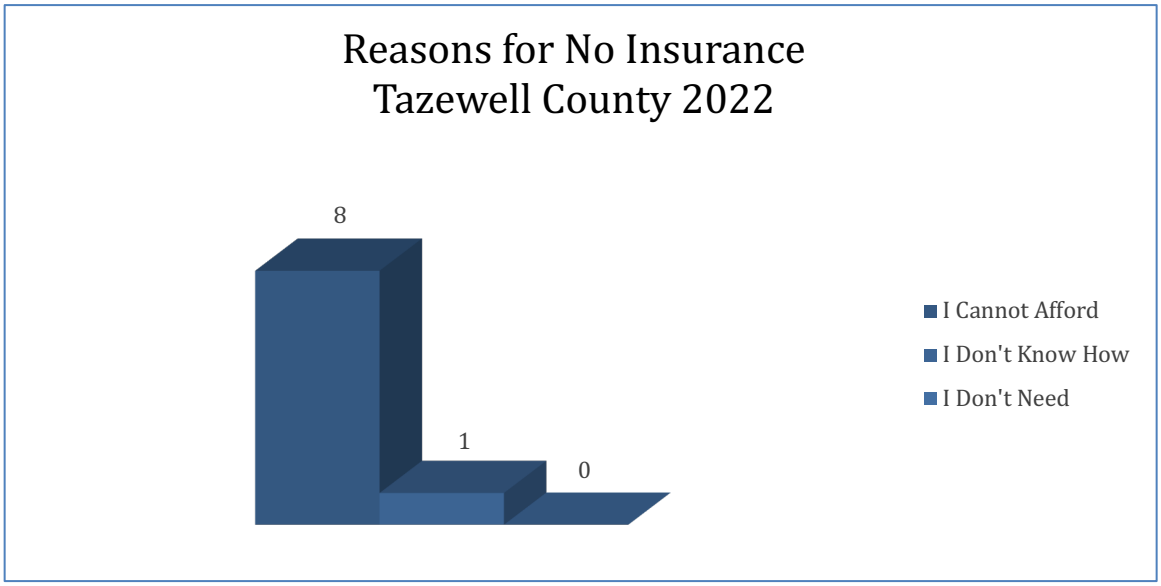

Causes of Inability to Access Dental Care
Tazewell County 2022
37
36
17
8
7
5
2
No Insurance
Could Not Afford Co-Pay
Dentist Refused Insurance
Could Not Find
No Trust
Transportation
Discrimination

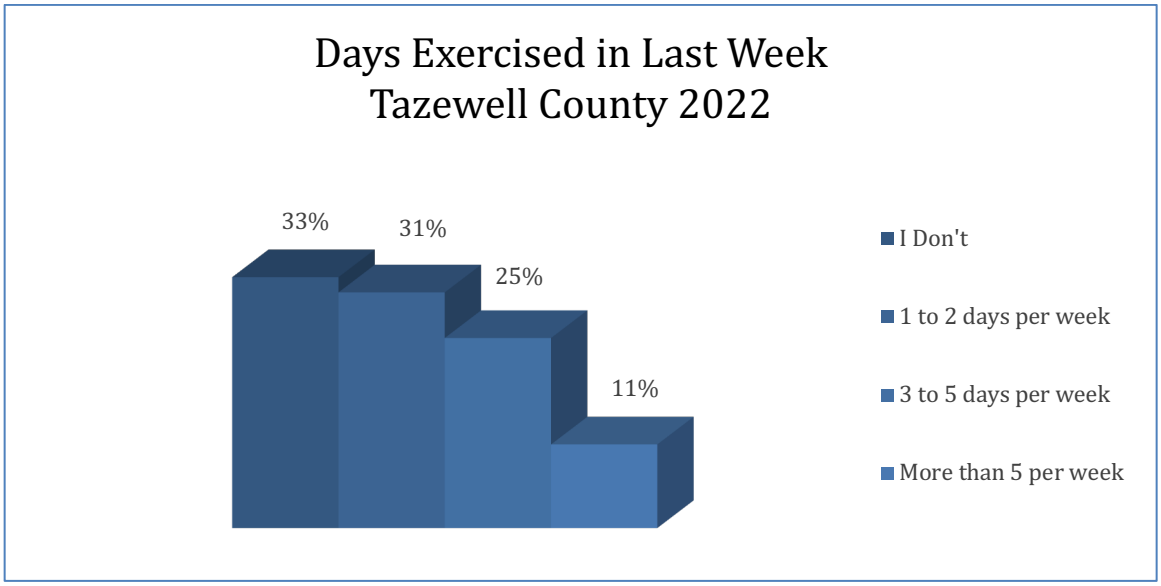

Causes of Inability to Access Counseling
Tazewell County 2022
24
21
21
18
17
10
8
8
6
Wait Too Long
Could Not Find
Could Not Afford Co-Pay
Embarrassment
No Trust
Counselor Refused Insurance
No Insurance
Discrimination
Transportation

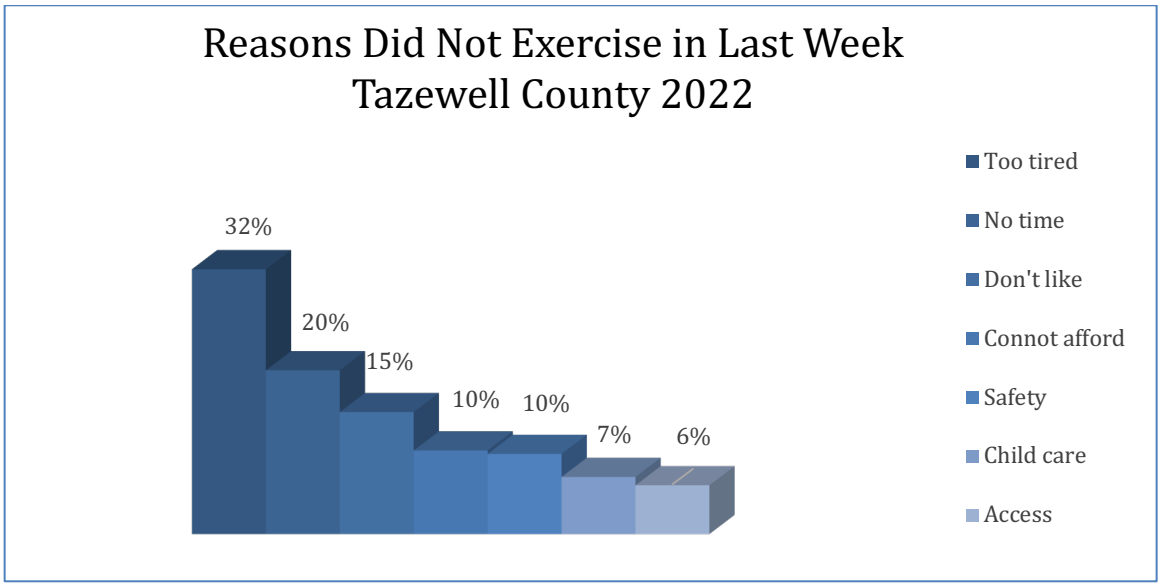

Causes of Inability to Have Internet in Home
Tazewell County 2022
5
4
2
2
0
0
Cost
Poor service
Data limits
No provider
No phone/computer
Don't know how

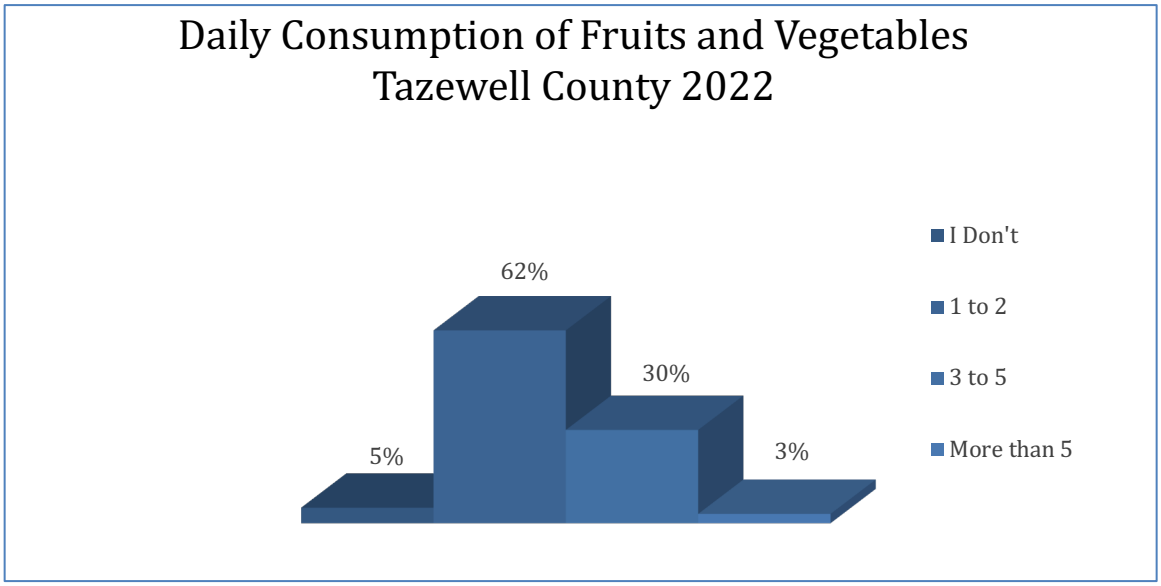

Use of Personal Physician
Tazewell County 2022
9%
91%
No
Yes

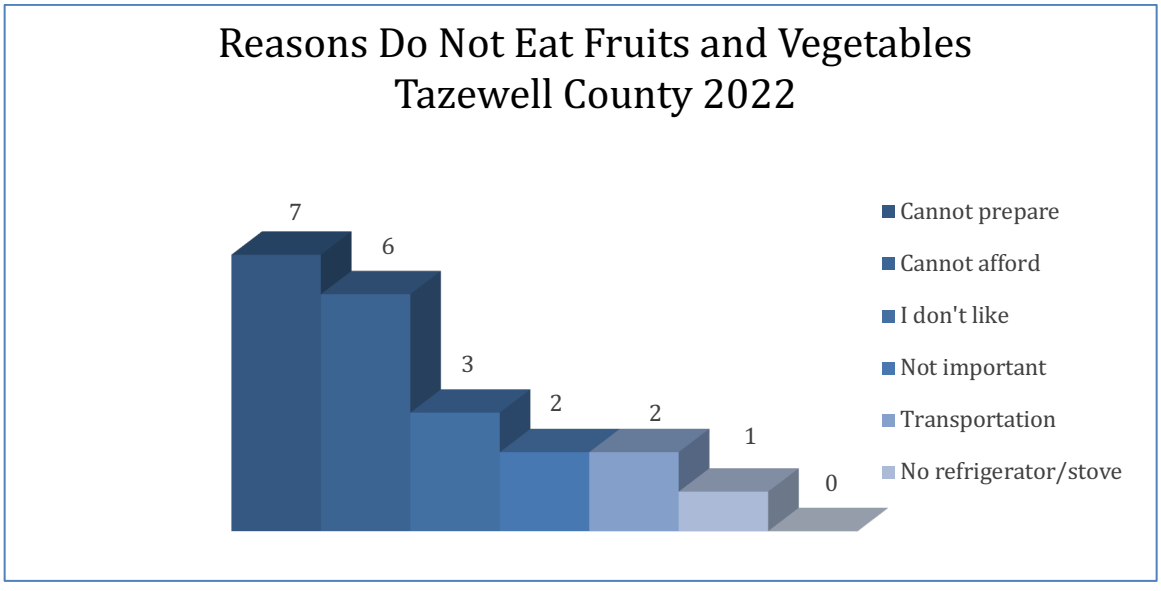

Type of Insurance
Tazewell County 2022
2%
12%
8%
78%
Commercial/Employer
Medicaid
Medicare
None

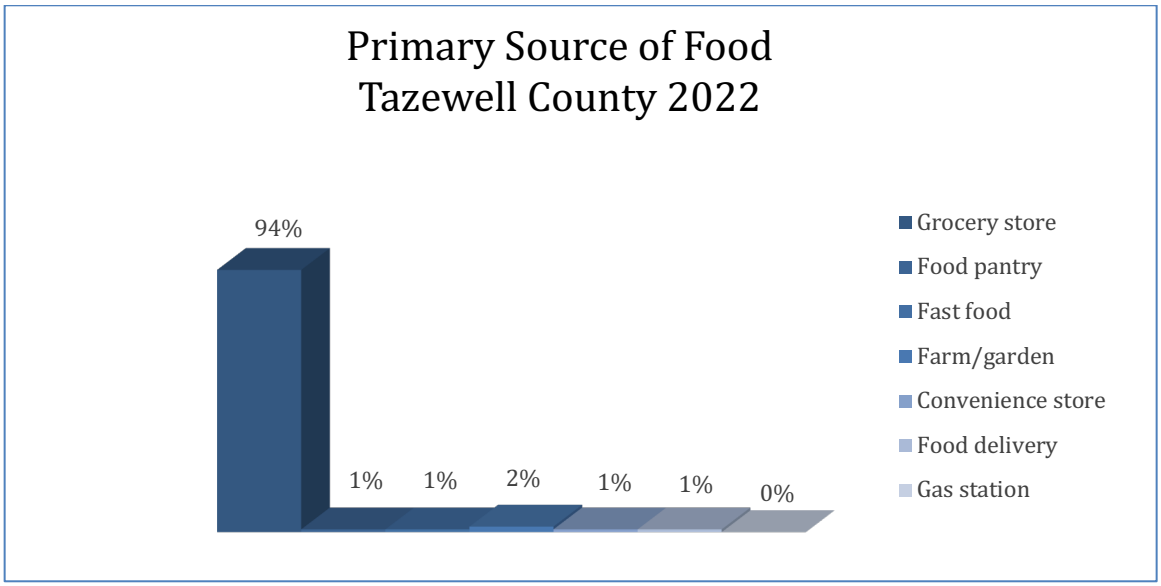

Reasons for No Insurance
Tazewell County 2022
8
1
0
I Cannot Afford
I Don't Know How
I Don't Need

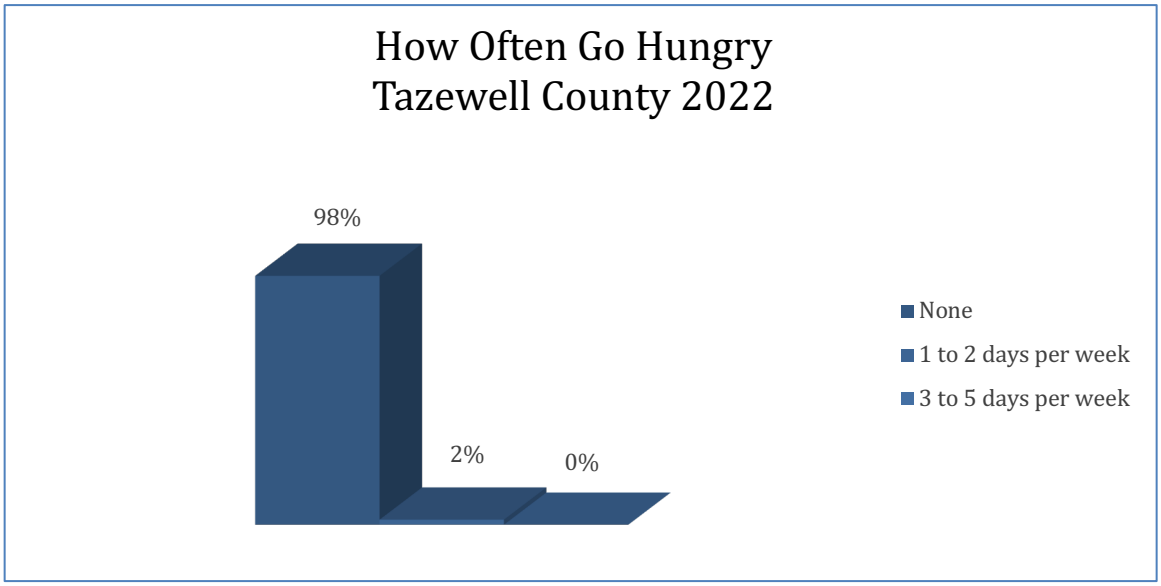

Days Exercised in Last Week
Tazewell County 2022
33%
31%
25%
11%
I Don't
1 to 2 days per week
3 to 5 days per week
More than 5 per week

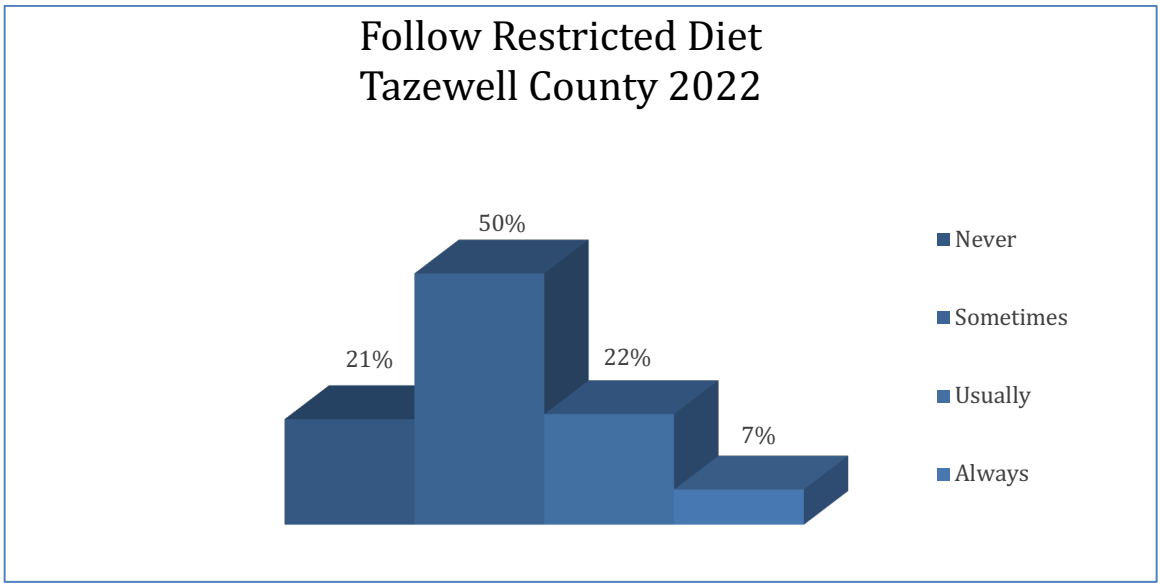

Reasons Did Not Exercise in Last Week
Tazewell County 2022
32%
20%
15%
10%
10%
7%
6%
Too tired
No time
Don't like
Connot afford
Safety
Child care
Access

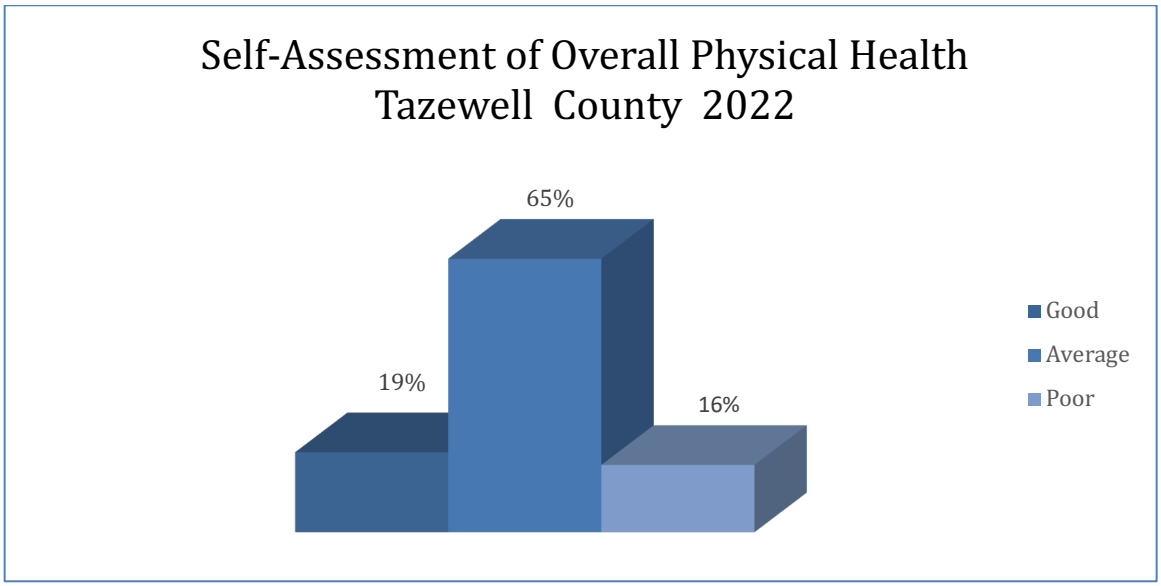

Daily Consumption of Fruits and Vegetables
Tazewell County 2022
62%
30%
5%
3%
I Don't
1 to 2
3 to 5
More than 5

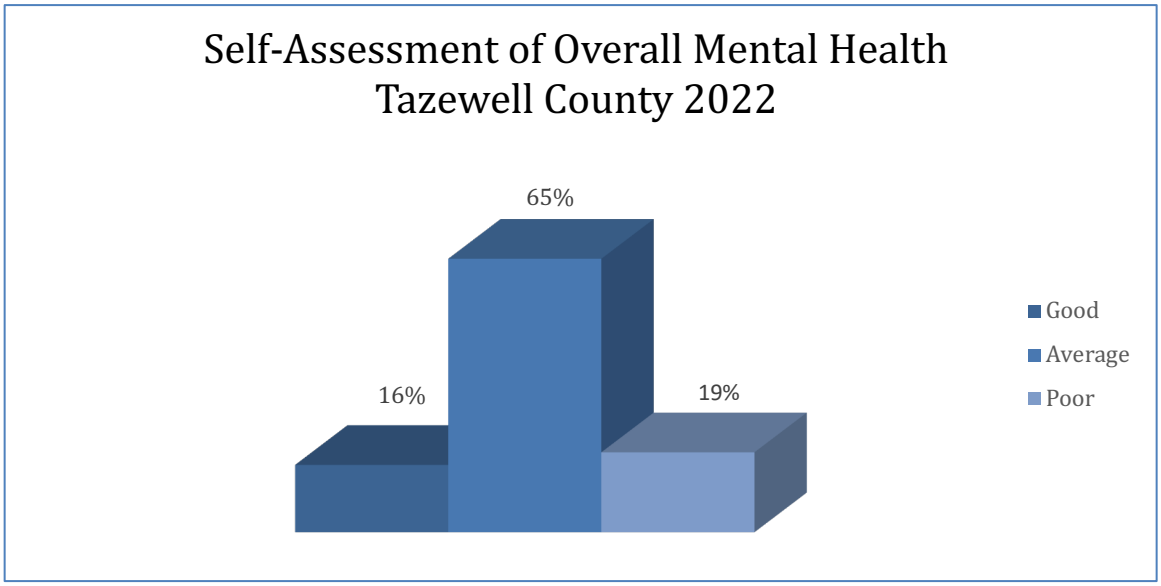

Reasons Do Not Eat Fruits and Vegetables
Tazewell County 2022
7
6
3
2
2
1
0
Cannot prepare
Cannot afford
I don't like
Not important
Transportation
No refrigerator/stove

