

# Community Health Needs Assessment 2019

**OSF ST. MARY MEDICAL CENTER**

KNOX COUNTY

WARREN COUNTY

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# Community Health Needs Assessment

2019

*Collaboration for sustaining health equity*

## Executive Summary

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

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, demographic characteristics of

respondents were utilized to provide insights into why certain segments of the population responded differently.

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

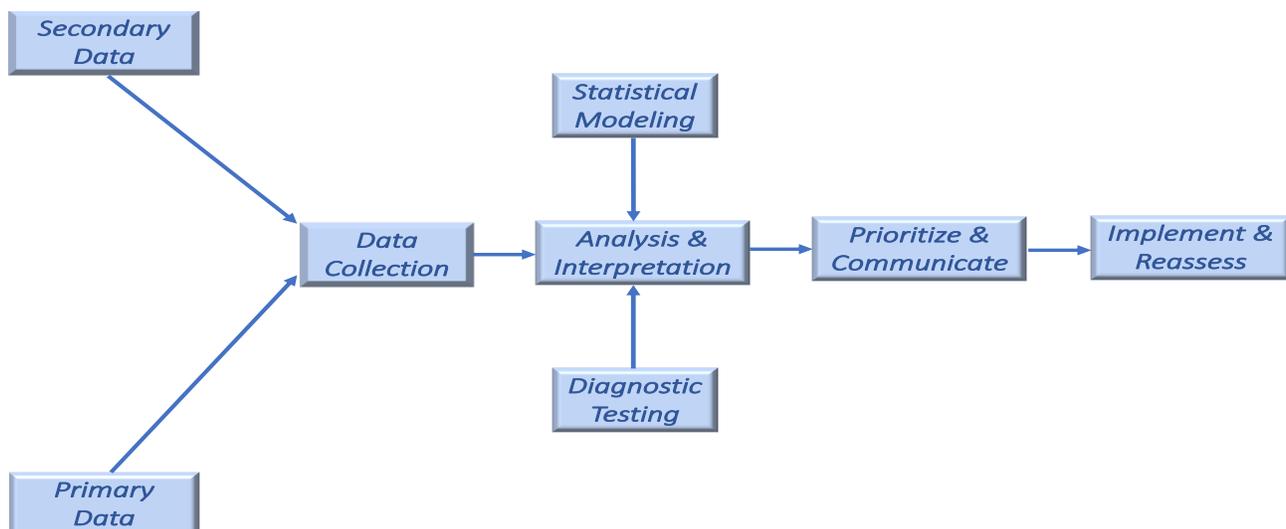
- **Healthy Behaviors** – *defined as active living and healthy eating, and their impact on obesity*
- **Behavioral Health** – *including mental health and substance abuse*

# I. INTRODUCTION

## Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt hospitals to conduct community health-needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health-needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by OSF St. Mary 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 29, 2019.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Form 990, Schedule H–Hospitals, designated solely for tax-exempt hospitals. The fundamental areas of the community health-needs assessment are illustrated below.



## Collaborative Team and Community Engagement

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF St. Mary Medical Center, members of the Knox County and Warren County Health Departments, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2018 and in the first

quarter of 2019. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

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

## Definition of the Community

In order to determine the geographic boundaries for OSF St. Mary Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Knox and Warren Counties. Data show that Knox and Warren Counties represent 82.9% 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. Note that the at-risk population was defined as those individuals that were eligible to receive Medicaid based on the state of Illinois guidelines using household size and income level.

## Purpose of the Community Health-Needs Assessment

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

## Community Feedback from Previous Assessments

The 2016 CHNA was made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2016 CHNA on its website. While no written feedback was received by individuals from the community via the available mechanism, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

## 2016 CHNA Health Needs and Implementation Plans

The 2016 CHNA for Knox and Warren Counties identified three significant health needs. These included: mental health, access to health and obesity. 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.

## 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, based on a sample of 960 survey respondents from Knox and Warren Counties, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.

### Secondary Data Collection

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

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

### Primary Data Collection

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

### Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, we created our own pilot survey in 2018, designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, eight specific sets of items were included:

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

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

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

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

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

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

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

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

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above.

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

## Sample Size

In order to identify our potential population, we first identified the percentage of the Knox County and Warren County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rates for Knox County and Warren County were 18.1 and 13.8 percent, respectively. A total population of 50,638 was used for Knox County; yielding a total of 9,165 residents living in poverty. Likewise, Warren County total population is 17,161; yielding a total of 2,369 residents living in poverty in the Warren County area.

We assumed a normal approximation to the hypergeometric distribution given the targeted sample size.

$$n = (Nz^2pq)/(E^2 (N-1) + z^2 pq)$$

where:

$n$  = the required sample size

$N$  = the population size

$pq$  = population proportions (set at .05)

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

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

For the total Knox County and Warren County areas, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 382 for Knox County and 376 for Warren County. The data collection effort for this CHNA yielded a total of 557 usable responses for Knox County and 403 usable responses for Warren County. This exceeded the threshold of the desired 90% confidence interval.

To provide a representative profile when assessing the aggregated population for the Knox County and Warren County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 468 respondents for Knox County and 317 for Warren County for analyzing the aggregate population. Sample characteristics can be seen in Appendix 4. Counties were then weighted based on population size.

## Data Collection

Data were collected in the 3<sup>rd</sup> quarter of 2018. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

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

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

## Data Integrity

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

## Analytic Techniques

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

## CHAPTER 1 OUTLINE

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

# CHAPTER 1

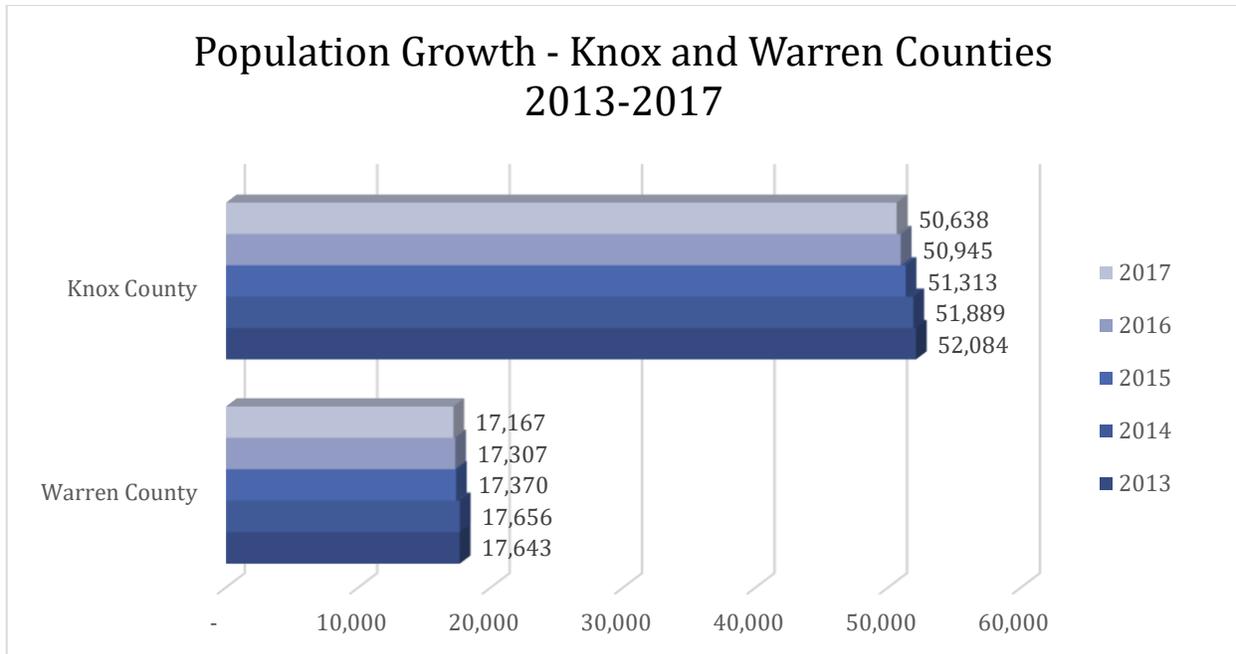
## DEMOGRAPHY AND SOCIAL DETERMINANTS

### 1.1 Population

*Importance of the measure:* Population data characterize individuals residing in Knox County and Warren County. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

#### Population Growth

Data from the last census indicate the population of Knox County decreased (2.8%) between 2013 and 2017. The population of Warren County also slightly decreased (2.7%) between 2013 and 2017.



