2025

Community Health Needs Assessment

OSF HOLY FAMILY MEDICAL CENTER

Warren County
Henderson County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Warren and Henderson Counties Community Health Needs Assessment is a collaborative undertaking by OSF Holy Family Medical Center to highlight the health needs and well-being of Warren County and Henderson County residents. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Warren and Henderson Counties regions. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors.

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

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues,

unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

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

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

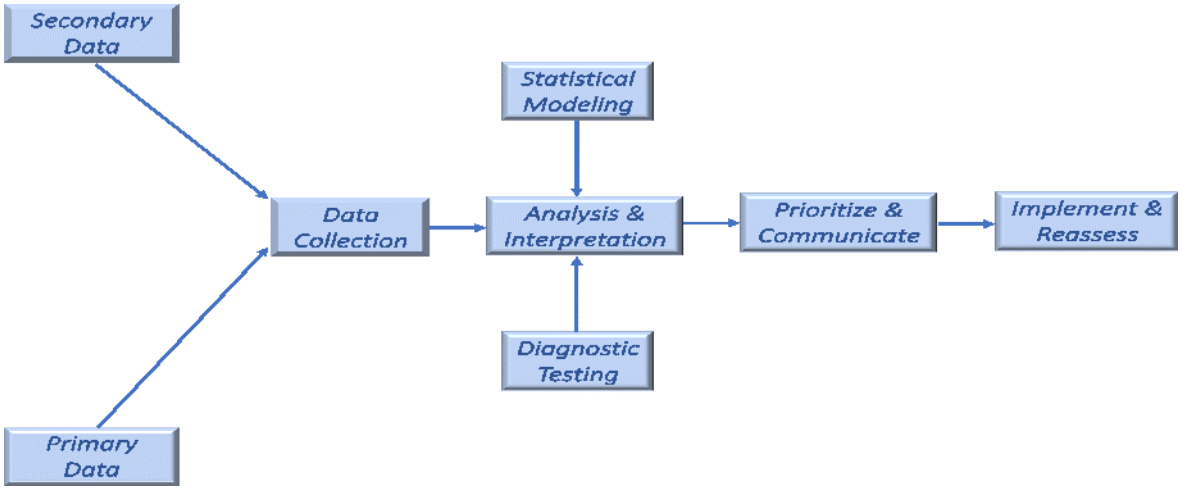
I. INTRODUCTION

Background

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

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

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Holy Family Medical Center, the Warren and Henderson Counties Health Departments, and administrators from key community partner organizations. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles, and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM. Engagement occurred throughout the process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

To determine the geographic boundaries for OSF Holy Family Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Warren and Henderson Counties. Data show that Warren and Henderson Counties alone represent 76% of all patients for the hospital.

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

Purpose of the Community Health Needs Assessment

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

The results of this study will enable healthcare organizations to efficiently allocate limited resources and better manage high-priority challenges. By working together, hospitals, clinics, agencies and health departments will leverage this CHNA to enhance healthcare quality in Warren and Henderson Counties. Note it is not feasible to compare results of the 2025 survey with the results of the 2022 CHNA, as the 2022 CHNA only assessed Warren County and did not assess Henderson County. *This 2025 CHNA is the first iteration to report data from both counties together.*

Community Feedback from Previous Assessments

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

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

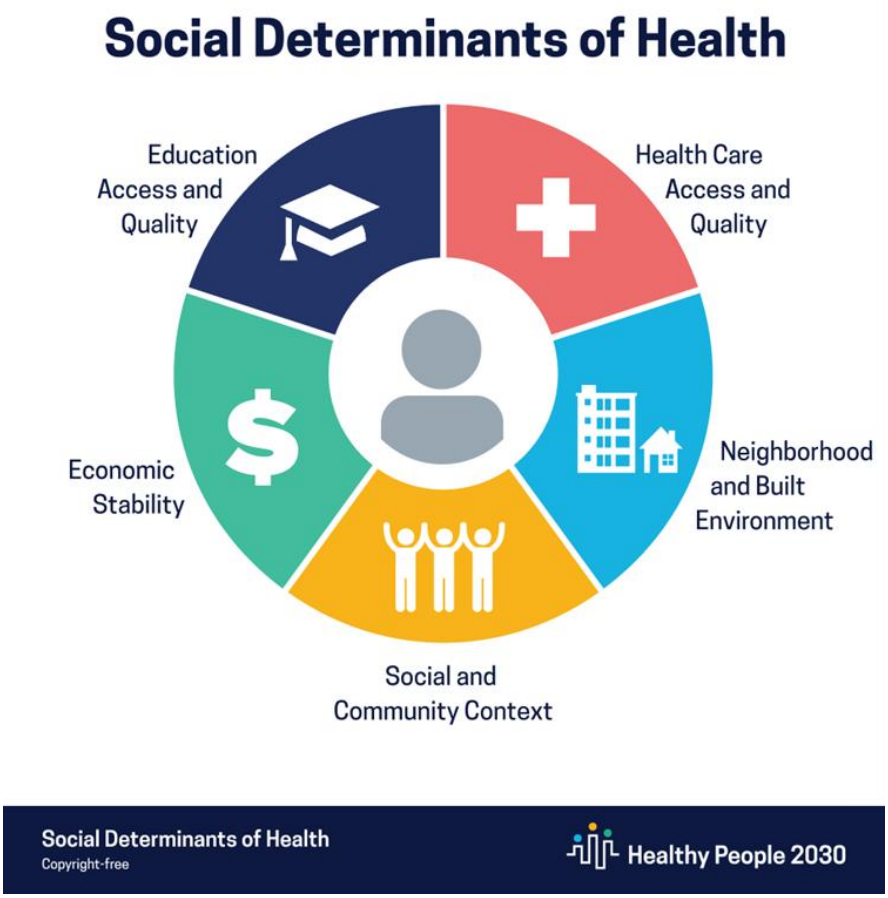
2022 CHNA Health Needs and Implementation Plans

The 2022 CHNA for Warren County identified two significant health needs. These included: **healthy behaviors**, defined as healthy eating and active living, and their impact on obesity; **access to care**, including primary source of healthcare, access to medical care, prescription medication, dental care, and mental-health counseling. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

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

Figure 2



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

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

II. METHODS

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

Secondary Data Collection

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

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

Primary Data Collection

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

Survey Instrument Design

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

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

- **Food security** – To assess access to healthy food alternatives.
- **Social drivers of health** – to assess the impact that social drivers may have on the above-mentioned areas.

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

Sample Size

To identify the potential population, the percentage of the Warren County and Henderson County populations living in poverty were first identified. Specifically, the counties' population was multiplied by its respective poverty rate to determine the minimum sample size needed to study the at-risk population. The poverty rate for Warren County was 12.1%. With a population of 16,576, this yielded a total of 2,006 residents living in poverty in the Warren County area. The poverty rate for Henderson County was 13.2%. With a population of 6,284, this yielded a total of 829 residents living in poverty in the Henderson County area.

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 Warren County and Henderson County areas, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 383. The data collection effort for this CHNA yielded a total of 471 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 445 respondents. This met the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Warren and Henderson Counties regions, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample aligned with population demographics according to U.S. Census data. This provided a total usable sample of 434 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

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

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

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

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

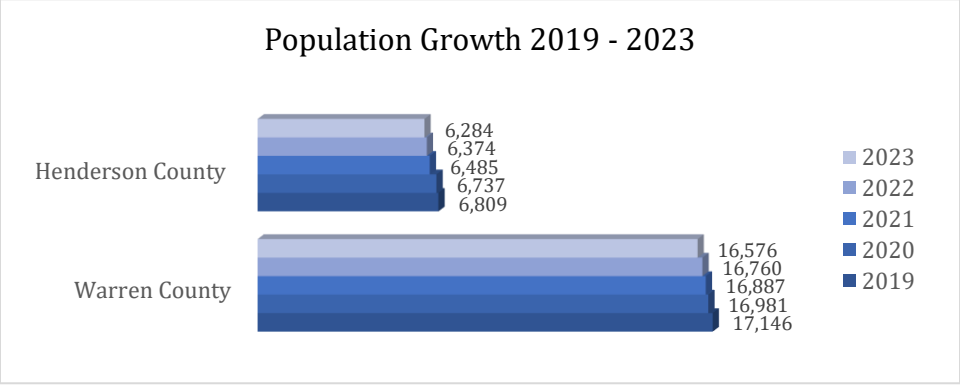
1.1 Population

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

Population Growth

Data from the last census indicate the population of Henderson County has decreased by 7.7% between 2019 and 2023, and the population of Warren County has decreased by 3.3% (Figure 3).

Figure 3



Source: United States Census Bureau

1.2 Age, Gender and Race Distribution

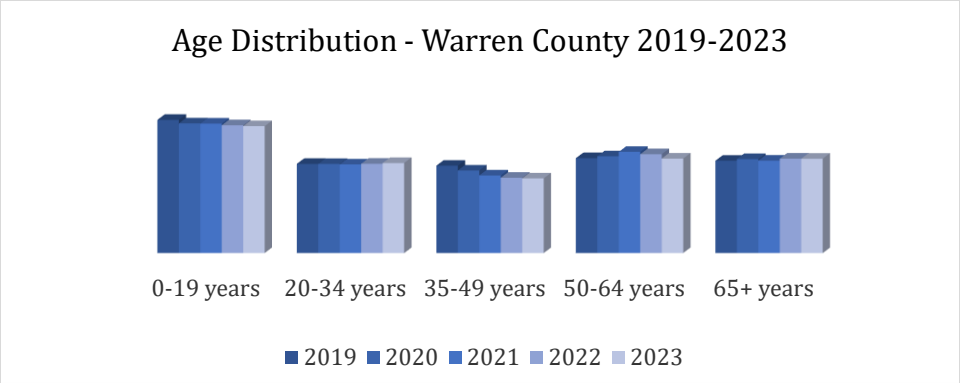
Importance of the Measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends impacting demographic factors, including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential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

Age

Figure 4 illustrates the percentage of individuals in Warren County in each age group. Note those in the 35-49 age group decreased 14.5%, the 0-19 age group decreased 4.7%, and the 50-64 age group decreased 0.5%. The 65+ age group increased 2.2% and the 20-34 age group increased nearly 1% in Warren County.

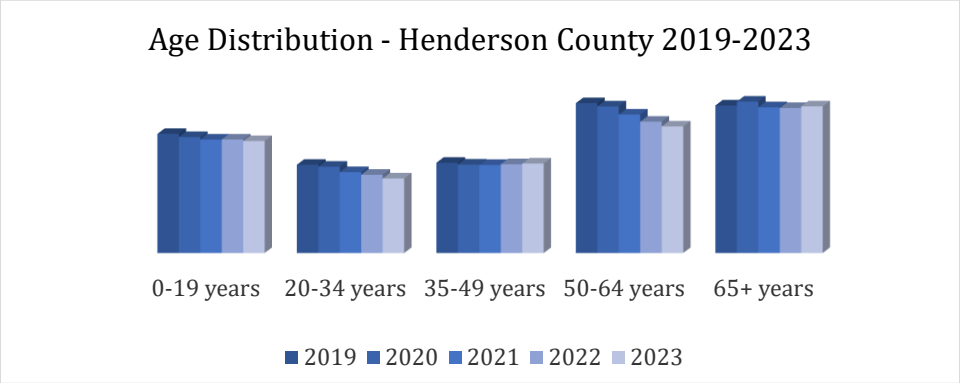
Figure 5 illustrates the percentage of individuals in Henderson County in each age group. Note those in the 50-64 age group decreased 15.6%, those in the 20-34 age group decreased 15.5%, those in the 0-19 age group decreased 6%, and those in the 35-49 and 65+ age groups decreased less than 1% each.

Figure 4



Source: United States Census Bureau

Figure 5

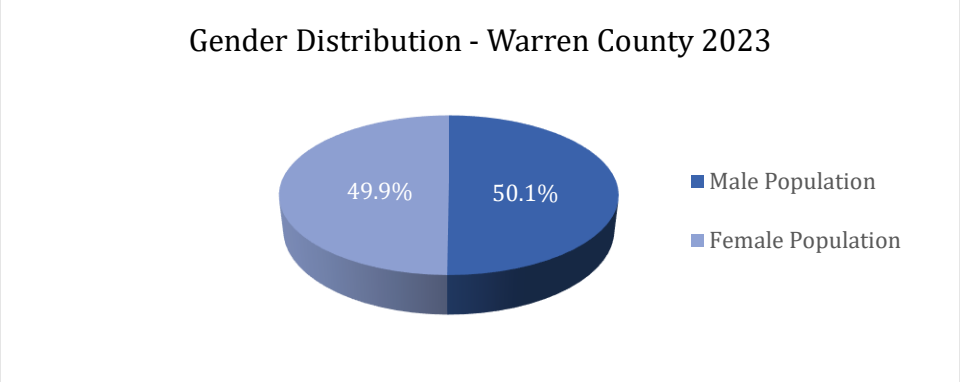


Source: United States Census Bureau

Gender

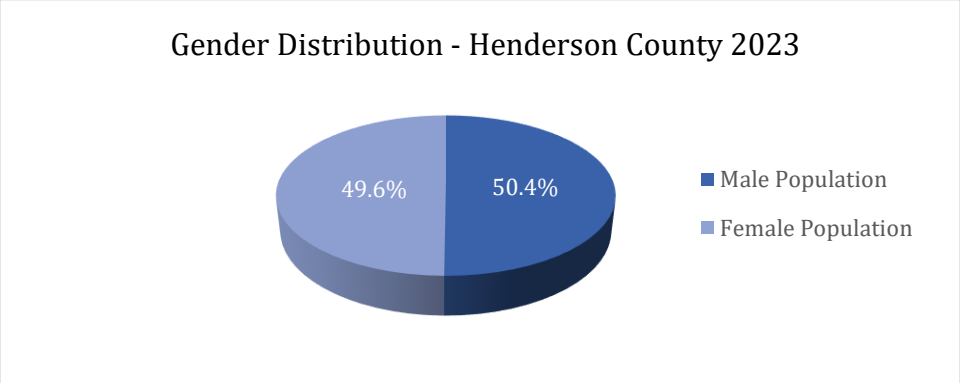
The gender distribution of Warren County (Figure 6) and Henderson County (Figure 7) residents is relatively equal among males and females.

Figure 6



Source: United States Census Bureau

Figure 7

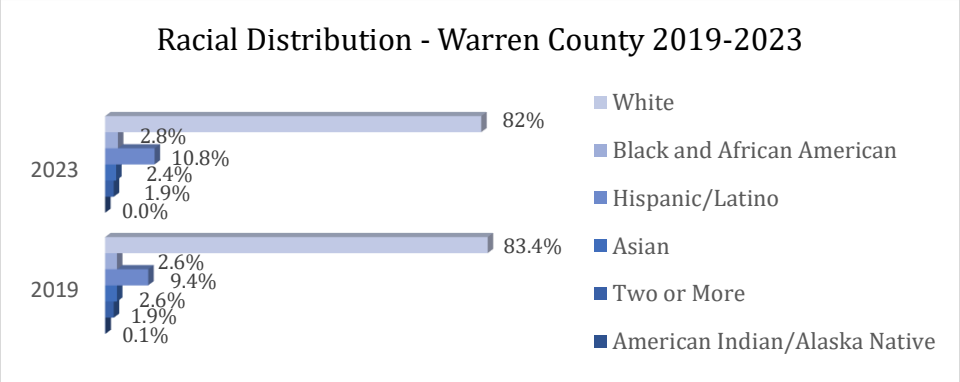


Source: United States Census Bureau

Race

With regard to race and ethnic background, Warren County is largely homogenous. Data from 2023 show that White ethnicity comprises 82% of the population in Warren County. However, the non-White population of Warren County has increased (from 16.6% in 2019 to 18% in 2023), with Hispanic/Latino ethnicity comprising 10.8% of the population, Black ethnicity comprising 2.8% of the population, Asian ethnicity comprising 2.4% of the population, and multi-racial ethnicity comprising 1.9% of the population (Figure 8).

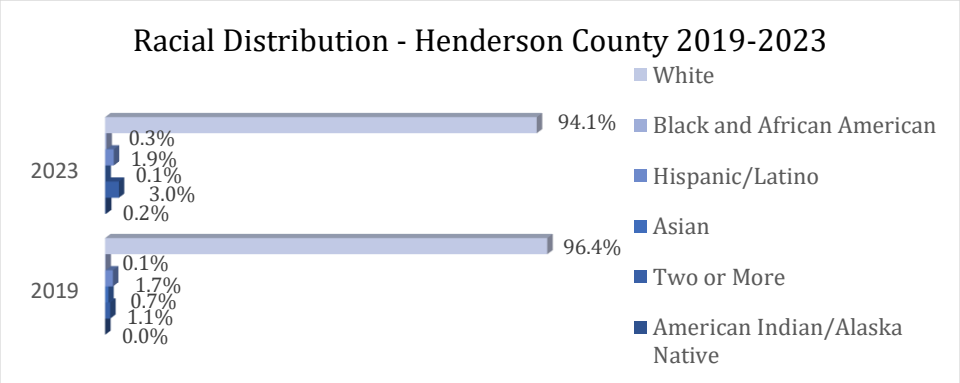
Figure 8



Source: United States Census Bureau

With regard to race and ethnic background, data from Henderson County in 2023, show that White ethnicity comprises 94.1% of the population. The non-White population Henderson County has increased (from 3.6% in 2019 to 5.9% in 2023), with multi-racial ethnicity comprising 3.0% of the population, Hispanic/Latino ethnicity comprising 1.9% of the population, Black ethnicity comprising 0.3% of the population, American Indian/Alaska Native ethnicity comprising of 0.2% of the population, and Asian ethnicity comprising 0.1% of the population (Figure 9).

Figure 9



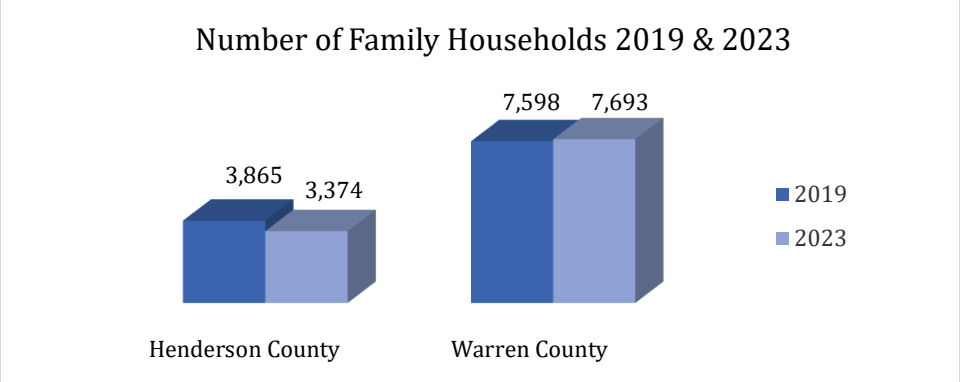
Source: United States Census Bureau

1.3 Household/Family

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

As indicated in Figure 10, the number of family households in Warren County increased slightly, while the number of family households in Henderson County decreased from 2019 to 2023.