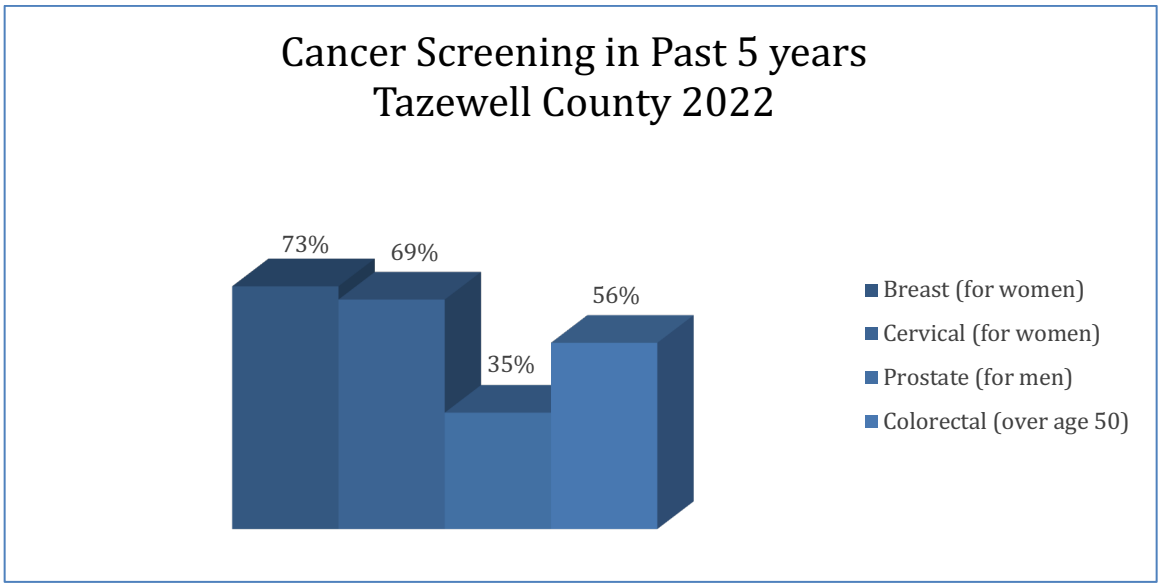

Primary Source of Food
Tazewell County 2022
94%
1%
1%
2%
1%
1%
0%
Grocery store
Food pantry
Fast food
Farm/garden
Convenience store
Food delivery
Gas station

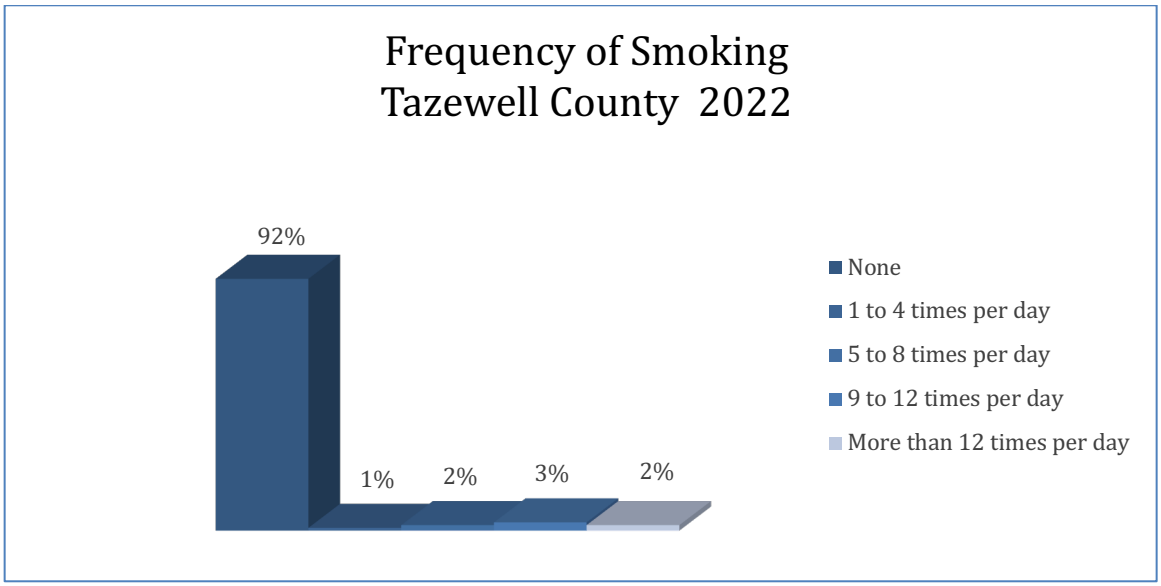

How Often Go Hungry
Tazewell County 2022
98%
2%
0%
None
1 to 2 days per week
3 to 5 days per week

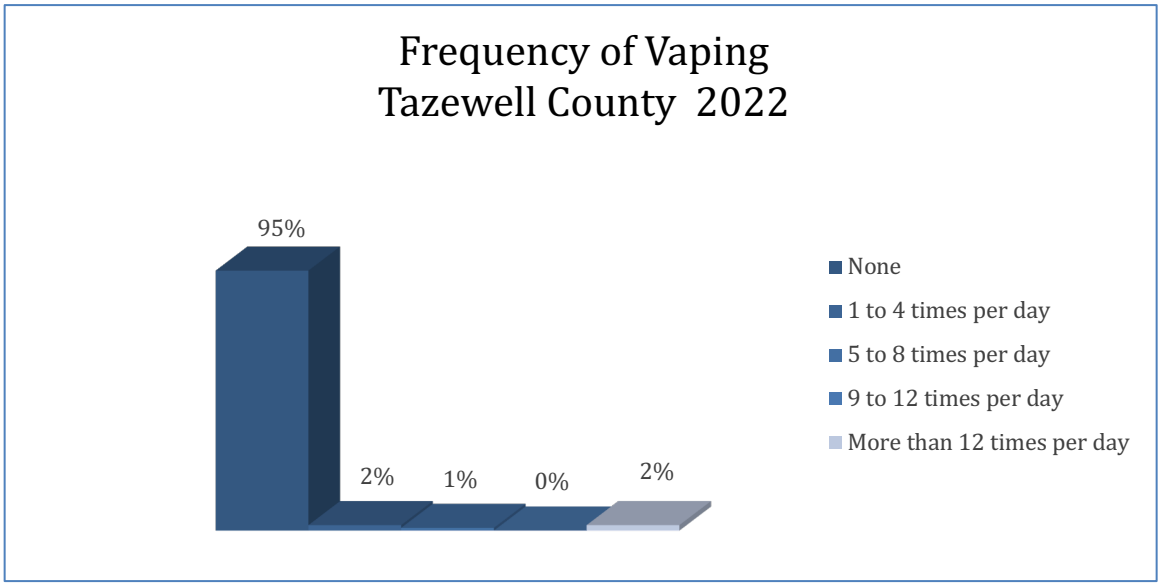

Follow Restricted Diet
Tazewell County 2022
21%
50%
22%
7%
Never
Sometimes
Usually
Always

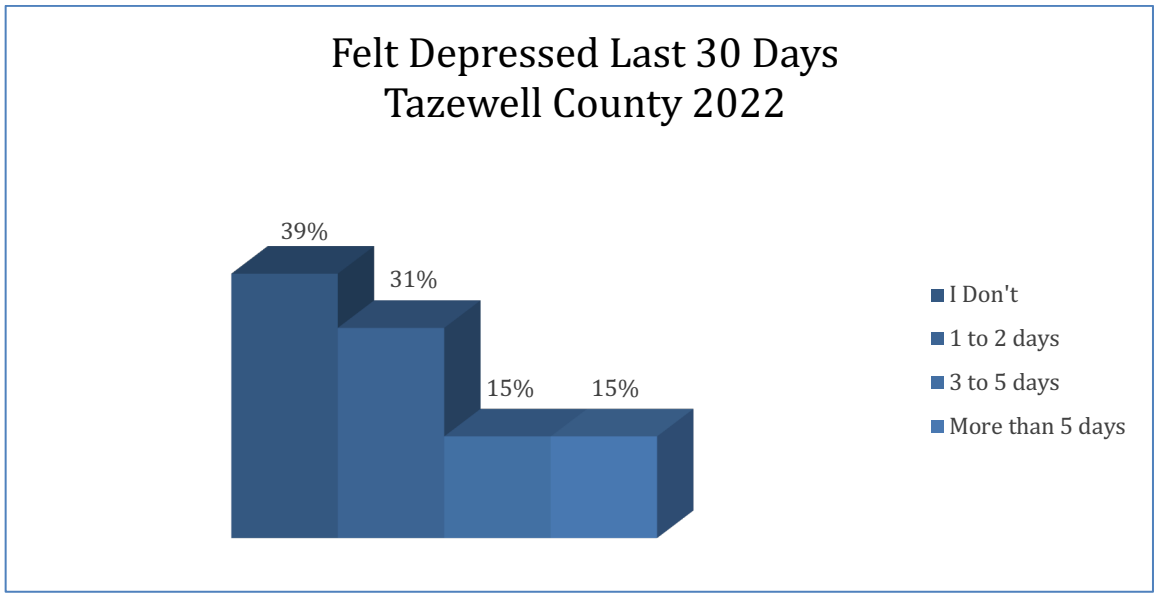

Self-Assessment of Overall Physical Health
Tazewell County 2022
65%
19%
16%
Good
Average
Poor

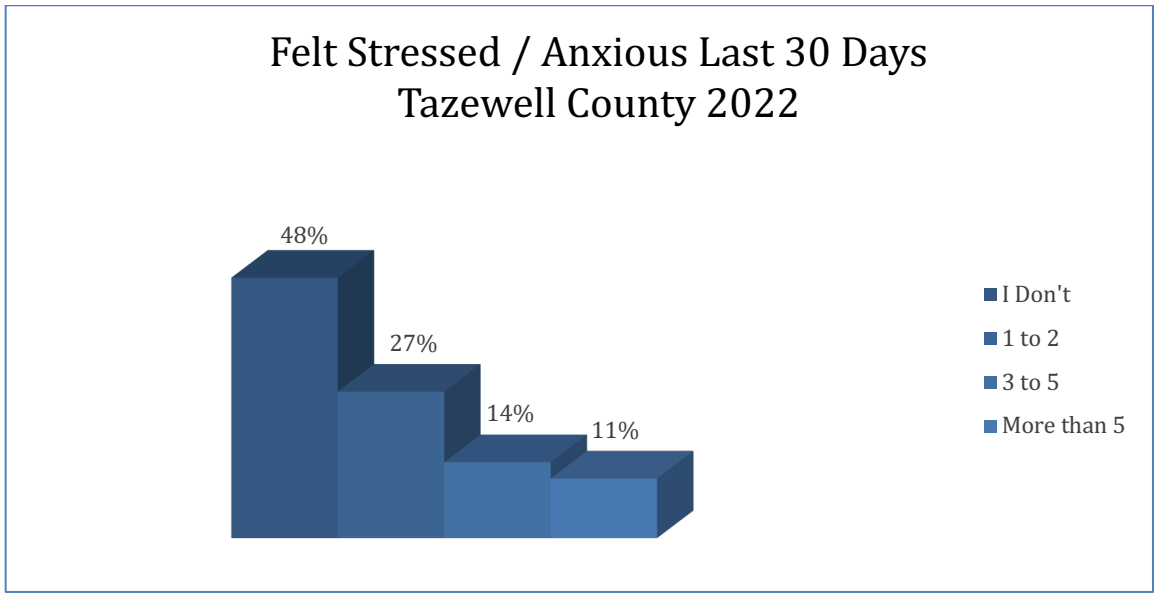

Self-Assessment of Overall Mental Health
Tazewell County 2022
65%
16%
19%
Good
Average
Poor

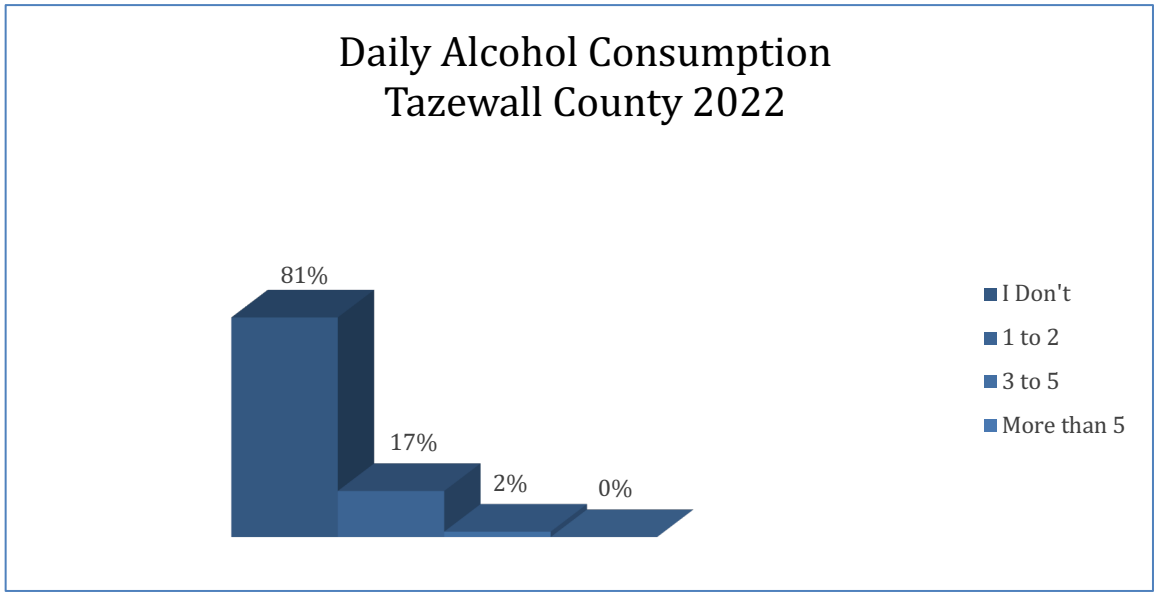

Cancer Screening in Past 5 years
Tazewell County 2022
73%
69%
35%
56%
Breast (for women)
Cervical (for women)
Prostate (for men)
Colorectal (over age 50)

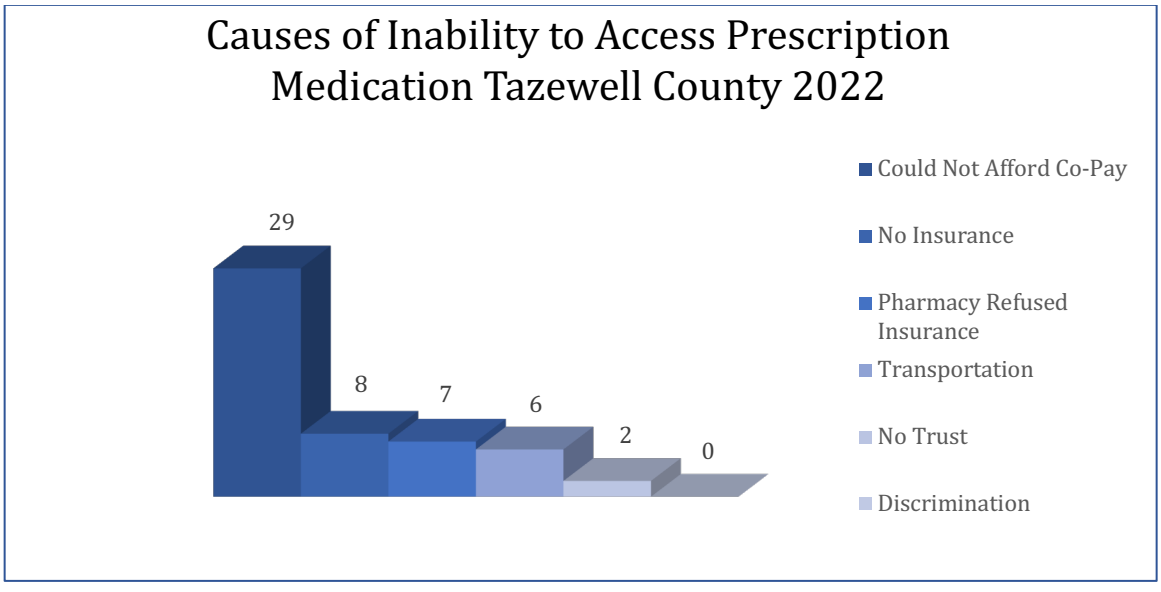

Frequency of Smoking
Tazewell County 2022
92%
1%
2%
3%
2%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

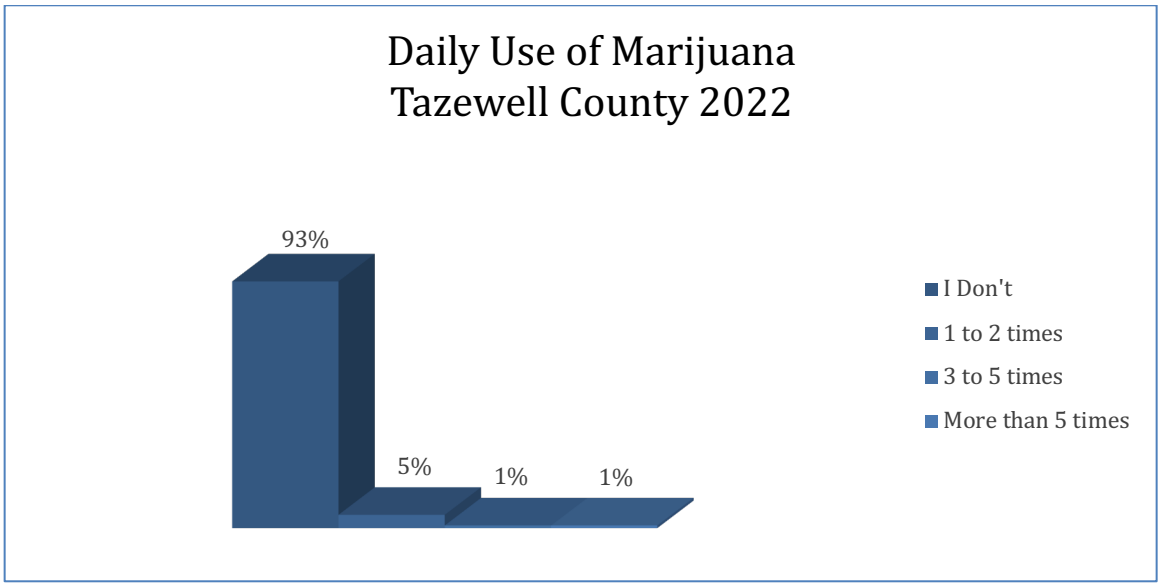

Frequency of Vaping
Tazewell County 2022
95%
2%
1%
0%
2%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

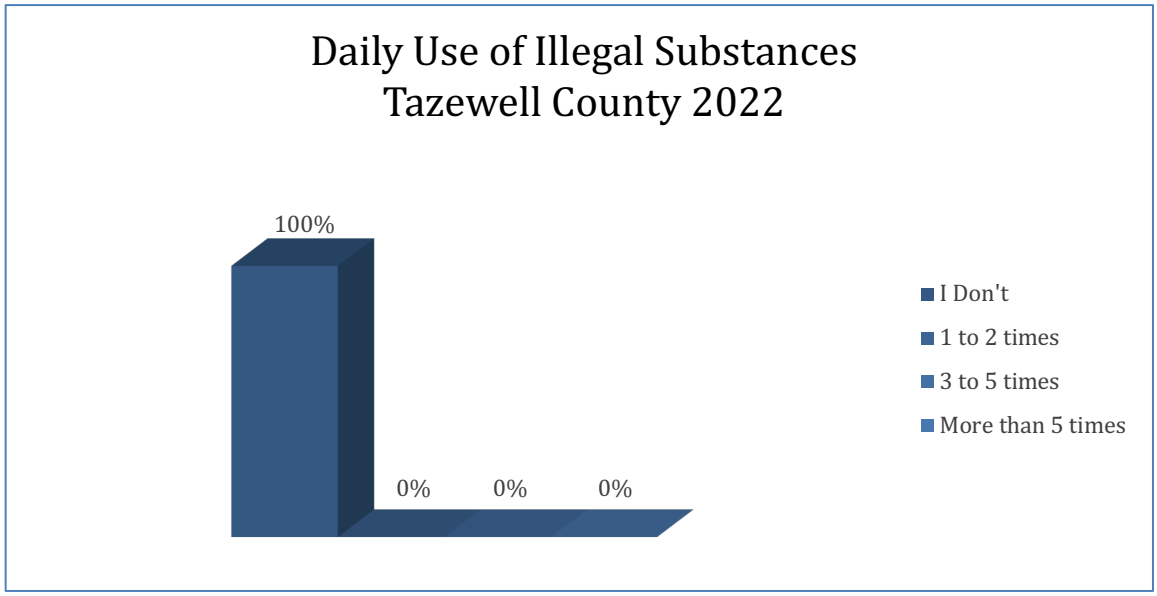

Felt Depressed Last 30 Days
Tazewell County 2022
39%
31%
15%
15%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

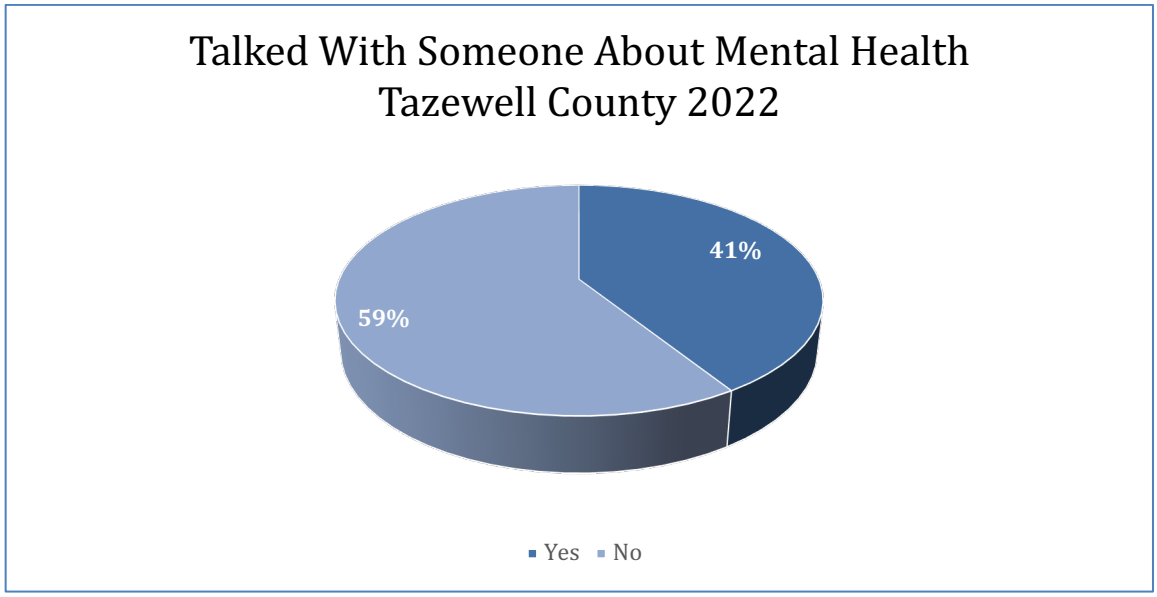

Felt Stressed / Anxious Last 30 Days
Tazewell County 2022
48%
27%
14%
11%
I Don't
1 to 2
3 to 5
More than 5

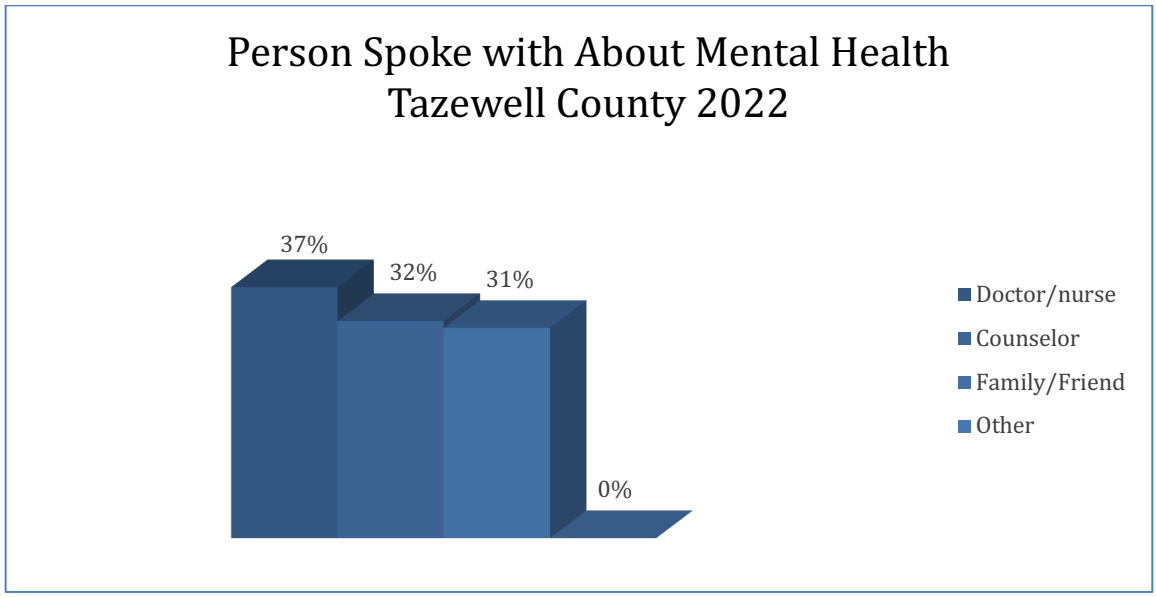

Daily Alcohol Consumption
Tazewall County 2022
81%
17%
2%
0%
I Don't
1 to 2
3 to 5
More than 5