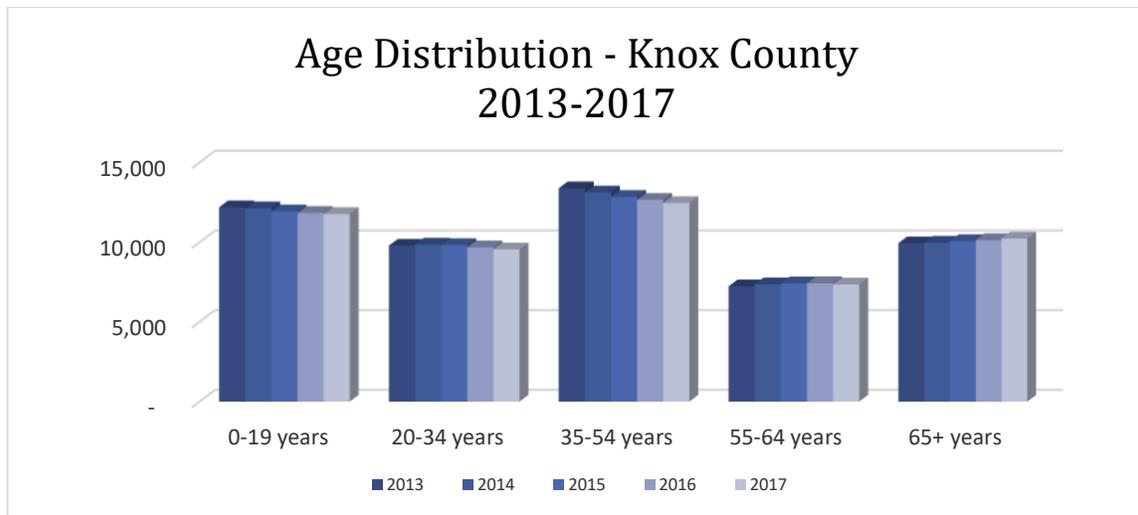
Source: US Census

## 1.2 Age, Gender and Race Distribution

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

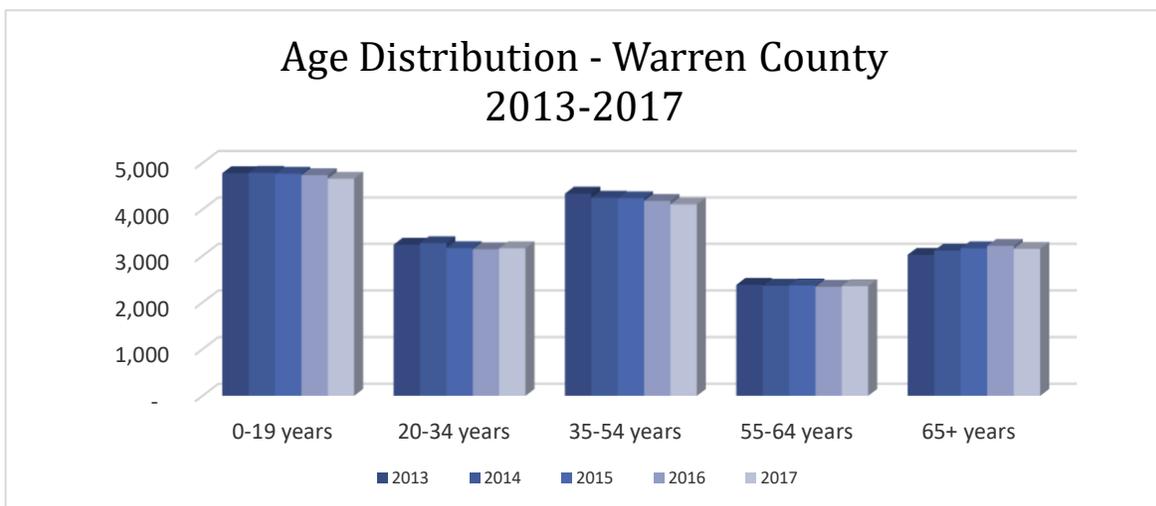
### Age

As indicated in the graph below, the percentage of individuals in Knox County aged 35-54 declined 7.0% between 2013 and 2017, and the percentage of individuals aged 65 and older increased 3.0% between 2013 and 2017. Also indicated in the graph below, the percentage of individuals in Warren County aged 35-54 declined 5.3% between 2013 and 2017, and the percentage of individuals aged 65 and older increased 4.2% between 2013 and 2017.



Age	2013	2014	2015	2016	2017
0-19 years	12,196	12,131	11,938	11,842	11,774
20-34 years	9,789	9,857	9,826	9,681	9,555
35-54 years	13,388	13,125	12,853	12,666	12,463
55-64 years	7,234	7,361	7,420	7,429	7,349
65+ years	9,938	9,973	10,075	10,134	10,233

Source: US Census

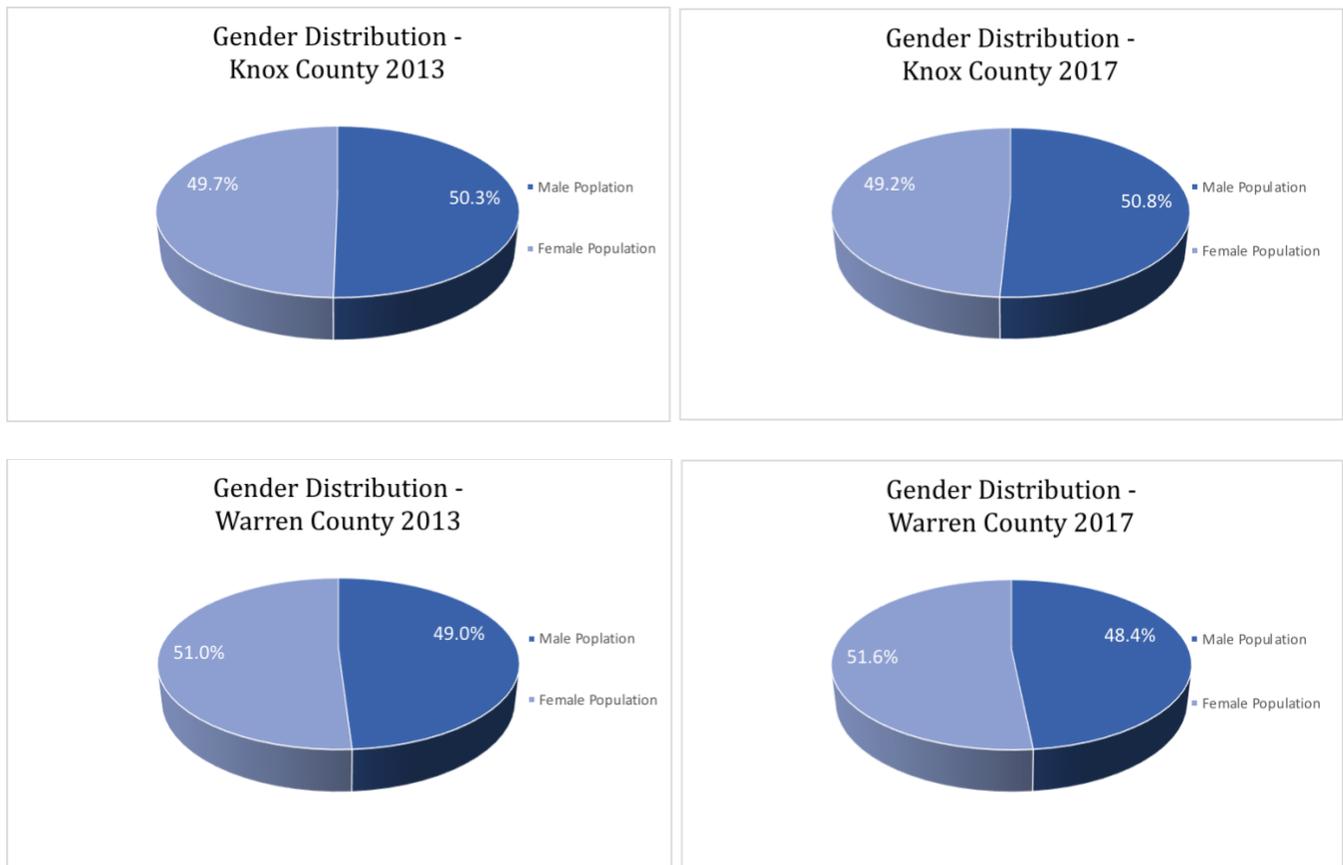


Age	2013	2014	2015	2016	2017
0-19 years	4,780	4,788	4,768	4,736	4,659
20-34 years	3,242	3,274	3,166	3,142	3,163
35-54 years	4,340	4,252	4,240	4,183	4,108
55-64 years	2,377	2,358	2,364	2,335	2,349
65+ years	3,023	3,112	3,163	3,215	3,150

Source: US Census

## Gender

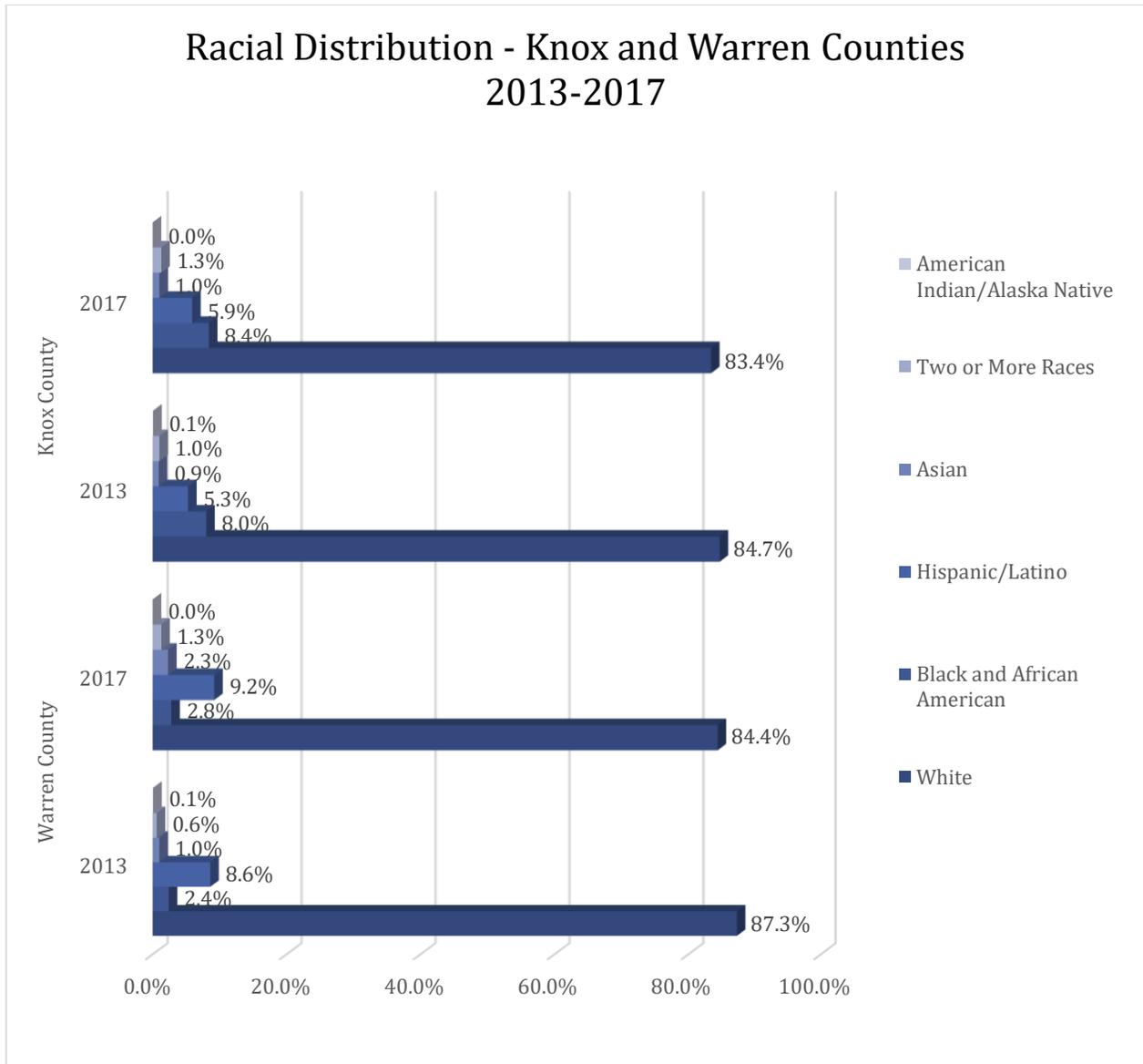
The gender distribution of both Knox County and Warren County residents has remained relatively consistent between 2013 and 2017.