Figure 10



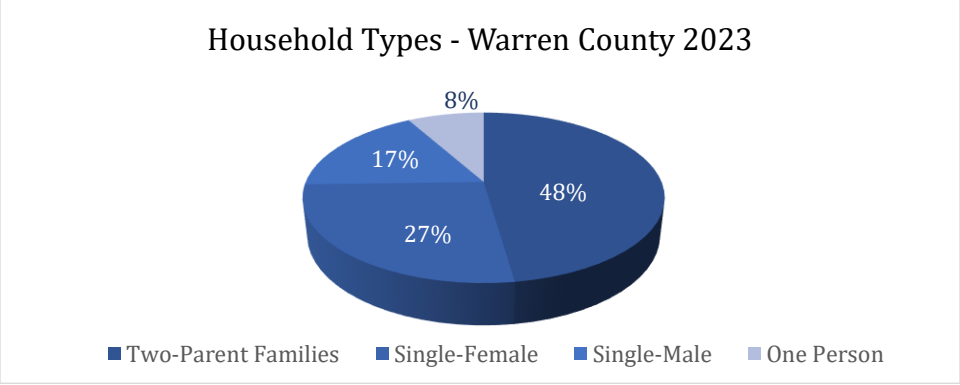
Source: United States Census Bureau

Family Composition

In Warren County, data from 2023 show the percentage of two-parent families is 48%. One-person households represent 8% of the county population, single-female households represent 27% and single-male households represent 17% (Figure 11).

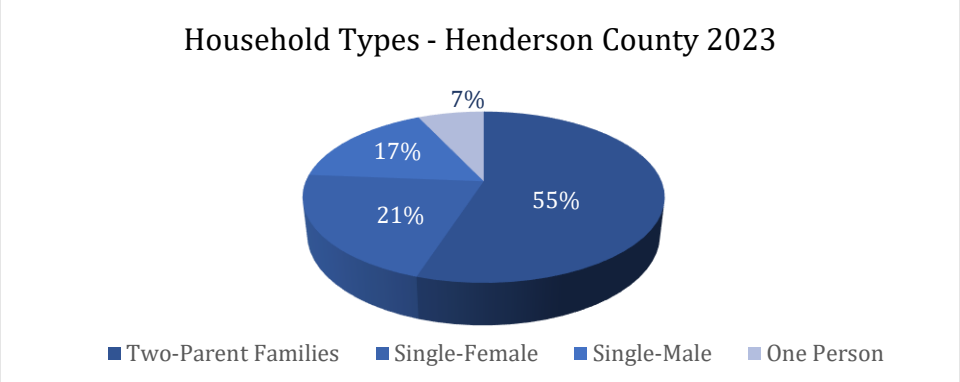
In Henderson County, data from 2023 show the percentage of two-parent families is 55%. One-person households represent 7% of the county population, single-female households represent 21% and single-male households represent 17% (Figure 12)

Figure 11



Source: United States Census Bureau

Figure 12

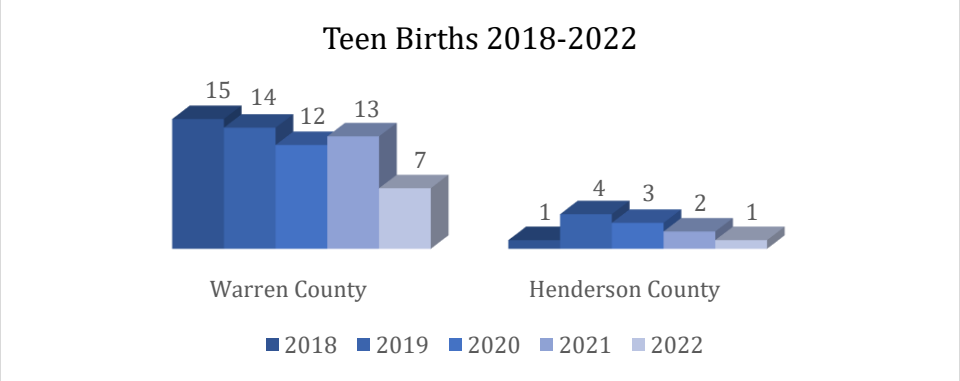


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Warren County has experienced a fluctuation in teenage birth count between 2018 and 2022. Rates dropped significantly in 2022. Henderson County has experienced fluctuations in teenage birth count between 2018 and 2022, with an increase in 2019, then a steady decrease through 2022 (Figure 13).

Figure 13



Source: Illinois Department of Public Health

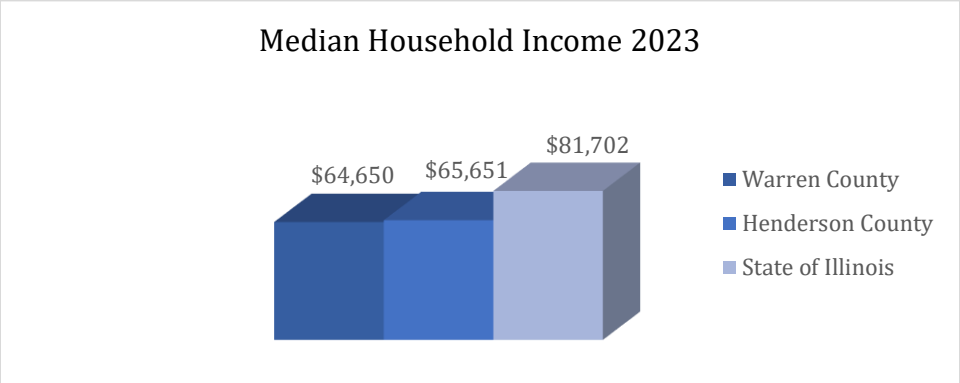
1.4 Economic Information

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

Median Income Level

In 2023, the median household incomes in Warren County ($64,650) and Henderson County ($65,651) were similar, but lower than the State of Illinois average ($81,702) (Figure 14).

Figure 14

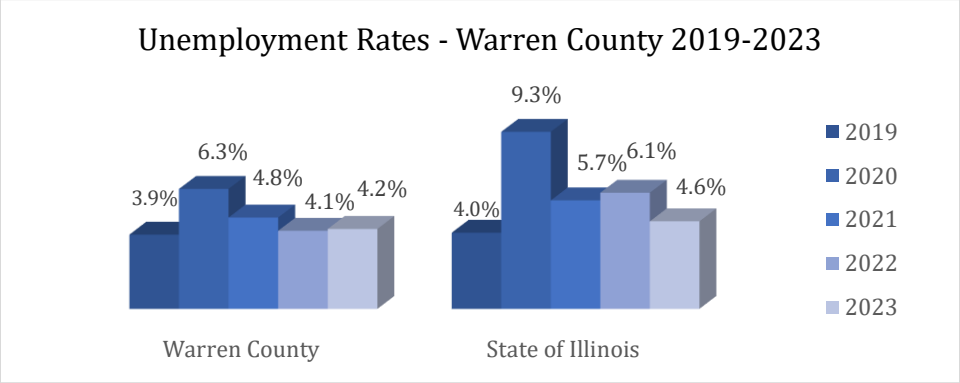


Source: United States Census Bureau

Unemployment

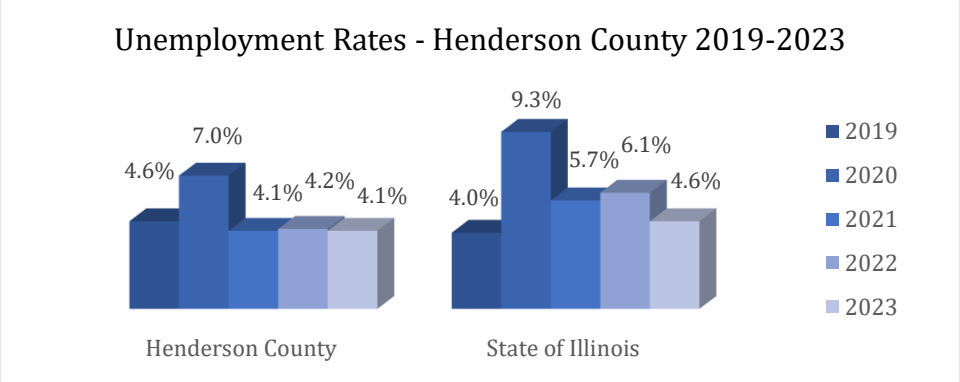
For the years 2019 through 2023, the Warren County unemployment rate remained lower than the State of Illinois unemployment rate (Figure 15). Between the years 2019 and 2023, the Henderson unemployment rate remained lower than the State of Illinois rate, except in 2019 (Figure 16). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

Figure 15



Source: Bureau of Labor Statistics

Figure 16

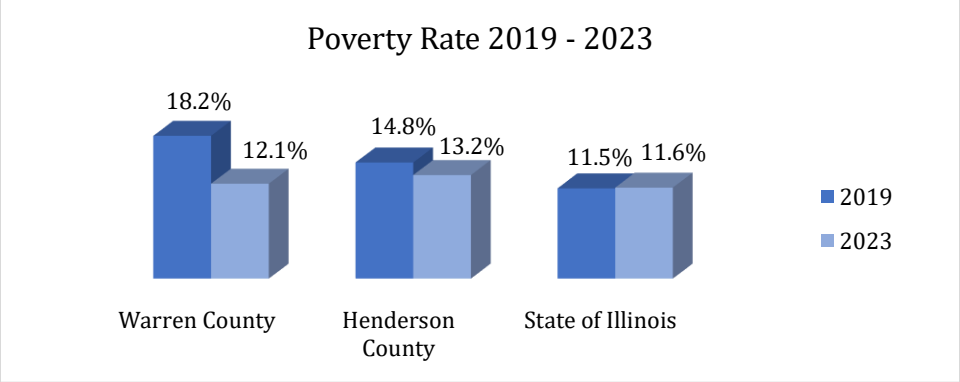


Source: Bureau of Labor Statistics

Individuals in Poverty

In Warren County, the percentage of individuals living in poverty decreased from 18.2% in 2019 to 12.1% in 2023. In Henderson County, the percentage of individuals living in poverty also decreased from 14.8% in 2019 to 13.2% in 2023. The poverty rates for Warren and Henderson Counties are both higher than the State of Illinois rate of 11.6%. The poverty rate has a significant impact on the development of children and youth (Figure 17).

Figure 17



Source: United States Census Bureau

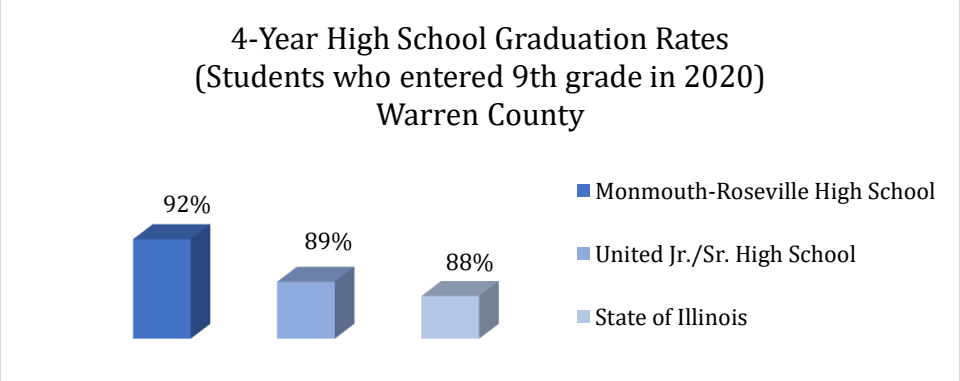
1.5 Education

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

High School Graduation Rates

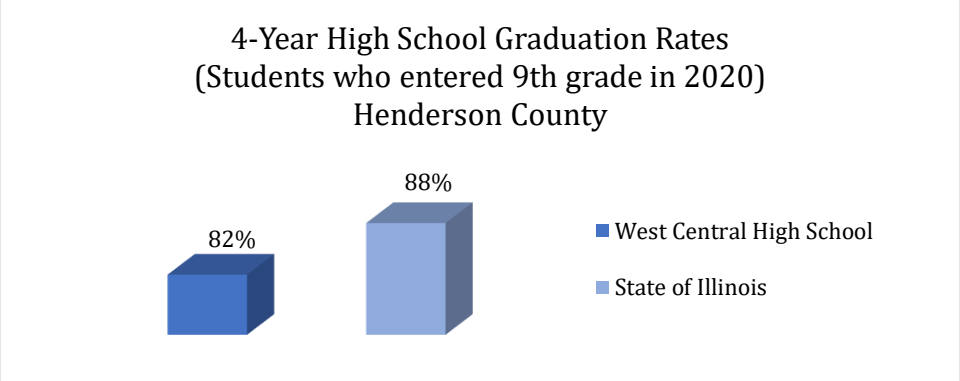
Students who entered 9th grade in 2020 in Warren County school districts reported high school graduation rates that were higher than the State of Illinois average of 88% (Figure 18). Whereas students who entered 9th grade in 2020 in the Henderson County school district reported high school graduation rates that were lower than the State of Illinois average of 88% (Figure 19).

Figure 18



Source: Illinois Report Card

Figure 19

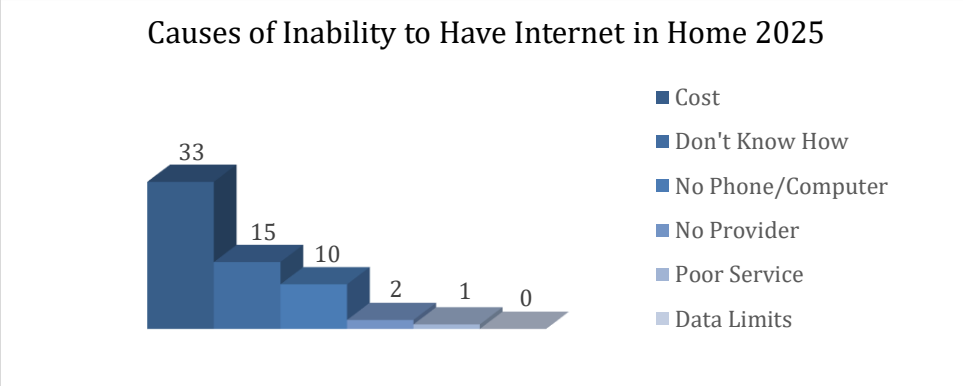


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 86% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (33) (Figure 20). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 20



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, those with higher education, and those with higher income. Access to Internet tends to be rated lower for those with an unstable housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED FOR WARREN AND HENDERSON COUNTIES OVER THE LAST 5 YEARS. NOTABLY, ALL AGE GROUPS DECREASED IN BOTH COUNTIES WITH THE EXCEPTION OF WARREN COUNTY, WHICH EXPERIENCED MARGINAL INCREASES IN 20-34 AND 65+ AGE GROUPS.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 27% OF THE POPULATION IN WARREN COUNTY AND 21% IN HENDERSON COUNTY. THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

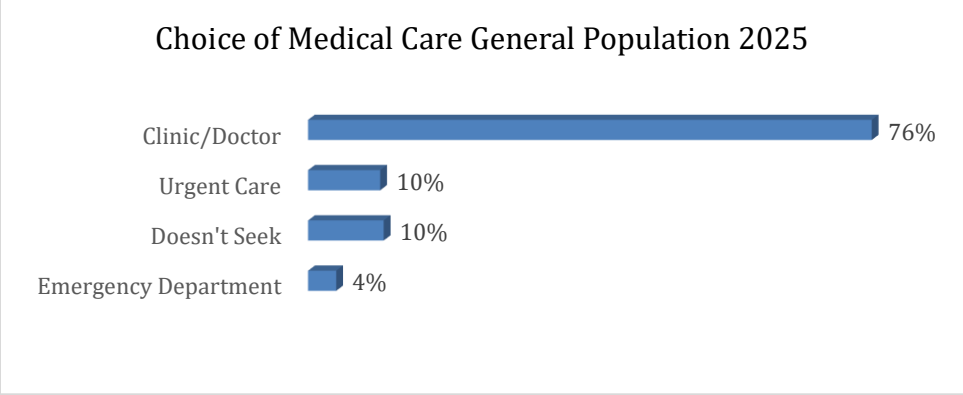
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of health care facility used when sick. Four different alternatives were presented, including clinic or doctor's office, urgent care facility, did not seek medical treatment, and emergency department. The most common response for source of medical care was clinic/doctor's office, chosen by 76% of survey respondents. This was followed by, urgent care (10%), not seeking medical attention (10%), and the emergency department at a hospital (4%) Figure 21).

Figure 21



Source: CHNA Survey

Social Drivers Related to Choice of Medical Care

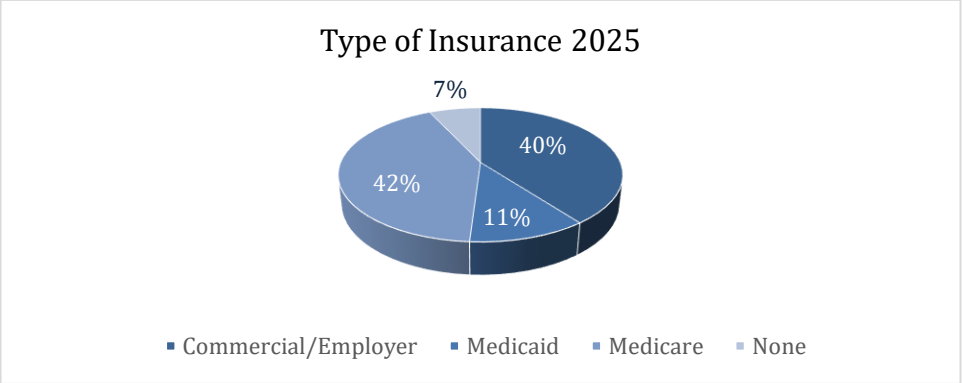
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by older people and those with higher income. Clinic/doctor's office tends to be used less by Black people and those in an unstable housing environment.
- **Urgent Care** tends to be used less by Warren County residents.
- **Emergency Department** tends to be used more often by those with lower income.
- **Do Not Seek Medical Care** is more common for younger people, Black people, and those in an unstable housing environment.

Insurance Coverage

According to survey data, 42% of the residents are covered by Medicare, followed by commercial/employer insurance (40%), and Medicaid (11%). Seven percent of respondents indicated they did not have any health insurance (Figure 22).