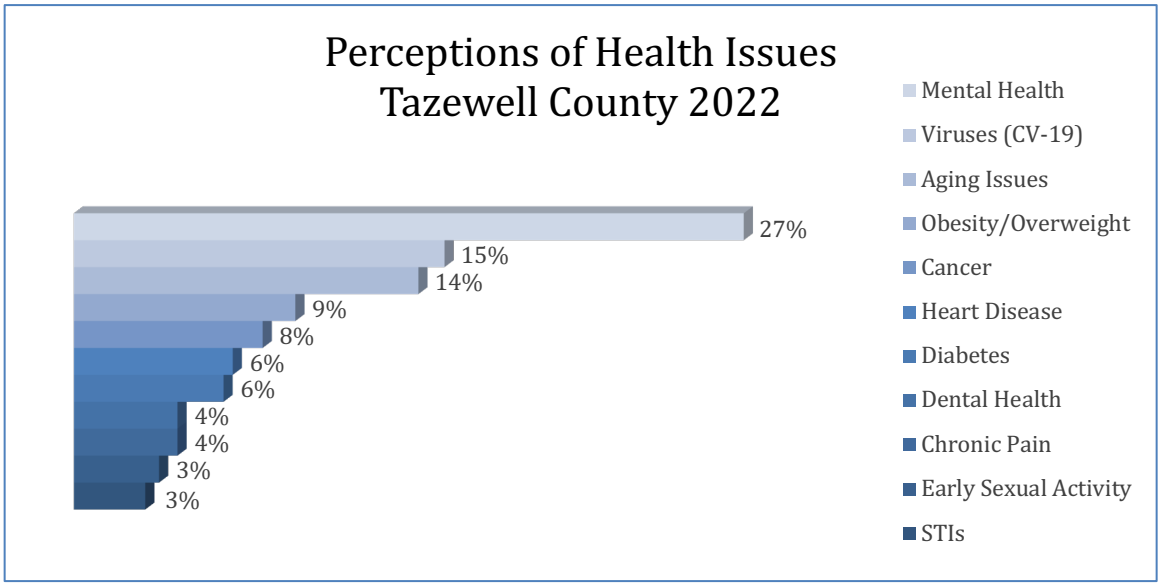

Causes of Inability to Access Prescription
Medication Tazewell County 2022
29
8
7
6
2
0
Could Not Afford Co-Pay
No Insurance
Pharmacy Refused Insurance
Transportation
No Trust
Discrimination

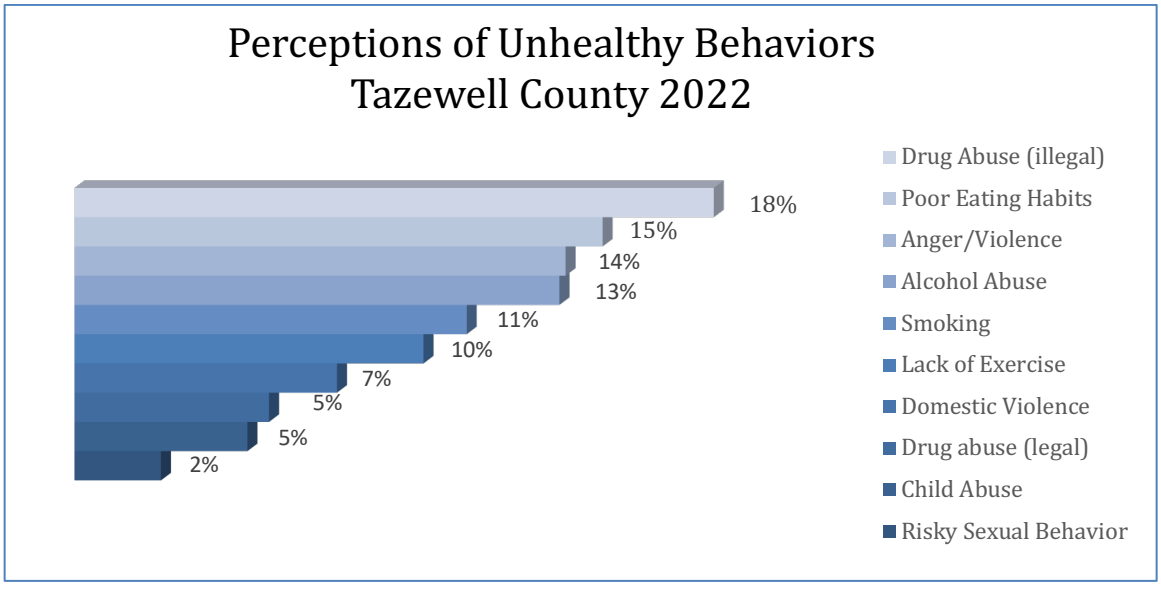

Daily Use of Marijuana
Tazewell County 2022
93%
5%
1%
1%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

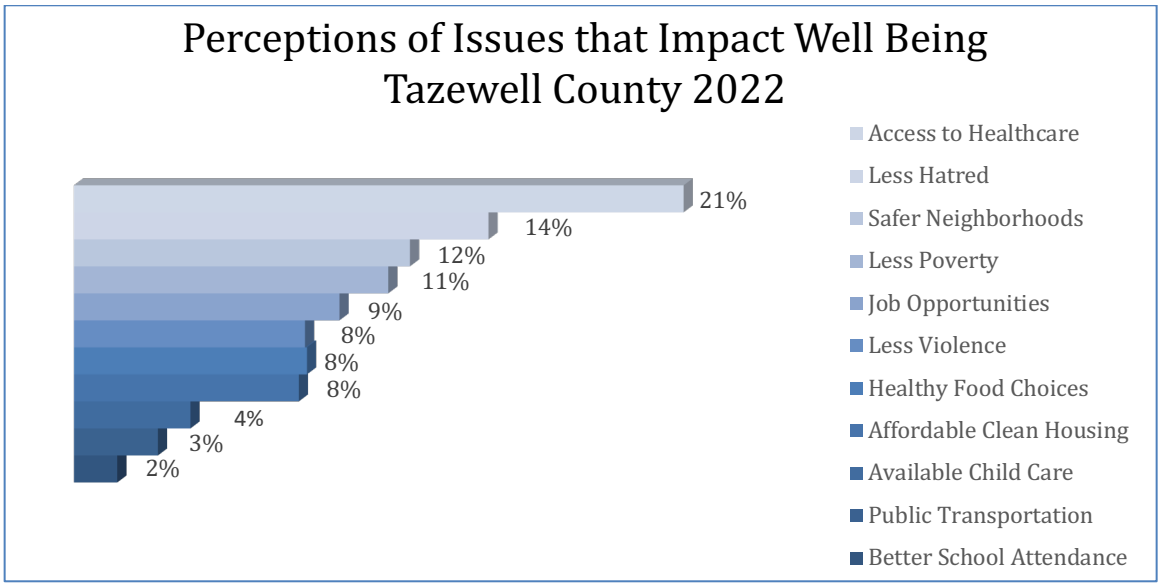

Daily Use of Illegal Substances
Tazewell County 2022
100%
0%
0%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

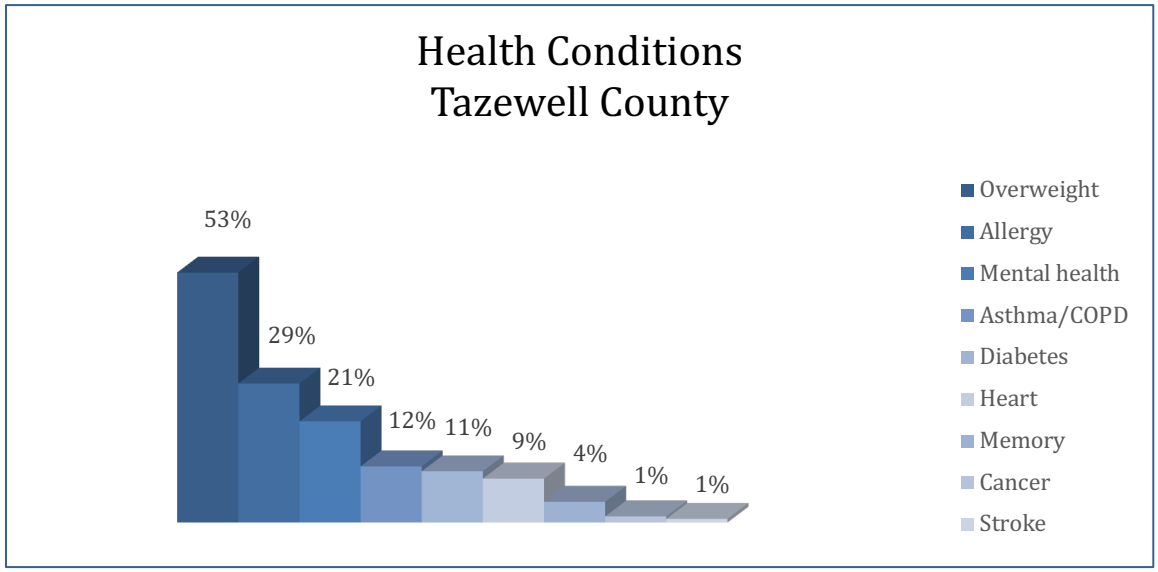

Talked With Someone About Mental Health
Tazewell County 2022
41%
59%
Yes
No

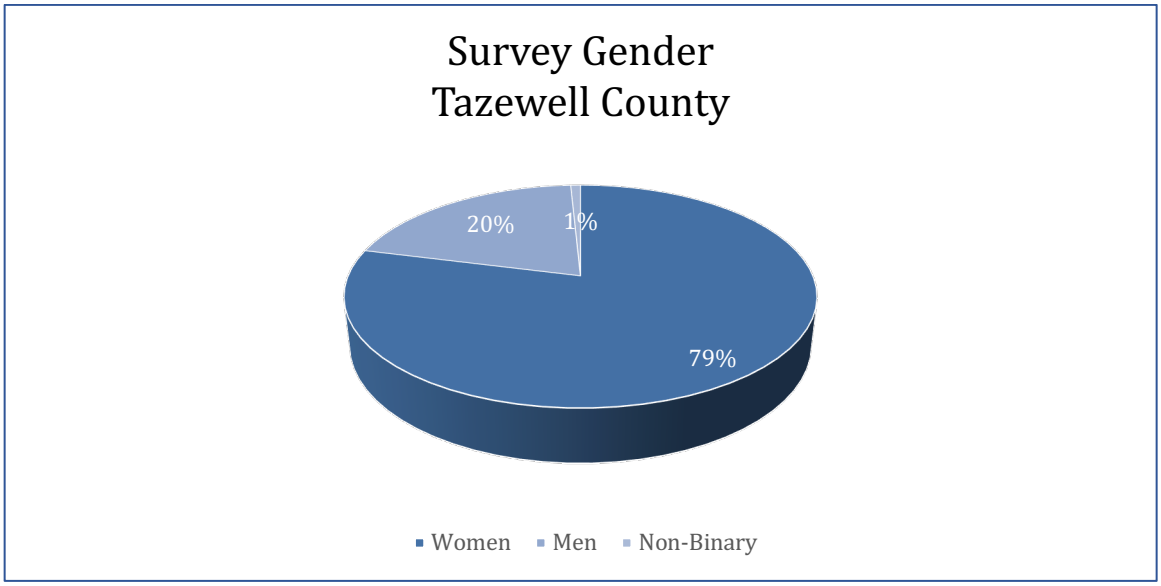

Person Spoke with About Mental Health
Tazewell County 2022
37%
32%
31%
0%
Doctor/nurse
Counselor
Family/Friend
Other

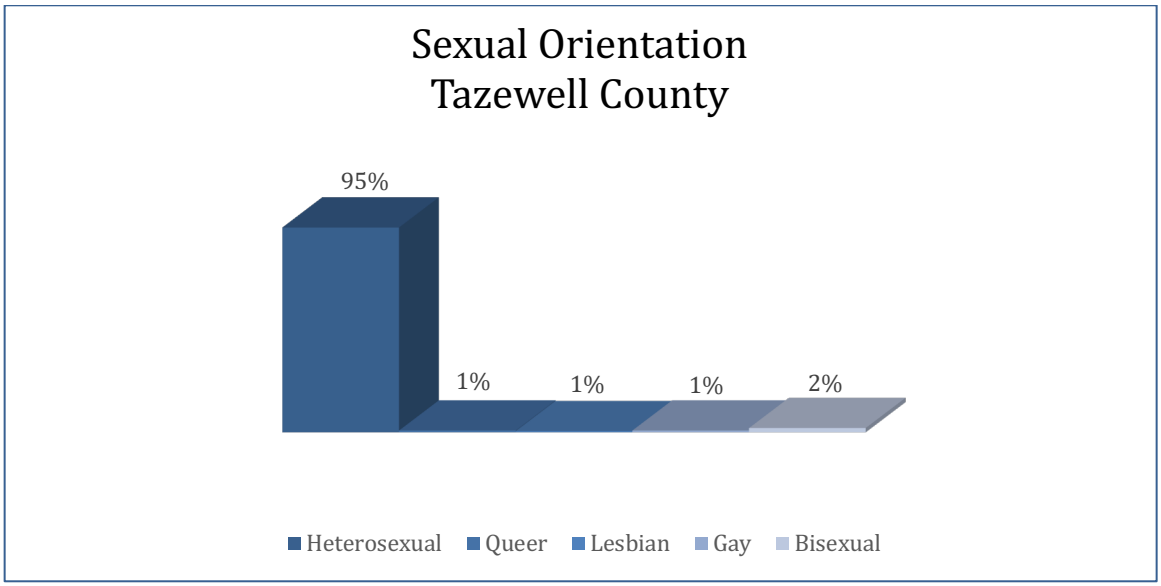

Perceptions of Health Issues
Tazewell County 2022
27%
15%
14%
9%
8%
6%
6%
4%
4%
3%
3%
Mental Health
Viruses (CV-19)
Aging Issues
Obesity/Overweight
Cancer
Heart Disease
Diabetes
Dental Health
Chronic Pain
Early Sexual Activity
STIs

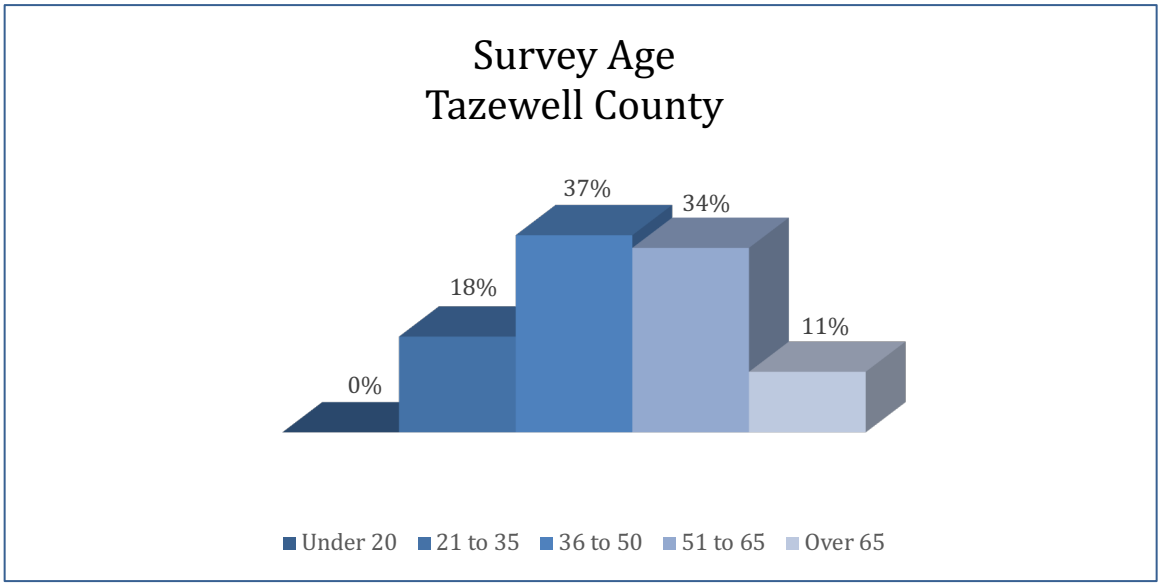

Perceptions of Unhealthy Behaviors
Tazewell County 2022
18%
15%
14%
13%
11%
10%
7%
5%
5%
2%
Drug Abuse (illegal)
Poor Eating Habits
Anger/Violence
Alcohol Abuse
Smoking
Lack of Exercise
Domestic Violence
Drug abuse (legal)
Child Abuse
Risky Sexual Behavior

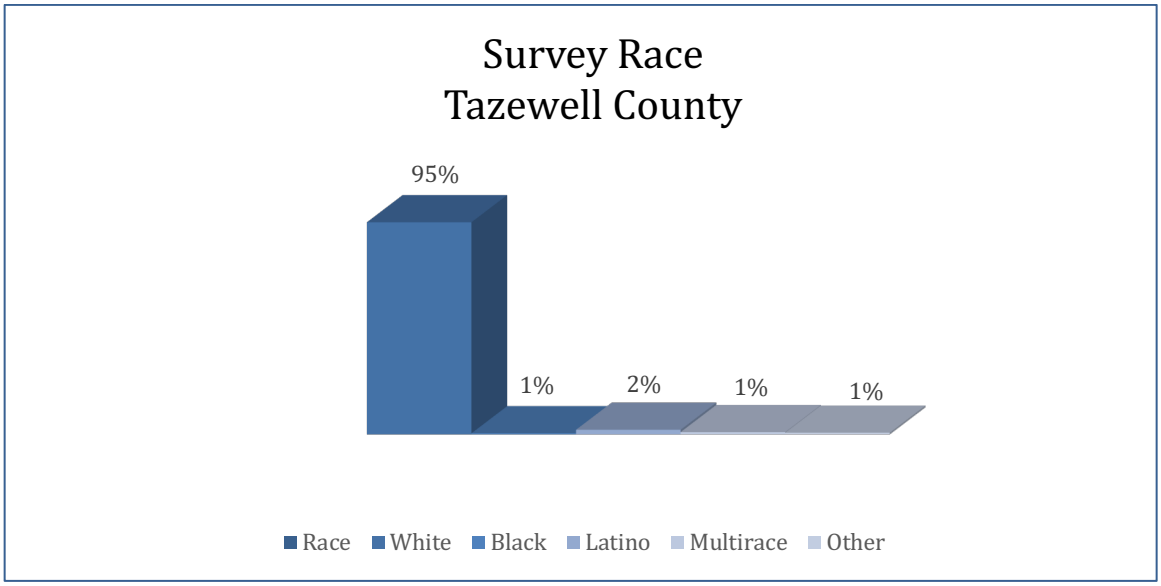

Perceptions of Issues that Impact Well Being
Tazewell County 2022
21%
14%
12%
11%
9%
8%
8%
8%
4%
3%
2%
Access to Healthcare
Less Hatred
Safer Neighborhoods
Less Poverty
Job Opportunities
Less Violence
Healthy Food Choices
Affordable Clean Housing
Available Child Care
Public Transportation
Better School Attendance

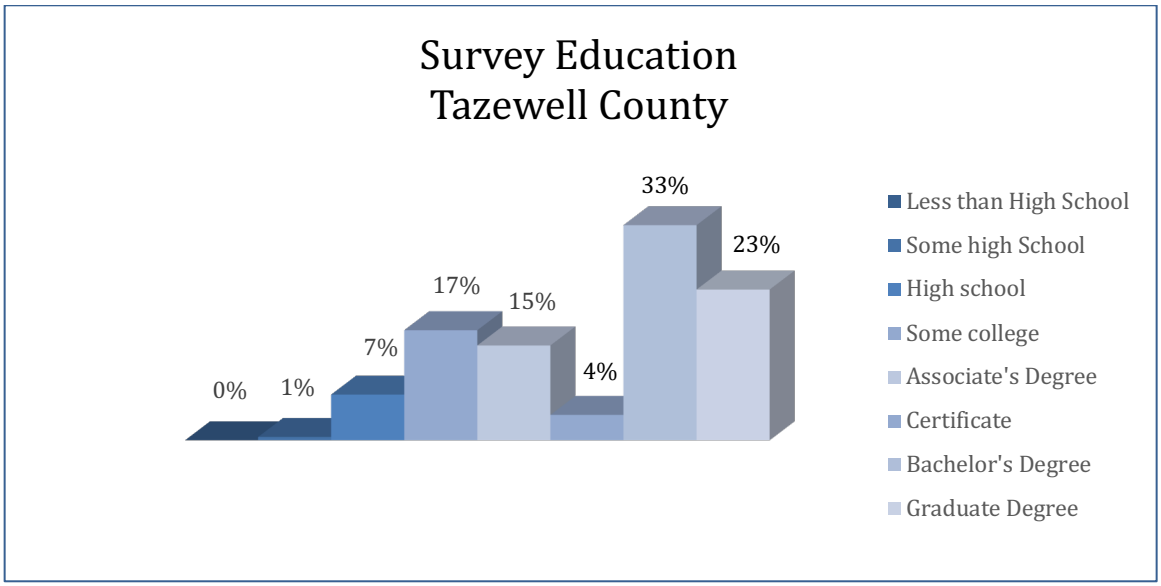

Health Conditions
Tazewell County
53%
29%
21%
12%
11%
9%
4%
1%
1%
Overweight
Allergy
Mental health
Asthma/COPD
Diabetes
Heart
Memory
Cancer
Stroke