Source: US Census

## Race

With regard to race and ethnic background, Knox County and Warren County are largely homogenous. Data from 2017 suggest that White ethnicity comprises 83.4% of the population in Knox County and 84.4% of the population in Warren County. However, the non-White population of Knox County has been increasing (from 15.3% to 16.6% in 2017), with Black ethnicity comprising 8.4% of the population, multi-racial ethnicity comprising 1.3% of the population, and Hispanic/Latino ethnicity comprising 5.9% of the population. The non-White population of Warren County is also increasing (from 12.7% to 15.6% in 2017), with Black ethnicity comprising 2.8% of the population, multi-racial ethnicity comprising 1.3% of the population, and Hispanic/Latino ethnicity comprising 9.2% of the population.

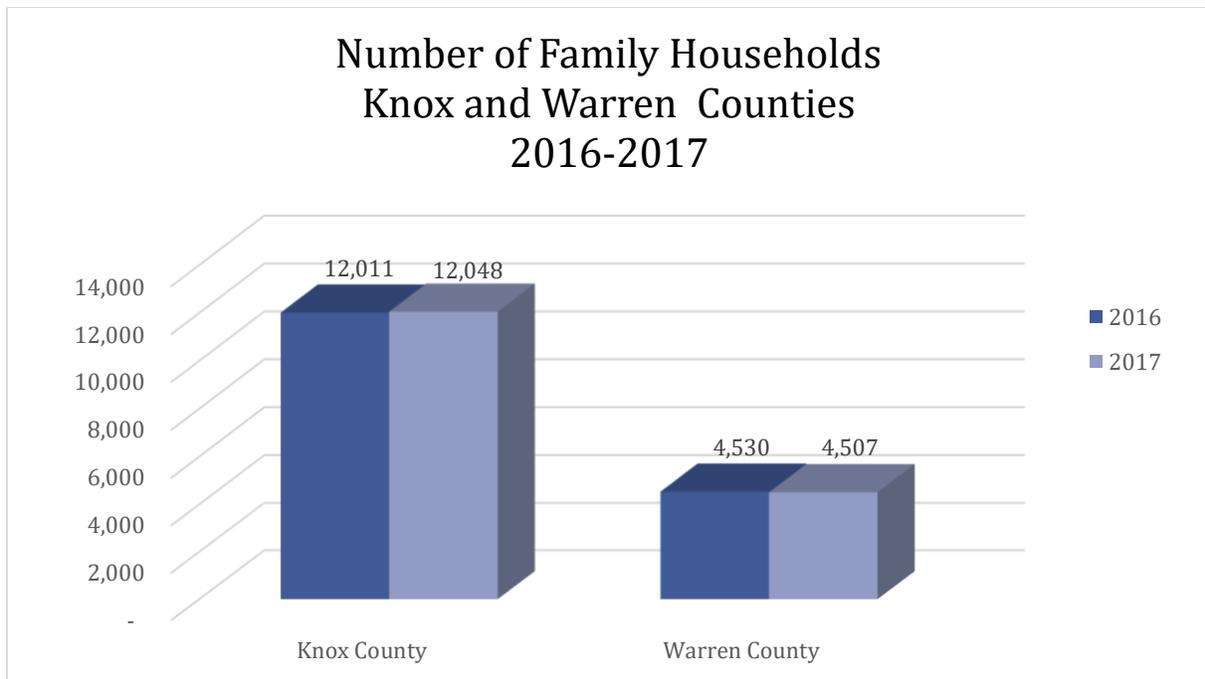


Source: US Census

### 1.3 Household/Family

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

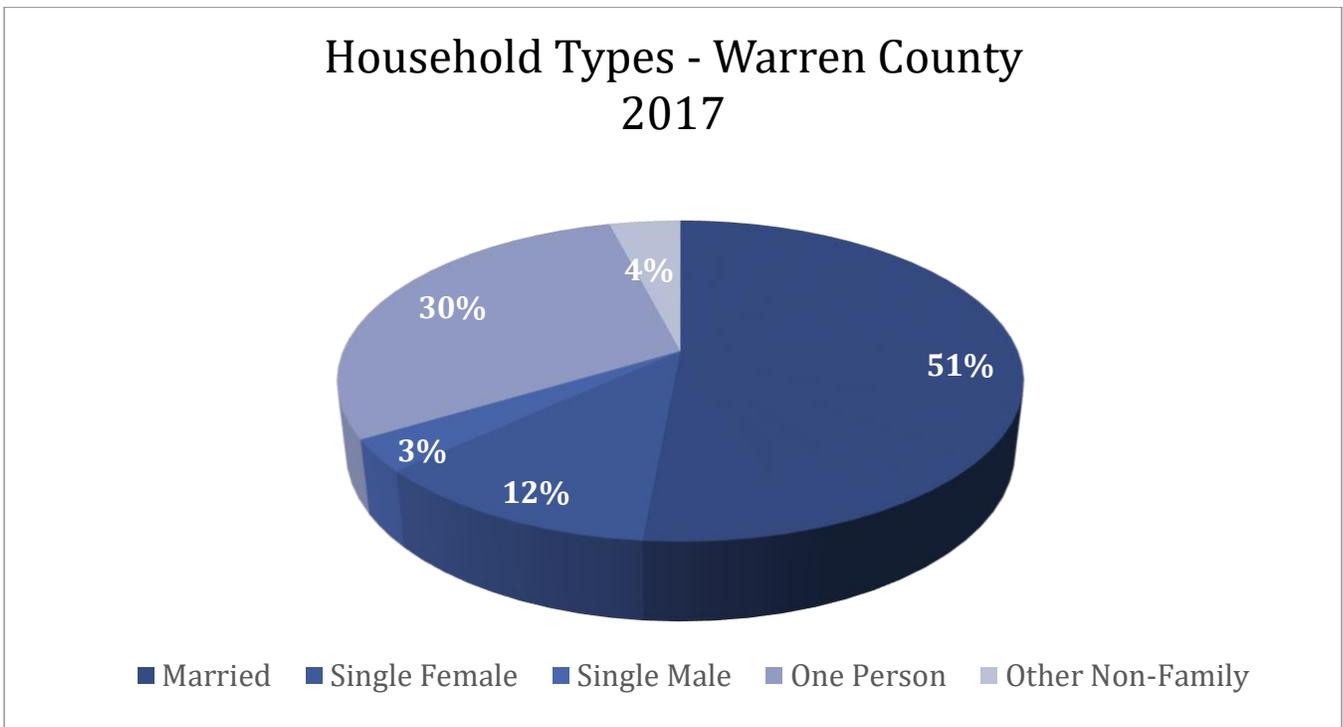
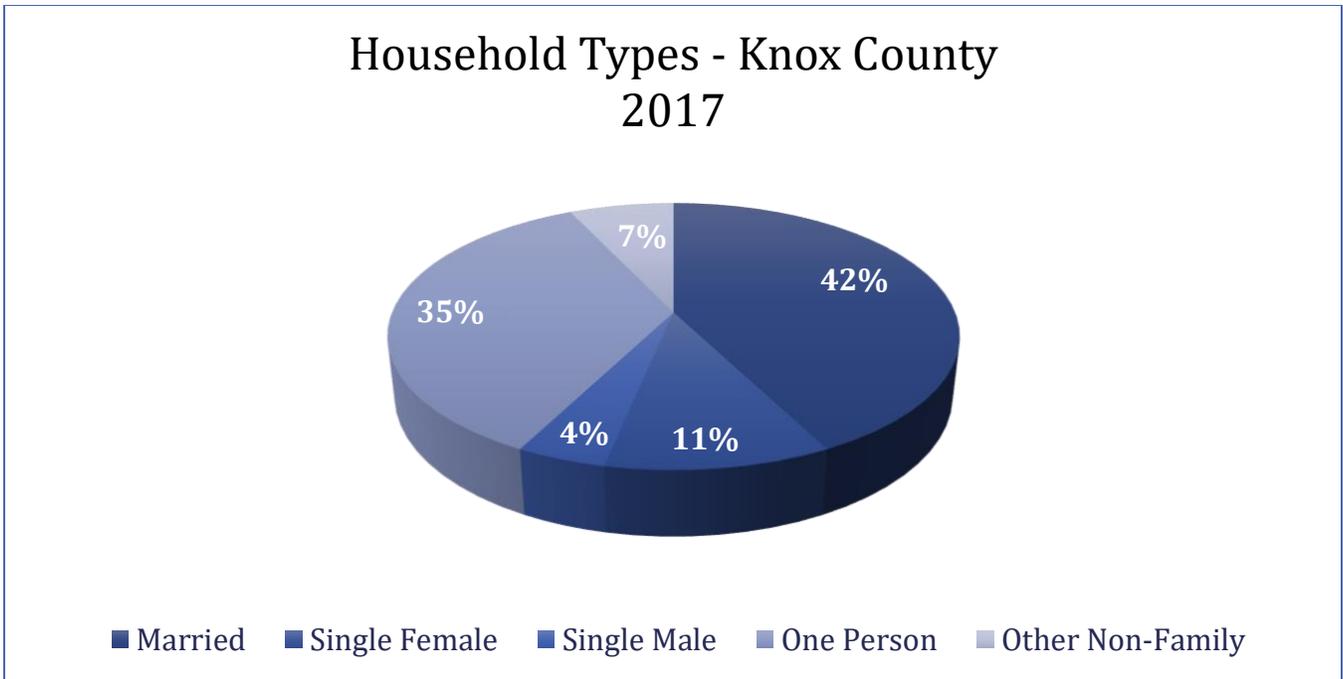
As indicated in the graph below, the number of family households in Knox County slightly increased from 2016 to 2017. During the same time period, the number of family households in Warren County slightly decreased.