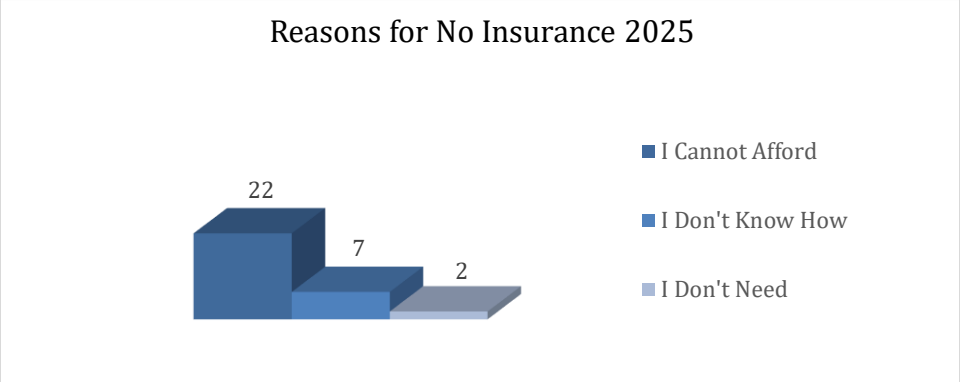
Figure 22



Source: CHNA Survey

Data from the survey show that for the 7% of individuals who do not have insurance, the most prevalent reason was cost (22) (Figure 23). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 23



Source: CHNA Survey

Social Drivers Related to Type of Insurance

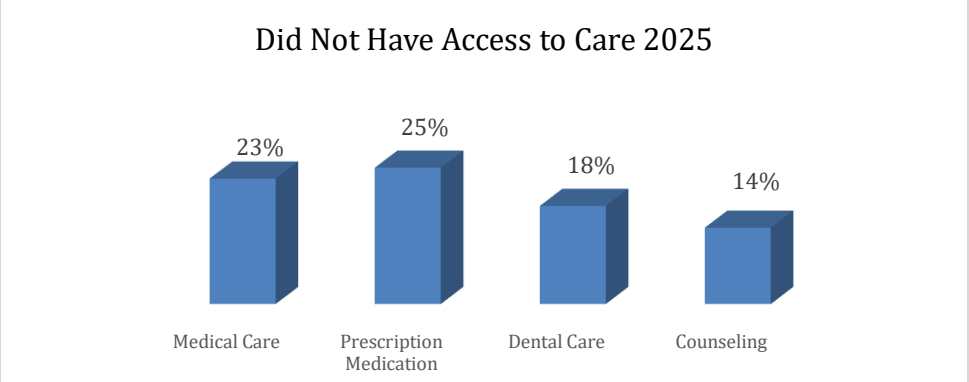
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

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

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 23% of the population did not have access to medical care when needed; 25% of the population did not have access to prescription medication when needed; 18% of the population did not have access to dental care when needed; and 14% of the population did not have access to counseling when needed (Figure 24).

Figure 24



Source: CHNA Survey

Social Drivers Related to Access to Care

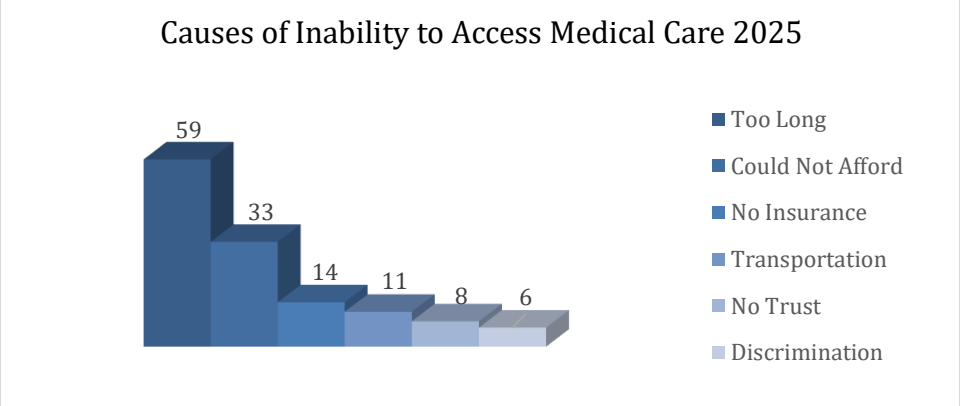
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

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

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 (59) followed by inability to afford (33) (Figure 25).

Figure 25

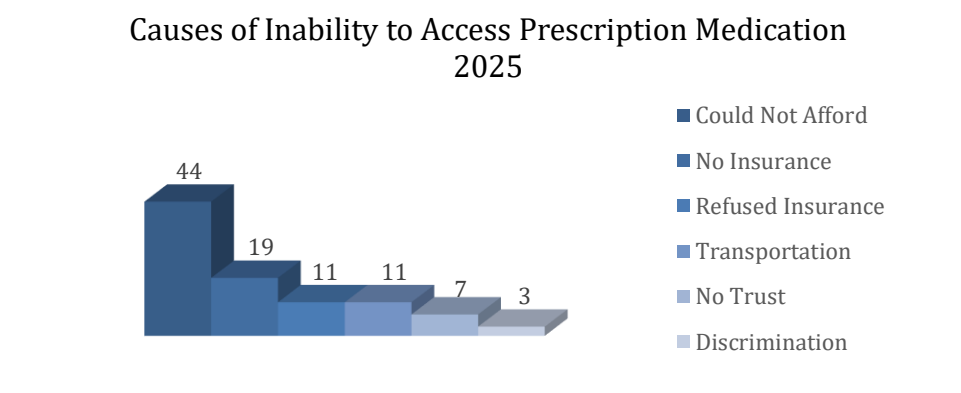


Source: CHNA Survey

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. The leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (44), followed by no insurance (19) (Figure 26).

Figure 26

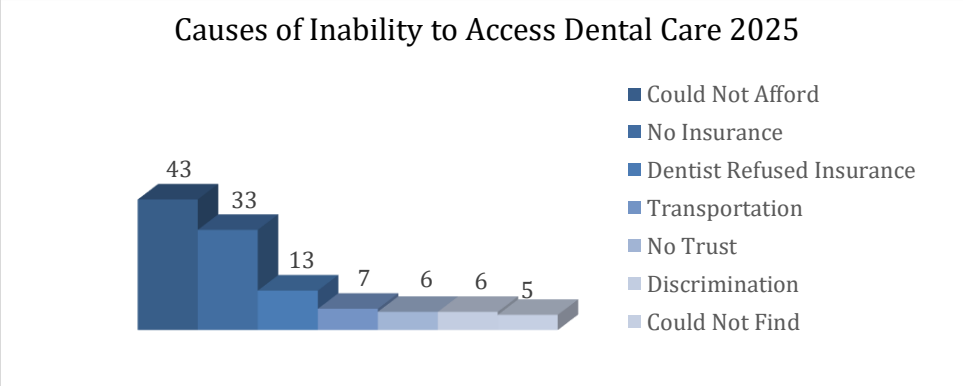


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes were the inability to afford copayments or deductibles (43) and no insurance (33) (Figure 27).

Figure 27

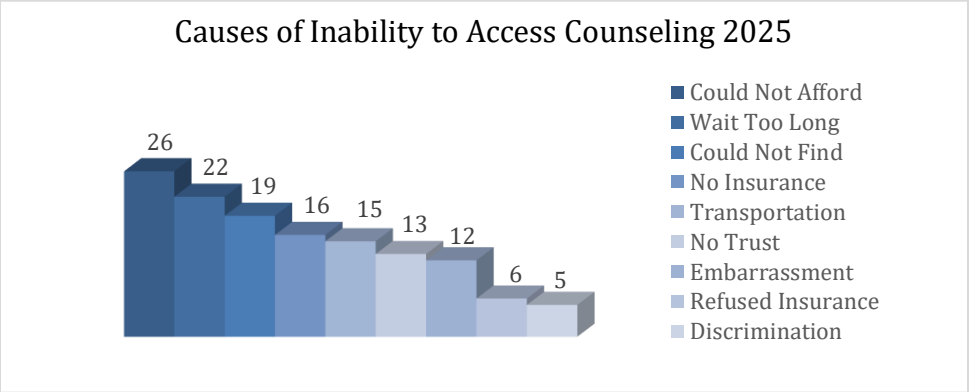


Source: CHNA Survey

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 inability to afford co-pays (26), too long of a wait (22), and could not find (19) (Figure 28).

Figure 28



Source: CHNA Survey

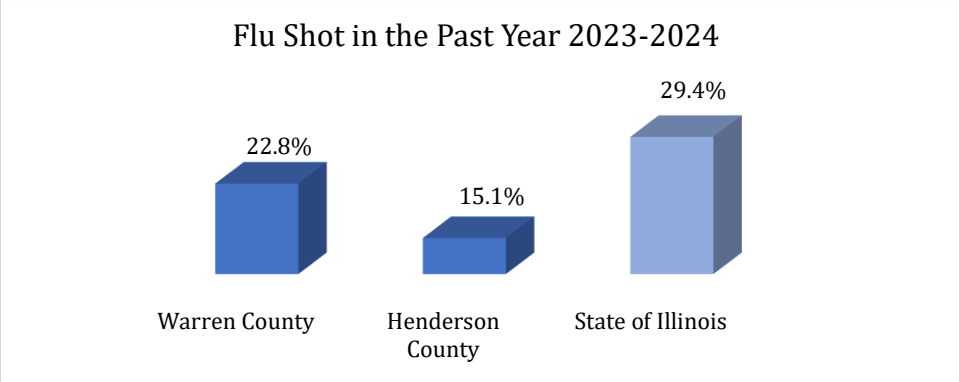
2.2 Wellness

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

Frequency of Flu Shots

Figure 29 shows that from 2023 to 2024, 22.8% of people in Warren County and 15.1% of people in Henderson County had a flu shot in the past year. Both Warren and Henderson Counties have a lower percentage than the State of Illinois, which is 29.4%.

Figure 29

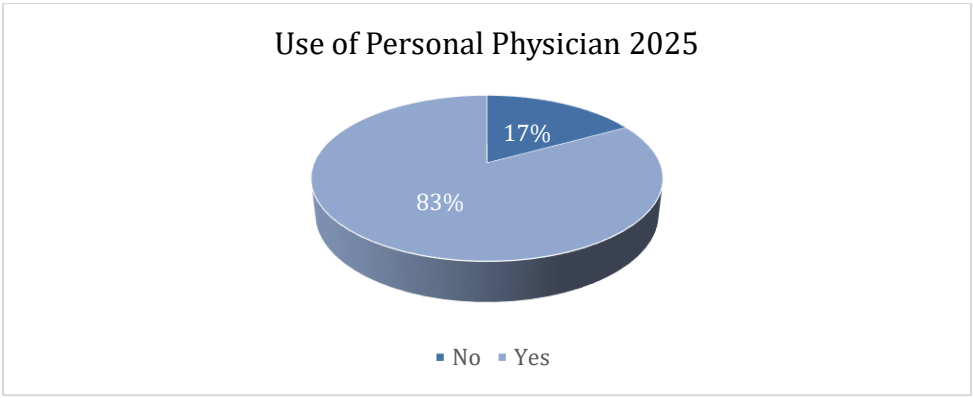


Source: Illinois Behavioral Risk Factor Surveillance System

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 83% of residents have a personal physician (Figure 30).

Figure 30



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:

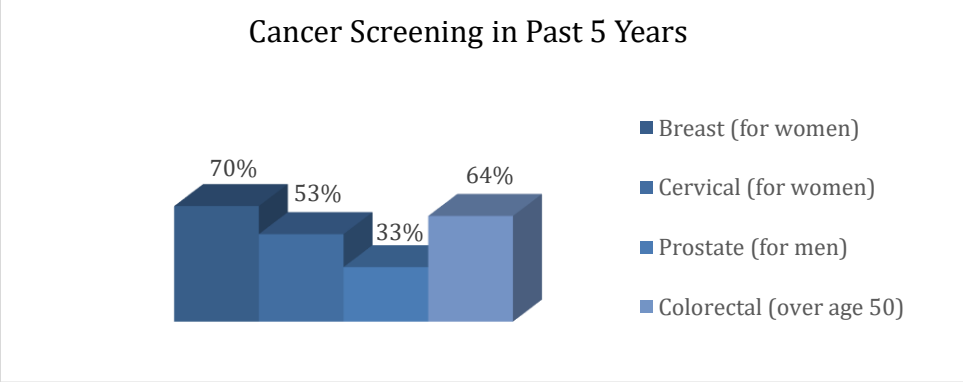
- **Having a personal physician** tends to be more likely for older people, White people, those with higher education, and those with higher income. Having a personal physician tends to be lower for Black people, LatinX people, and those with an unstable housing environment.

Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. 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 53% of women had a cervical screening. For men, 33% had a prostate screening in the past five years. For women and men over the age of 50, 64% had a colorectal screening in the last five years (Figure 31).

Figure 31



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:

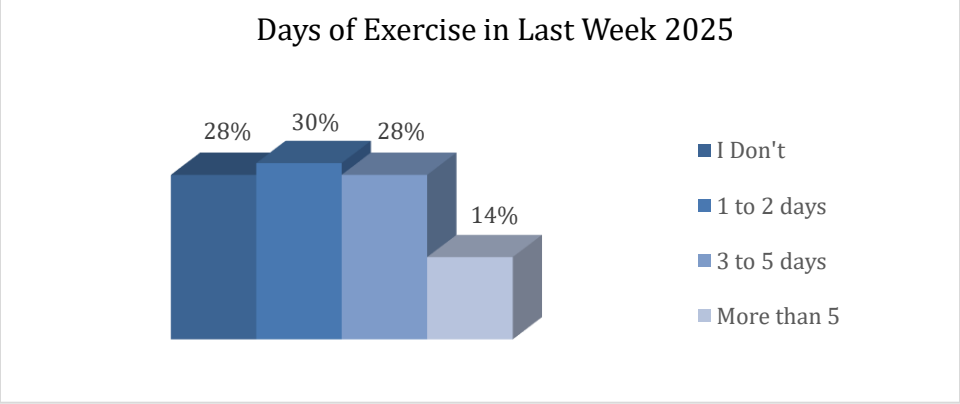
- **Breast screening** tends to be more likely for older women, White women, those with higher education, and those with higher income. Breast screening is less likely for Black women, LatinX women, and those with an unstable housing environment.
- **Cervical screening** tends to be more likely for younger women, White women, those with higher education, and those with higher income. Cervical screening is less likely for those with an unstable housing environment.
- **Prostate screening** tends to be more likely for older men, White men, those with higher education, and those with higher income. Prostate screening tends to be less likely for those with an unstable housing environment.
- **Colorectal screening** tends to be higher for women, older people, White people, those with higher education, and those with higher income. Colorectal screening tends to be less likely for LatinX people and those with an unstable 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 (58%) of residents, exercise 1-5 times per week (Figure 32).

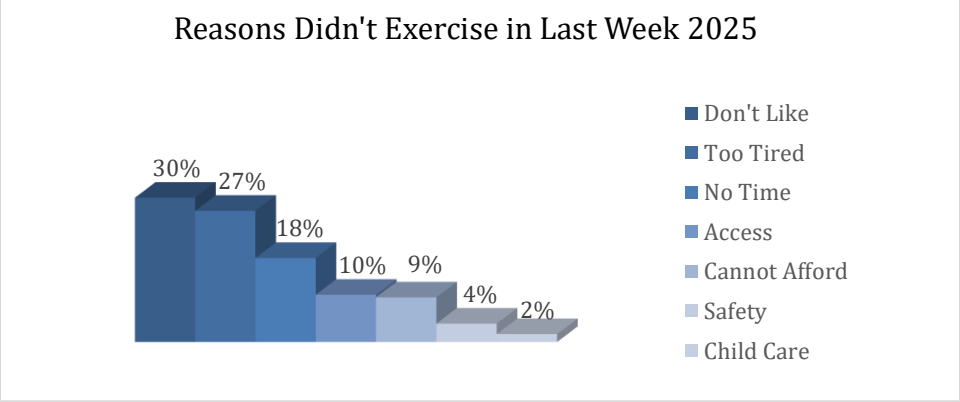
Figure 32



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 were a dislike of exercise (30%), too tired (27%), and not enough time (18%) (Figure 33).

Figure 33



Source: CHNA Survey

Social Drivers Related to Exercise

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

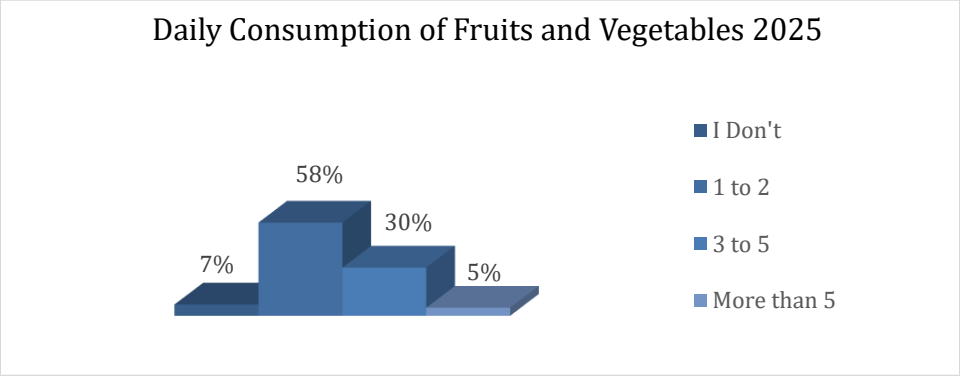
- **Frequency of exercise** tends to be rated higher for older people, White people, those with higher education, and those with higher income. Frequency of exercise tends to be rated lower for LatinX people and those with an unstable housing environment.

Healthy Eating

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

Almost two-thirds (65%) of residents reported no consumption or low consumption (1-2 servings per day) of fruits and vegetables. Notably, only 5% of residents consume five or more servings per day (Figure 34).

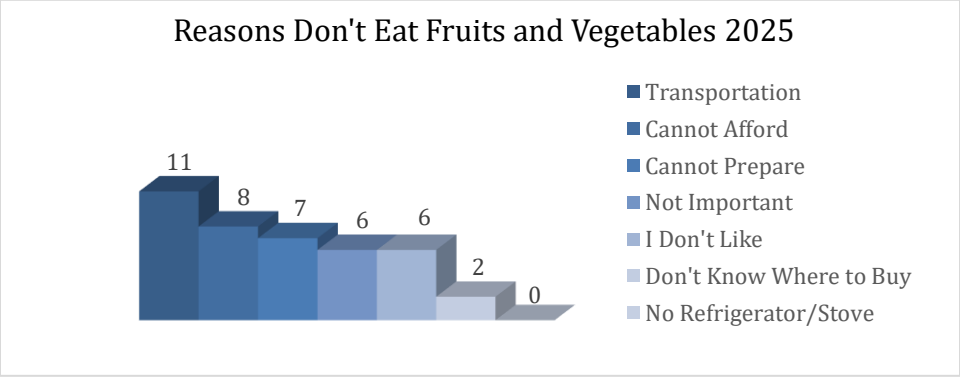
Figure 34



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The most common reasons for failing to eat more fruits and vegetables were transportation (11), cannot afford (8), and cannot prepare (7) (Figure 35). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 35



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 education, and those with higher income. Consumption of fruits and vegetables tends to be less likely Black people and those with an unstable housing environment.