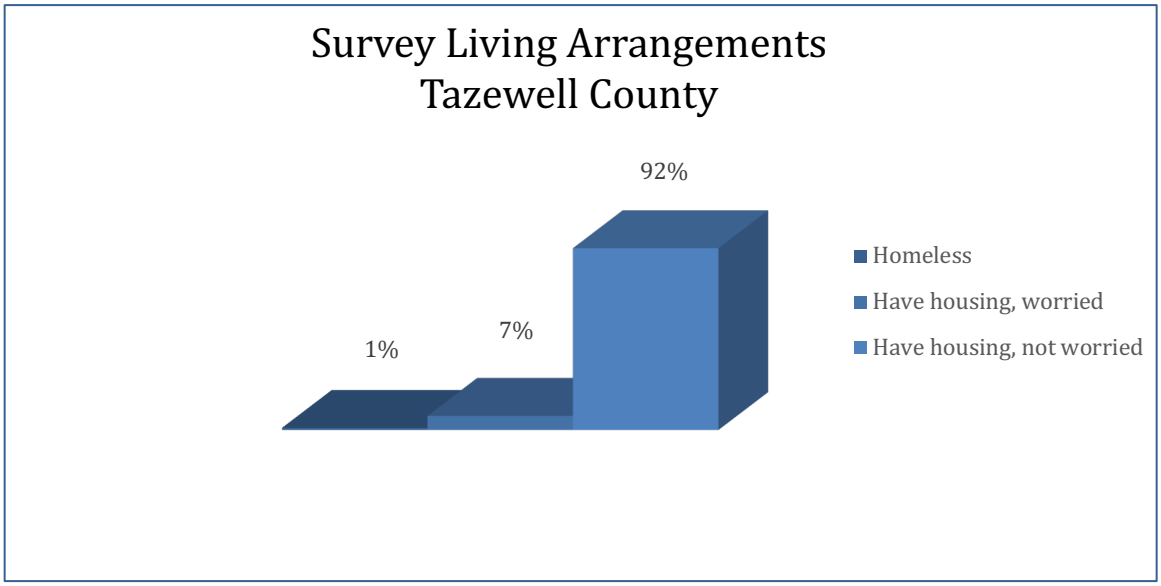

Survey Gender
Tazewell County
20%
1%
79%
Women
Men
Non-Binary

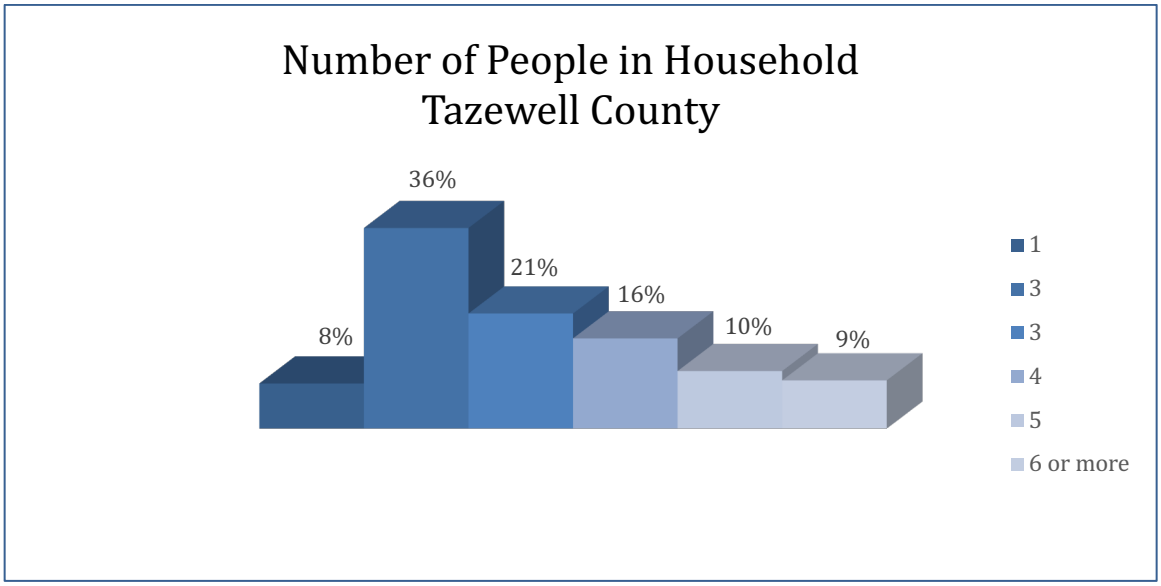

Sexual Orientation
Tazewell County
95%
1%
1%
1%
2%
Heterosexual
Queer
Lesbian
Gay
Bisexual

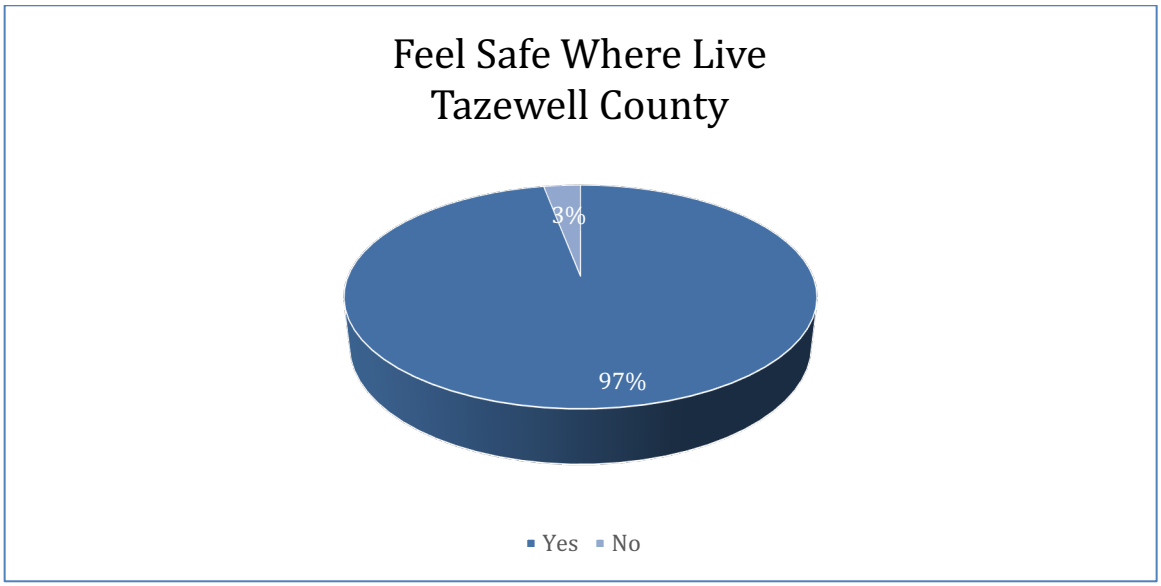

Survey Age
Tazewell County
0%
18%
37%
34%
11%
Under 20
21 to 35
36 to 50
51 to 65
Over 65

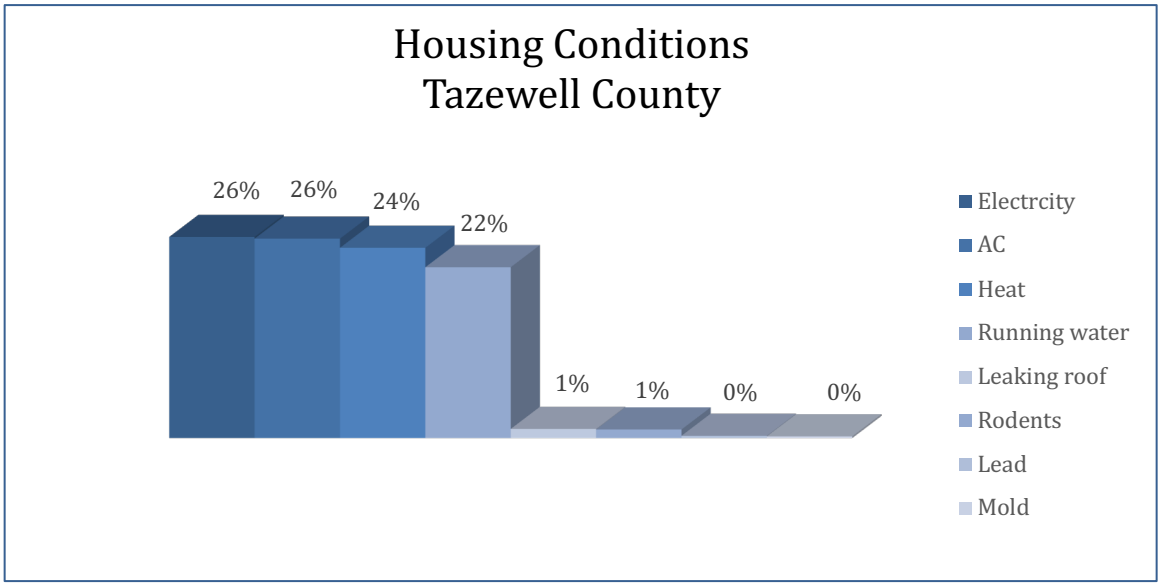

Survey Race
Tazewell County
95%
1%
2%
1%
1%
Race
White
Black
Latino
Multirace
Other

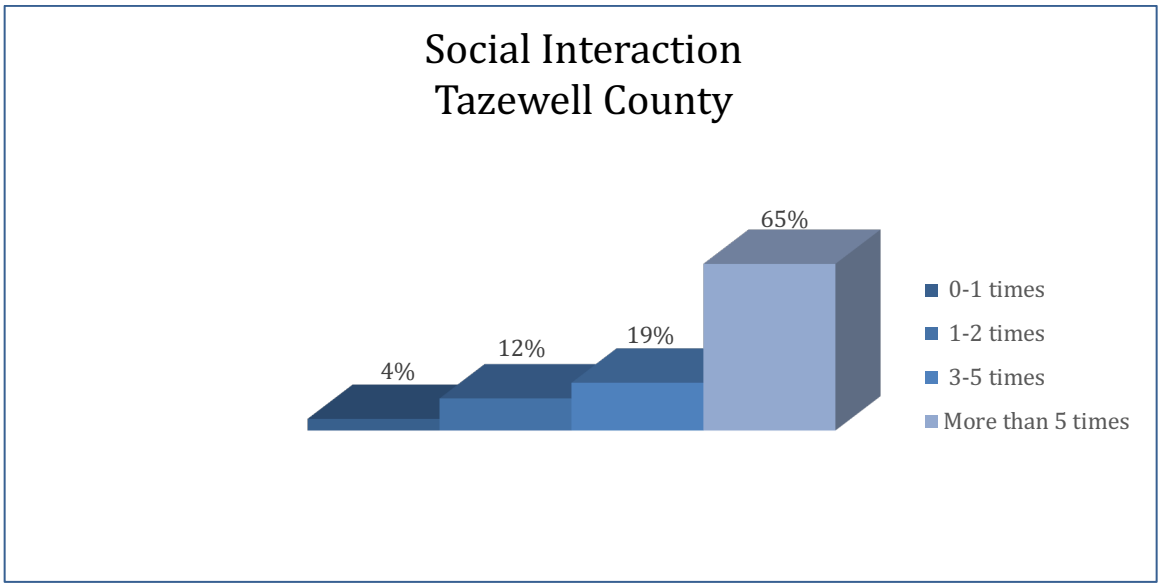

Survey Education
Tazewell County
0%
1%
7%
17%
15%
4%
33%
23%
Less than High School
Some high School
High school
Some college
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

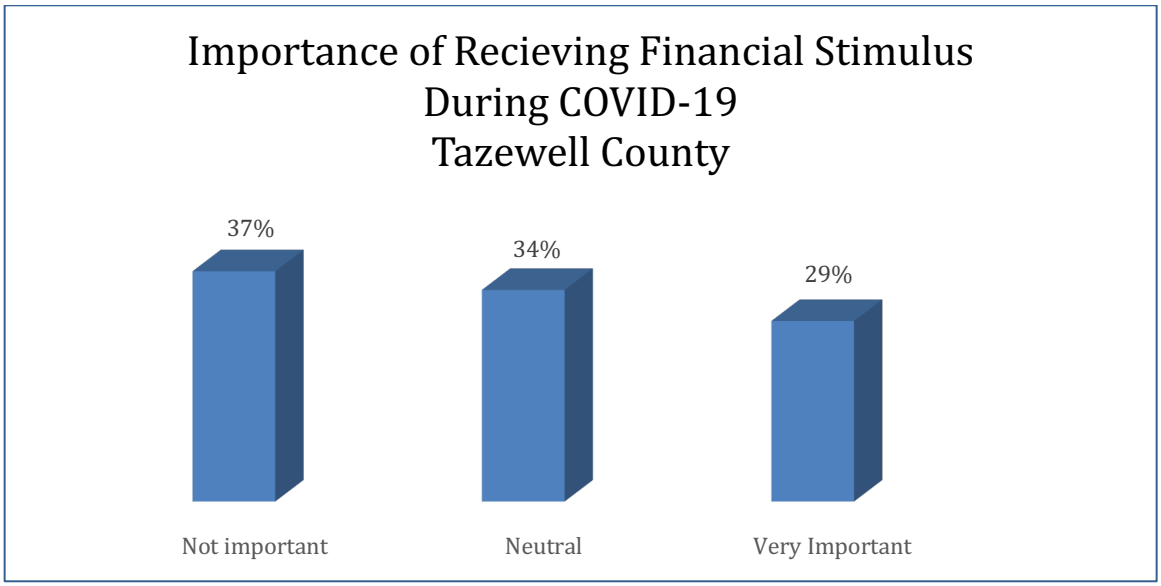

Survey Living Arrangements
Tazewell County
1%
7%
92%
Homeless
Have housing, worried
Have housing, not worried

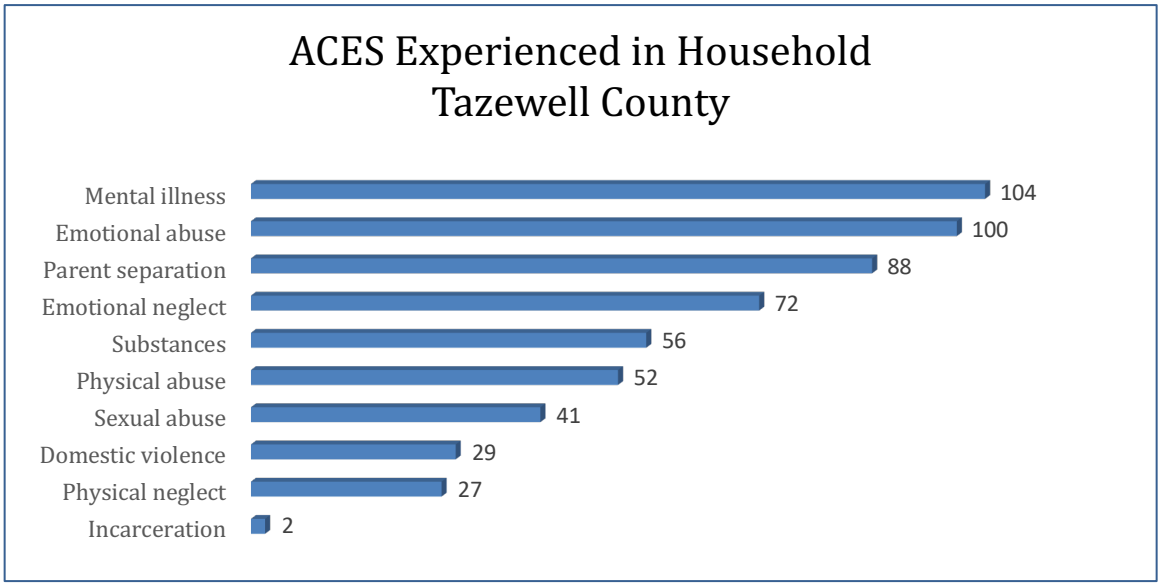

Number of People in Household
Tazewell County
8%
36%
21%
16%
10%
9%
1
3
3
4
5
6 or more


Feel Safe Where Live
Tazewell County
3%
97%
Yes
No

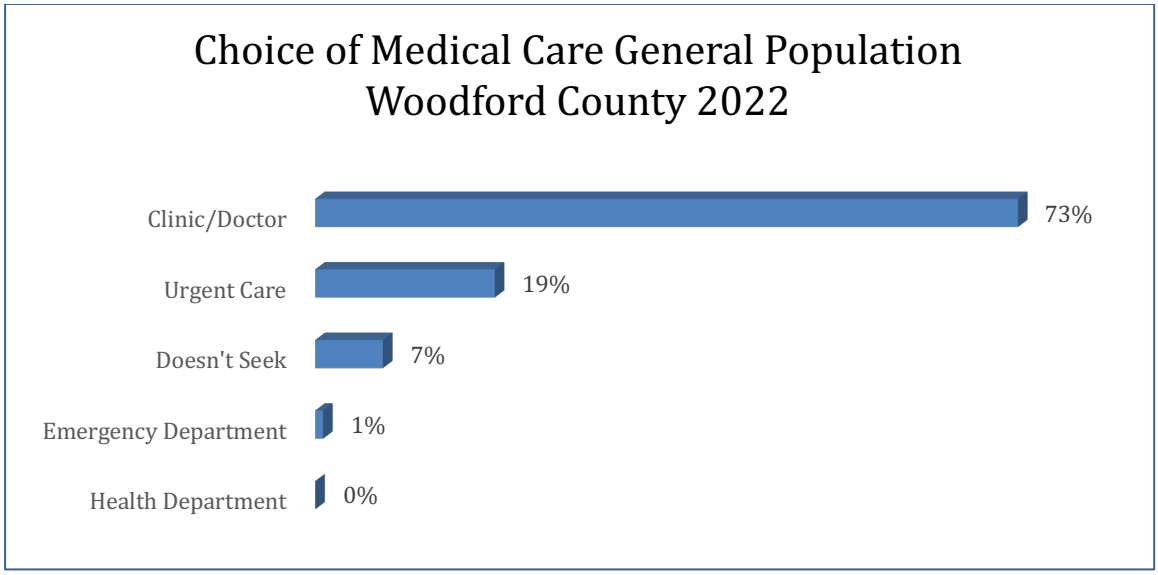

Housing Conditions
Tazewell County
26%
26%
24%
22%
1%
1%
0%
0%
Electrcity
AC
Heat
Running water
Leaking roof
Rodents
Lead
Mold

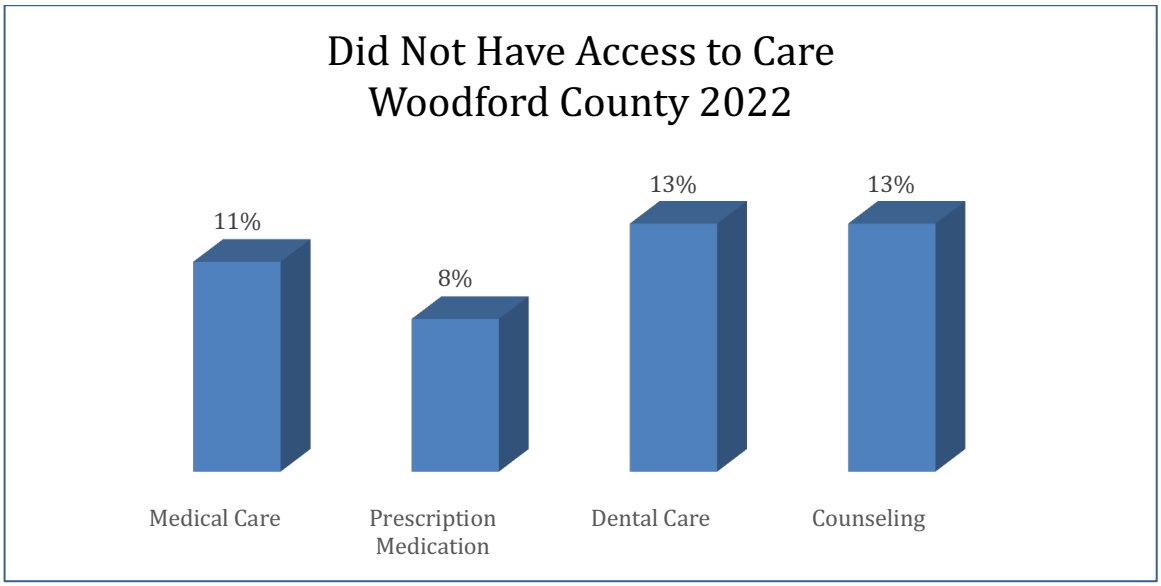

Social Interaction
Tazewell County
4%
12%
19%
65%
0-1 times
1-2 times
3-5 times
More than 5 times

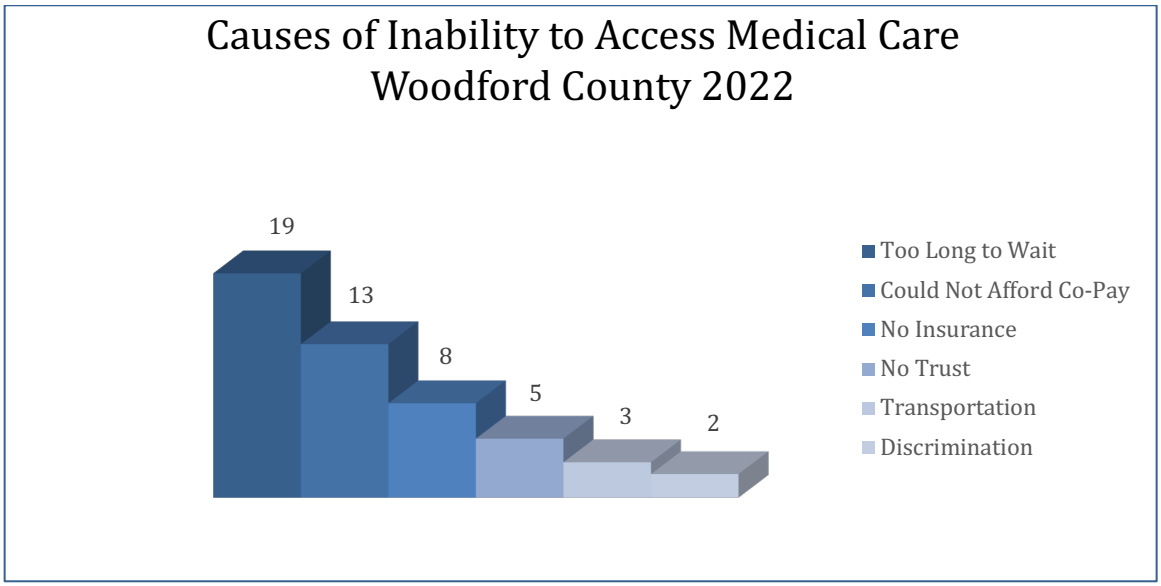

Importance of Recieving Financial Stimulus
During COVID-19
Tazewell County
37%
34%
29%
Not important
Neutral
Very Important

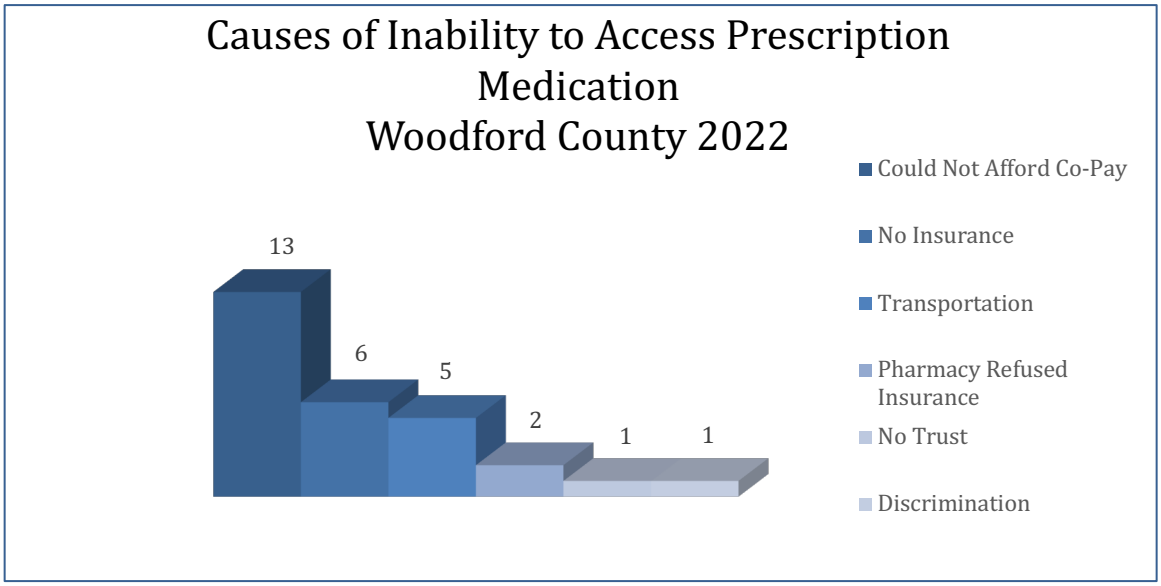

ACES Experienced in Household
Tazewell County
Mental illness 104
Emotional abuse 100
Parent separation 88
Emotional neglect 72
Substances 56
Physical abuse 52
Sexual abuse 41
Domestic violence 29
Physical neglect 27
Incarceration 2