Source: US Census

## Family Composition

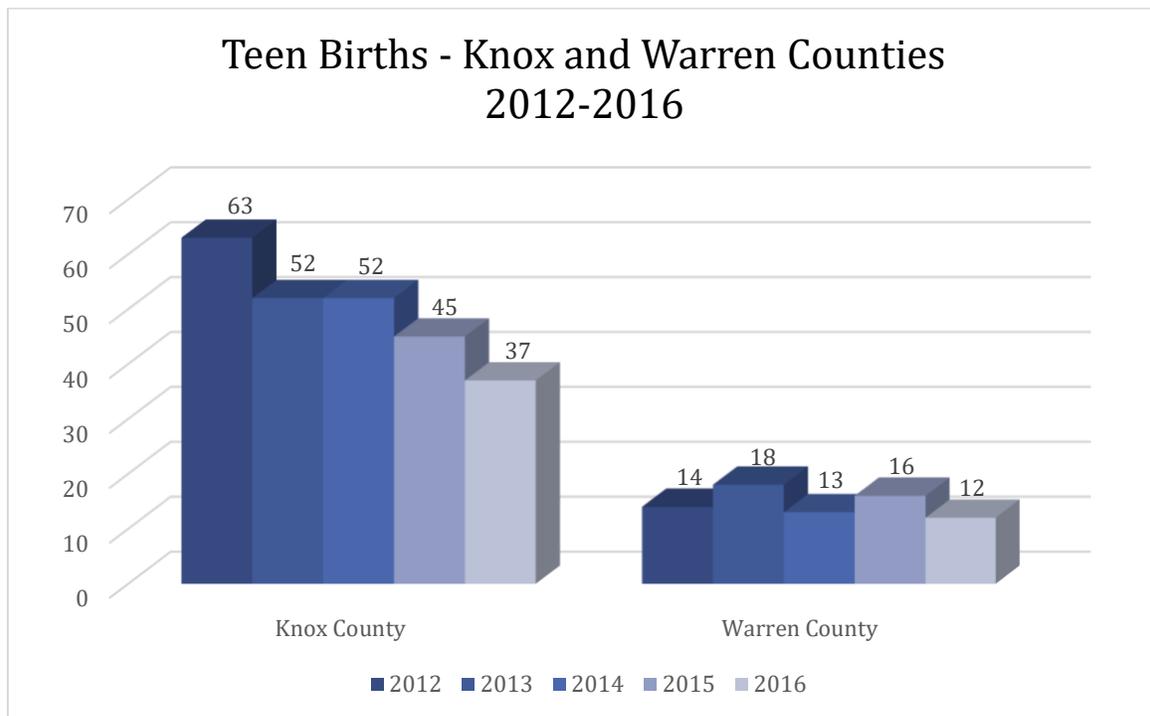
In Knox County, data from 2017 suggest the percentage of two-parent families is 42%. One-person households represent 35% of the county population, and single-female households represent 11%. In Warren County, two-parent families represents 51% of household types, one-person represents 30% of household types, and single-female represents 12% of household types.



Source: US Census

## Early Sexual Activity Leading to Births from Teenage Mothers

Knox County experienced a steady decline in teenage birth count between 2012 and 2016 while Warren County experienced a fluctuating teenage birth count during the same time period.



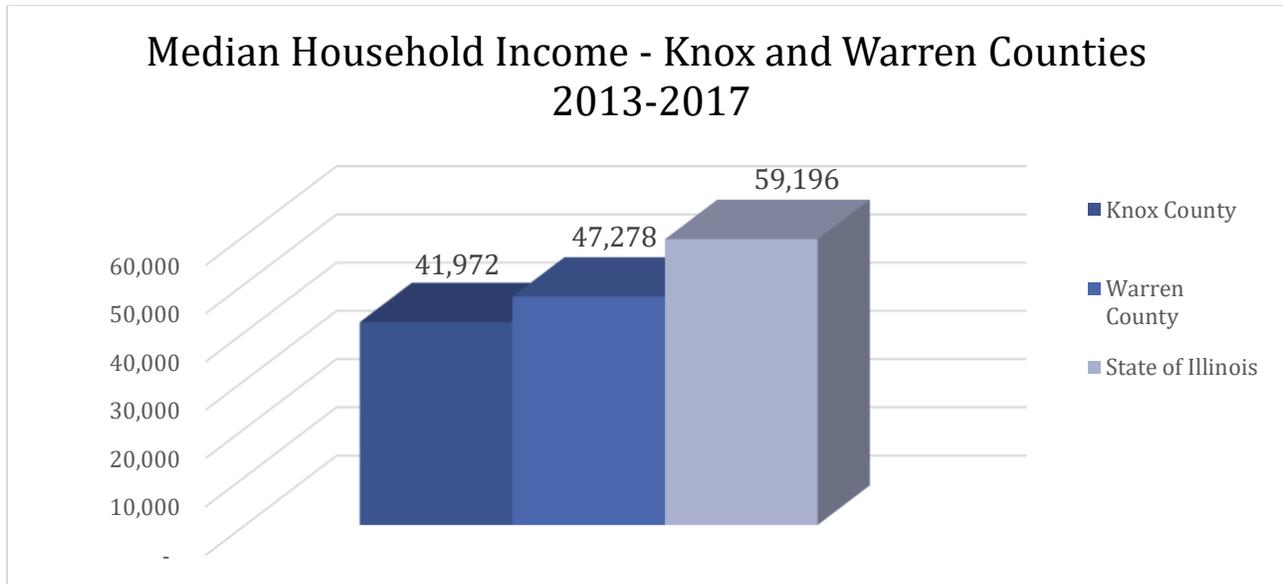
Source: Illinois Department of Public Health

## 1.4 Economic Information

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

### Median Income Level

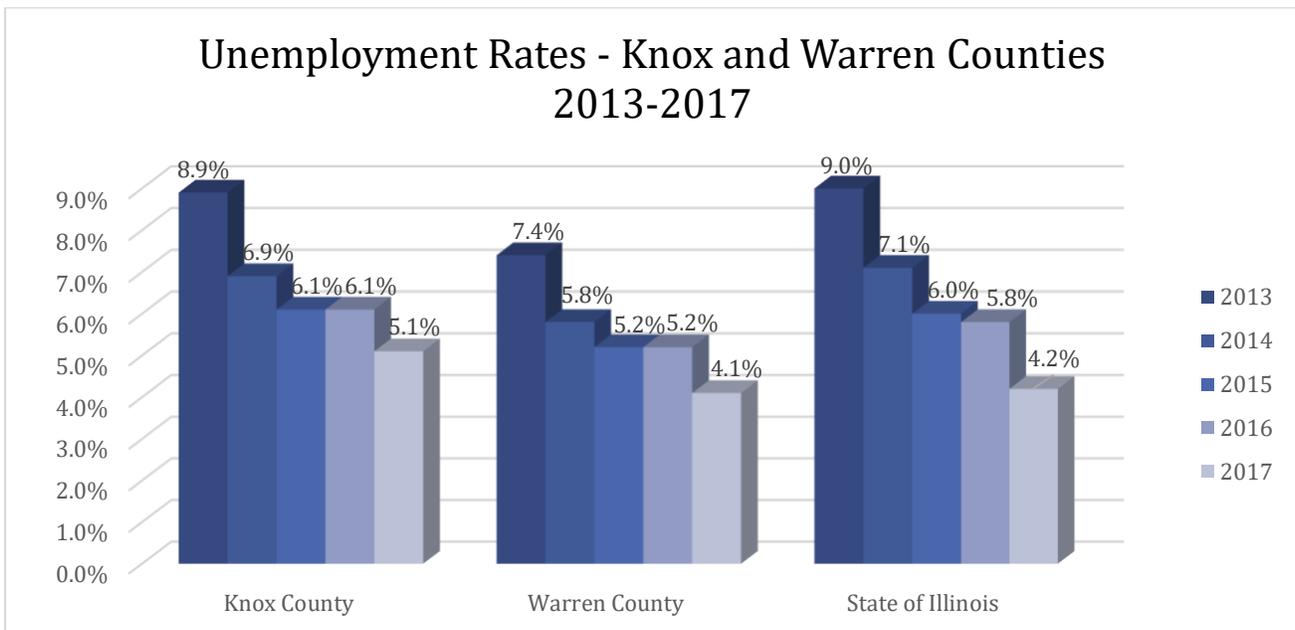
For 2013-2017, the median household income in both Knox and Warren Counties was lower than the State of Illinois.



Source: US Census

## Unemployment

For the years 2013 and 2014, the Knox County unemployment rate was lower than the State of Illinois unemployment rate. However, it is higher for years 2015-2017. Overall, between 2013 and 2017, unemployment in Knox County decreased by 3.8%. The Warren County unemployment rate was lower than the State of Illinois unemployment rate for years 2013-2017. Overall, the unemployment rate in Warren County decreased by 3.3% between 2013 and 2017.

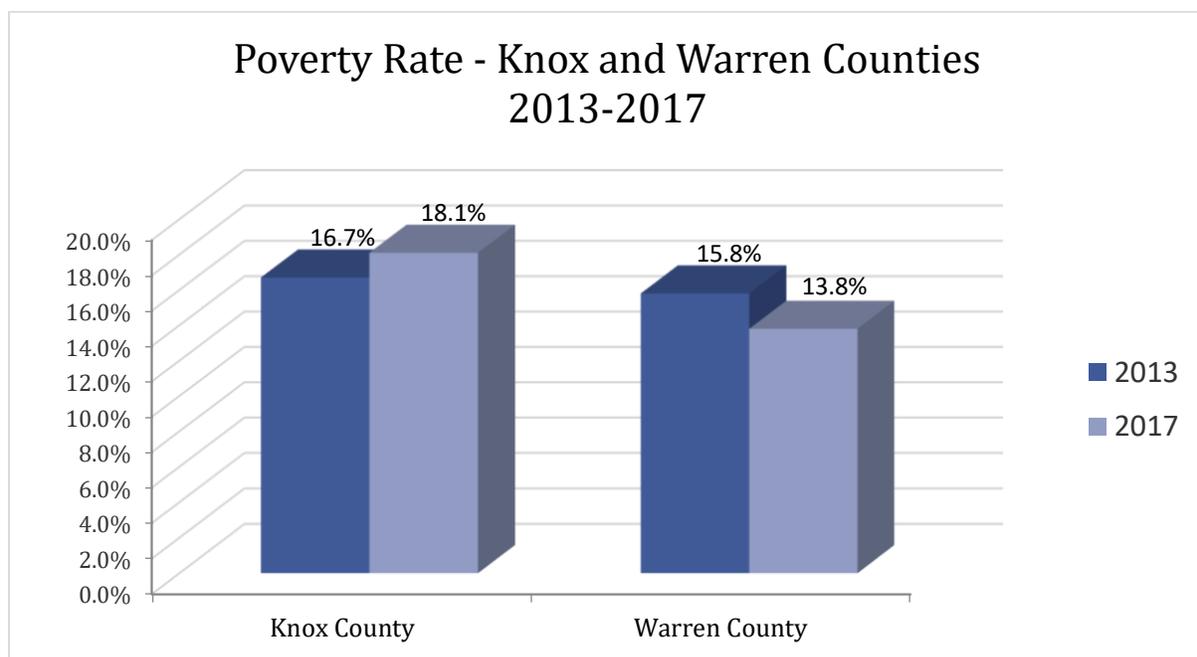


Source: Bureau of Labor Statistics

## Individuals in Poverty

In Knox County, the percentage of individuals living in poverty between 2013 and 2017 increased by 1.4%. The poverty rate for individuals is 18.1%, which is higher than the State of Illinois individual poverty rate of 13.5%. Warren County experienced a decline (2.0%) in percentage of individuals living in poverty between 2013 and 2017. The individual poverty rate in Warren County (13.8%) is higher than the State of Illinois individual poverty rate (13.5%).