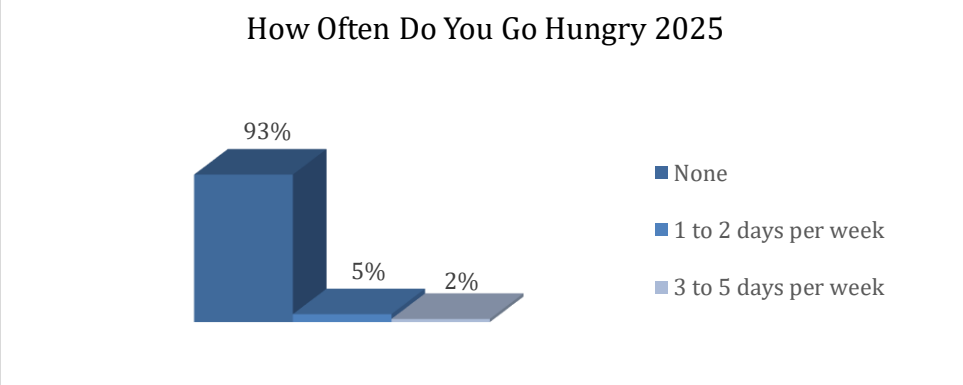
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry, however, 7% indicated they go hungry one or more days per week (Figure 36).

Figure 36



Source: CHNA Survey

Social Drivers Related to Prevalence of Hunger

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

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

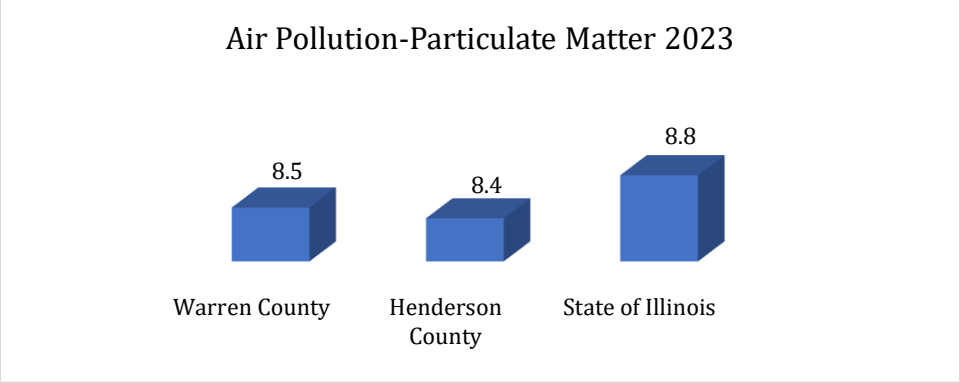
2.4 Physical Environment

Importance of the Measure: According to the County Health Rankings & Roadmaps, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an

aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Warren County (8.5) and Henderson County (8.4) are slightly lower than the State of Illinois average of 8.8 (Figure 37).

Figure 37



Source: County Health Rankings & Roadmaps

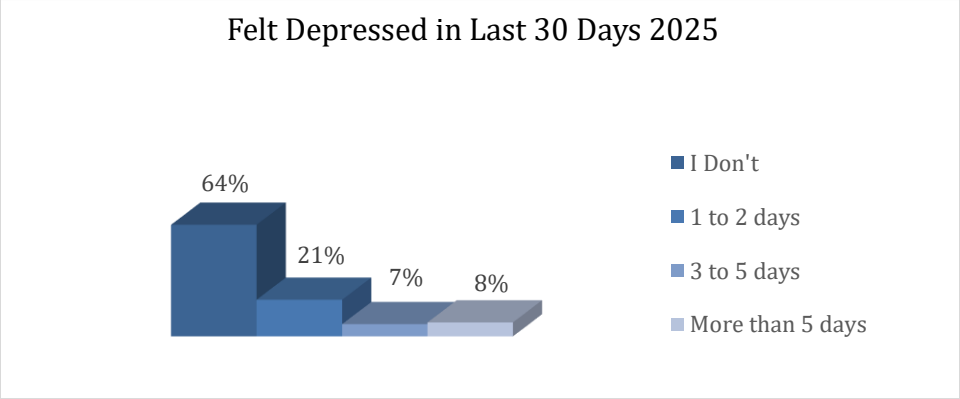
2.5 Health Status

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

Mental Health

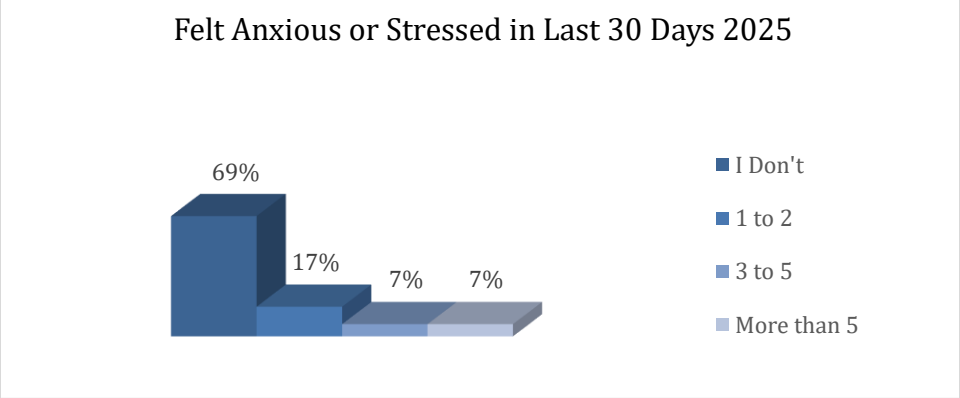
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 64% indicated they did not feel depressed in the last 30 days (Figure 38) and 69% indicated they did not feel anxious or stressed (Figure 39).

Figure 38



Source: CHNA Survey

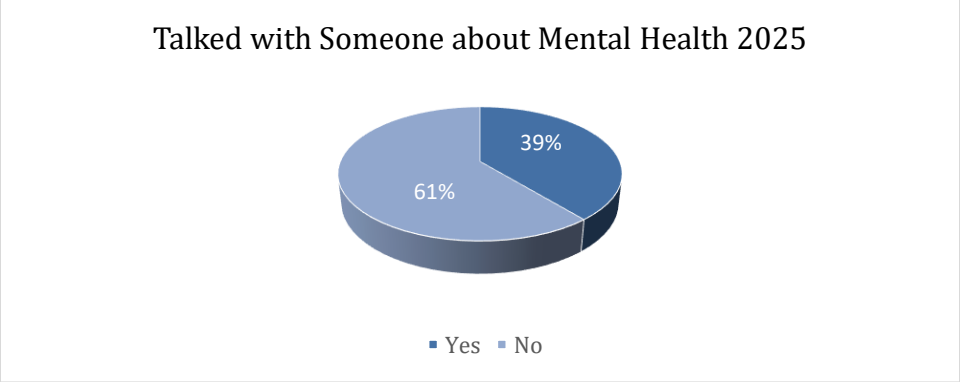
Figure 39



Source: CHNA Survey

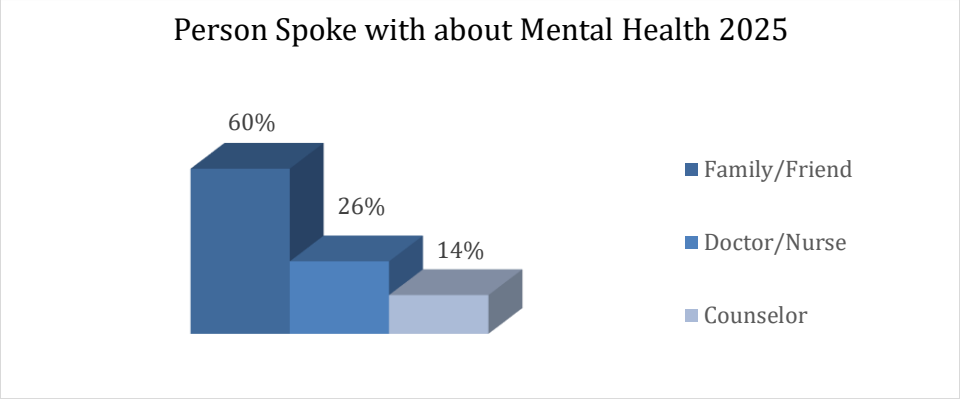
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 39% indicated that they spoke to someone (Figure 40), with the most common response being a family member or friend (60%) (Figure 41).

Figure 40



Source: CHNA Survey

Figure 41



Source: CHNA Survey

Social Drivers Related to Behavioral Health

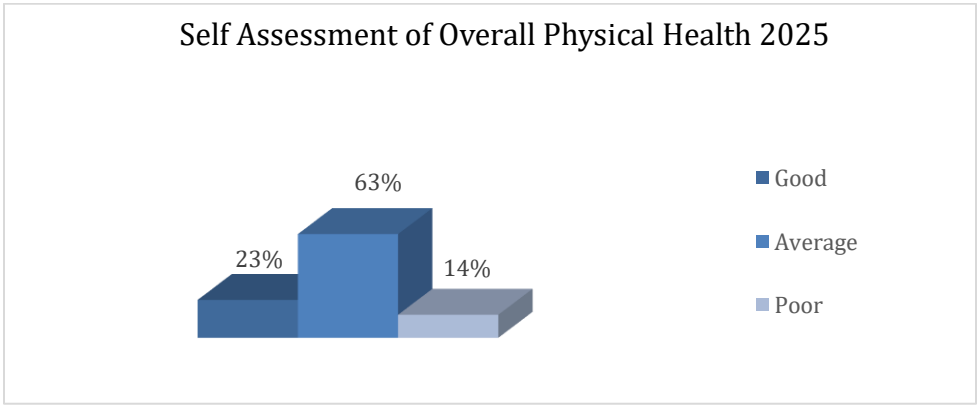
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

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

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 14% of respondents reported having poor overall physical health (Figure 42).

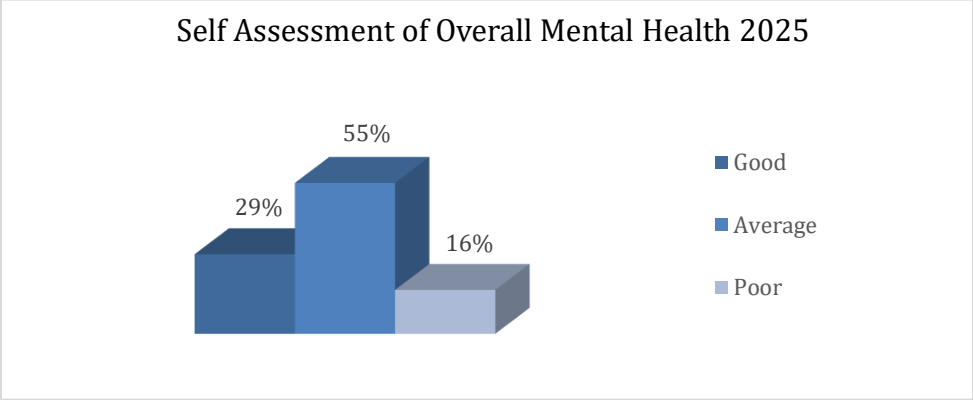
Figure 42



Source: CHNA Survey

In regard to self-assessment of overall mental health, 16% of respondents stated they have poor overall mental health (Figure 43).

Figure 43



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 older people, White people, those with higher education, those with higher income, and Warren County residents. Perceptions of physical health tend to be lower for Henderson County residents and those with an unstable housing environment.
- **Perceptions of mental health** tend to be higher for older people, White people, those with higher education, those with higher income, and Warren County residents. Perceptions of mental health tend to be lower for Henderson County residents and those with an unstable housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ A SIGNIFICANT NUMBER OF PEOPLE INDICATED THEY DID NOT HAVE ACCESS TO HEALTHCARE WHEN NEEDED, INCLUDING MEDICAL CARE, PRESCRIPTION MEDICATION, DENTAL CARE, AND COUNSELING.
- ✓ PROSTATE CANCER SCREENING IS RELATIVELY LOW.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ NEARLY ONE-THIRD OF RESIDENTS INDICATED THEY HAVE EXPERIENCED DEPRESSION OR ANXIETY.

CHAPTER 3 OUTLINE

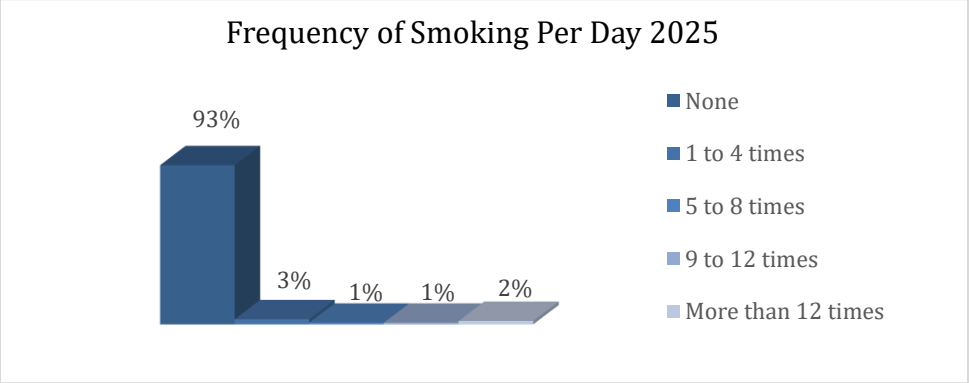
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

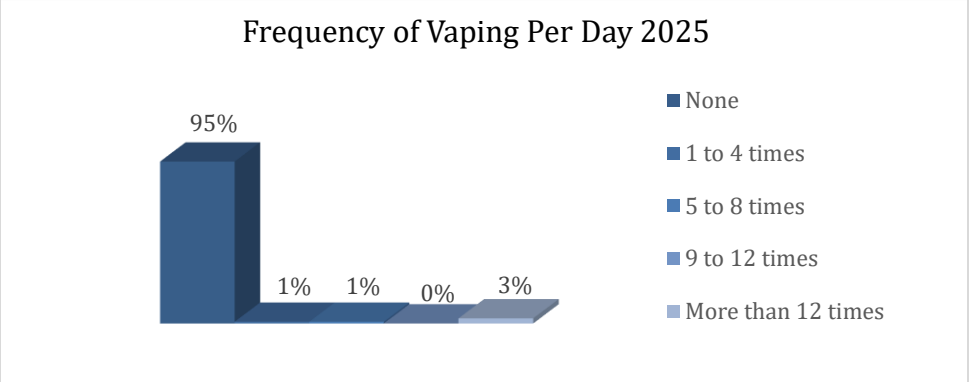
CHNA survey data show 93% of respondents do not smoke (Figure 44) and 95% of respondents do not vape (Figure 45).

Figure 44



Source: CHNA Survey

Figure 45



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

3.2 Drug and Alcohol Use

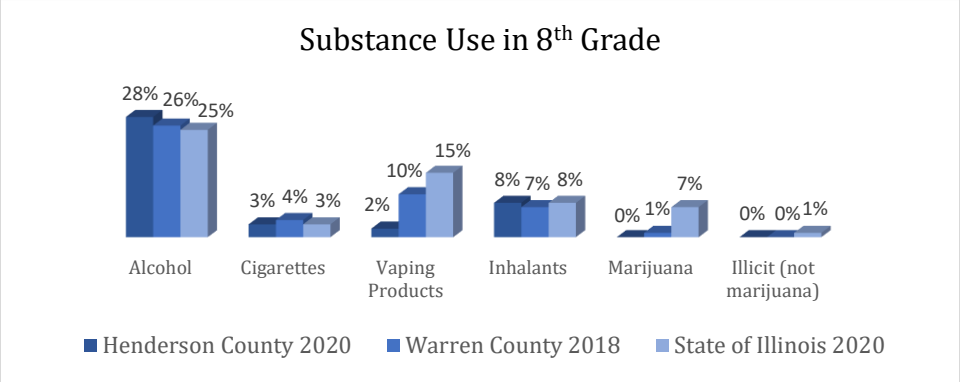
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Warren County reported data from 2018, Henderson County reported data from 2020, and the State of Illinois reported data from 2020 data.

Among 8th graders in Warren County, all categories of substance use are lower than the State of Illinois averages except for alcohol and cigarettes. In Henderson County, all categories are at or lower than the State of Illinois averages, except for alcohol (Figure 46).

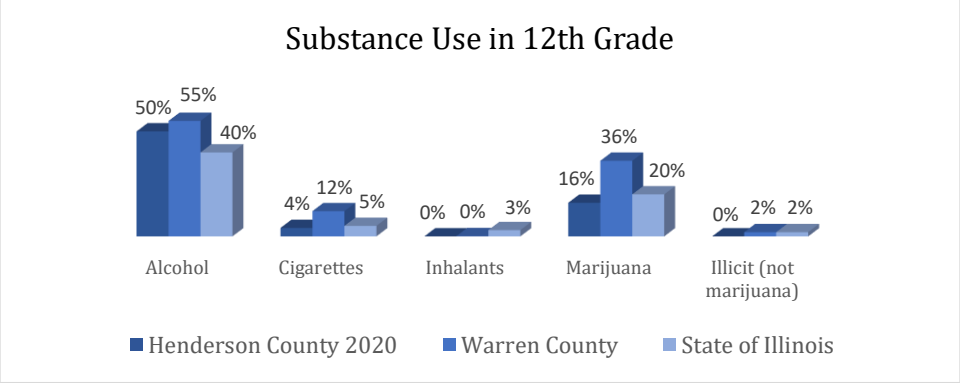
Figure 46



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, Warren County is at or above State of Illinois averages in all categories except inhalants. In Henderson County, all categories are at or lower than the State of Illinois averages, except for alcohol (Figure 47).