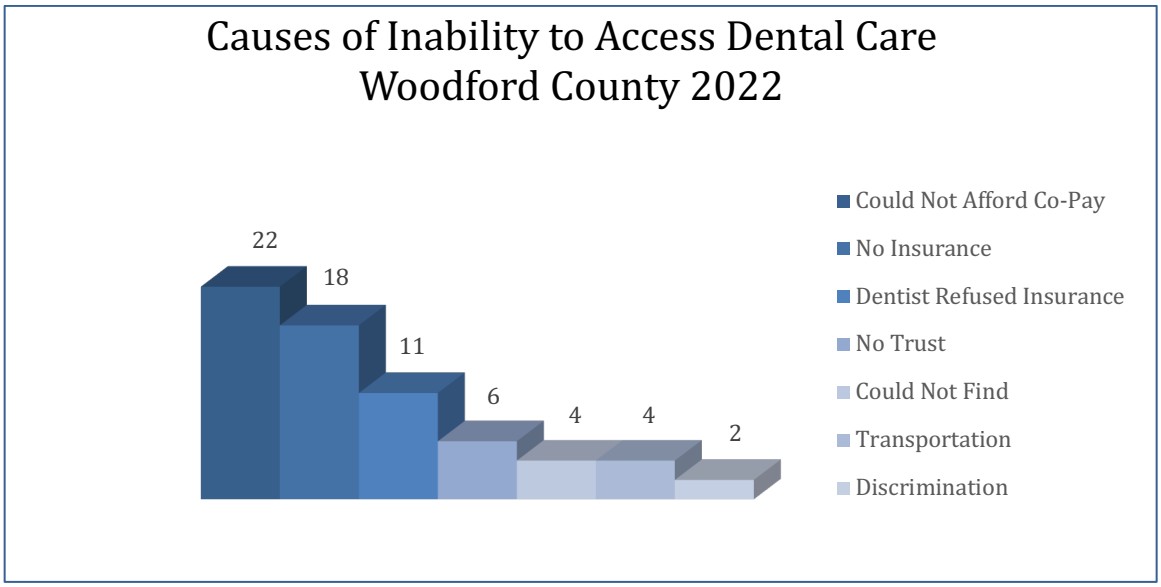
APPENDIX 9: CHNA SURVEY RESULTS FOR WOODFORD COUNTY 2022

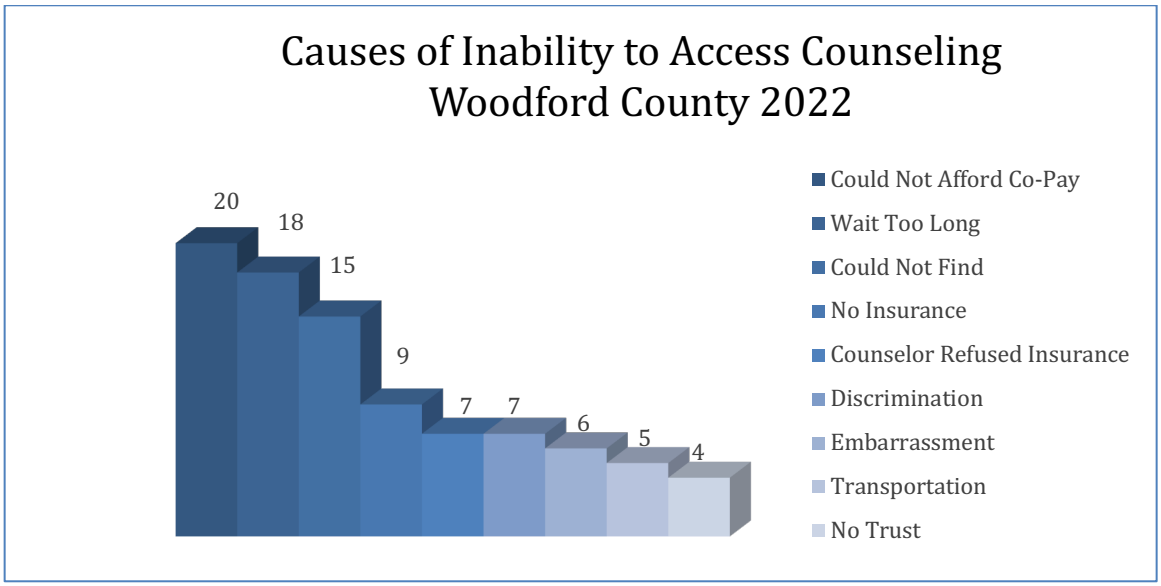


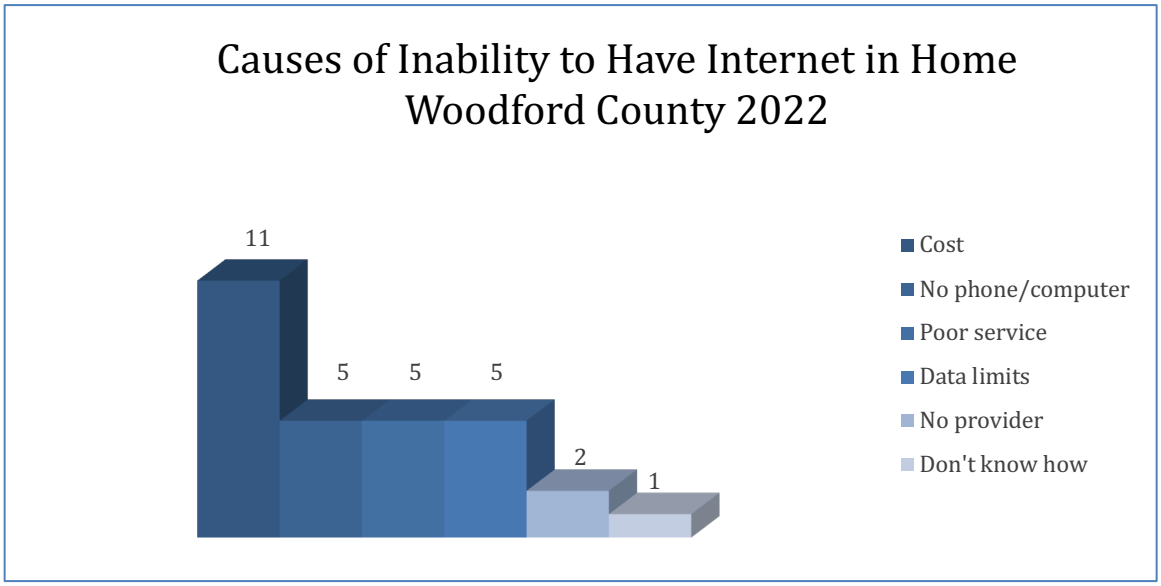


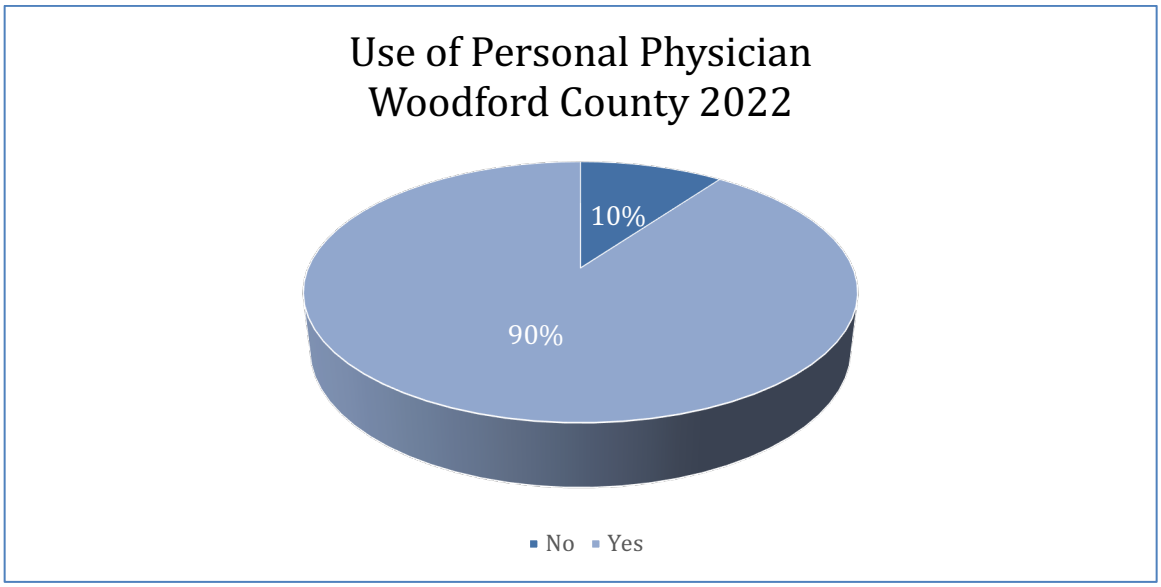

Causes of Inability to Access Medical Care
Woodford County 2022
19
13
8
5
3
2
Too Long to Wait
Could Not Afford Co-Pay
No Insurance
No Trust
Transportation
Discrimination

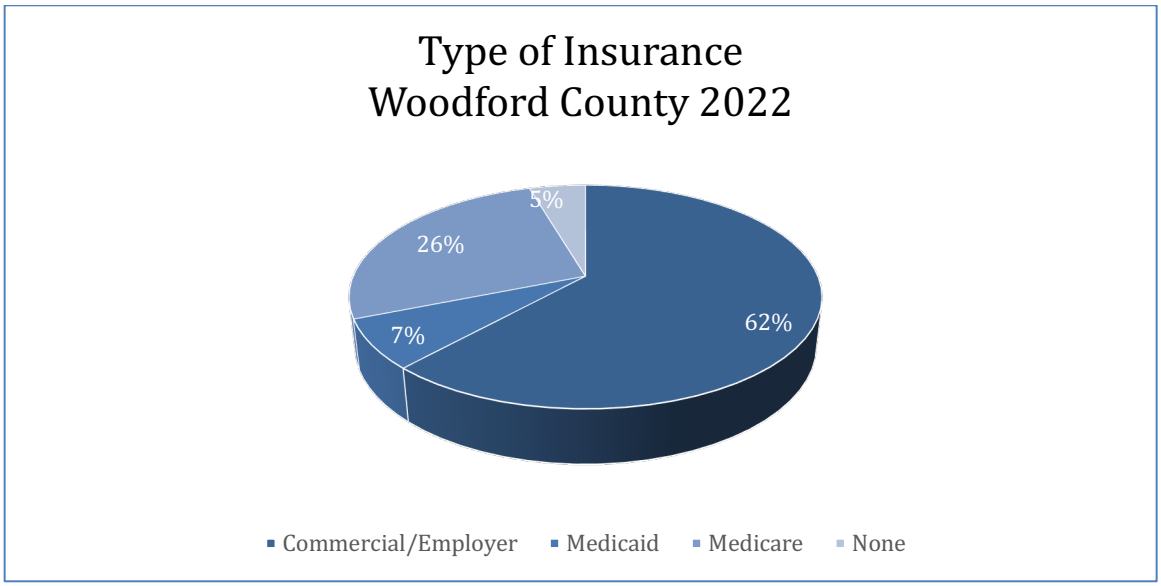

Causes of Inability to Access Prescription Medication
Woodford County 2022
13
6
5
2
1
1
Could Not Afford Co-Pay
No Insurance
Transportation
Pharmacy Refused Insurance
No Trust
Discrimination

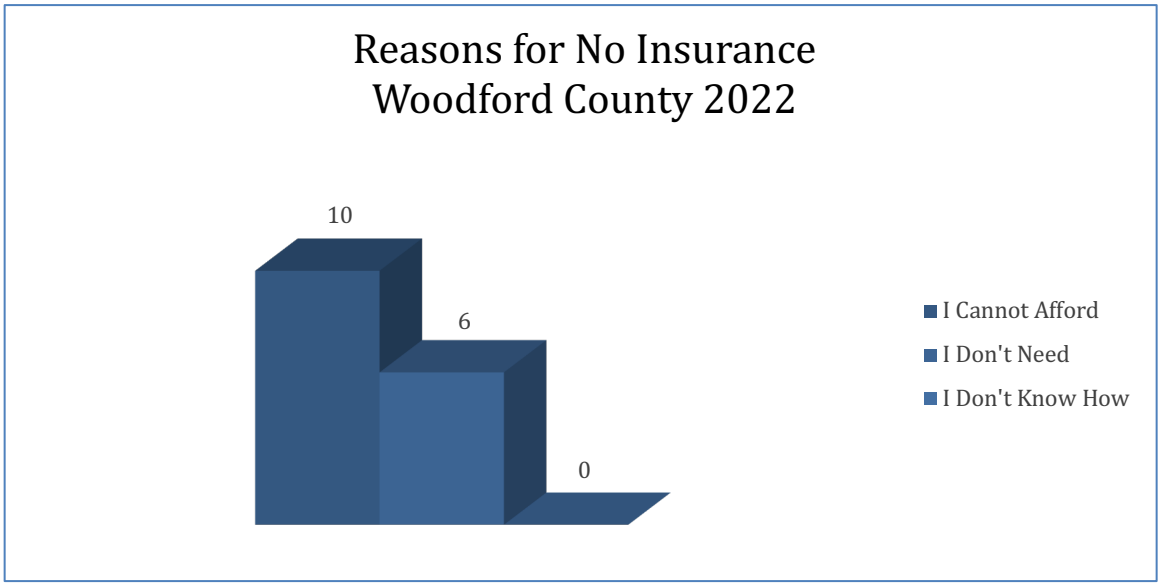

Causes of Inability to Access Dental Care
Woodford County 2022
22
18
11
6
4
4
2
Could Not Afford Co-Pay
No Insurance
Dentist Refused Insurance
No Trust
Could Not Find
Transportation
Discrimination

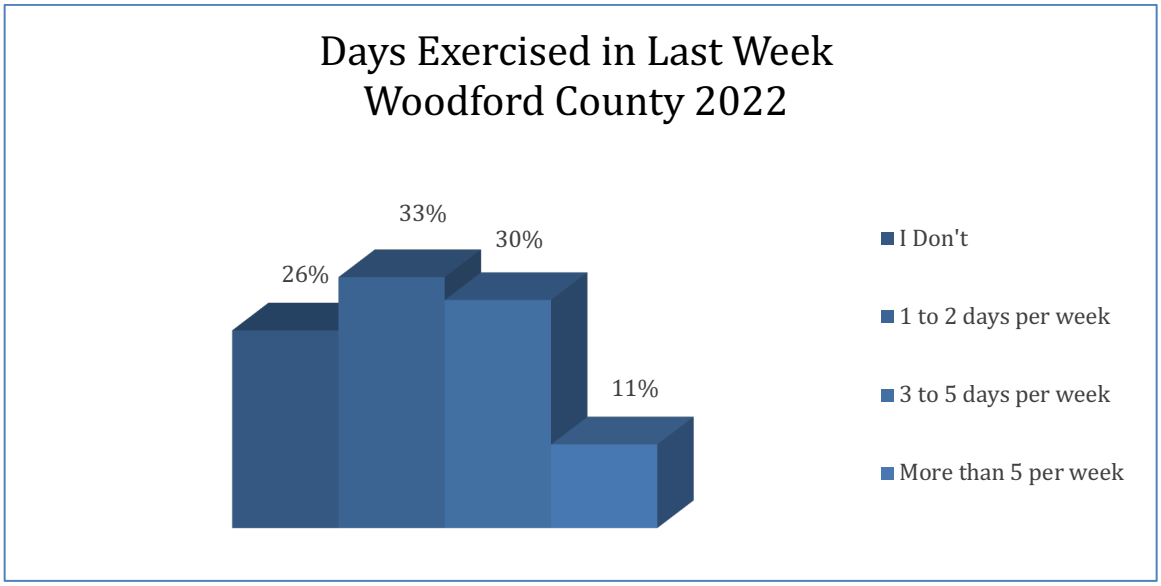

Causes of Inability to Access Counseling
Woodford County 2022
20
18
15
9
7
7
6
5
4
Could Not Afford Co-Pay
Wait Too Long
Could Not Find
No Insurance
Counselor Refused Insurance
Discrimination
Embarrassment
Transportation
No Trust

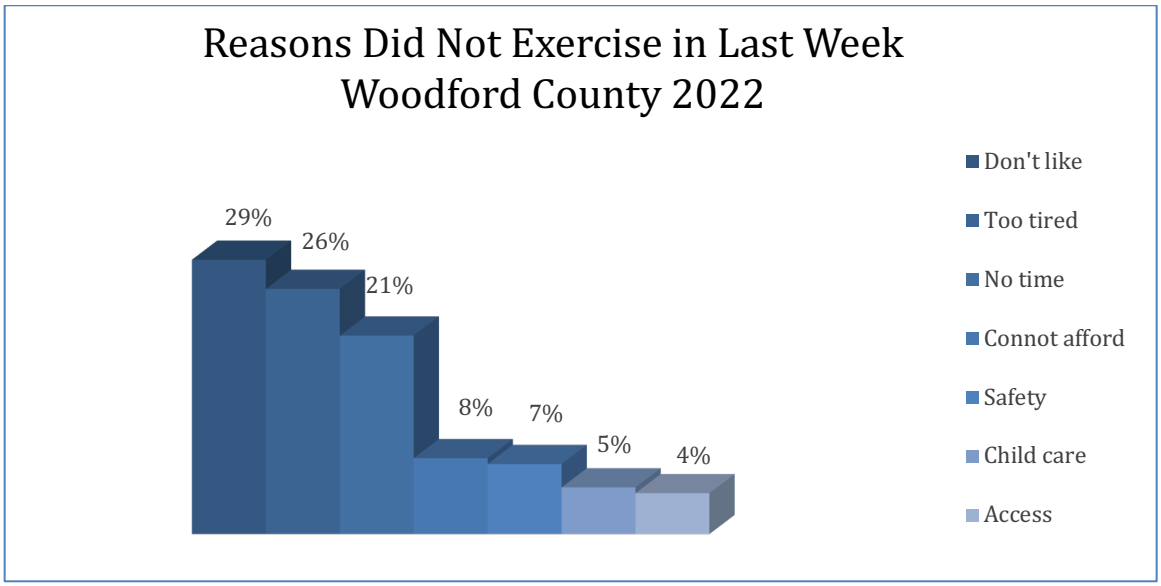

Causes of Inability to Have Internet in Home
Woodford County 2022
11
5
5
5
2
1
Cost
No phone/computer
Poor service
Data limits
No provider
Don't know how

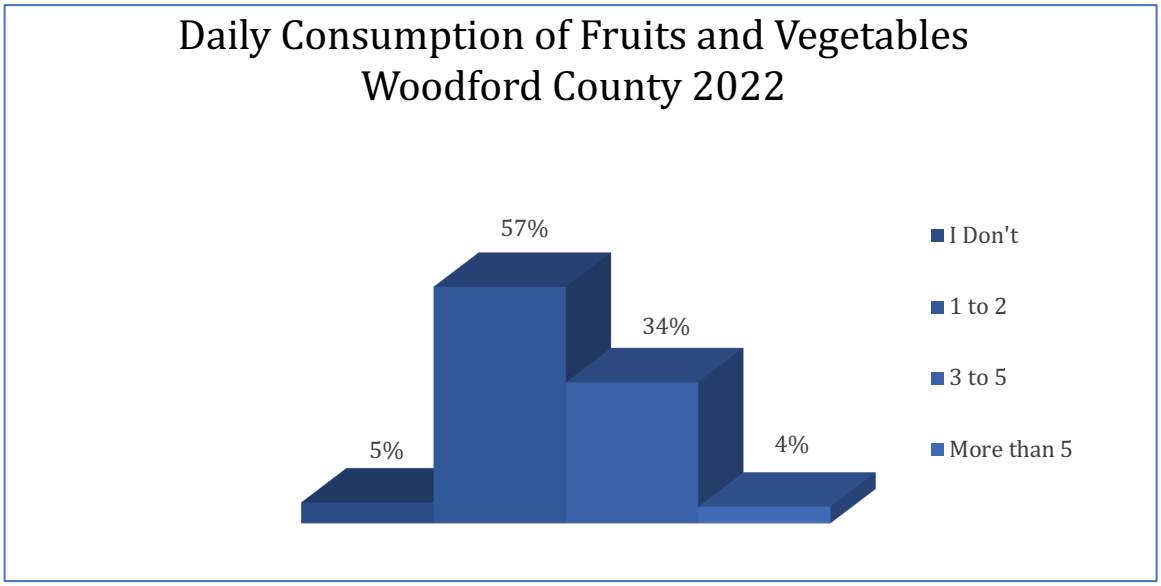

Use of Personal Physician
Woodford County 2022
10%
90%
No
Yes

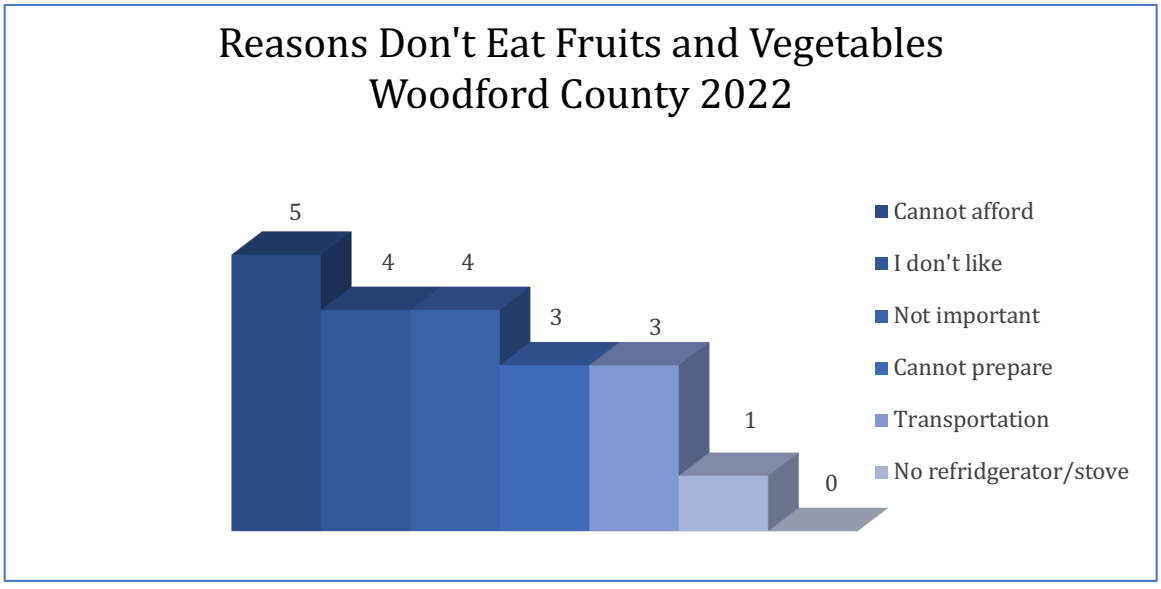

Type of Insurance
Woodford County 2022
5%
26%
7%
62%
Commercial/Employer
Medicaid
Medicare
None

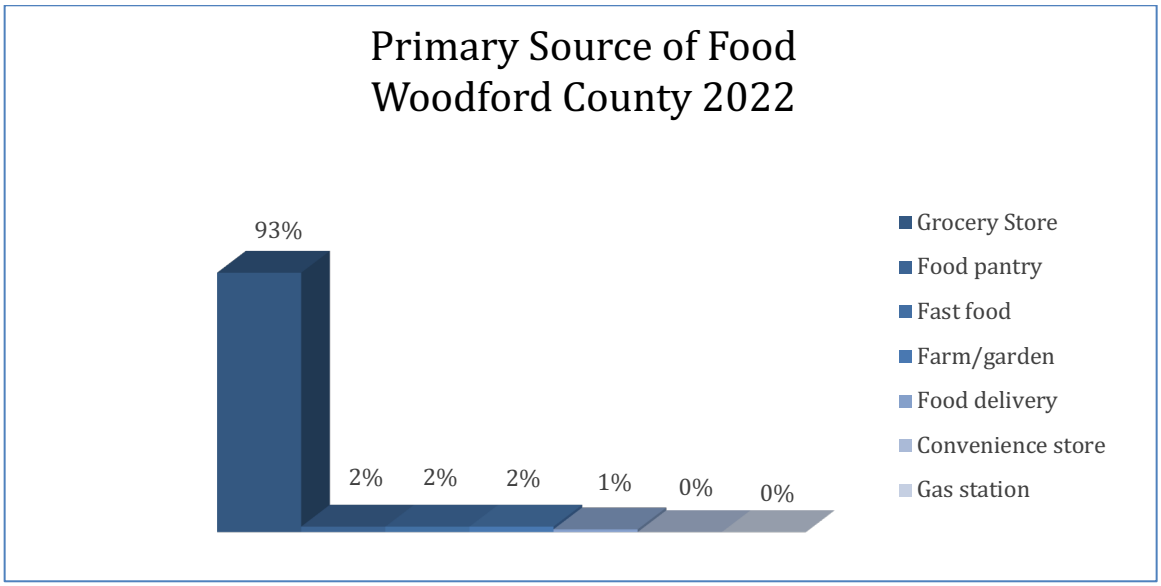

Reasons for No Insurance
Woodford County 2022
10
6
0
I Cannot Afford
I Don't Need
I Don't Know How