Poverty has a significant impact on the development of children and youth. In 2017 the poverty rate for families living in Knox County (11.5%) was higher than the State of Illinois family poverty rate (9.8%) while the family poverty rate in Warren County (9.3%) was lower.



Source: US Census

## 1.5 Education

**Importance of the measure:** According to the National Center for Educational Statistics<sup>1</sup>, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one’s health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly

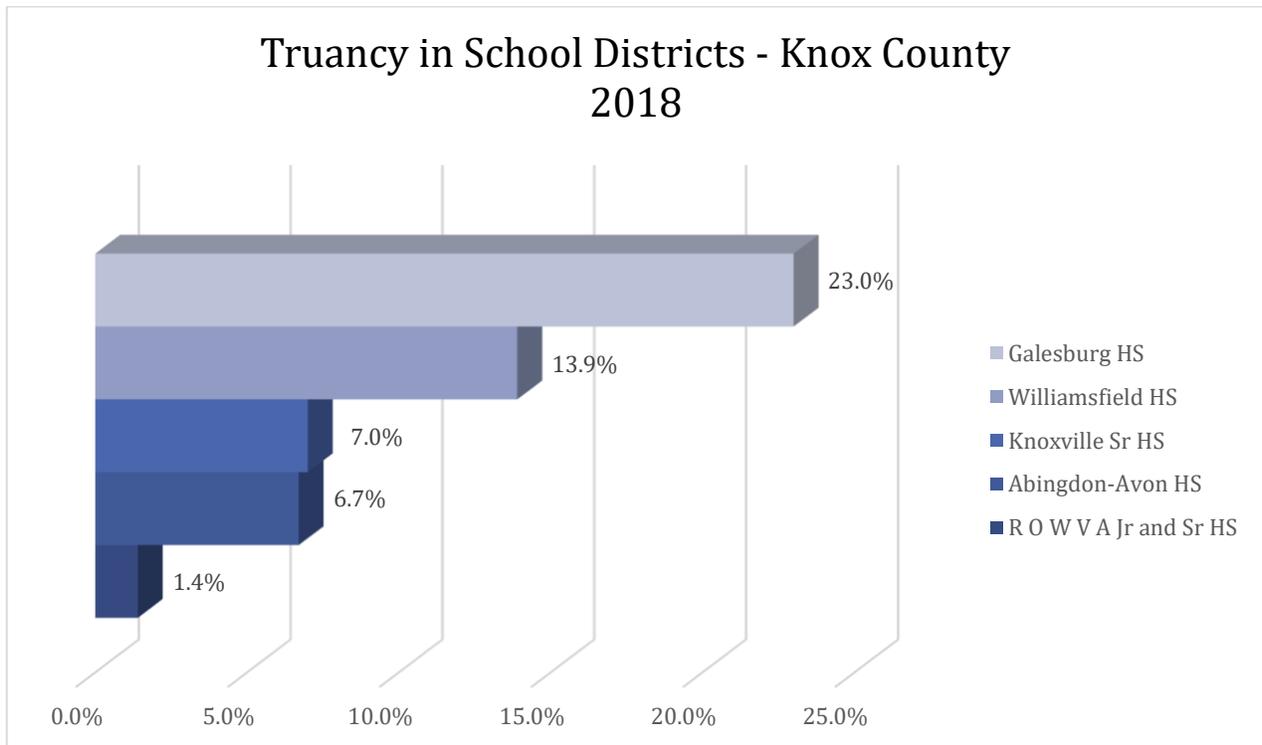
<sup>1</sup> NCES 2005

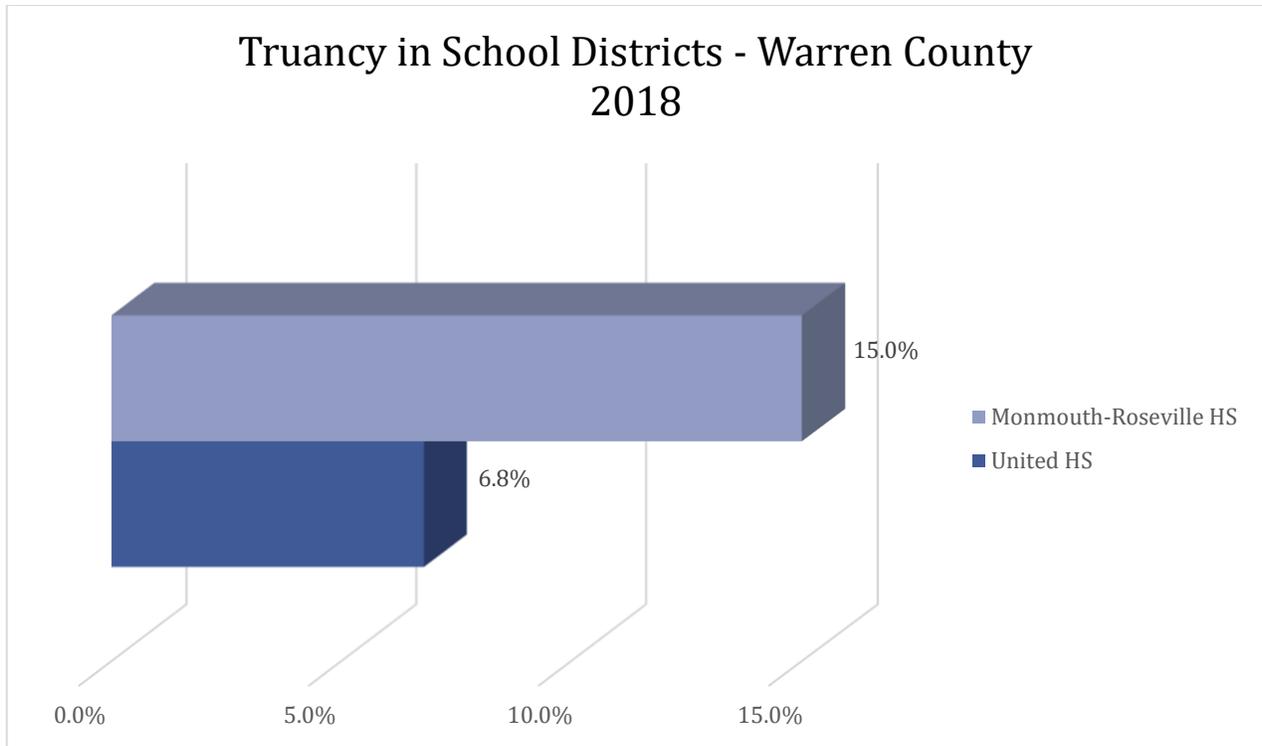
related to an individual’s propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

## Truancy

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

Galesburg High School and Williamsfield High School in Knox County have the largest percentage of students who were chronically truant in 2018. Monmouth-Roseville High School in Warren County had the largest percentage of students who were chronically truant in 2018.

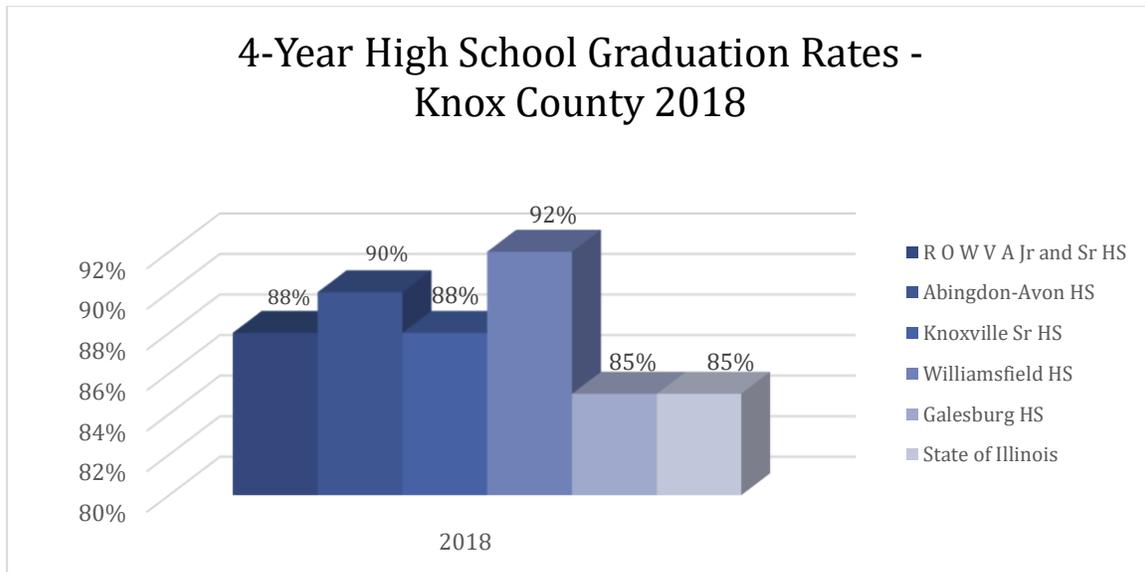


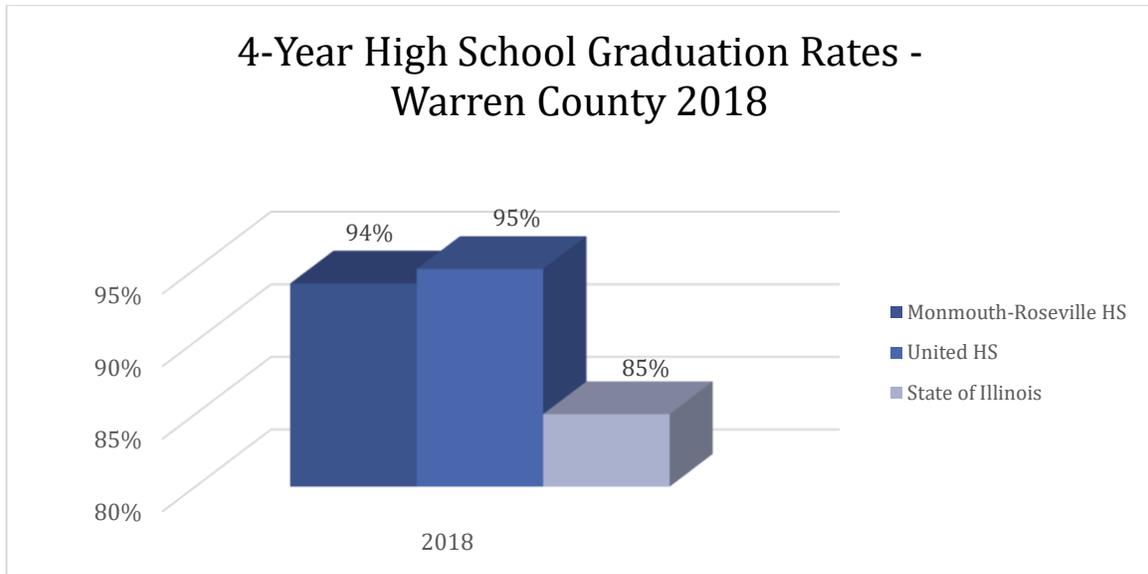


Source: Illinois Report Card

## High School Graduation Rates

In 2018, Galesburg High School in Knox County reported a high school graduation rate that was below the State average of 85%. For the same year, no schools in Warren County reported high school graduation rates below the state average.