Figure 47

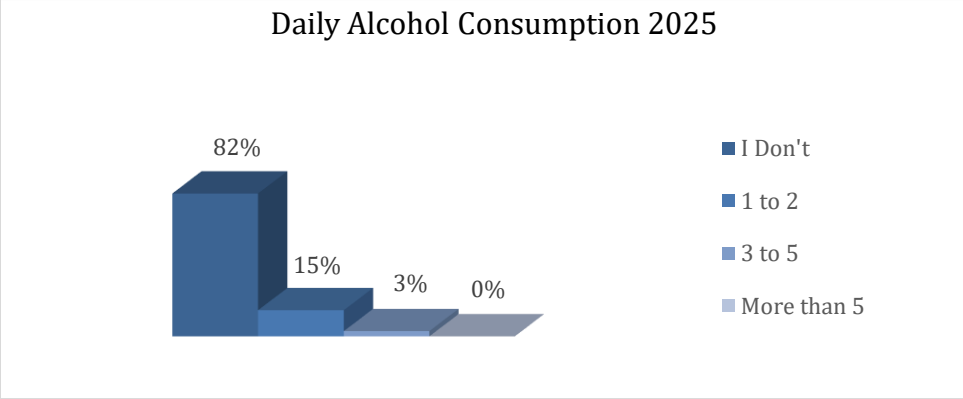


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

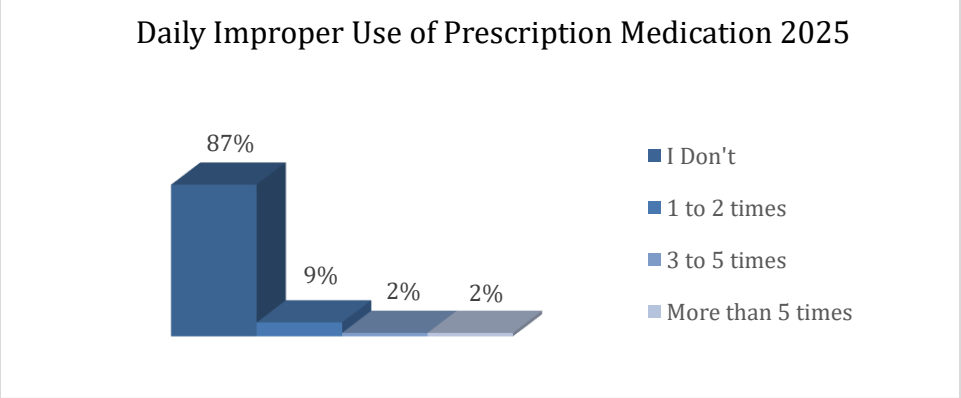
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 82% indicated they did not consume alcohol on a typical day (Figure 48); 87% indicated they do not take prescription medication improperly on a typical day (Figure 49); 94% indicated they do not use marijuana on a typical day(Figure 50); and 99% indicated they do not use illegal substances on a typical day (Figure 51).

Figure 48



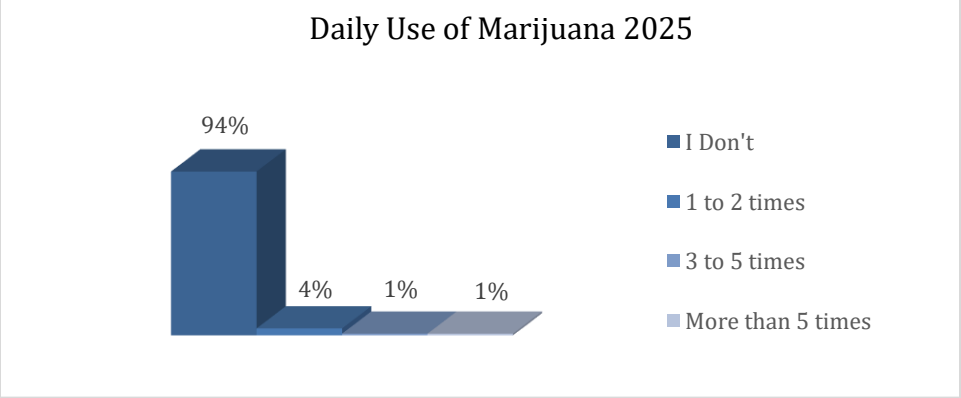
Source: CHNA Survey

Figure 49



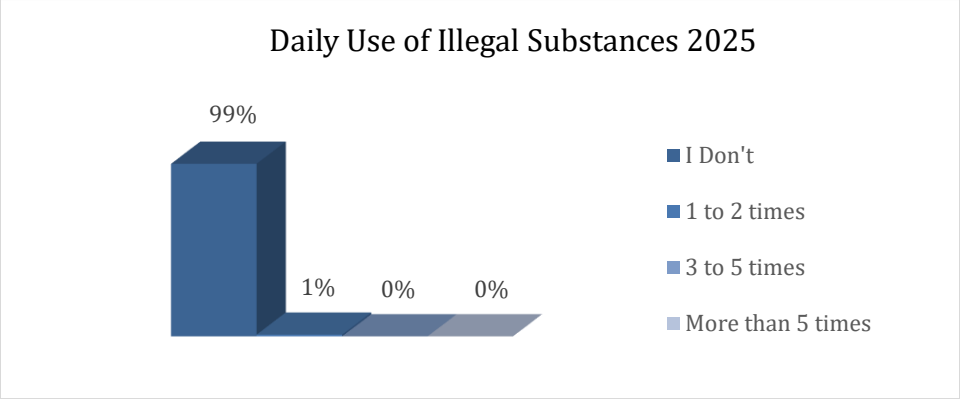
Source: CHNA Survey

Figure 50



Source: CHNA Survey

Figure 51



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:

- **Alcohol consumption** tends to be rated higher by men and those with an unstable housing environment.
- **Misuse of prescription medication** tends to be rated higher by younger people, LatinX people, those with lower education, those with lower income, Henderson County residents, and those with an unstable housing environment. Misuse of prescription medication tends to be rated lower by White people and Warren County residents.
- **Marijuana use** tends to be rated higher by younger people, those with lower education, those with lower income, Henderson County residents, and those with an unstable housing environment. Marijuana use tends to be rated lower for White people and Warren County residents.
- **Use of illegal substances** tends to be rated higher by younger people, Black people, those with lower education, those with lower income, and those with an unstable housing environment. Use of illegal substances tends to be rated lower by White people and Warren County residents.

3.3 Obesity

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

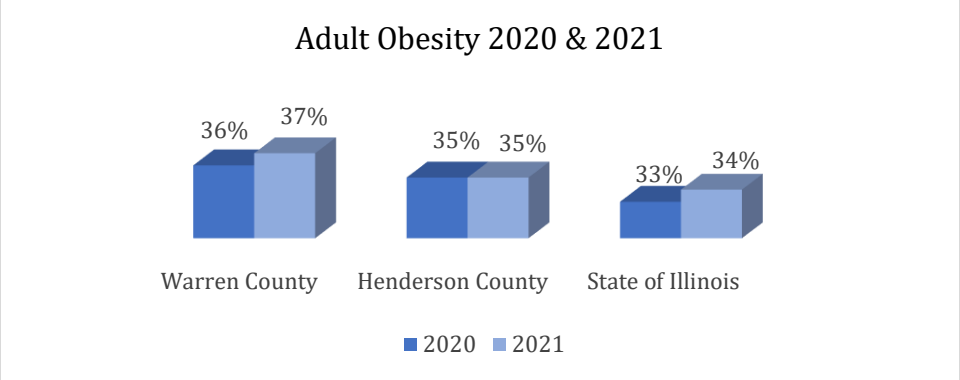
With children, research has linked obesity to numerous chronic diseases, including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side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

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

In Warren County, the number of people diagnosed with obesity has increased from 36% in 2020 to 37% in 2021. In Henderson County, the number of people diagnosed with obesity has remained at 35% during 2020 through 2021. Overweight and obesity rates in Illinois have increased from 33% in 2020 to 34% in 2021 and has remained lower than the rates of Warren and Henderson Counties (Figure 52). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

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

Figure 52

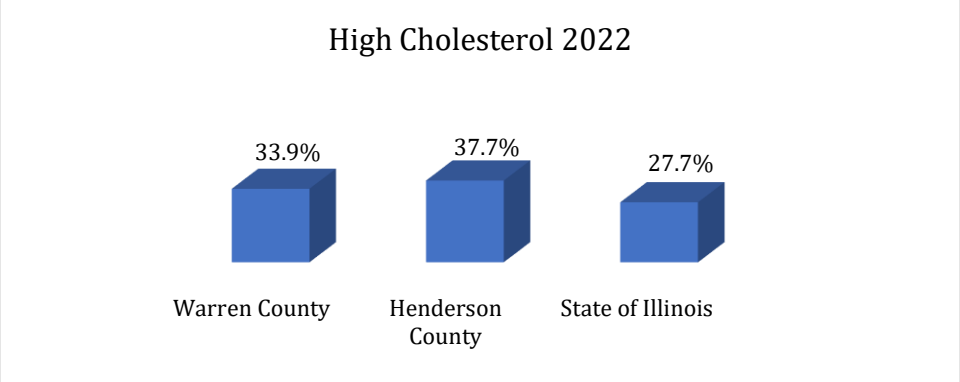


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

In 2022, the percentage of residents who report they have high cholesterol in Warren County is 33.9% and 37.7% in Henderson County. Both Warren and Henderson Counties report higher than the State of Illinois average of 27.7% (Figure 53).

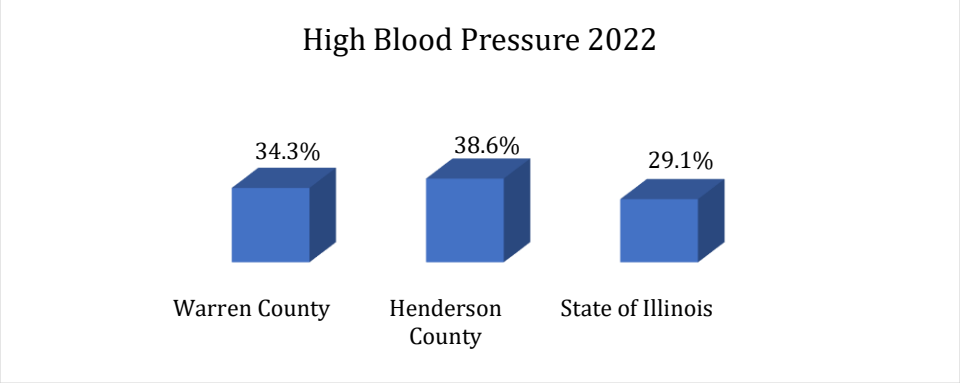
Figure 53



Source: Stanford Data Commons

With regard to high blood pressure, Warren and Henderson Counties have higher percentages of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Warren County residents reporting they have high blood pressure in 2022 is 34.3%, and 38.6% in Henderson County, which are both higher than the State of Illinois average of 29.1% (Figure 54).

Figure 54



Source: Source: Standford Commons

3.5 Key Takeaways from Chapter 3

- ✓ ALCOHOL USE AMONG 8TH AND 12TH GRADERS IS HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE IS HIGHER IN WARREN AND HENDERSON COUNTIES THAN THE STATE OF ILLINOIS AVERAGES.
- ✓ 13% OF RESPONDENTS MISUSE PRESCRIPTION MEDICATION (OPIOID ABUSE).
- ✓ PREDICTORS OF HEART DISEASE ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.

CHAPTER 4 OUTLINE

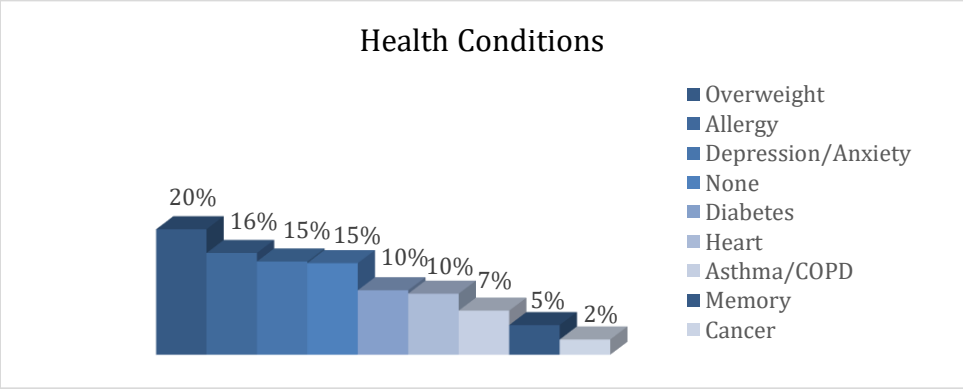
CHAPTER 4: MORBIDITY AND MORTALITY

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 Warren County hospitals using COMPdata Informatics. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. The highest rated health conditions were being overweight (20%), allergies (16%), and depression/anxiety (15%) (Figure 55). Often percentages for self-identified data are lower than secondary data sources.

Figure 55



Source: CHNA Survey

4.2 Healthy Babies

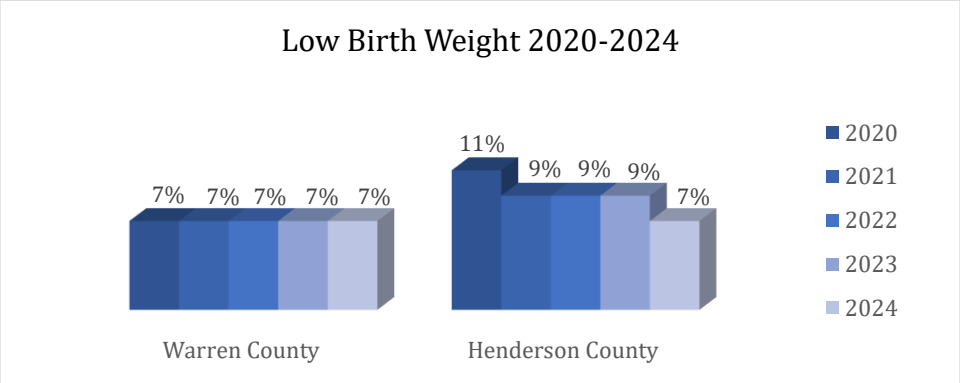
Importance of the Measure: Regular prenatal care is vital for producing healthy babies and children. Screening and treatment for medical conditions, as well as identifying and intervening in behavioral risk factors associated with poor birth outcomes, are crucial. Research suggests that women who receive

adequate prenatal care are more likely to have better birth outcomes, such as full-term and normal-weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Warren County remained at 7%. The percentage of babies born with low birth weight in Henderson County decreased from 11% in 2020 to 7% in 2024 (Figure 56).

Figure 56



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

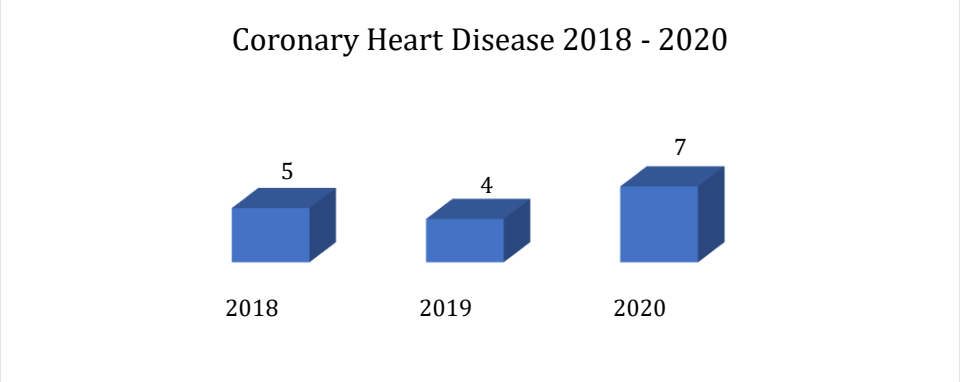
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Heart Disease

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

The number of cases of coronary atherosclerosis complication at Warren County and Henderson County area hospitals have fluctuated with an overall increase from 5 in 2018 to 7 in 2020 (Figure 57).

Figure 57

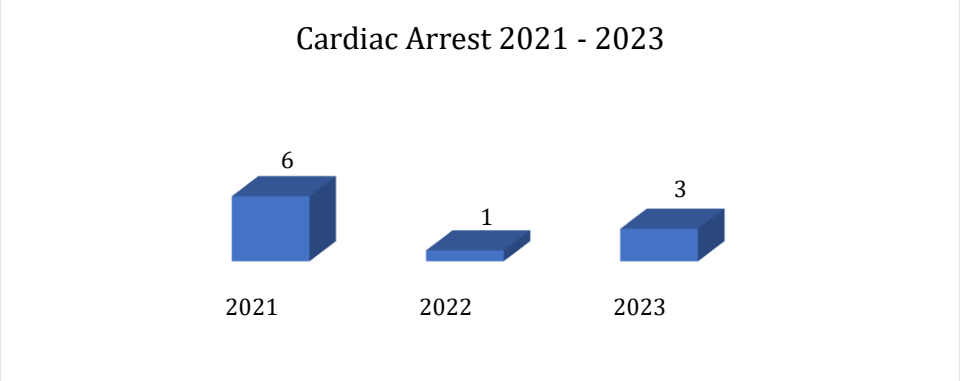


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Warren County and Henderson County area hospitals have fluctuated with an overall decrease from 6 in 2021 to 3 in 2023 (Figure 58).

Figure 58

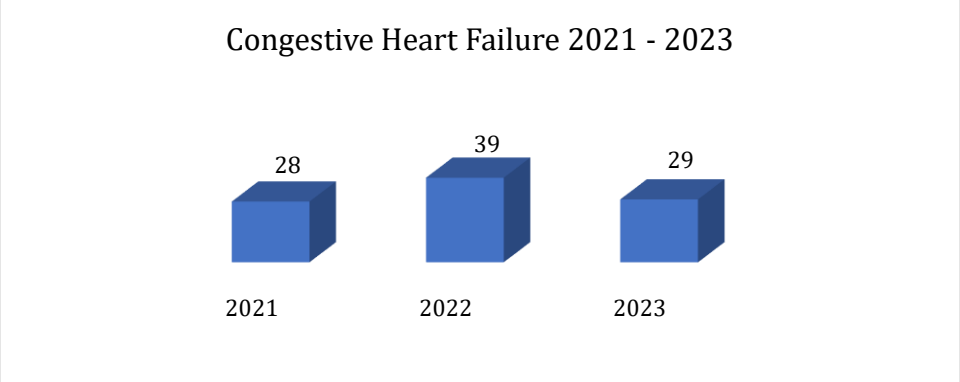


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure in Warren County and Henderson County fluctuated between 2021 and 2023. In 2021, 28 cases were treated and then in 2022, 39 cases were treated, and then 29 cases in 2023 (Figure 59).