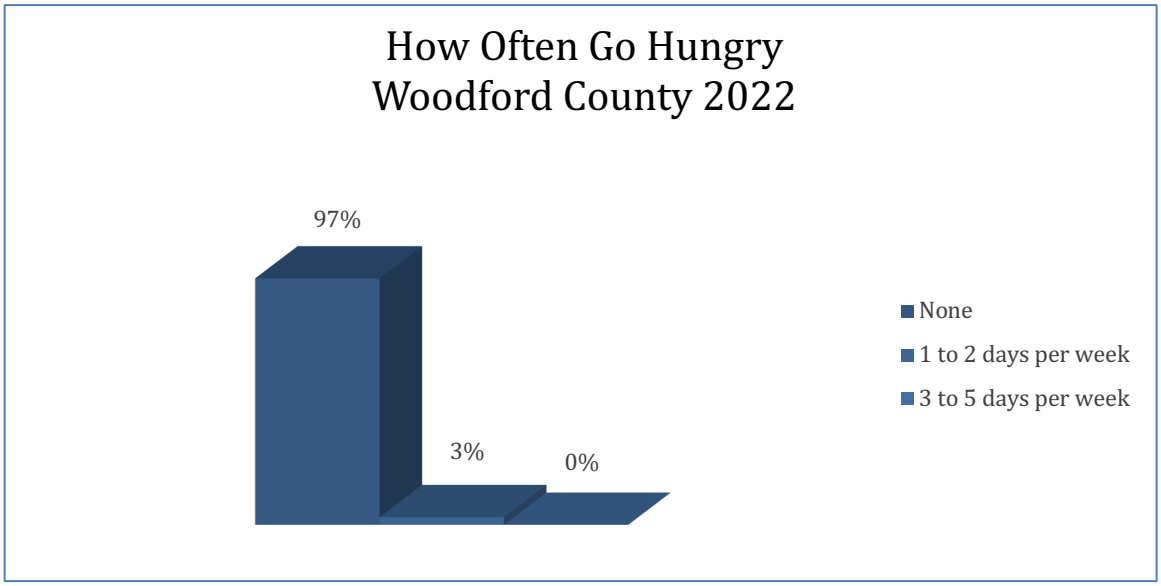

Days Exercised in Last Week
Woodford County 2022
33%
30%
26%
11%
I Don't
1 to 2 days per week
3 to 5 days per week
More than 5 per week

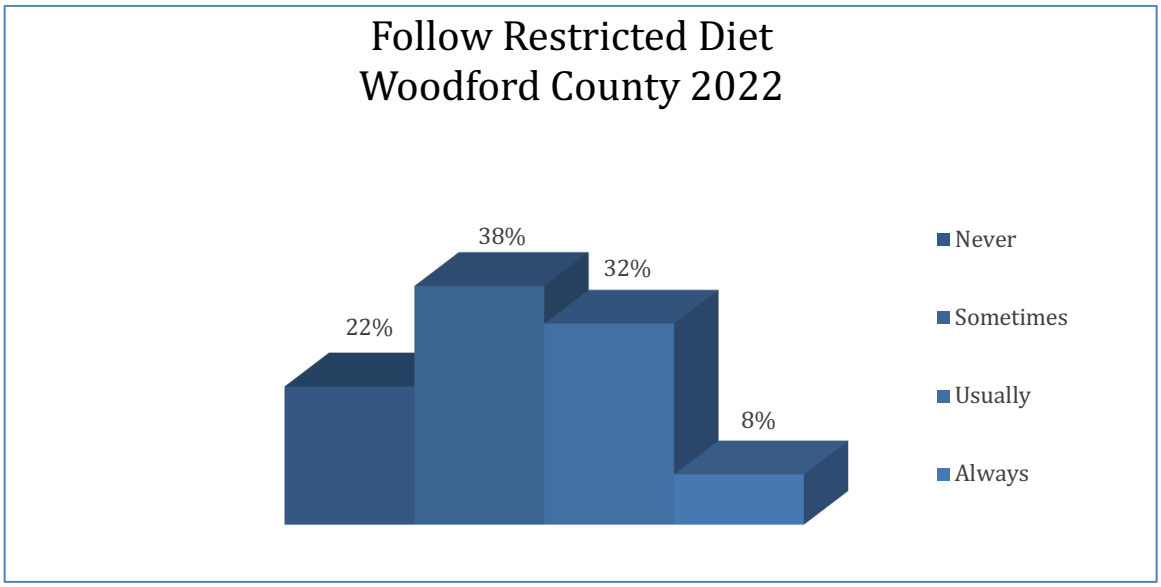

Reasons Did Not Exercise in Last Week
Woodford County 2022
29%
26%
21%
8%
7%
5%
4%
Don't like
Too tired
No time
Connot afford
Safety
Child care
Access

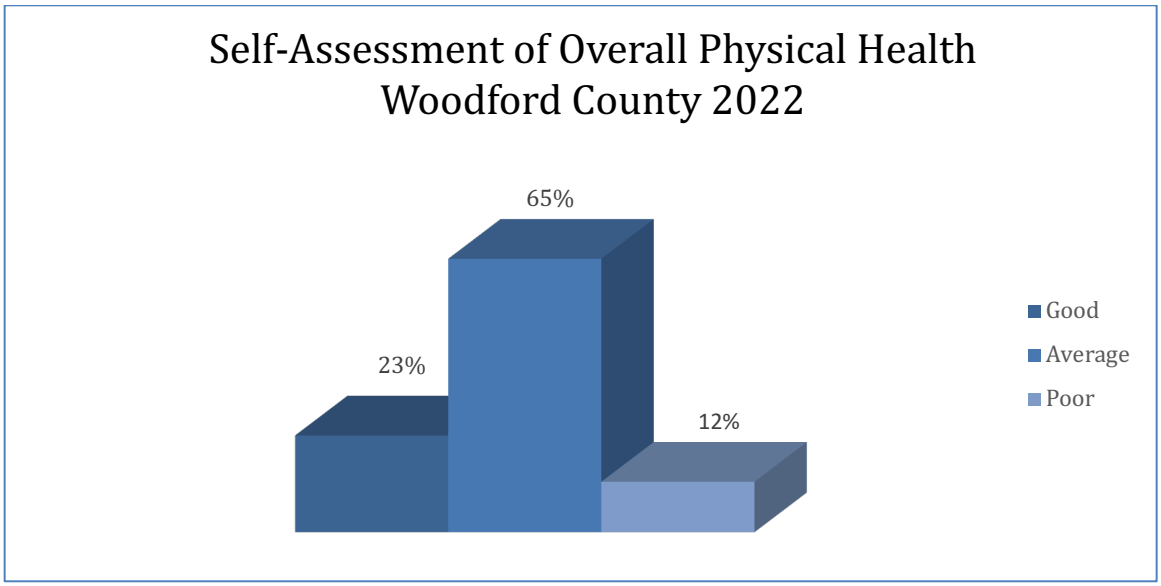

Daily Consumption of Fruits and Vegetables
Woodford County 2022
57%
34%
5%
4%
I Don't
1 to 2
3 to 5
More than 5

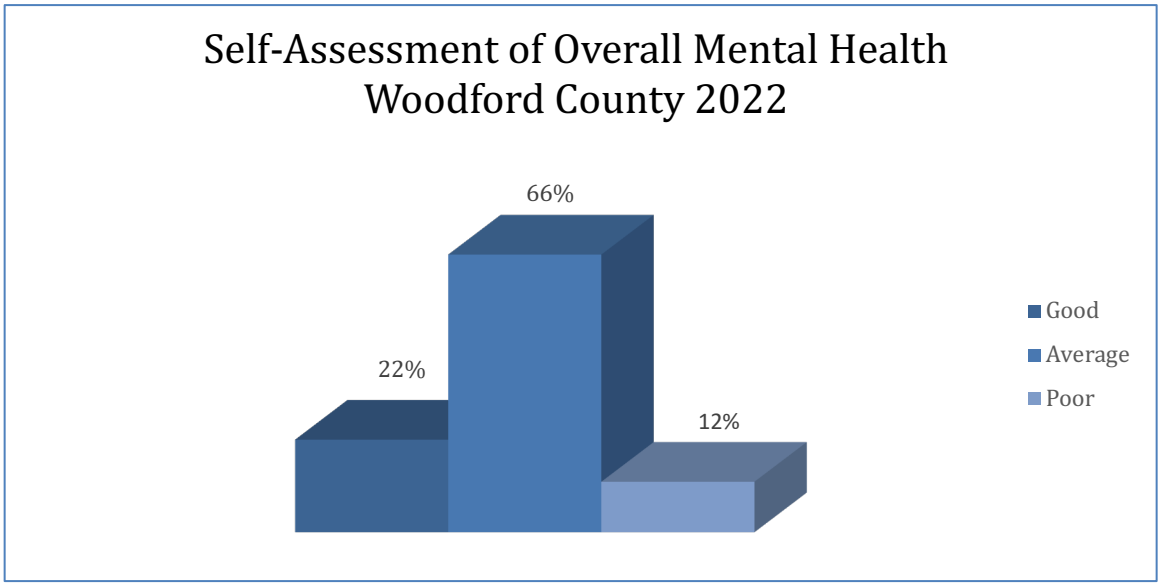

Reasons Don't Eat Fruits and Vegetables
Woodford County 2022
5
4
4
3
3
1
0
Cannot afford
I don't like
Not important
Cannot prepare
Transportation
No refridgerator/stove

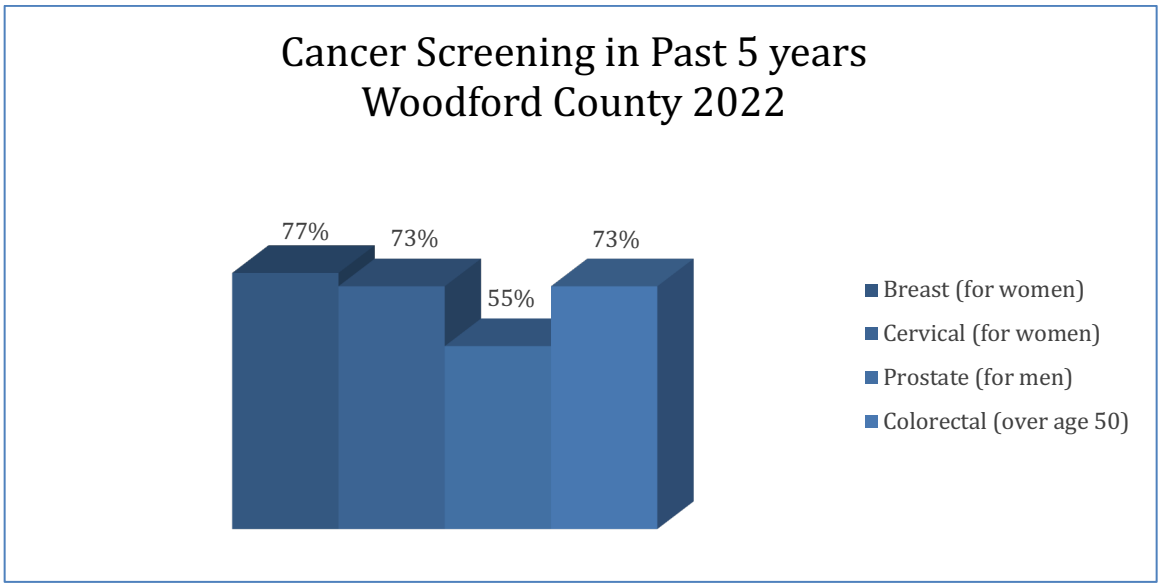

Primary Source of Food
Woodford County 2022
93%
2%
2%
2%
1%
0%
0%
Grocery Store
Food pantry
Fast food
Farm/garden
Food delivery
Convenience store
Gas station

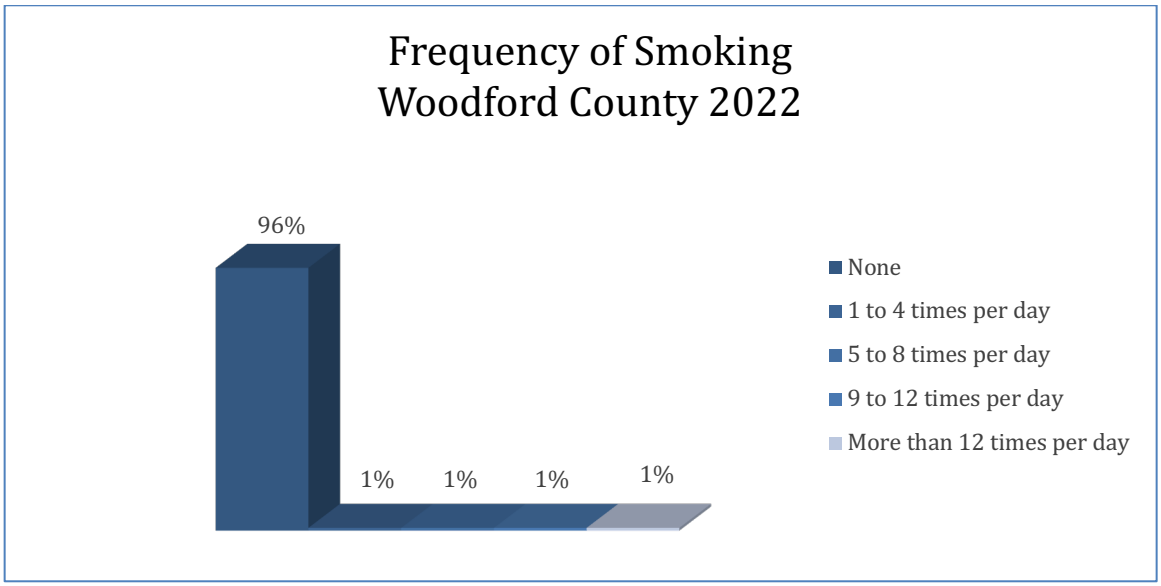

How Often Go Hungry
Woodford County 2022
97%
3%
0%
None
1 to 2 days per week
3 to 5 days per week

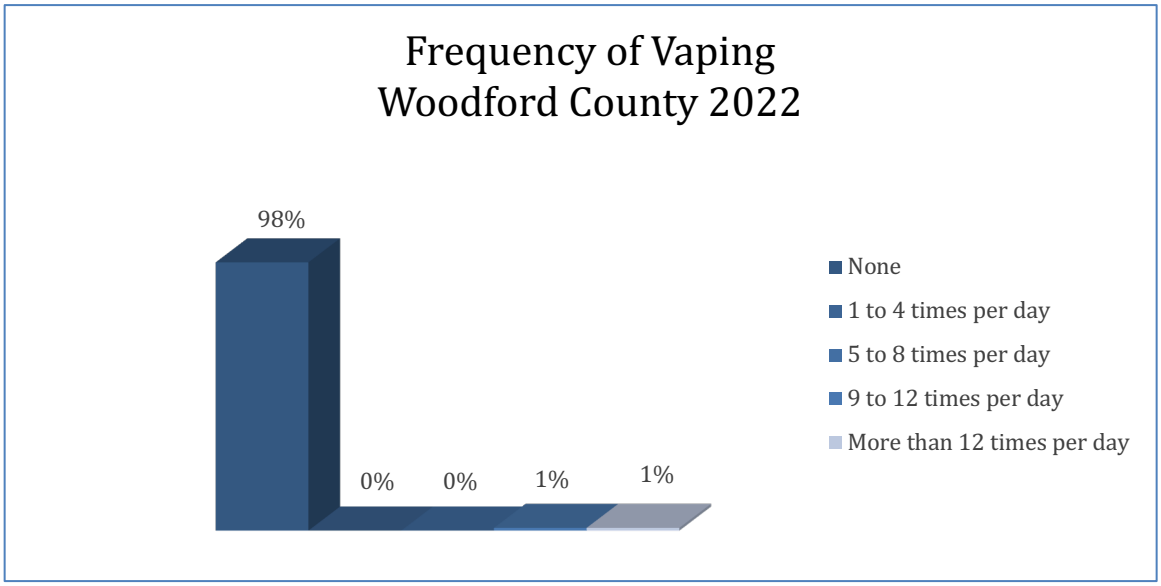

Follow Restricted Diet
Woodford County 2022
22%
38%
32%
8%
Never
Sometimes
Usually
Always

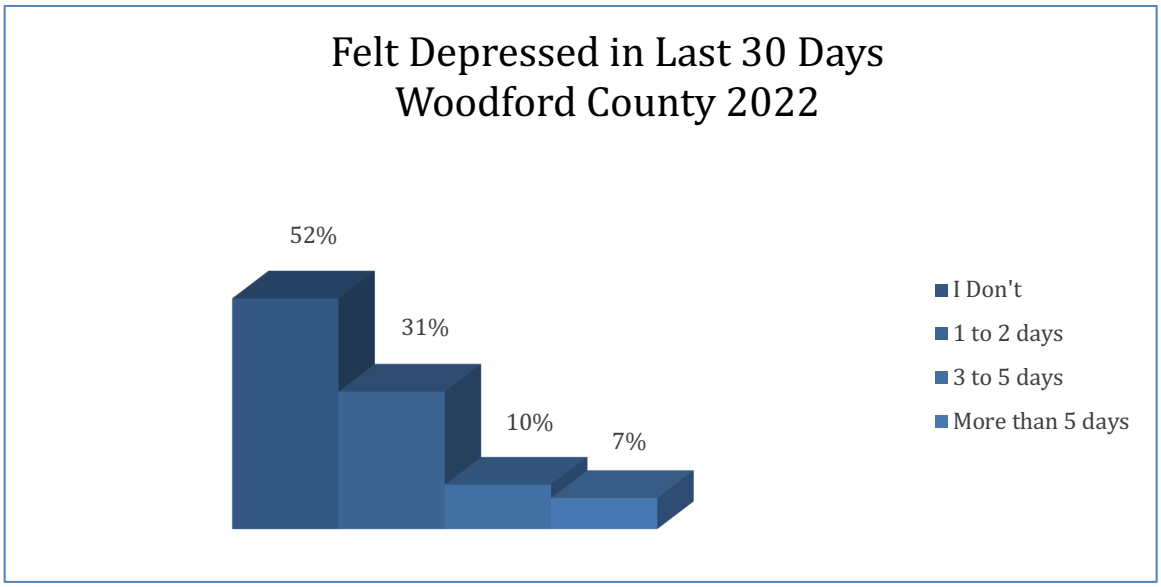

Self-Assessment of Overall Physical Health
Woodford County 2022
65%
23%
12%
Good
Average
Poor

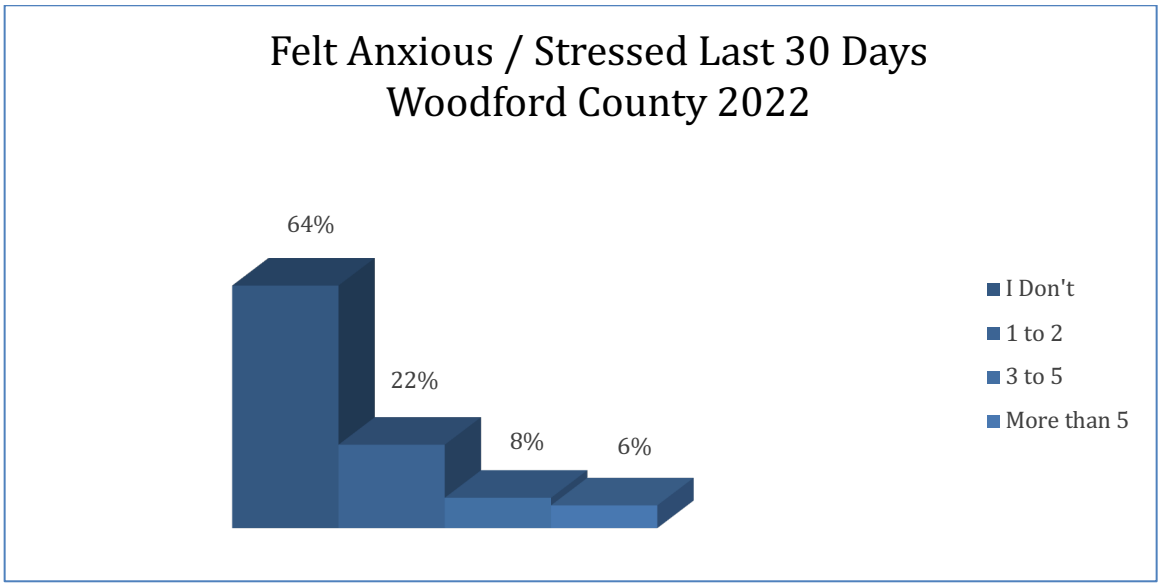

Self-Assessment of Overall Mental Health
Woodford County 2022
66%
22%
12%
Good
Average
Poor

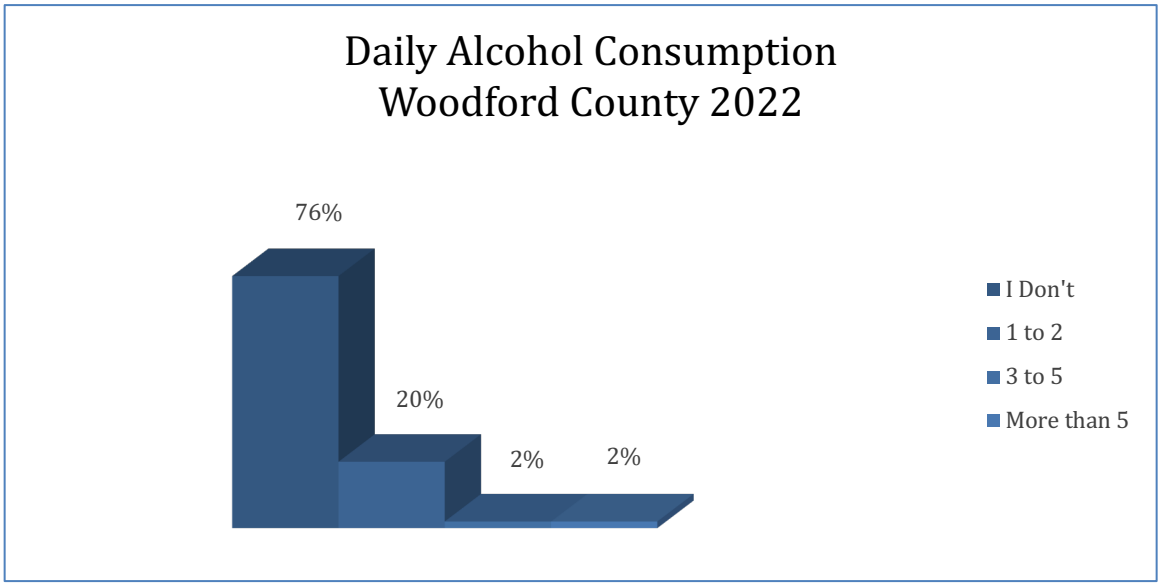

Cancer Screening in Past 5 years
Woodford County 2022
77%
73%
55%
73%
Breast (for women)
Cervical (for women)
Prostate (for men)
Colorectal (over age 50)