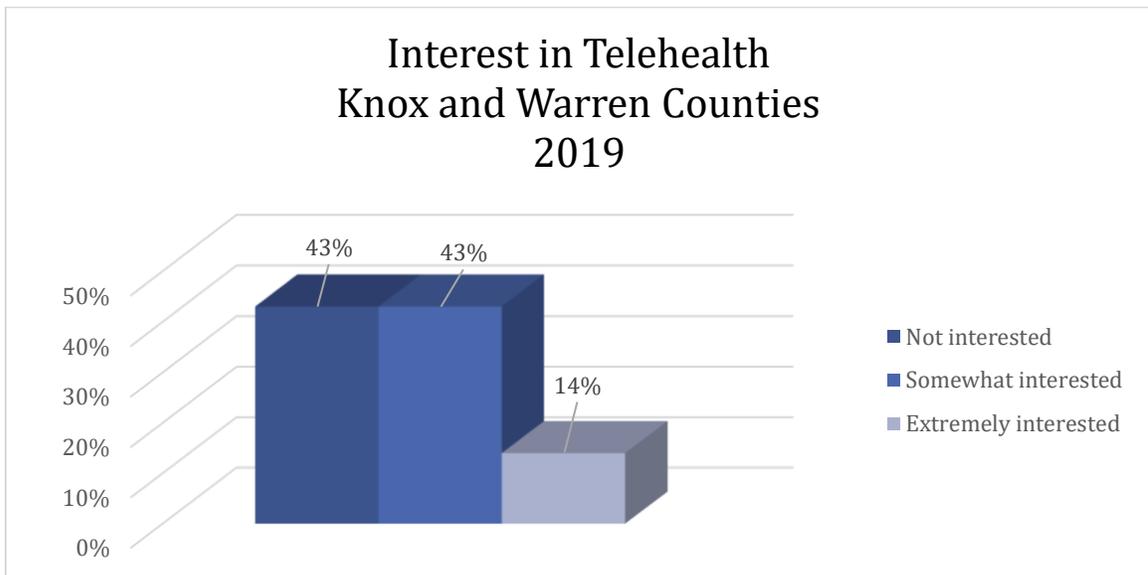




Source: Illinois Report Card

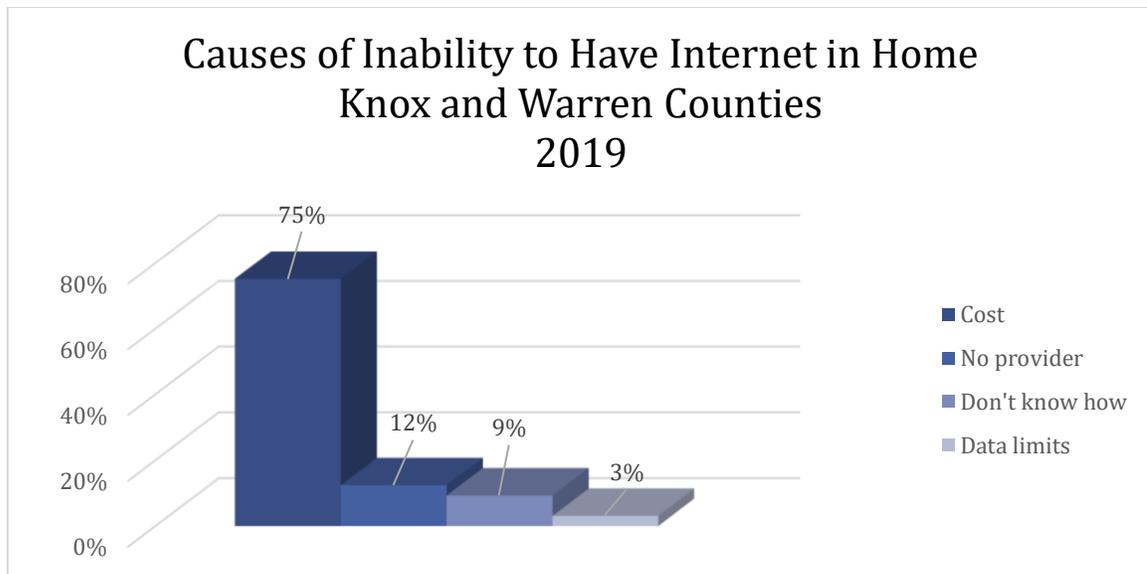
## 1.6 Telehealth Interest and Internet Accessibility

Survey respondents were asked *How interested would you be in health services provided through Internet or phone?* Of respondents, 57% indicated they would be either somewhat or extremely interested.



Source: CHNA Survey

In terms of accessibility, 87% of respondents indicated they had access to free public Internet, and 80% indicated they had Internet in their homes. For those that did not have Internet in their home, cost was the most frequently cited reason.



Source: CHNA Survey

## Social Determinants Related to Telehealth and Internet Access

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

**Interest in telehealth** tends to be rated higher by younger people, those with higher education and those with higher income.

**Access to Internet** tends to be rated higher for those with higher education and those with higher income.

## 1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING .
- ✓ IN KNOX AND WARREN COUNTIES , SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 11% AND 12% OF THE POPULATION RESPECTIVELY. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ ALMOST 2/3 OF THE POPULATION IS INTERESTED IN TELEHEALTH SERVICES.

**CHAPTER 2 OUTLINE**

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

# CHAPTER 2

## PREVENTION BEHAVIORS

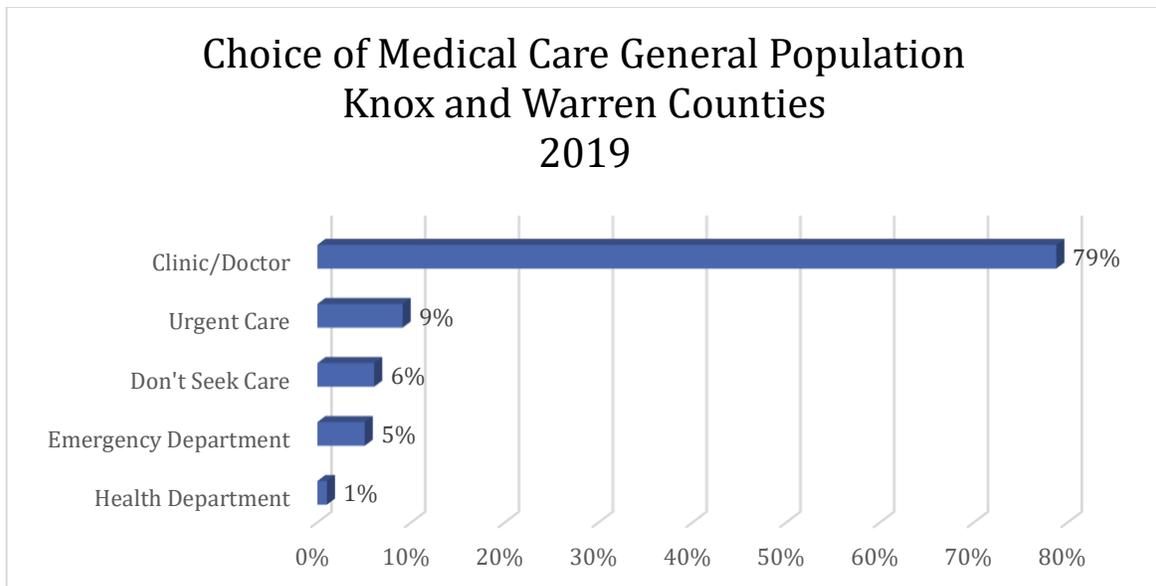
### 2.1 Accessibility

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

#### Choice of Medical Care

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

The most common response for source of medical care was clinic/doctor's office, chosen by 79% of survey respondents. This was followed by urgent care (9%), not seeking medical attention (6%), the emergency department at a hospital (5%), and the health department (1%).



Source: CHNA Survey

### Comparison to 2016 CHNA

Choice of clinic/doctor was the same between the 2016 and 2019 (79%). However, use of urgent care increased from 5% in 2016 to 9% in 2019, resulting in a decrease in use of the emergency department from 8% in 2016 to 5% in 2019.

### Social Determinants Related to Choice of Medical Care

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

**Clinic/Doctor's Office** tends to be used more often by older people, White people and those with higher education and income. Clinic/Doctor's office is used less often by Black people and people with an unstable (e.g., homeless) housing environment.