Figure 59

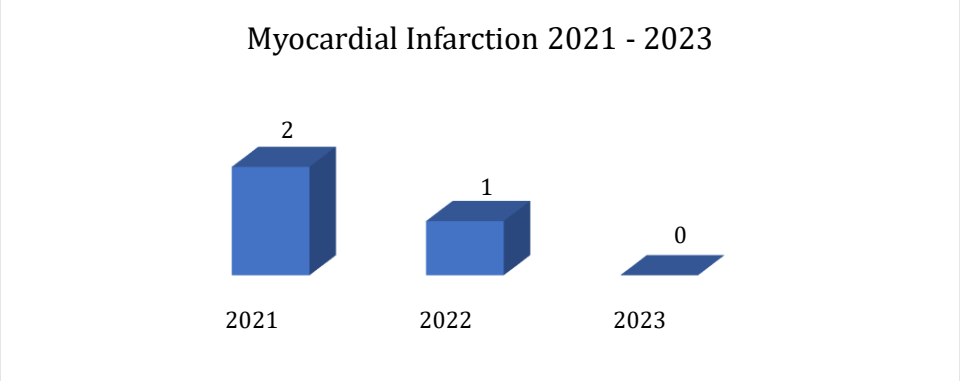


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Warren and Henderson Counties decreased from 2 in 2021 to 0 in 2023 (Figure 60).

Figure 60

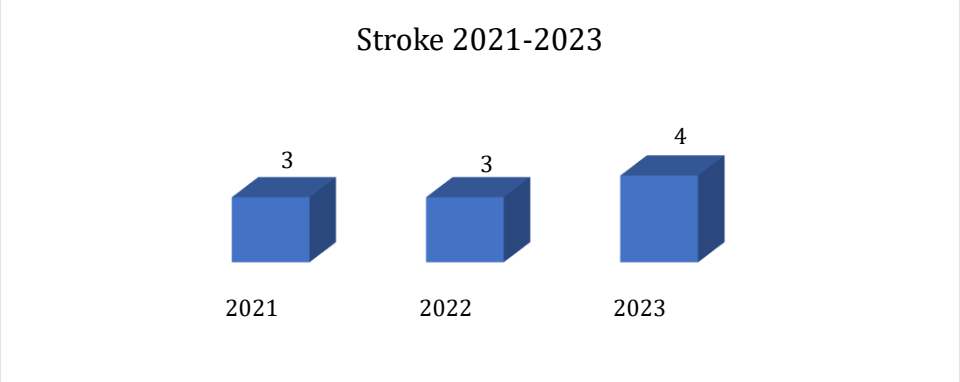


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Warren County and Henderson County area hospitals have increased from 3 in 2021 to 4 in 2023 (Figure 61).

Figure 61



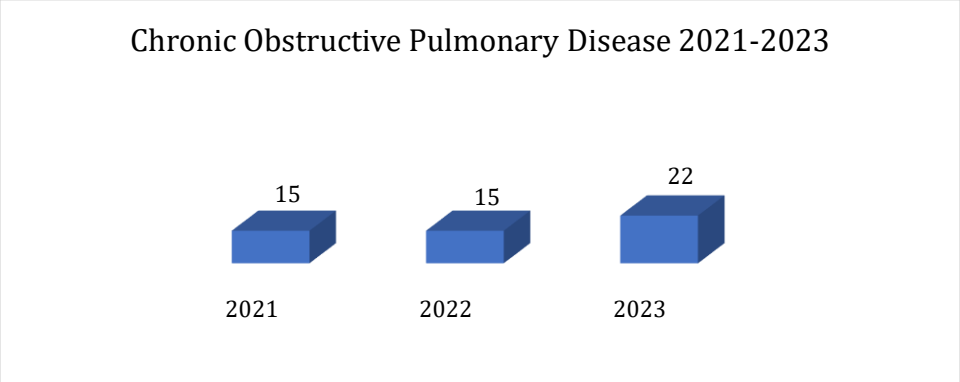
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Warren County and Henderson County area hospitals increased from 15 in 2021 to 22 in 2023 (Figure 62).

Figure 62



Source: COMPdata Informatics

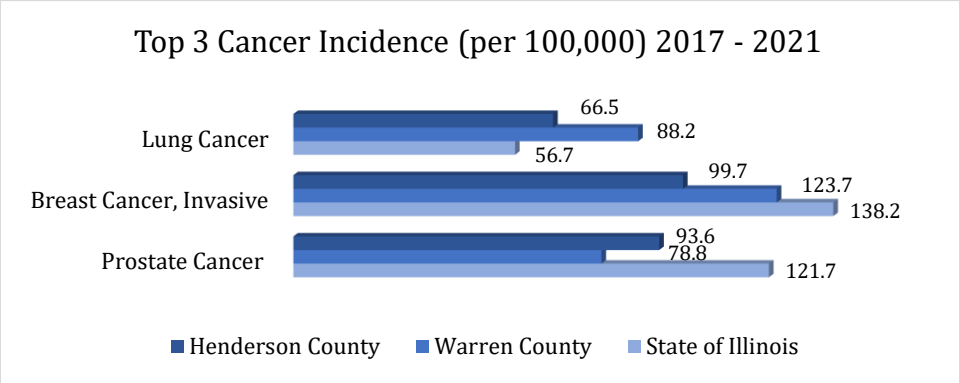
4.5 Cancer

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

cure, and methods for treatment. Cancer is one of the leading causes of death in Warren and Henderson Counties.

The top three prevalent cancers in Warren and Henderson Counties are illustrated in Figure 63. Specifically, prostate cancer and breast cancer rates are lower than the State of Illinois average, while lung cancer rates are higher than the State of Illinois average.

Figure 63



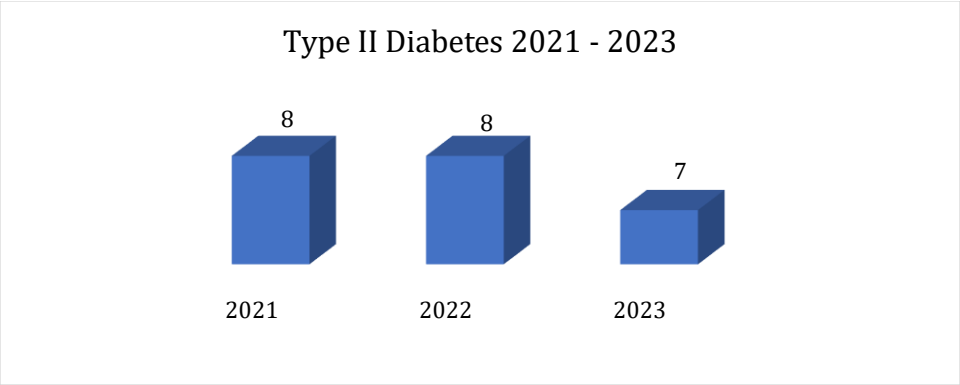
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Warren and Henderson Counties decreased from 8 in 2021 to 7 in 2023 (Figure 64).

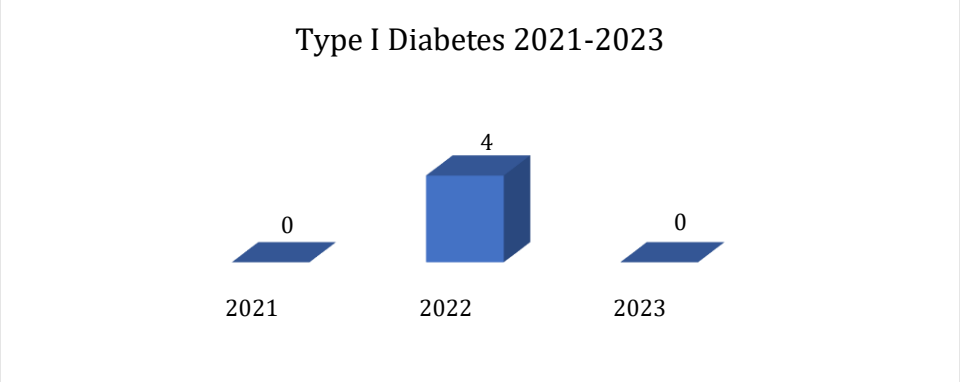
Figure 64



Source: COMPdata Informatics

Inpatient cases of Type I diabetes in Warren and Henderson Counties fluctuated between 2021 and 2023, with 4 cases in 2022 (Figure 65).

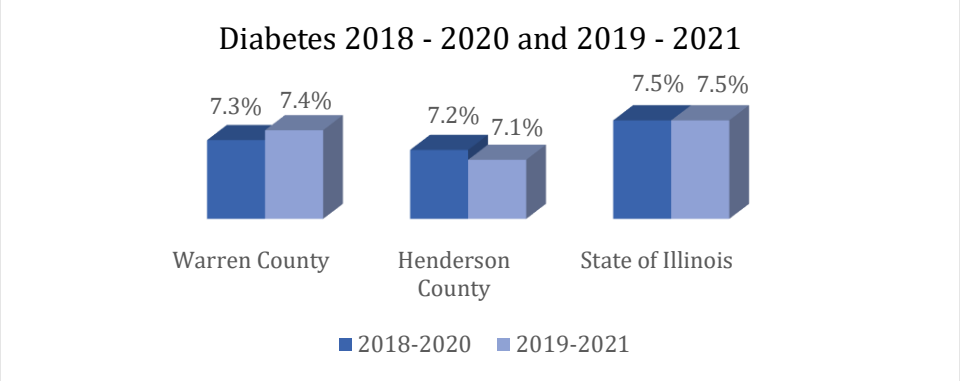
Figure 65



Source: COMPdata Informatics

Data show that 7.4% of Warren County residents and 7.1% of Henderson County residents have diabetes (Figure 66). Both counties remain below the State of Illinois average at 7.5%.

Figure 66



Source: Center for Disease Control (CDC)

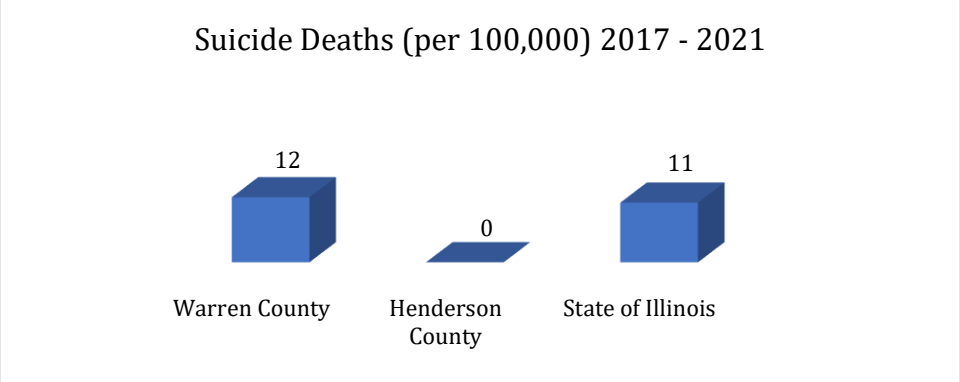
4.7 Injuries

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

Suicide

The number of suicides in Warren County indicates slightly higher incidence than the State of Illinois average (11), as there were approximately 12 per 100,000 people in Warren County between 2017 and 2021. There were 0 reported suicides in Henderson County between the years 2017 and 2021(Figure 67).

Figure 67



Source: Illinois Department of Public Health

4.8 Mortality

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

The leading causes of death in the State of Illinois, Warren County, and Henderson County are similar as a percentage of total deaths in 2022. In Warren County, diseases of the heart are the cause of 22.1% of deaths, cancer is the cause of 19.2% of deaths, and chronic lower respiratory disease is the cause of 9.6% of deaths. In Henderson County, diseases of the heart are the cause of 25.3% of deaths, cancer is the cause of 25.3% of deaths, and accidents are the cause of 7.2% of deaths (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois, 2022			
Rank	**Warren County**	**Henderson County**	**State of Illinois**
1	Diseases of Heart (22.1%)	Diseases of Heart (25.3%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (19.2%)	Malignant Neoplasm (25.3%)	Malignant Neoplasm (19.2%)
3	Chronic Lower Respiratory Disease (9.6%)	Accidents (7.2%)	Accidents (6.1%)
4	COVID-19 (5.3%)	Chronic Lower Respiratory Disease (4.8%)	COVID-19 (5.8%)
5	Accidents (4.8%)	COVID-19 (2.4%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN WARREN AND HENDERSON COUNTIES ARE HIGHER THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY IN WARREN AND HENDERSON COUNTIES.
- ✓ DIABETES IS LOWER THAN STATE OF ILLINOIS AVERAGES.
- ✓ SUICIDE RATES IN WARREN COUNTY ARE SLIGHTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.

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.

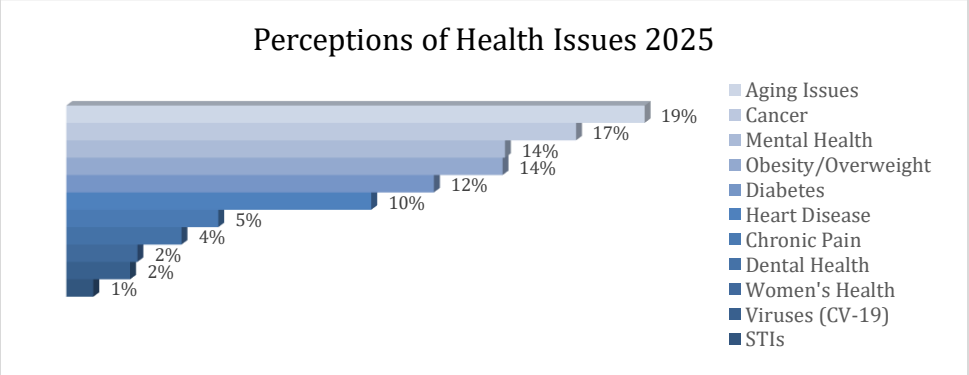
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Health Issues

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

The health issues that are rated the highest were aging issues (19%), cancer (17%), mental health (14%), and obesity/overweight (14%) (Figure 68).

Figure 68

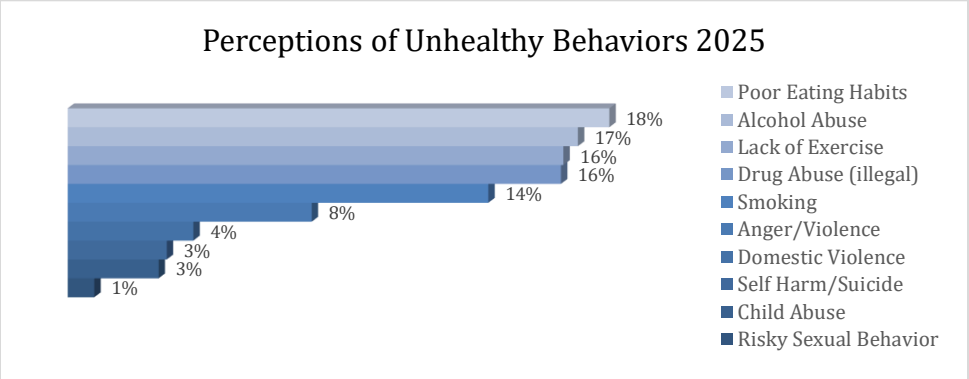


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behaviors were poor eating habits (18%), alcohol abuse (17%), lack of exercise (16%), drug abuse (illegal) (16%), and smoking (14%) (Figure 69).

Figure 69



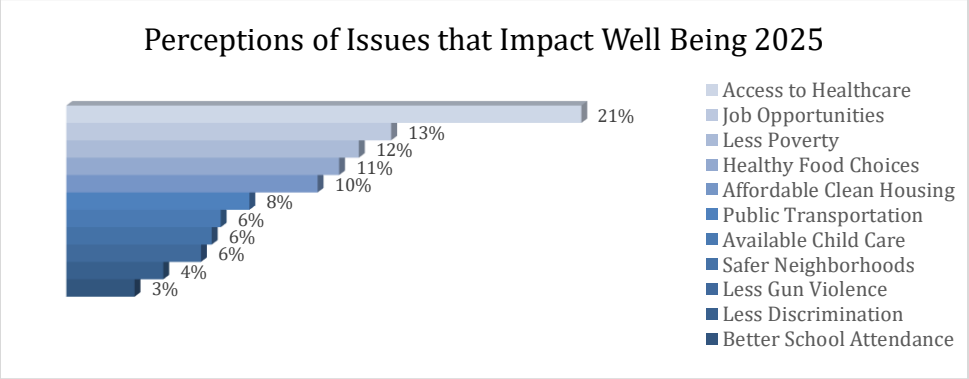
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community from a total of 11 choices.

The issues impacting well-being that rated highest were access to health (21%), job opportunities (13%), less poverty (12%), health food choices (11%), and affordable clean housing (10%) (Figure 70).

Figure 70



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

- Population decreased in both Warren and Henderson Counties
- Single female head-of-house-household represents 27% of Warren County and 21% of Henderson County

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

- Access to healthcare
- Cancer screenings - prostate
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Alcohol use among youth
- Obesity
- Opioid abuse
- Heart disease

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

- Lung cancer
- Diabetes is trending downwards
- Suicide rates (Warren County)
- Heart disease and cancer 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 7 potential categories. Based on similarities and duplication, the 7 potential areas considered are:

- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health**
- **Obesity**

- **Substance Use**
- **Access to Healthcare**
- **Cancer – Lung**
- **Heart Disease**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 7 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 7 health-related issues.

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

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified three significant health needs and considered them equal priorities:

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

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE USE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 36% indicated they felt depressed in the last 30 days and 31% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people, those with less income and those living in an unstable housing environment. Stress and anxiety tend to be rated higher for younger people, those with less income, those with less education and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents, 39% indicated that they spoke to someone, the most common response was to family/friends (60%). In regard to self-assessment of overall mental

health, 16% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 18% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men and those in an unstable housing environment. Of survey respondents, 13% indicated they improperly use prescription medications each day to feel better and 6% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by younger people, LatinX people, those with lower education, those with lower income, residents of Henderson County, and those in an unstable housing environment. Marijuana use tends to be rated higher by younger people, those with lower education, those with lower income, residents of Henderson County, and those in an unstable housing environment. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis. Use of illegal drugs tends to be rated higher by men, younger people, LatinX people, those with lower education, and those in an unstable housing environment.

In the 2025 CHNA survey, respondents rated alcohol abuse (17%) and drug use (16%) among the most prevalent unhealthy behaviors in Warren and Henderson Counties.

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

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

NUTRITION. Approximately two-thirds (65%) of residents in Warren and Henderson Counties 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%. The most prevalent reason for failing to eat more fruits and vegetables was lack of transportation.

EXERCISE. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 28% of respondents indicated that they do not exercise at all, while the majority (58%) of residents exercise 1-5 times per week. The most common reasons for not exercising were dislike of exercise (30%) and not having enough energy (27%).