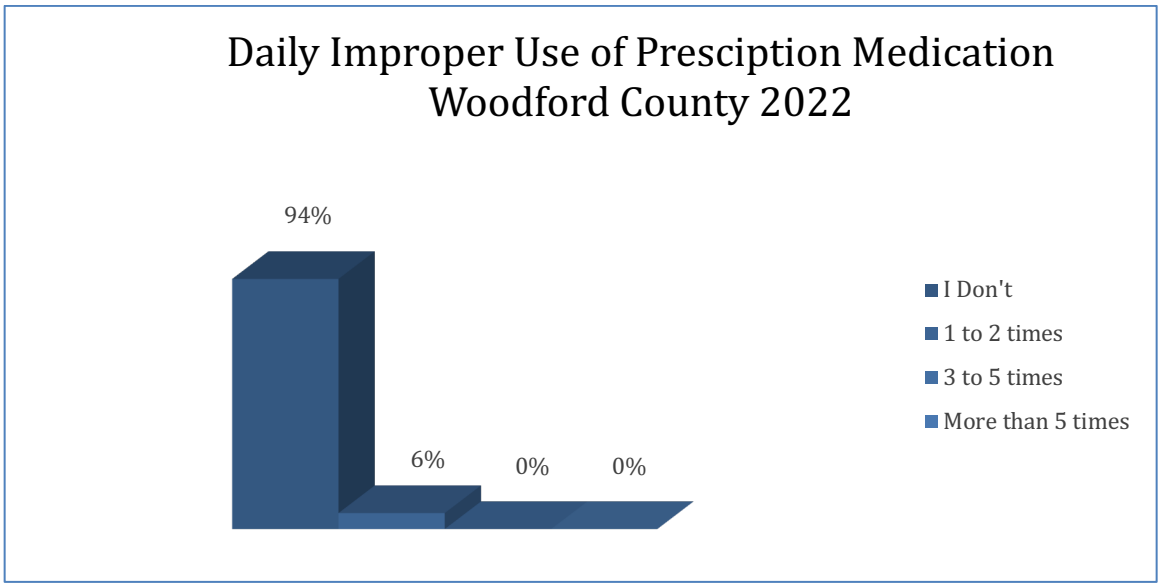

Frequency of Smoking
Woodford County 2022
96%
1%
1%
1%
1%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

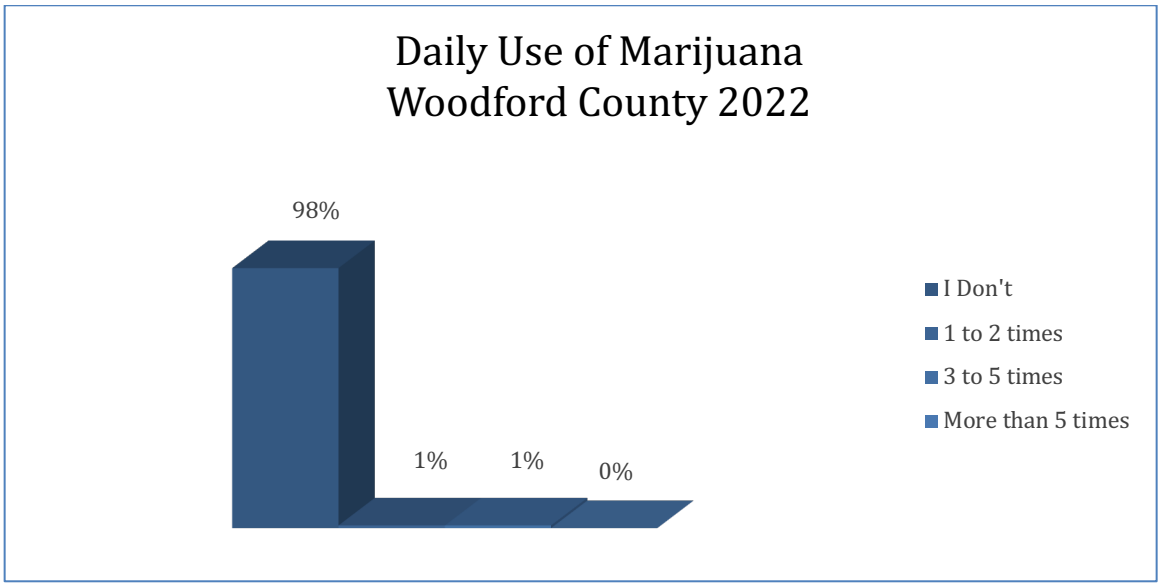

Frequency of Vaping
Woodford County 2022
98%
0%
0%
1%
1%
None
1 to 4 times per day
5 to 8 times per day
9 to 12 times per day
More than 12 times per day

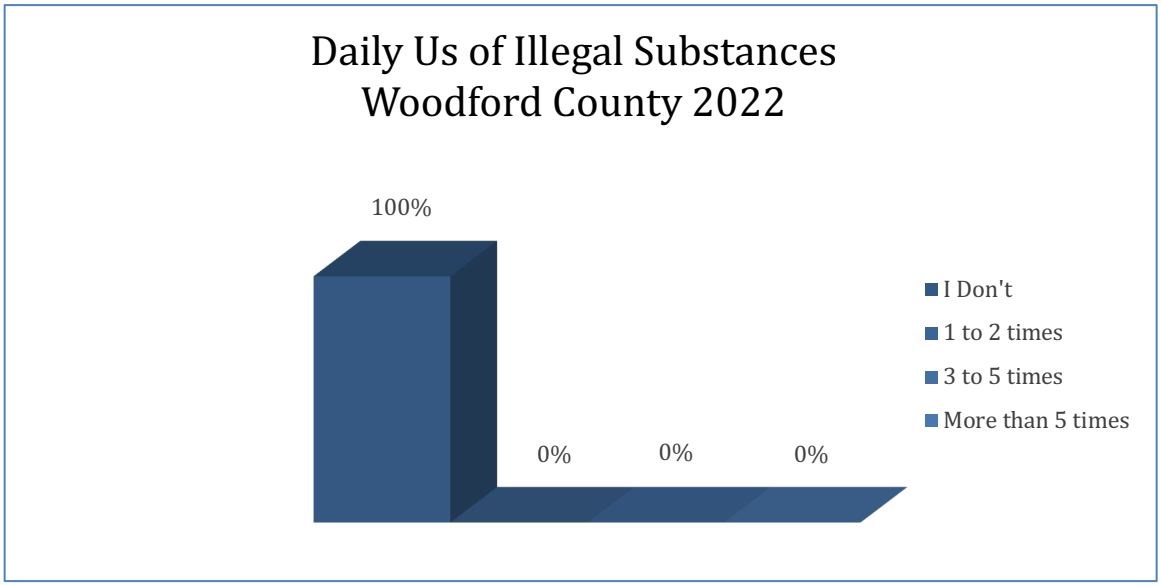

Felt Depressed in Last 30 Days
Woodford County 2022
52%
31%
10%
7%
I Don't
1 to 2 days
3 to 5 days
More than 5 days

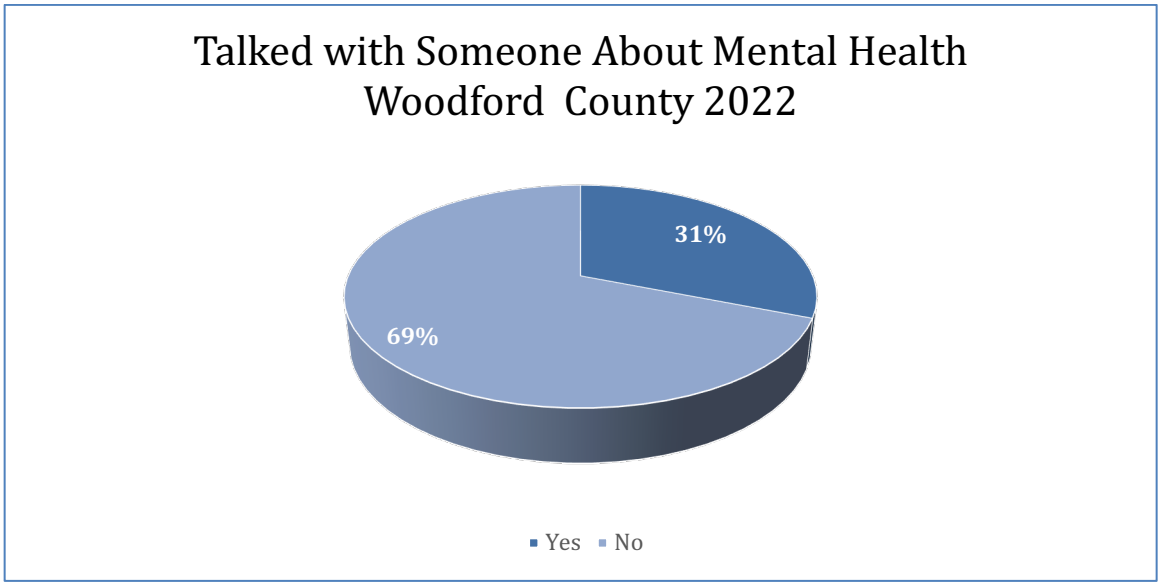

Felt Anxious / Stressed Last 30 Days
Woodford County 2022
64%
22%
8%
6%
I Don't
1 to 2
3 to 5
More than 5

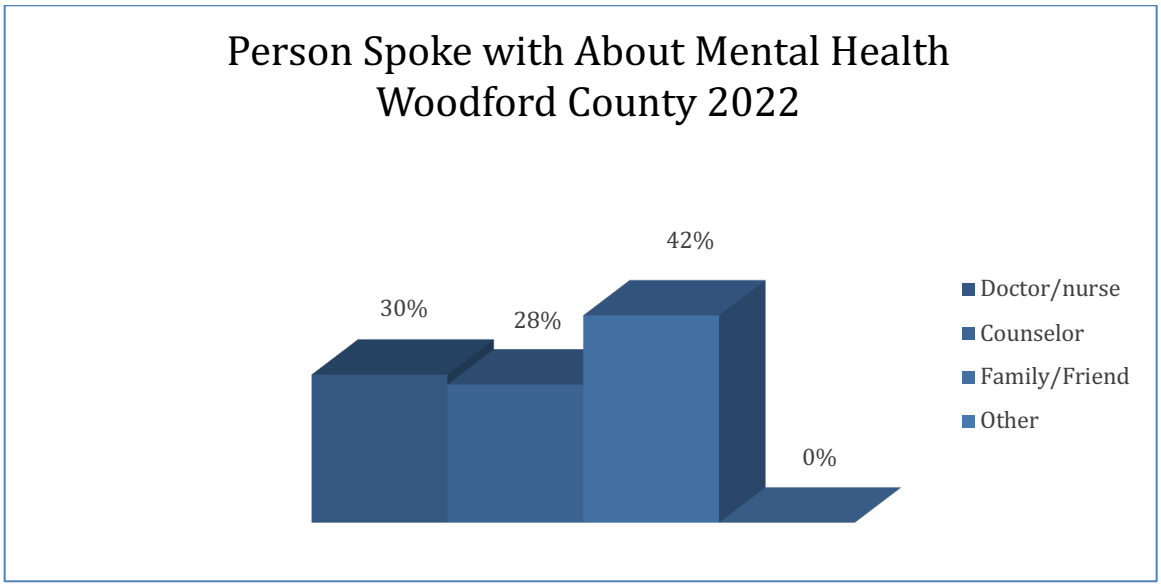

Daily Alcohol Consumption
Woodford County 2022
76%
20%
2%
2%
I Don't
1 to 2
3 to 5
More than 5

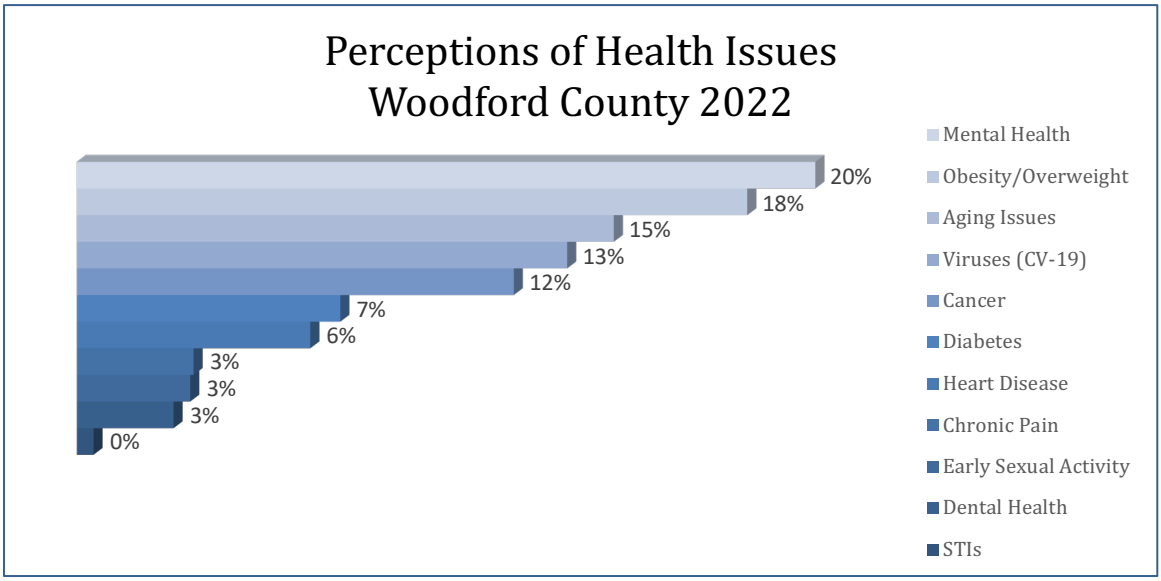

Daily Improper Use of Presciption Medication
Woodford County 2022
94%
6%
0%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

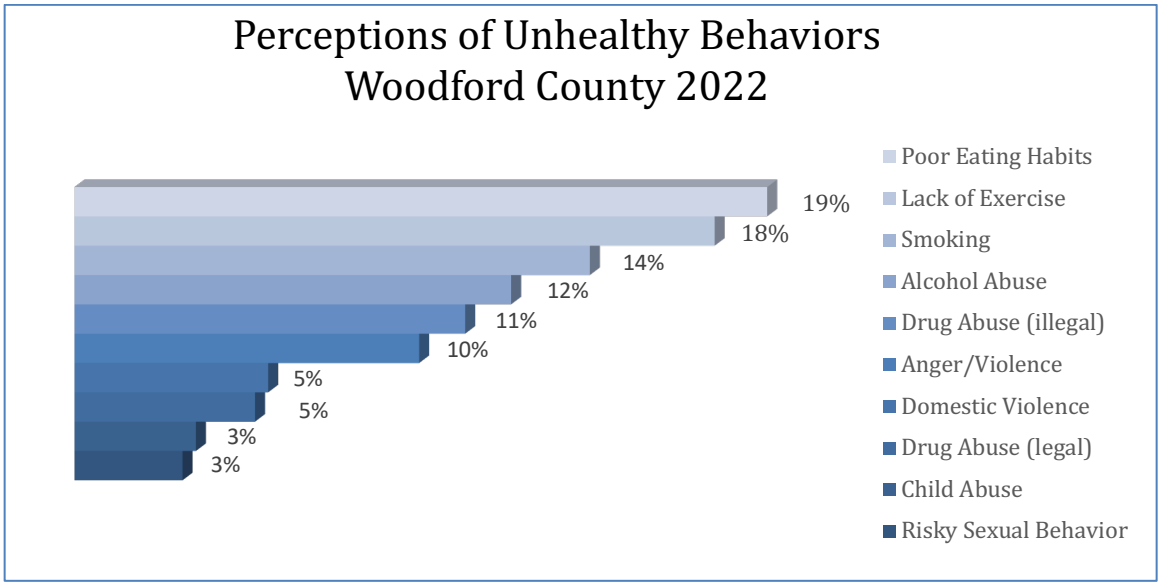

Daily Use of Marijuana
Woodford County 2022
98%
1%
1%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

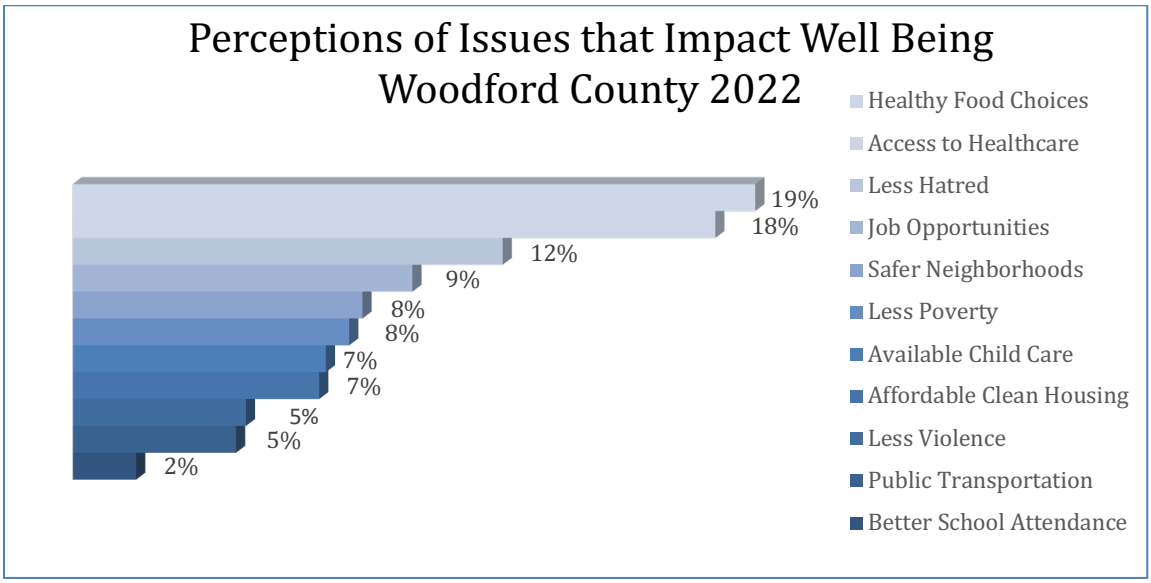

Daily Us of Illegal Substances
Woodford County 2022
100%
0%
0%
0%
I Don't
1 to 2 times
3 to 5 times
More than 5 times

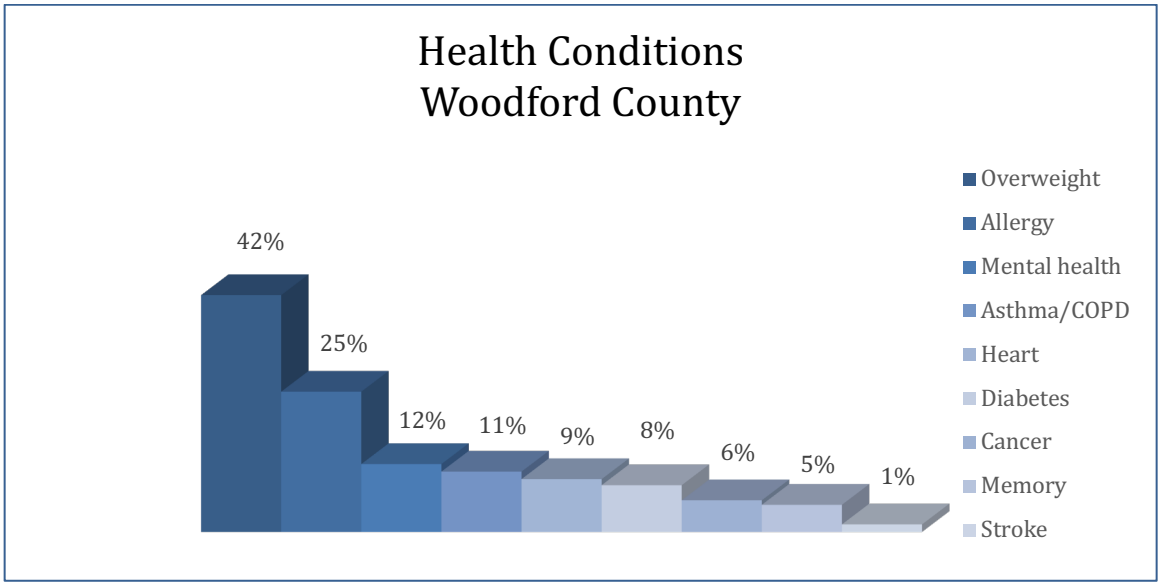

Talked with Someone About Mental Health
Woodford County 2022
31%
69%
Yes
No

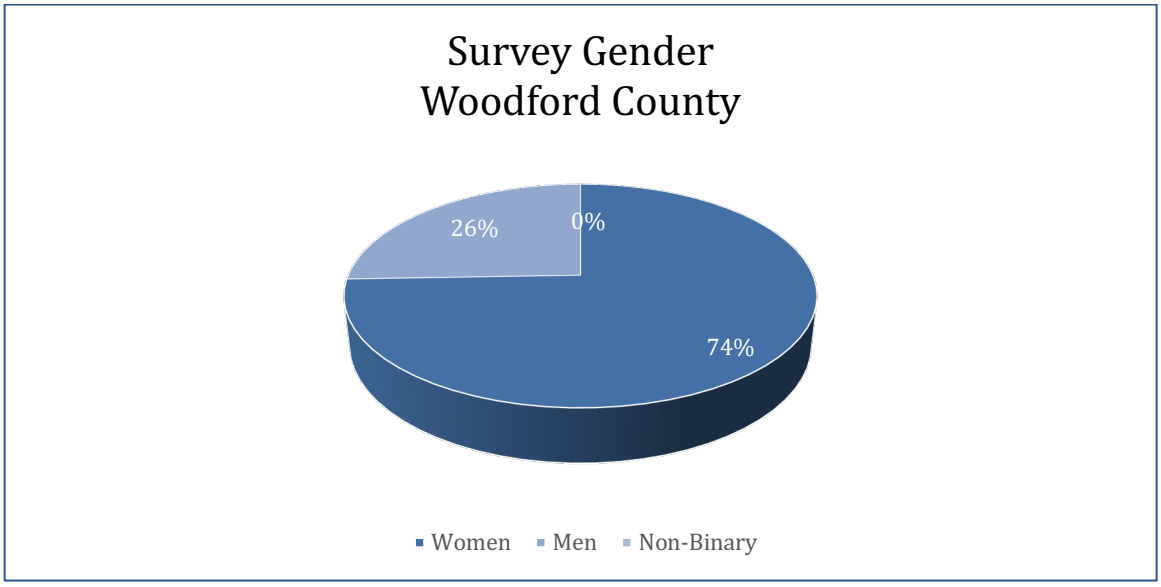

Person Spoke with About Mental Health
Woodford County 2022
42%
30%
28%
0%
Doctor/nurse
Counselor
Family/Friend
Other

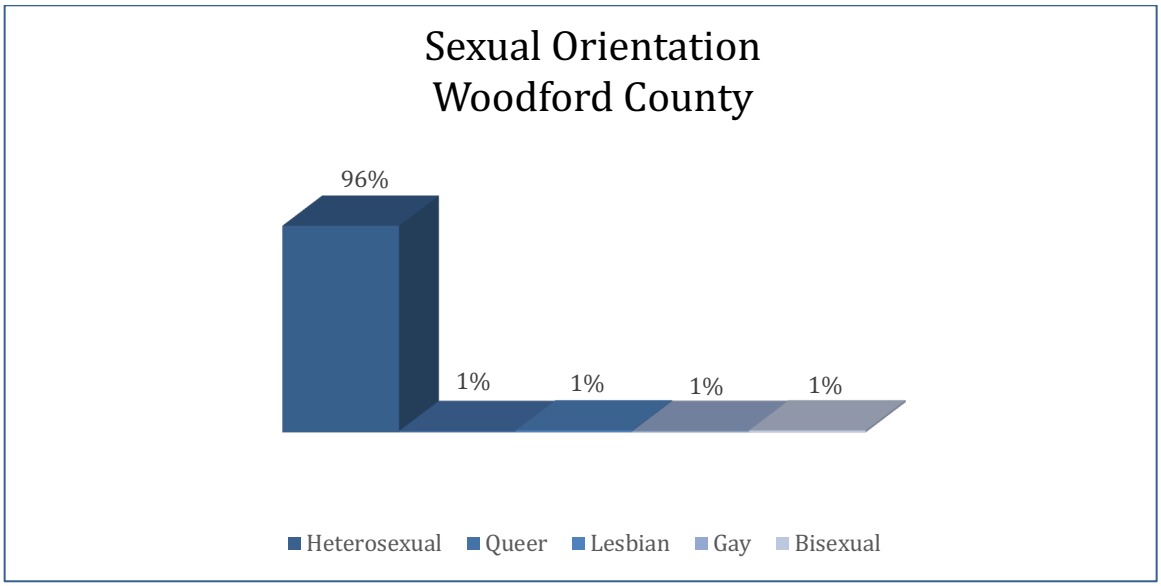

Perceptions of Health Issues
Woodford County 2022
20%
18%
15%
13%
12%
7%
6%
3%
3%
3%
0%
Mental Health
Obesity/Overweight
Aging Issues
Viruses (CV-19)
Cancer
Diabetes
Heart Disease
Chronic Pain
Early Sexual Activity
Dental Health
STIs