**Urgent Care** did not have any significant correlates.

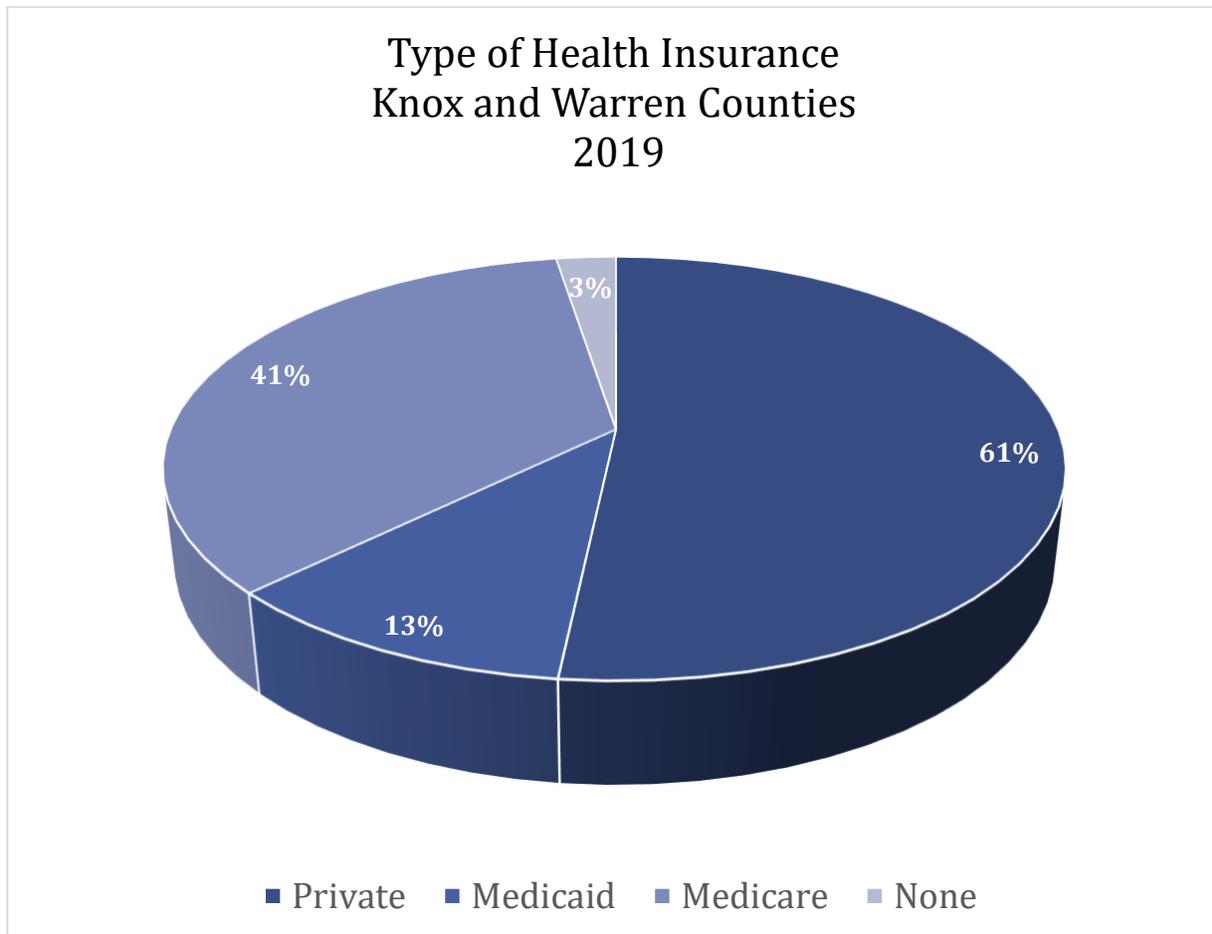
**Emergency Department** tends to be used more often by younger people, Black people, less educated people, those with lower incomes and people with an unstable (e.g., homeless) housing environment.

**Do Not Seek Medical Care** tends to be rated higher by younger people and men.

**Health Department** tends to be rated higher by Black people.

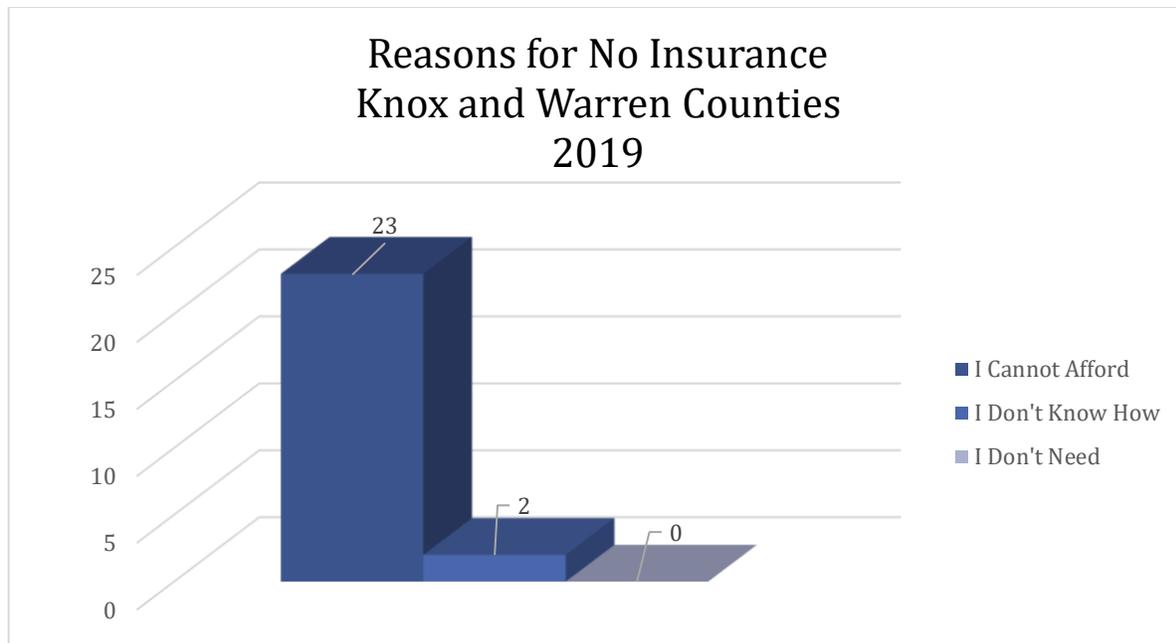
## Insurance Coverage

According to survey data, 61% of the residents are covered by private insurance, followed by Medicare (41%), and Medicaid (13%). Only 3% of respondents indicated they did not have any health insurance. Note that respondents could choose more than one type of insurance, so percentages do not equal 100.



Source: CHNA Survey

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



Source: CHNA Survey

## Comparison to 2016 CHNA

Compared to survey data from the 2016 CHNA, there has been an increase in the percentage of the population with private insurance, from 53% in 2016 to 61% in 2019. Medicare increased from 26% in 2016 to 41% in 2019.

## Social Determinants Related to Type of Insurance

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

**Medicare** tends to be used more frequently by older people, men, and those with lower education and income.

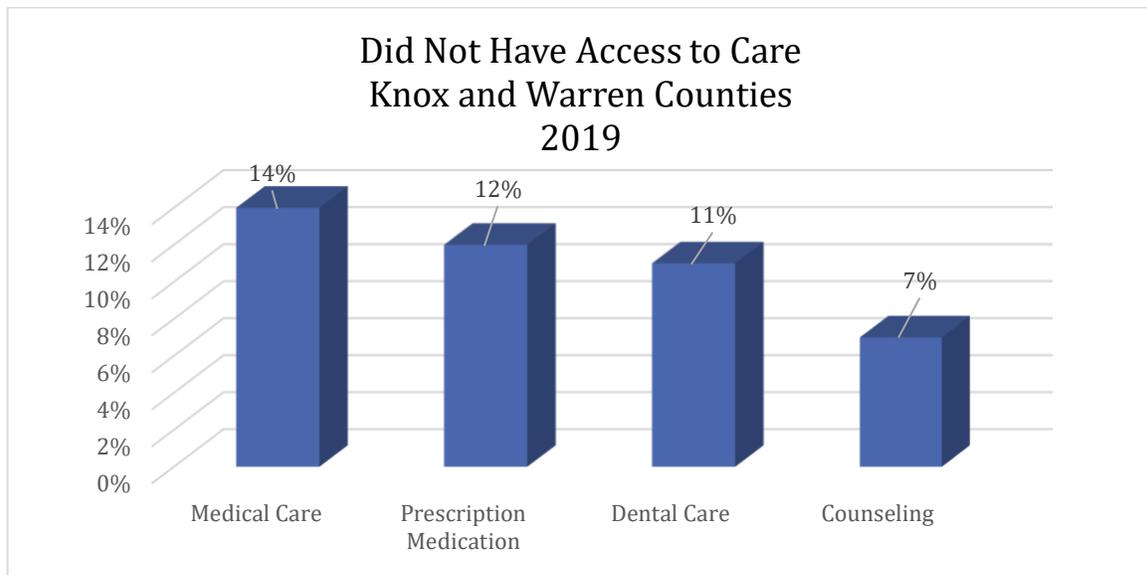
**Medicaid** tends to be used more frequently by younger people, Black people, those with lower income, and people with an unstable (e.g., homeless) housing environment. Medicaid tends to be used less by White people.

**Private Insurance** is used more often by younger people, those with higher education and those with higher income. Private insurance is used less by Black people.

**No Insurance** tends to be reported more often by younger people, those with lower education, those with lower income, and people with an unstable (e.g., homeless) housing environment.

## Access to Care

In the CHNA survey, respondents were asked, “Was there a time when you needed care but were not able to get it?” Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 14% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medications when needed; 11% of the population did not have access to dental care when needed; and 7% of the population did not have access to counseling when needed.



Source: CHNA Survey

## Social Determinants Related to Access to Care

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

**Access to medical care** tends to be higher for older people, those with higher education, those with higher income and those with a stable housing environment.

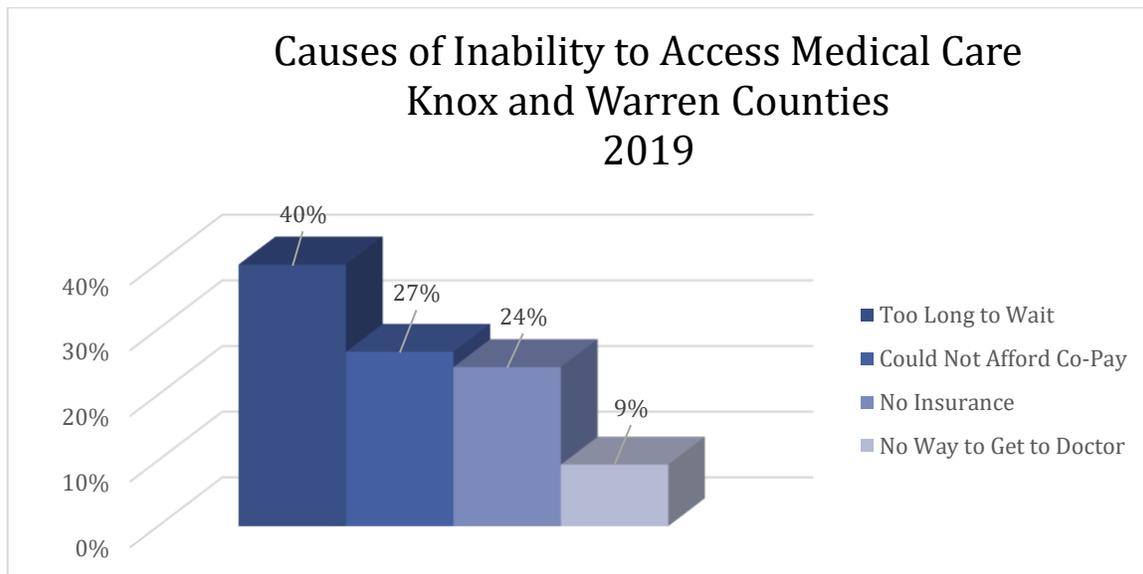
**Access to prescription medications** tends to be higher for older people, those with higher education, those with higher income, and those with a stable housing environment.