OBESITY. In Warren County, the percentage of obese people increased from 36% in 2020 to 37% in 2021. In Henderson County, obesity rates remained constant at 35% between 2020 and 2021. These rates are higher than the State of Illinois average, where obesity rates increased from 33% in 2020 to 34% in 2021. In the 2025 CHNA survey, respondents indicated that obesity was the fourth most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Warren and Henderson Counties. The U.S. Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research

has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees.

ACCESS TO HEALTHCARE

PRIMARY SOURCE OF HEALTHCARE. The CHNA survey asked respondents to identify their primary source of healthcare. Of respondents, 76% identified clinic/doctor's office as the primary source of care and 10% of respondents identified urgent care as the primary source of care. Of respondents, 10% indicated they do not seek healthcare when needed and 4% identified the emergency department as a primary source of healthcare. Note that not seeking healthcare when needed is more likely to be selected by younger people, Black people and those living in an unstable housing environment. Selection of an emergency department as the primary source of healthcare tends to be rated higher by those with lower income.

ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE AND MENTAL-HEALTH COUNSELING. Additionally, survey results show that 23% of the population did not have access to medical care when needed; 25% of the population did not have access to prescription medications when needed; 18% of the population did not have access to dental care when needed; and 14% of the population did not have access to counseling when needed. The leading causes of not getting access to care when needed were cost and too long of a wait.

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

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

Julia Meloan Bell studied education at Monmouth College. After teaching at the elementary level for several years, she took a position as a prenatal instructor at Franciscan Medical Center in Rock Island, IL. That led to a new career in obstetrics, working on OB in the Quad Cities, Des Moines, and Pella. After moving back to Henderson County, she became the Executive Director at Family Outreach Community Center in 2016.

Emily Brooks is the Program Manager, Community Health for OSF HealthCare Holy Family Medical Center and OSF St. Mary Medical Center. Before Emily was called to OSF, she served as the Membership/Youth Development Director at the Warren County YMCA. She received her Bachelor of Arts degree in Public Relations with an emphasis in Marketing from Culver-Stockton College. In the community, Emily is part of the Board of Trustees for the Warren County Public Library and a member of The Crossing Church in Monmouth, Illinois.

Ginger Byers is a graduate of Western Illinois University with a degree in exercise science. She worked as an athletic trainer for 13 years before taking time off to work on the farm and raise her son. She started working for a veterinarian and after 7 years decided to do something completely different and started working in insurance. She made the move to public housing in 2023 and hasn't looked back. She loves being able to serve people again and provide the help they need to find a stable place for families to live.

Lisa DeKezel serves as President of OSF HealthCare St. Mary Medical Center in Galesburg, Illinois, and President of OSF HealthCare Holy Family Medical Center in Monmouth, Illinois, directing all internal operations and the development of short-term tactics within long-term strategy to provide high quality, cost-effective health care for the communities they serve. Prior to joining OSF, Lisa has served as Vice President of Hammond-Henry Hospital in Geneseo, Illinois and as an independent health care consultant in the development of various hospital systems and ambulatory settings across multiple states. Lisa is a Registered Nurse by background and is passionate about ensuring access to local, quality healthcare services for rural health populations. Lisa received her Bachelor of Science in Nursing from Grand Canyon University in Phoenix, Arizona. She went on to earn her Master of Jurisprudence in Health Law and Policy from Loyola University Chicago. Lisa was born and raised locally in the rural communities she has been blessed to serve within OSF since 2019.

Diane Driscoll is the VP of Ancillary and Support Services at OSF Healthcare St. Mary Medical Center in Galesburg, Illinois and OSF Healthcare Holy Family Medical Center in Monmouth, Illinois. She received her bachelor's degree from Illinois State University at Normal, Illinois. She has been with OSF Healthcare for 11 years.

Sharon Graham has been employed as the Public Health Emergency Preparedness Coordinator for the Henderson County Health Department for six years. That office was very busy during the COVID-19 pandemic. She also serves as a Community Health Worker which takes her to many places throughout the area providing educational outreach. Prior to her employment at Henderson County Health

Department, she was professionally affiliated with educational and human services organizations throughout west central Illinois. She is a graduate of Western Illinois University.

Stephanie Hilten serves as the manager of community resources for OSF HealthCare St. Mary Medical Center in Galesburg, Illinois and OSF HealthCare Holy Family Medical Center in Monmouth, Illinois. In this role Stephanie manages the activities of the Community Resource Center team which plans and implement comprehensive community resource programs accessible to the public to promote health, wellness and reduce health risks in the community. Stephanie has been with OSF HealthCare since 2019.

Morgan Lewis is a graduate of both Southern Illinois School of Law with a JD in Law, and Monmouth College with a BS in Political Science and a Minor in Human Services. Morgan has spent the past four years with Warren County Public Transportation (WCPT), first as the Program Compliance Officer, and since 7/1/2023, the Acting Director of Transportation. WCPT serves all of Warren County, as well as limited services in Henderson and Knox Counties. From its service coverage, WCPT offers on average between 40,000-50,000 public rides per year. In addition to transportation, Morgan also teaches as an Adjunct Professor at Southeastern Community College in their Business Department since 2017.

Jenna Link is currently the Administrator for the Warren County Health Department and Dental Clinic. Jenna earned her Bachelor of Science degree in biology and psychology from Culver-Stockton College. She holds professional licenses as an IL Environmental Health Practitioner and IEPA Clas C Water Operator for public water supplies. For the past 27 years, her career has centered around promoting and protecting rural public health.

Curt Lipe is the Director of Entity Finance for OSF Healthcare St. Mary Medical Center in Galesburg, Illinois and OSF Healthcare Holy Family Medical Center in Monmouth, Illinois. He received his bachelor's degree from Southern Illinois University at Carbondale, Illinois. He has been with OSF Healthcare for 38 years.

Carrie McCance is the Public Relations and Communications Coordinator for OSF HealthCare St. Mary Medical Center and OSF HealthCare Holy Family Medical Center, a position she has held since 2011. She earned a bachelor's degree in communications with a minor in psychology from Western Illinois University.

Glenn Milos, DO-MPH, JD-MBA, CPE, serves as vice president, chief medical officer for OSF HealthCare St. Mary Medical Center and OSF HealthCare Holy Family Medical Center. In this position Dr. Milos is responsible for leading the practice of medicine as a member of the executive teams for both OSF St. Mary and OSF Holy Family. He ensures consistency in practice standards and facilitates an interdisciplinary team approach to the delivery of care. Before coming to OSF, Dr. Milos served as the regional medical director of emergency services at Mercyhealth in Rockford. Prior to his many roles at Mercyhealth, he was a staff physician for emergency medicine at OSF HealthCare Saint Anthony Medical Center in Rockford.

Nancy Mowen is the Executive Director at Jamieson Community Center (JCC) and serves our community in multiple roles. She has been at JCC since 2014 and joined the board at WIRC-CAA the same year. She is the current board chair at WIRC-CAA. She serves as vice-chair at Eagle View Community Health System and is a member of Rotary Club of Monmouth.

Kory Tinkham serves as the VP of Operations and Special Projects for OSF St. Mary Medical Center and OSF Holy Family Medical Center. In this role he is accountable for planning, directing, evaluating and improving the operations of both facilities. Kory initially joined the OSF ministry in 2002, working as a client device specialist support team lead before moving over as construction project manager for ministry services. More recently Kory worked for Pointcore Construction, a wholly owned subsidiary of OSF Healthcare, before accepting the VP of Operations and Special Projects role and returning to OSF HealthCare. Kory earned a Bachelor of Arts in general studies from Western Illinois University and is in the process of completing his Master of Business Administration.

Jeannie Weber is the executive director of United Way of Greater Warren County. She grew up in Monmouth and left shortly after high school to pursue a career in public relations, design, and marketing consulting. For more than 25 years, she successfully advised leaders of both small and multi-million-dollar businesses regionally, nationally, and internationally. During that time, she resided in Galesburg, Chicago, and the Quad Cities. She returned to the area in 2016. She attended Augustana College and majored in psychology. Her graduate studies were completed at St. Ambrose University in their Master of Organizational Leadership program. She has continued her studies beyond graduate school, focusing on English as a second language, nonprofit management, and equal opportunity access.

Connie Wessels was the Community Health Program Manager for OSF HealthCare St. Mary Medical Center and OSF Holy Family Medical Center. She had served in that role since November 2020. Previously, she served as the Director of Education Resources and prior to that she was the director of pediatrics. She had been with OSF for over 47 years, recently retiring. She received her RN from Rockford Memorial School of Nursing and her BSN from the University of Illinois-Chicago.

Sabrina Wilson is a Warren County Native, graduating from Monmouth-Roseville High School in 2012, she has been working in the community ever since. She is currently the Marketing Coordinator and Community Health Worker with Eagle View Community Health System, helping individuals with resources they need by collaborating with other organizations in the community and surrounding communities. Sabrina also plays a huge part in the Social Determinates of Health surveys within Eagle View helping patients with their needs and has also helped for many years with the Community Needs Assessment.

Wakeisha Young, MSN, RN, CNOR, is the Vice President Patient Care Services and Chief Nursing Officer for OSF St. Mary Medical Center and OSF Holy Family Medical Center is accountable for leading nursing operations to achieve Key Results and drive superior clinical outcomes. Wakeisha has served the OSF HealthCare Ministry since 1997 beginning her career as a nurse in the surgery department. She holds a nursing certification in perioperative nursing (CNOR) as well as a Master of Science in Nursing—Nursing Management Leadership.

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

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

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

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management at the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national bestsellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

Three major health needs were identified and prioritized in Knox County and Warren County 2022 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs. *Note: The 2022 CHNA was a joint report for Knox and Warren Counties, excluding Henderson County.*

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

Goal 1: *Increase awareness about the importance of healthy eating for overall health and wellness*

1. Promoted articles and educational content on healthy eating through traditional and social media as part of the Healthy Living campaign.
    a. In 2024, 24 posts were shared across social and traditional media, with engagement increasing by at least 1% annually.
2. Provided educational programs for youth and families focused on healthy eating.
    a. Due to turnover, no activities were conducted in 2024.
3. Expanded access to nutritional counseling and referrals.
    a. In 2024, 51 diabetes self-management sessions and 45 medical nutrition therapy sessions were provided, with a growth rate exceeding 1%.

Goal 2: *Increase awareness about the importance of exercise for overall health and well-being*

1. Promoted educational content on the benefits of exercise through the Healthy Living campaign via social and traditional media
    a. In 2024, 13 posts were shared, with engagement increasing by at least 1% annually
2. Encouraged active living by supporting events and activities
    a. Hosted interactive "Dice Game" activities at the Housing Authority Back-to-School event, Juneteenth celebration, and National Night Out
3. Collaborated with youth programs that emphasize movement and exercise
    a. "Healthy Lives for Kids" event held in June at the YMCA
    b. Launched the "Project Fit" program at Steele School

2. Behavioral Health – Including Mental Health and Substance Use

***Goal 1**: Decrease the percentage of Knox and Warren County residents who use substances daily to cope.*

1. Raised awareness about proper prescription drug disposal
    a. Disposed of 529 lbs. of medication and promoted participation in National Drug Take Back Day
2. Expanded access to Resource Link Navigation Services
    a. Provided 415 navigation sessions through the resource link
3. Offered free Behavioral Health Navigation Services
    a. Delivered 808 navigation sessions to support individuals in need

3. Healthy Aging

***Goal 1**: Increase awareness of screenings and wellness activities among the aging population in Knox and Warren counties*

4. Provided community-based screening and wellness opportunities
    a. Due to turnover, this action was not implemented
5. Encouraged safe and active living through events and programs
    a. Offered chair exercise classes at the VNA in Galesburg for seniors

APPENDIX 3: SURVEY

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

COMMUNITY PERCEPTIONS

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

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

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

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

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

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

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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

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

Prescription Medicine

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

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

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

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

Dental Care

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

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

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

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

Mental-Health Counseling

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

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

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

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

HEALTHY BEHAVIORS

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

Exercise

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

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

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

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

Healthy Eating

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

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

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

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

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

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

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Overall Health Ratings

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

INTERNET

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

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

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

BACKGROUND INFORMATION

1. What county do you live in?

☐ Henderson ☐ Warren ☐ Other

2. What is your Zip Code? _____

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

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer

☐ Don't have (Please answer #4)

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

☐ Can't afford health insurance ☐ Don't need health insurance

☐ Don't know how to get health insurance

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

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

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

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

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/LatinX

☐ Pacific Islander ☐ Native American ☐ Asian/South Asian

☐ Multiracial

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

☐ Grade/Junior high school ☐ Some high school ☐ High school degree (or GED)

☐ Some college (no degree) ☐ Associate's degree ☐ Certificate/technical degree

☐ Bachelor's degree ☐ Graduate degree

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

☐ Less than $20,000 ☐ $20,001 to $40,000 ☐ $40,001 to $60,000

☐ $60,001 to $80,000 ☐ $80,001 to $100,000 ☐ More than $100,000

11. What is your housing status?

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

12. How many people live with you? _____

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

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse

☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce

☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member

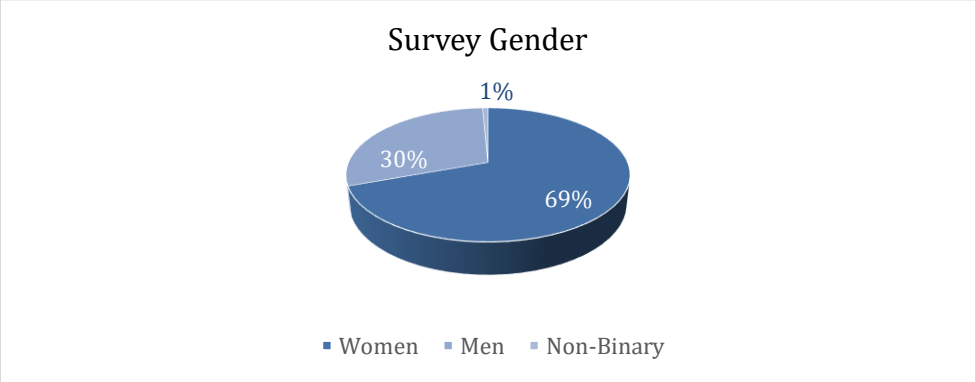
☐ Mother treated violently

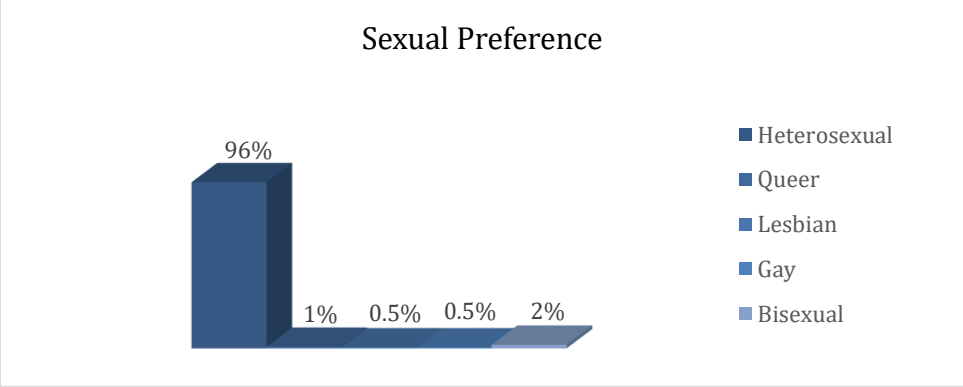
Is there anything else you'd like to share about your own health goals or health issues in our community?

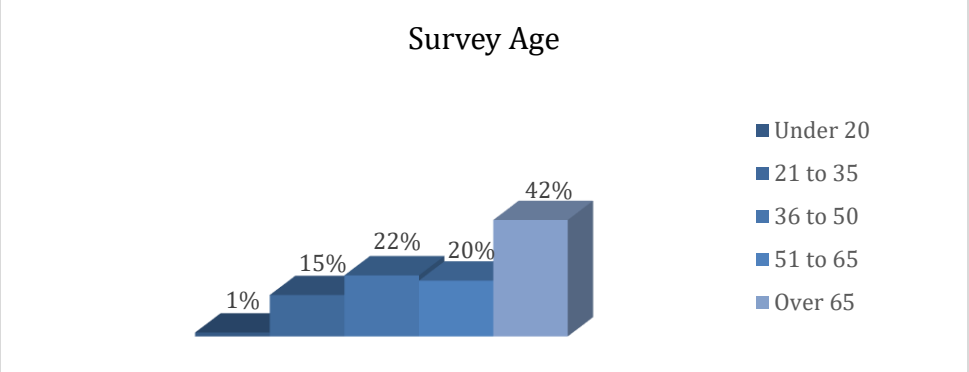
_____

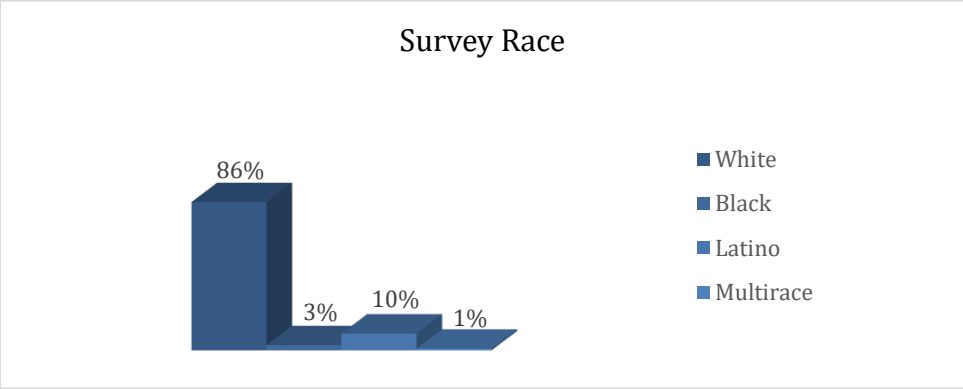
Thank you very much for sharing your views with us!