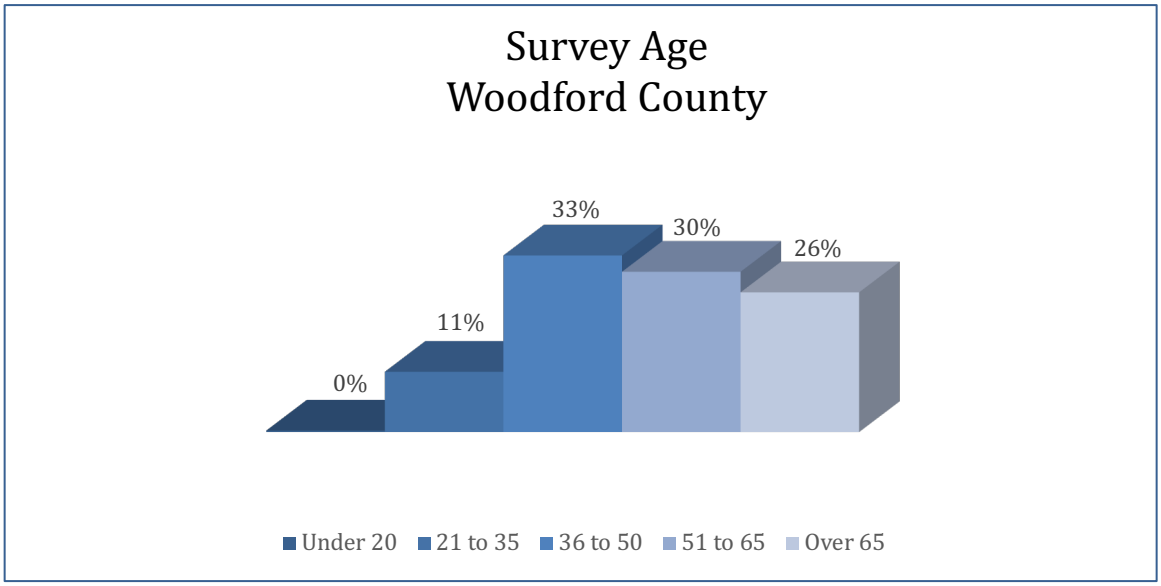

Perceptions of Unhealthy Behaviors
Woodford County 2022
19%
18%
14%
12%
11%
10%
5%
5%
3%
3%
Poor Eating Habits
Lack of Exercise
Smoking
Alcohol Abuse
Drug Abuse (illegal)
Anger/Violence
Domestic Violence
Drug Abuse (legal)
Child Abuse
Risky Sexual Behavior

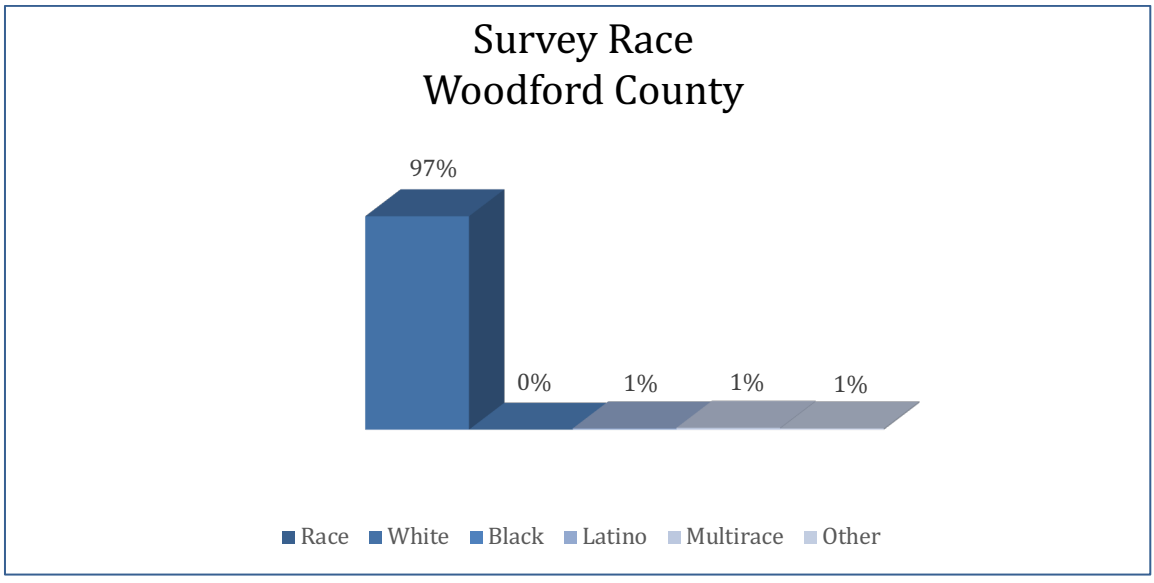

Perceptions of Issues that Impact Well Being
Woodford County 2022
19%
18%
12%
9%
8%
8%
7%
7%
5%
5%
2%
Healthy Food Choices
Access to Healthcare
Less Hatred
Job Opportunities
Safer Neighborhoods
Less Poverty
Available Child Care
Affordable Clean Housing
Less Violence
Public Transportation
Better School Attendance

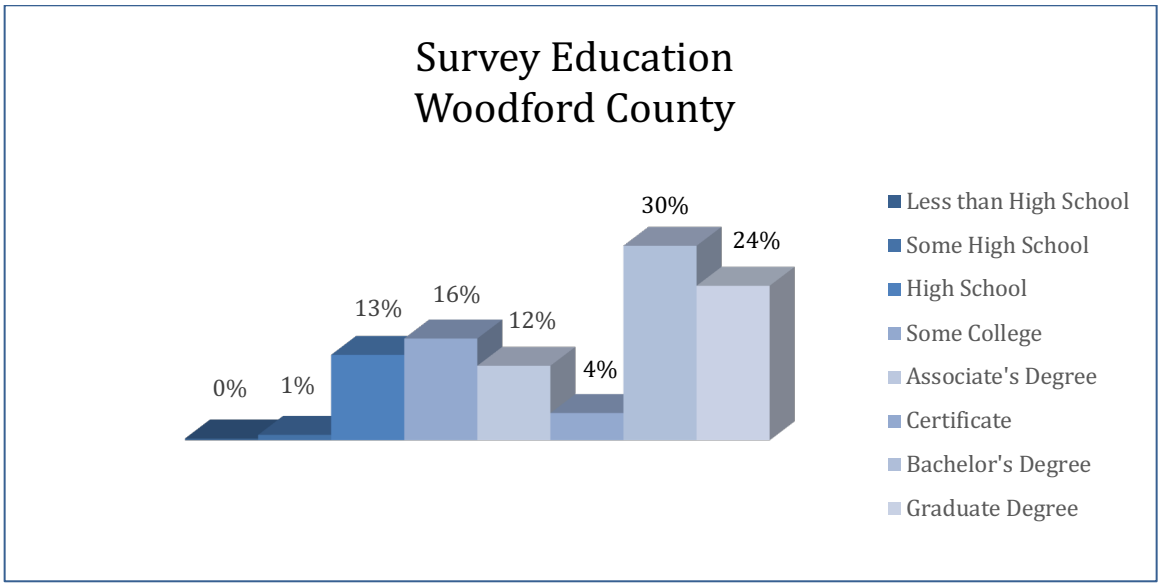

Health Conditions
Woodford County
42%
25%
12%
11%
9%
8%
6%
5%
1%
Overweight
Allergy
Mental health
Asthma/COPD
Heart
Diabetes
Cancer
Memory
Stroke

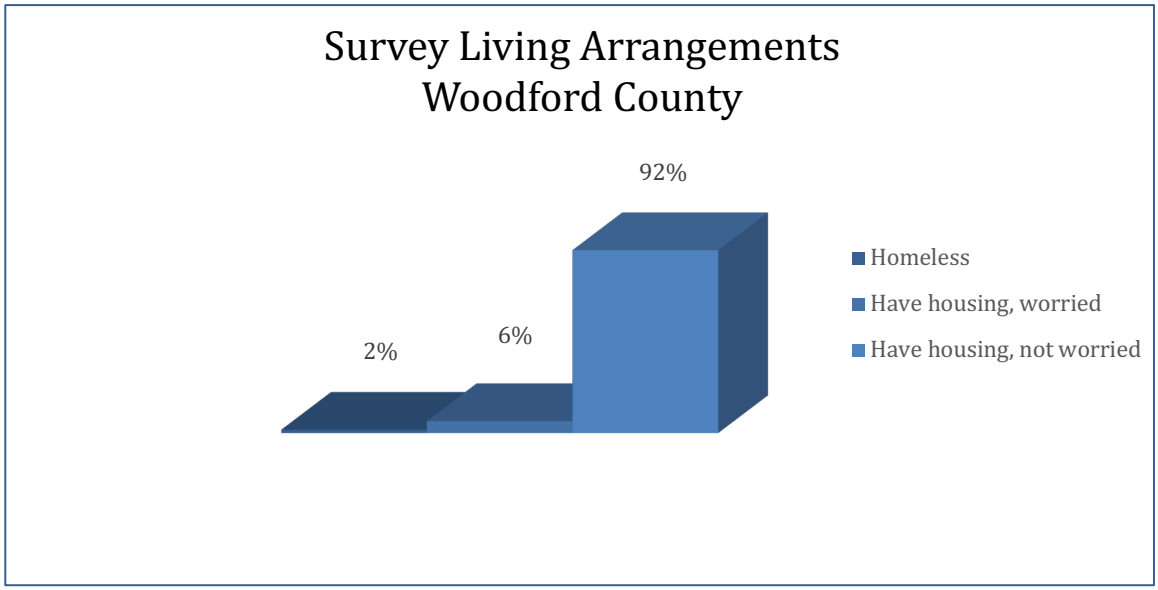

Survey Gender
Woodford County
26%
0%
74%
Women
Men
Non-Binary

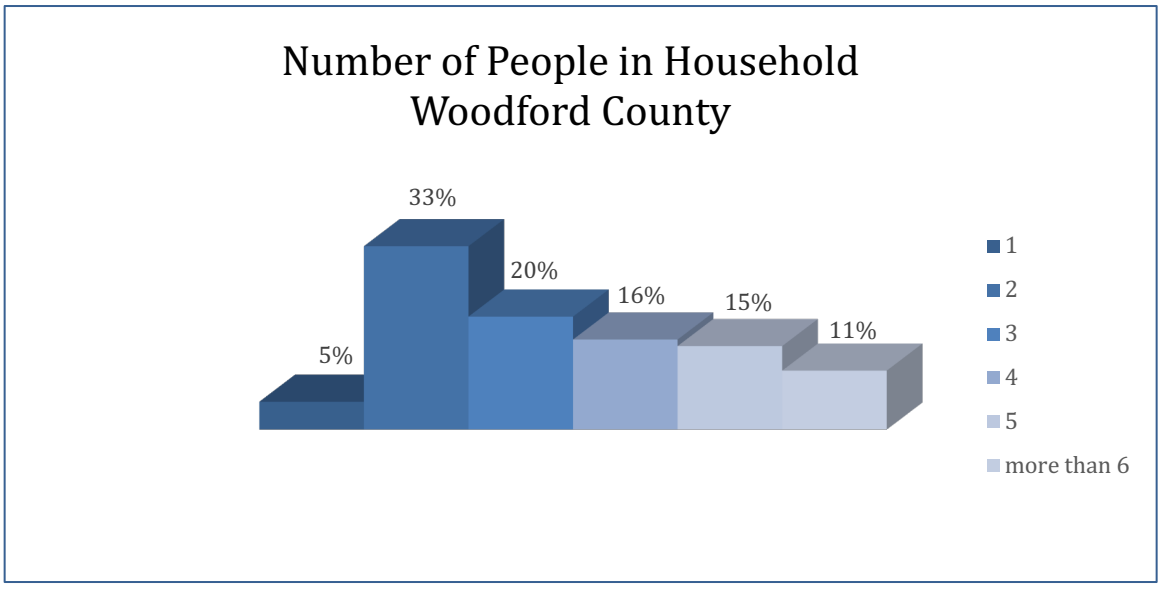

Sexual Orientation
Woodford County
96%
1%
1%
1%
1%
Heterosexual
Queer
Lesbian
Gay
Bisexual

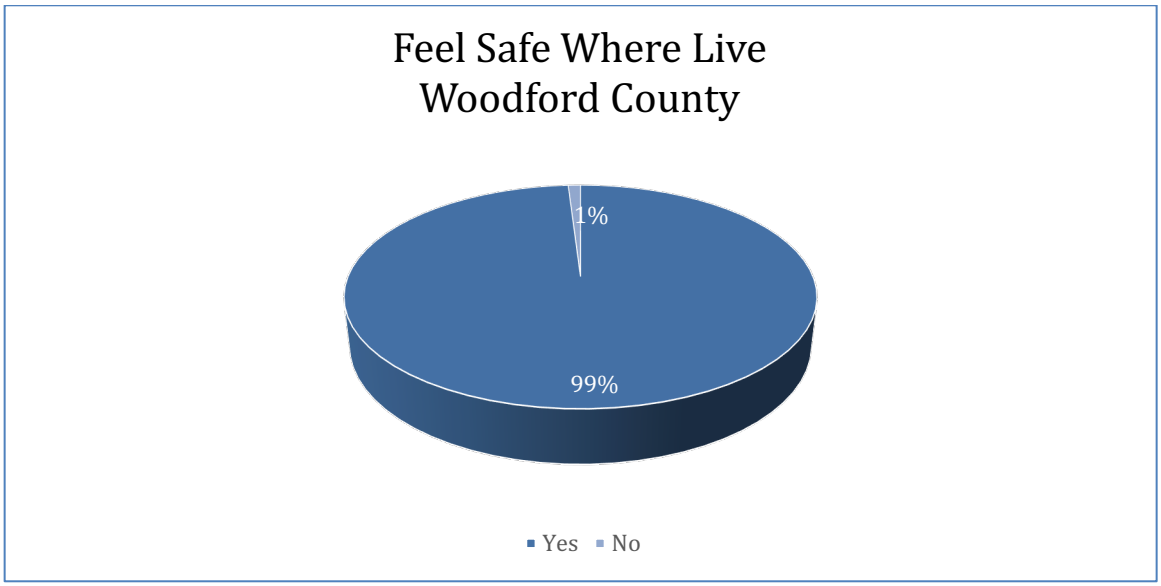

Survey Age
Woodford County
0%
11%
33%
30%
26%
Under 20
21 to 35
36 to 50
51 to 65
Over 65

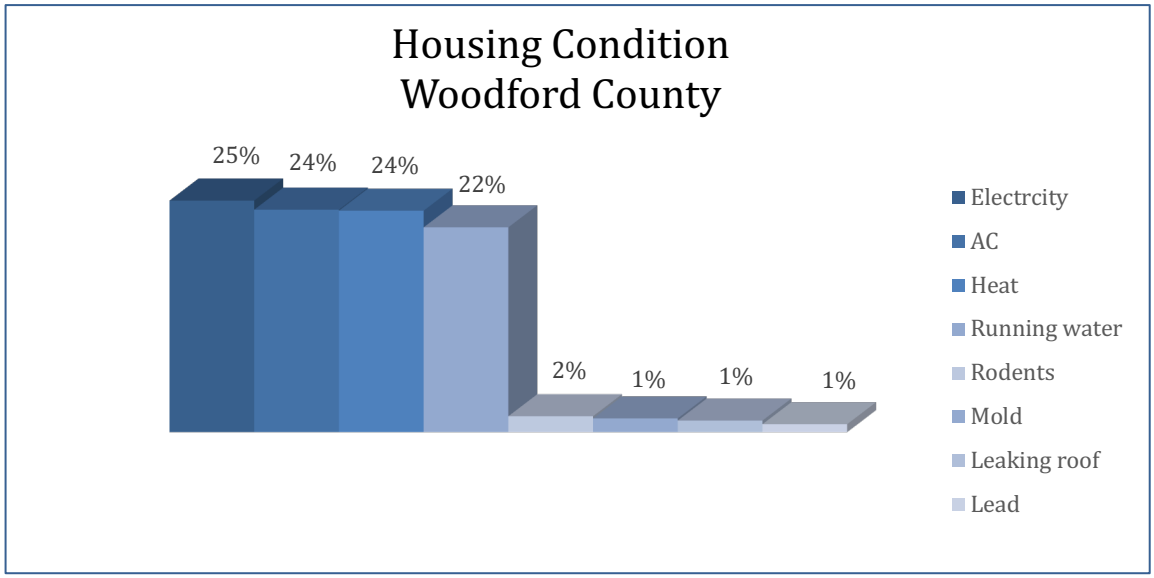

Survey Race
Woodford County
97%
0%
1%
1%
1%
Race
White
Black
Latino
Multirace
Other

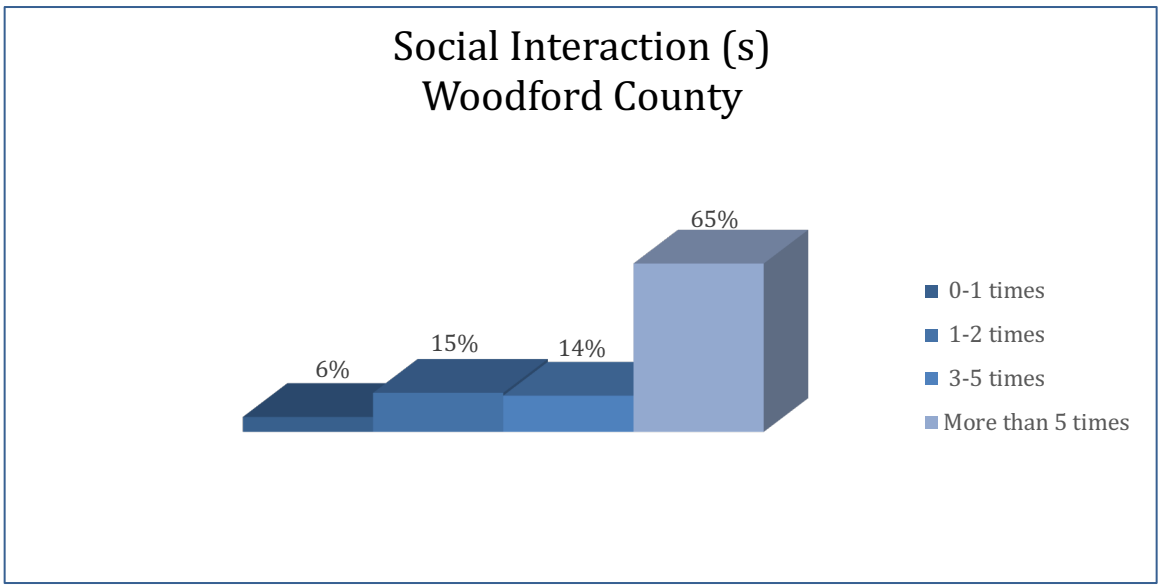

Survey Education
Woodford County
0%
1%
13%
16%
12%
4%
30%
24%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

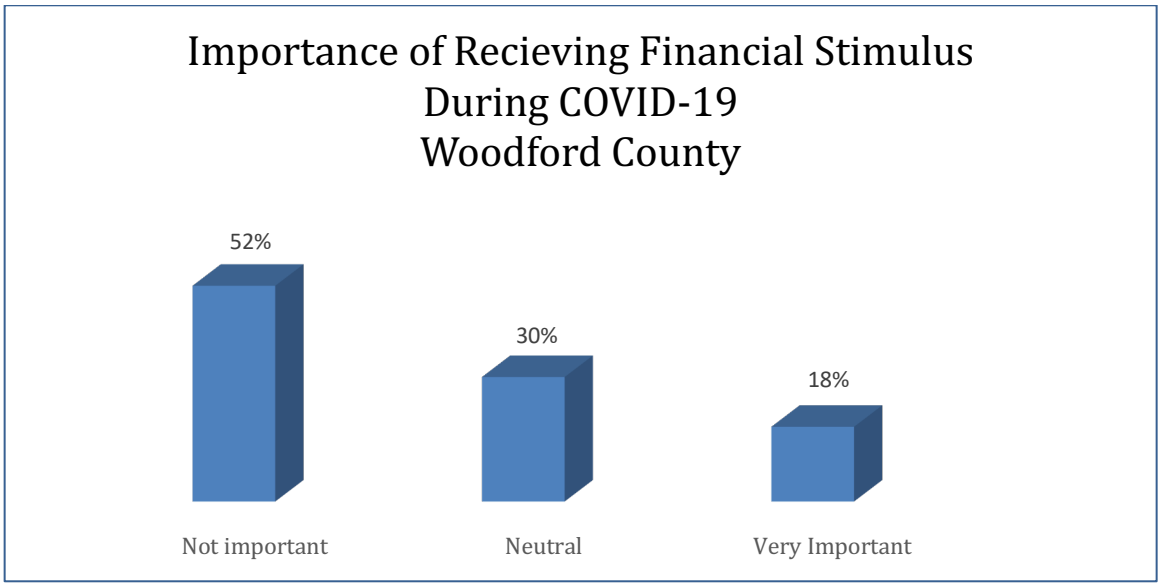

Survey Living Arrangements
Woodford County
2%
6%
92%
Homeless
Have housing, worried
Have housing, not worried

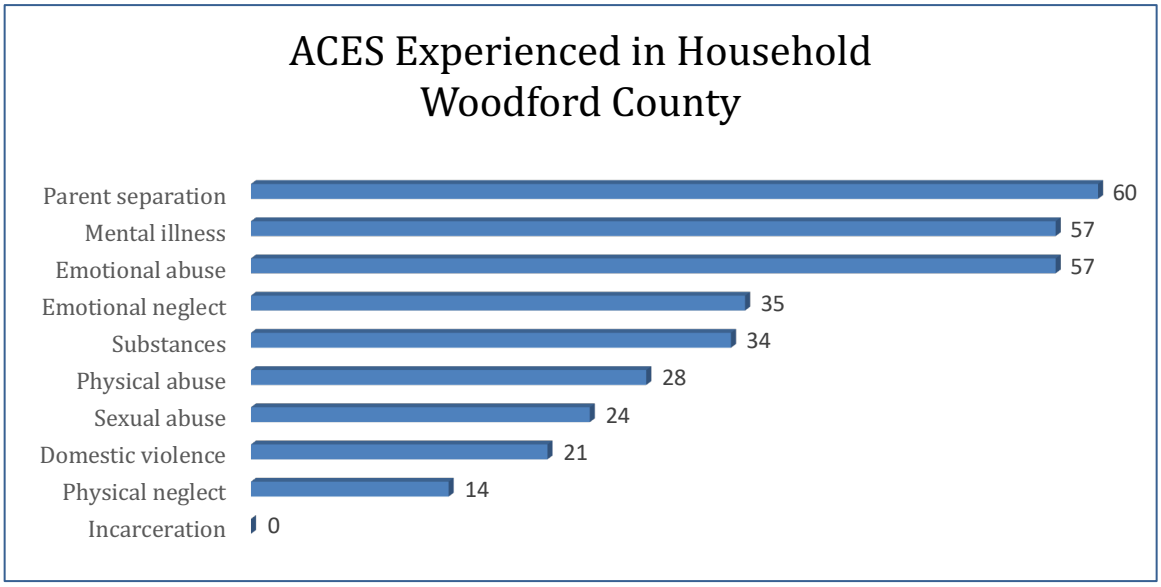

Number of People in Household
Woodford County
5%
33%
20%
16%
15%
11%
1
2
3
4
5
more than 6


Feel Safe Where Live
Woodford County
1%
99%
Yes
No


Housing Condition
Woodford County
25%
24%
24%
22%
2%
1%
1%
1%
Electrcity
AC
Heat
Running water
Rodents
Mold
Leaking roof
Lead


Social Interaction (s)
Woodford County
6%
15%
14%
65%
0-1 times
1-2 times
3-5 times
More than 5 times


Importance of Recieving Financial Stimulus
During COVID-19
Woodford County
52%
30%
18%
Not important
Neutral
Very Important


ACES Experienced in Household
Woodford County
Parent separation 60
Mental illness 57
Emotional abuse 57
Emotional neglect 35
Substances 34
Physical abuse 28
Sexual abuse 24
Domestic violence 21
Physical neglect 14
Incarceration 0