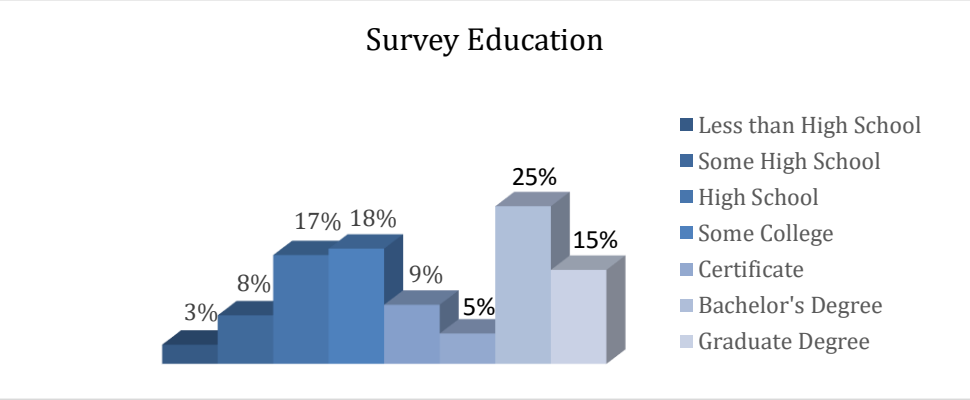
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

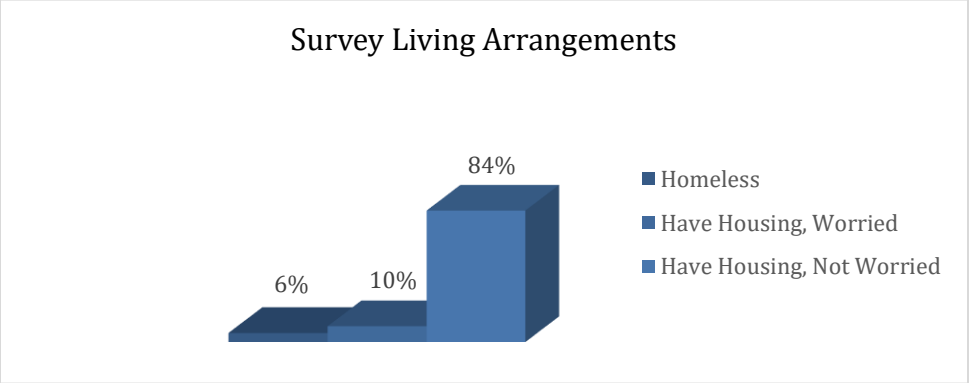


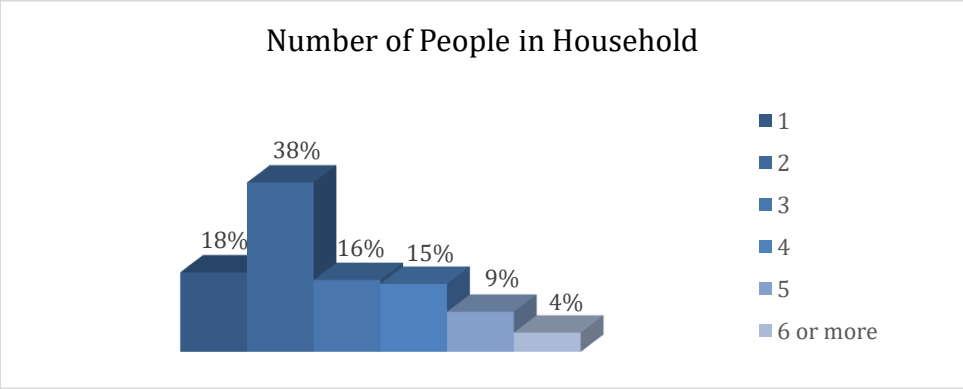


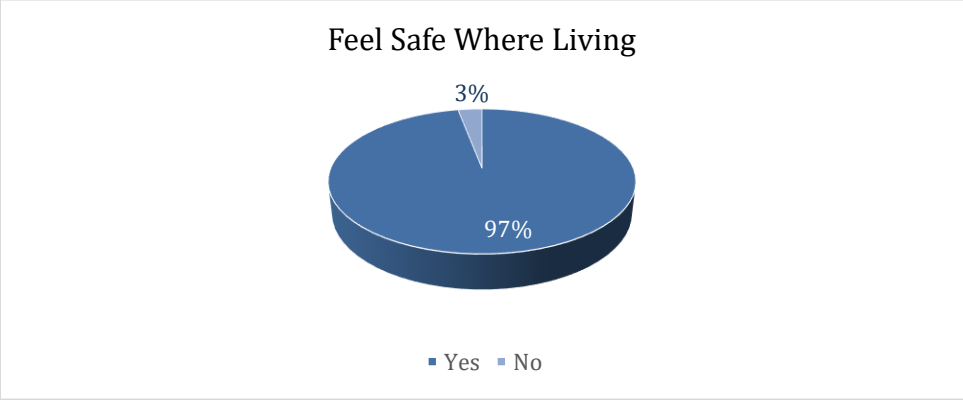


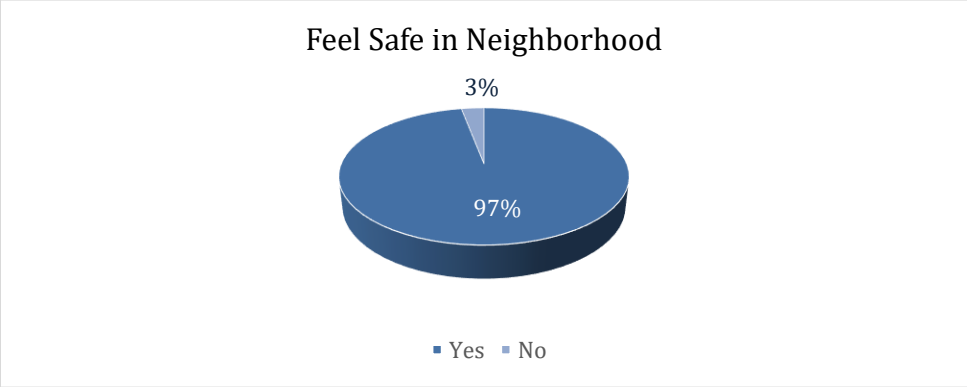

Survey Race
86%
3%
10%
1%
White
Black
Latino
Multirace

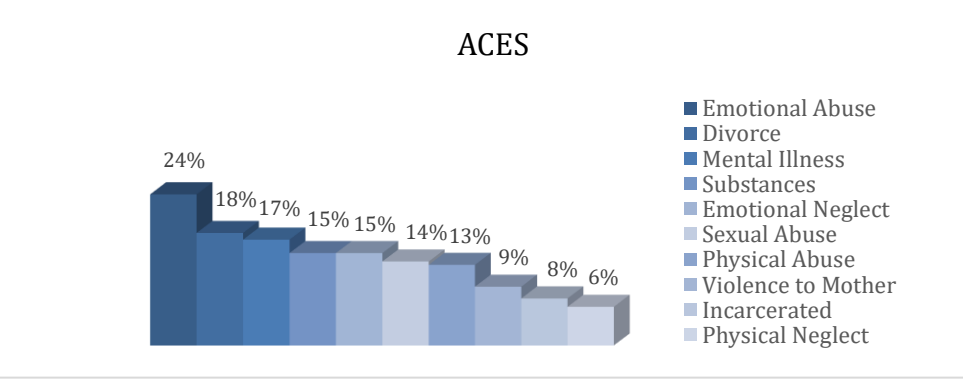

Survey Education
3%
8%
17%
18%
9%
5%
25%
15%
Less than High School
Some High School
High School
Some College
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
6%
10%
84%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
38%
18%
16%
15%
9%
4%
1
2
3
4
5
6 or more


Feel Safe Where Living
3%
97%
Yes
No


Feel Safe in Neighborhood
3%
97%
Yes
No


ACES
24%
18%
17%
15%
15%
14%
13%
9%
8%
6%
Emotional Abuse
Divorce
Mental Illness
Substances
Emotional Neglect
Sexual Abuse
Physical Abuse
Violence to Mother
Incarcerated
Physical Neglect

APPENDIX 5: RESOURCE MATRIX

	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Substance Use	Access to Healthcare	Cancer - Lung	Heart Disease
Recreational Facilities							
YMCA of Warren County	3	1	2	1	1	1	2
Monmouth Parks and Recreation	2	1	1	1	1	1	1
Henderson County Conservation Area	1	1	1	1	1	1	1
Big River State Forest	1	1	1	1	1	1	1
Delabar State Park	1	1	1	1	1	1	1
Health Departments							
Henderson County Health Department	3	3	2	1	2	1	1
Warren County Health Department	2	1	2	1	3	1	2
Community Agencies							
United Way of Warren County	2	2	1	1	1	1	1
University of Illinois Warren Co. Extension	3	3	2	1	1	1	1
Jamieson Community Center	3	3	1	1	1	1	1
First Christian Church Food Bank	2	1	1	1	1	1	1
Helping Hands Food Pantry	2	1	1	1	1	1	1
Western IL Area Agency on Aging	2	2	1	1	2	1	1
Women, Infants, Children's Nutrition Prog	2	2	1	1	1	1	1
ROE #33	3	3	1	2	3	1	1
Bridgeway	2	3	2	3	2	1	1
Illinois Tobacco Quit Line	2	1	1	1	1	1	1
Al Anon	2	1	1	3	1	3	1
Warren Achievement Center	2	1	1	1	2	1	1
Strom Center	2	2	1	1	2	1	2
Light House Baptist Church	1	1	1	1	1	1	1
Village Baptist Church	1	1	1	1	1	1	1
Oquawka Food Pantry	2	1	1	1	1	1	1
Henderson County Housing Authority	1	1	1	1	1	1	1
Warren County Housing Authority	2	2	1	1	2	1	1
Warren County Public Transportation	1	2	1	1	3	1	1
DORS - Department of Rehabilitation Services	1	1	1	1	1	1	1

	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Substance Use	Access to Healthcare	Cancer - Lung	Heart Disease
Western IL Regional Council (WIRC)	3	3	1	2	2	1	1
Hospitals / Clinics							
OSF HC Holy Family Medical Center	2	2	2	1	3	1	1
OSF HC Clinics Roseville/Monmouth	2	2	2	2	2	2	2
OSF HC Cardiovascular Institute	2	2	2	2	2	2	2
OSF Home Care and Hospice	2	2	1	1	3	1	1
OSF Healthcare Resource Link	1	3	1	2	2	1	1
Eagle View Community Health System (Monmouth, Stronghurst, Oquawka)	2	3	1	3	2	1	1
Family Planning Service	1	1	1	1	1	1	1
Mc Donough District Hospital Clinic	1	1	1	1	2	1	1
Warren County Health Department	3	3	2	1	2	1	1
Henderson County Health Department	2	1	2	1	3	1	2
Western Illinois Home Health Care	1	1	2	1	3	1	1

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

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES

Warren County YMCA
The Warren County YMCA offers high quality after school programs, swimming and gymnastics instruction, youth sports, teen programs, Day Camp and a variety of recreational experiences for children and adults of all ages. The YMCA focus is on Health and Wellness. Workout facilities are available 24 hours a day to accommodate any schedule.

Monmouth Parks and Recreation
The Monmouth Parks and Recreation Department maintains nine parks, the Gibson Woods golf course and the Municipal Pool.

Henderson County Conservation Area
Henderson County Conservation Area, which includes Gladstone Lake, offers a variety of recreational facilities. The 27-acre lake has a shoreline of 1.5 miles and a maximum depth of 25 feet. The area, about 20 miles southwest of Monmouth and five miles east of the Mississippi River, has a total of 87 acres.

Big River State Forest
Big River State Forest in western Illinois' Henderson County is 8 miles north of Oquawka on the Oquawka-Keithsburg blacktop. The forest is managed primarily to demonstrate sound forestry practices, with demonstrations and talks on these practices available to interested groups.

Delabar State Park
Located on the Mississippi River about 1 1/2 miles north of Oquawka near Illinois Route 164, Delabar State Park offers quality outdoor experiences for anglers, hikers, campers and picnickers.

Henderson County Health Department
In addition to being a fully operational health department, the Henderson County Health Department has a full fitness center available to the general public.

HEALTH DEPARTMENTS

Warren County Health Department
The Warren County Health Department enhances the health and safety of the community by promoting public health education and awareness, providing essential health services, and encouraging collaborative efforts throughout Warren County.

Henderson County Health Department
Henderson County Health Department, located in Gladstone, Illinois, works tirelessly to educate and inform the community about the health topic that matters most. Henderson County Health Department provides access to valuable services, such as well testing, Home Health and Hospice care, the WIC (Woman, Infants, and Children) program, emergency preparedness, homemaker services, breastfeeding

peer counseling, electronics and paint recycling, tobacco education, and senior services. We also have a Fitness Center available to the general public.

COMMUNITY AGENCIES/PRIVTE PRACTICES

United Way of Warren County
The United Way is a recognized leader in helping solve community problems by gathering and distributing, in an efficient and accountable manner, community resources which respond to priority health and human service needs. The United Way and OSF Healthcare Holy Family are sponsors of the 2-1-1 resource center.

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

Jamieson Center
Jamieson Community Center is a non-profit agency primarily serving residents of Warren County. Their programs are designed to increase food security and help people with essential services. Programs include Senior Nutrition, Food Pantry, Thrift store, weekend meals for elementary students, emergency bill pay, energy assistance and a Learning Center.

First Christian Church- Food Pantry
The First Christian Church offers a food bank to assist families in need in addition to their many programs built to strengthen families and individuals in Warren County.

Helping Hands- Food Pantry
The Helping Hands Food Pantry of Roseville exists to improve quality of life for Warren County, IL residents by providing assistance to families in need and by developing programs to strengthen families and individuals.

Western Illinois Area Agency on Aging
The Western Illinois Area Agency on Aging was founded under an amendment to the Older American Act to help older Americans live in their homes with safety and dignity as long as possible with support and services. Services include home delivered meals, transportation, legal assistance, outreach, Medicare and options counseling, senior centers and family caregiver programs.

Women, Infants, and Children's Nutrition Program
Women, Infants, and Children's (WIC) supplemental nutrition program is conducted by the Warren County Health Department. WIC encourages breastfeeding, proper nutrition during pregnancy; and nutrition for children from birth through age 5 for qualified women and children.

Regional Office of Education #33
Regional Office of Education #33 serves our schools and communities by providing educational resources, partnerships, and opportunities.

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

Illinois Tobacco Quit Line
Illinois Tobacco Quit Line provides free telephone counseling to assist individuals in quitting tobacco use. ITQL provides Nicotine Replacement Therapy in the form of patches, lozenges, and gum for qualified individuals (those that do not have access to those products through insurance or Medicaid) for 8 weeks per 12-month period.

AL-Anon
Al-Anon is a mutual support group of peers who share their experience in applying the Al-Anon principles to problems related to the effects of a problem drinker in their lives. Meetings are offered in Warren and Knox County.

Warren Achievement Center
The Warren Achievement Center's mission statement is to help people with developmental disabilities become responsible members of their community. The center's goal is to help people choose and achieve their goals for where and how they live, learn, work, and play.

Strom Center
Strom Center, Inc. is a full-service agency serving seniors and disabled persons in Warren and Henderson counties in Illinois. Our mission is to involve, enrich, and empower seniors and disabled persons in the community while providing services in health and fitness, lifelong learning, recreation, arts, and community service.

Village Baptist Church
The area food pantry is housed at Village Baptist Church. It is supported by area churches, organizations, and caring people in our community. The hours are on Wednesdays and vary or can be set by appointment.

Oquawka Food Pantry
Located on Schuyler Street, this food pantry is open from 1-3pm Mondays and Thursdays for all Henderson County residents.

Henderson County Housing Authority
Henderson County Housing Authority provides Apartments for Rent in Oquawka, Stronghurst, Biggsville, Lomax & Gladstone, IL for low income, disabled & seniors over 62.

Warren County Housing Authority
Warren County Housing Authority administers low-income public housing and Section 8 voucher programs in Warren County.

Warren County Public Transportation
Warren County Public Transportation strives to provide safe, accessible, and affordable public transportation to improve the quality of life for Warren County residents.

DORS – Department of Rehabilitation Services
DORS mission is to help people with disabilities achieve their goals through employment, education, and independent living.

Western IL Regional Council (WIRC)
WIRC aims to accomplish our mission by providing social service programs to people in need, recycling programs to help the environment, and community development services to local elected officials.

IDHS Warren County Family Community Center
IDHS helps to assist Illinois residents to achieve self-sufficiency, independence and health to the maximum extent possible by providing integrated family-oriented services, promoting prevention and establishing measurable outcomes in partnership with communities.

HOSPITALS / CLINICS

OSF Healthcare Holy Family Medical Center
OSF HC Holy Family is an acute and outpatient care hospital. The critical care hospital is located in Monmouth and serves patients of Warren, Henderson and Mercer counties. Services include emergency, 24-hour inpatient care, diagnostic imaging, rehabilitation, specialty and ancillary services.

OSF Medical Group Clinic Monmouth/Roseville
The OSF Medical Group Clinics in Monmouth and Roseville provide a wide range of medical care to the community focusing mainly on primary care.

OSF Cardiovascular Institute
OSF Cardiovascular Institute has visiting physicians to assist with accessibility for patients.

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

OSF Children's Hospital, Resource Link
Resource Link provides services to equip primary care physician practices to identify, diagnose and treat pediatric mental health issues. Resource Link will provide on-site training for the physician and staff regarding mental illness, including diagnosis and treatment options, routine screening options, and community resources.

OSF Multi-Specialty Group
OSF Multi-Specialty Group offers a wide range of medical and surgical care, as well as other specialty services, through provider offices located throughout Warren County.

Family Planning Service
The mission of the Family Planning Service of Western Illinois is to provide high quality comprehensive reproductive healthcare in a confidential setting and to educate clients and the community about taking responsibility for reproductive health.

Eagle View Community Health System
With locations in Oquawka, Stronghurst and Monmouth, Eagle View is an FQHC who believes everyone should have access to quality, affordable, integrated, medical, behavioral health, and dental care regardless of income levels.

McDonough District Hospital Clinic
An extension of McDonough District Hospital out of Macomb, Illinois, this clinic offers rehabilitation services, a walk-in convenience clinic and sports medicine services; Monday through Friday.

Warren County Health Department
The Warren County Health Department enhances the health and safety of the community by promoting public health education and awareness, providing essential health services, and encouraging collaborative efforts throughout Warren County.

Henderson County Health Department
Henderson County Health Department, located in Gladstone, Illinois, works tirelessly to educate and inform the community about the health topic that matters most. Henderson County Health Department provides access to valuable services, such as well testing, Home Health and Hospice care, the WIC program, emergency preparedness, homemaker services, breastfeeding peer counseling, electronics and paint recycling, tobacco education, and senior services. We also have a Fitness Center available to the general public.

Western Illinois Home Health Care
Western Illinois Home Health Care provides skilled nursing, skilled physical, occupational, speech therapy, bath aide, medical and social work to help you stay at home safely and independently. They also have a supportive care division that offers 24-hour assistance with activities of daily living, companionship, light housekeeping, etc. Most recently they added home provider care, delivering a provider in your home to address the needs of individuals, families, and seniors.

APPENDIX 7: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply "PEARL" Test from Hanlon Method[1]

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

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

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

Resources – Is funding available for a program?

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

Step 4. Use Voting Technique to Narrow Potential Issues

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

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

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

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

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

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

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

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