**Access to dental care** tends to be higher for older people, those with higher education, those with higher income, and those with a stable housing environment.

**Access to counseling** tends to be higher for older people, those with higher income, and those with a stable housing environment.

## Reasons for No Access – Medical Care

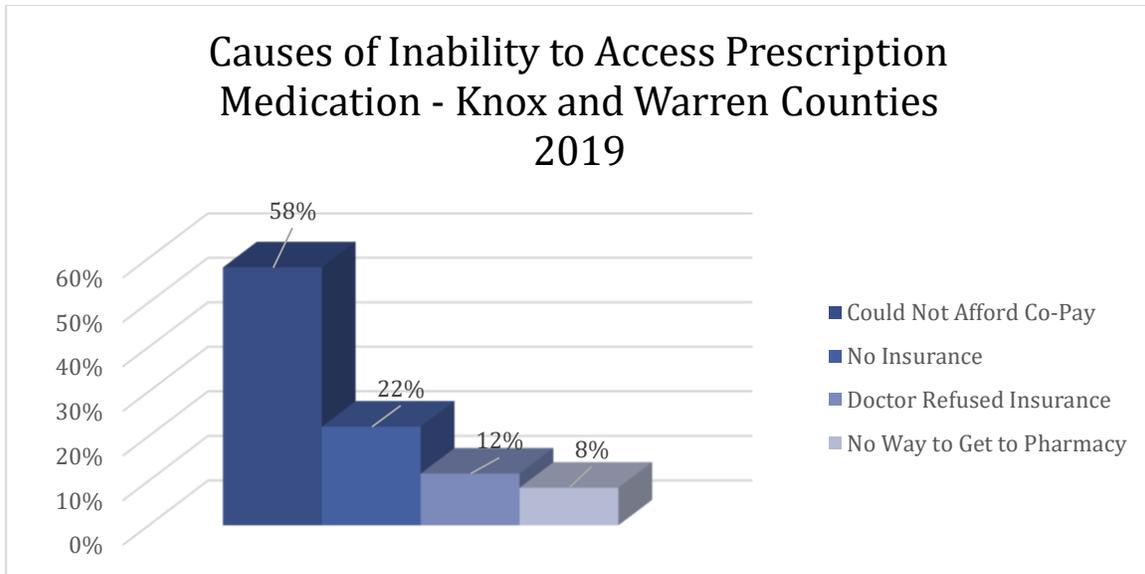
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait for an appointment (40%), the inability to afford the copay (27%), no insurance (24%) and no way to get to the doctor (9%).



Source: CHNA Survey

## Reasons for No Access – Prescription Medication

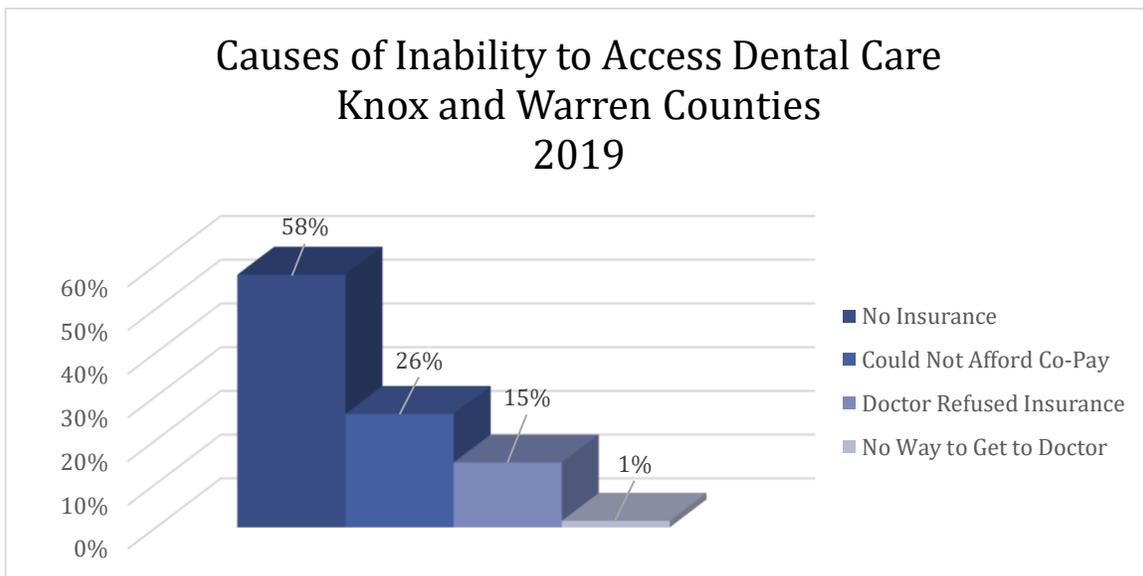
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. The leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (58%) and no insurance (22%).



Source: CHNA Survey

## Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (58%), and the inability to afford copayments or deductibles (26%).

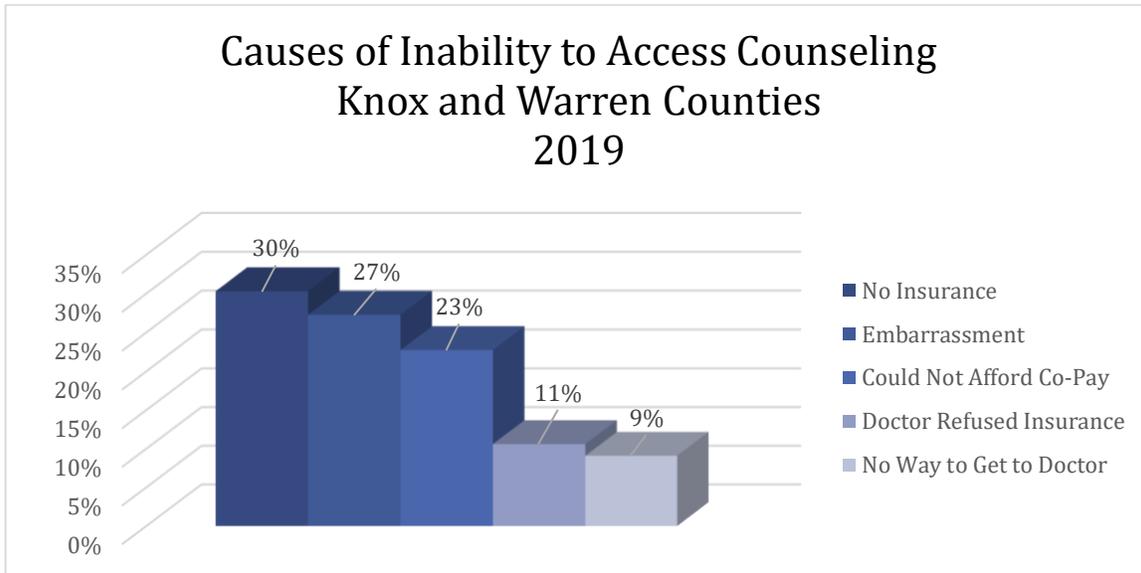


Source: CHNA Survey

## Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the lack of

insurance (30%), embarrassment (27%), inability to afford co-pay (23%), doctor refused insurance (11%) and no way to get to the counselor (9%).



Source: CHNA Survey

### Comparison to 2016 CHNA

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

**Access to Prescription Medications** – Compared to 2016, results show a decrease by 2% for those that were not able to get prescription drugs.

**Access to Dental Care** – Compared to 2016, results show a significant decrease (6%) in those that were not able to get dental care when needed.

**Access to Counseling** – Compared to 2016, results were the same (7%).

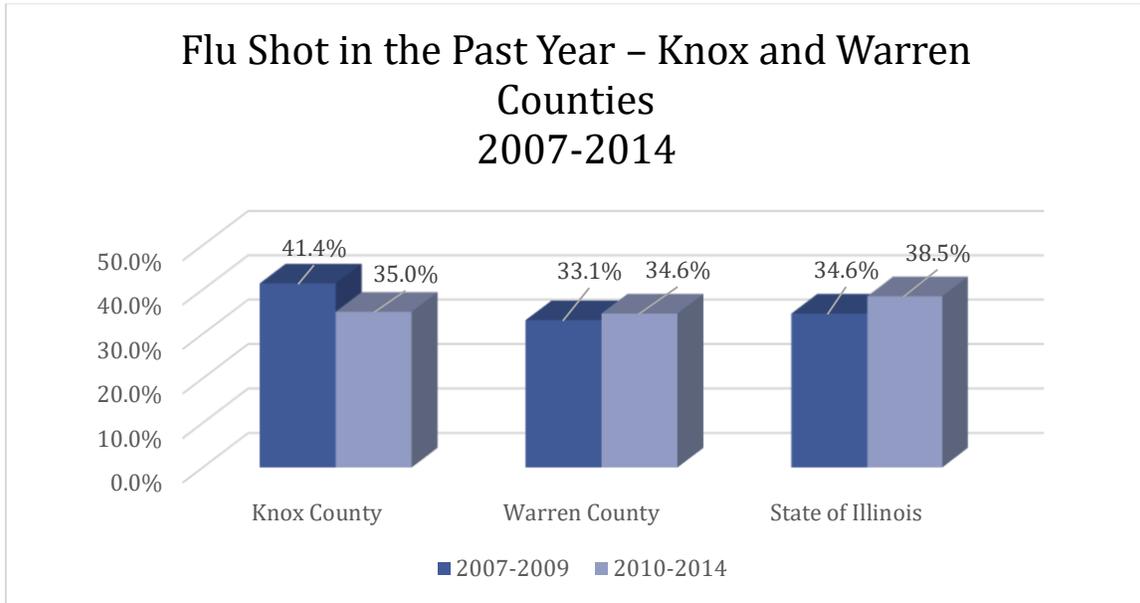
## 2.2 Wellness

*Importance of the measure:* Preventative healthcare measures, including getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

### Frequency of Flu Shots

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 35% for Knox County in 2010-2014 compared to 41.4% for 2007-2009. Results are more positive for Warren County, where the percentage increased from 33.1% to 34.6% over the same time period. During the same timeframe, the State of Illinois also realized an increase. Note that data have

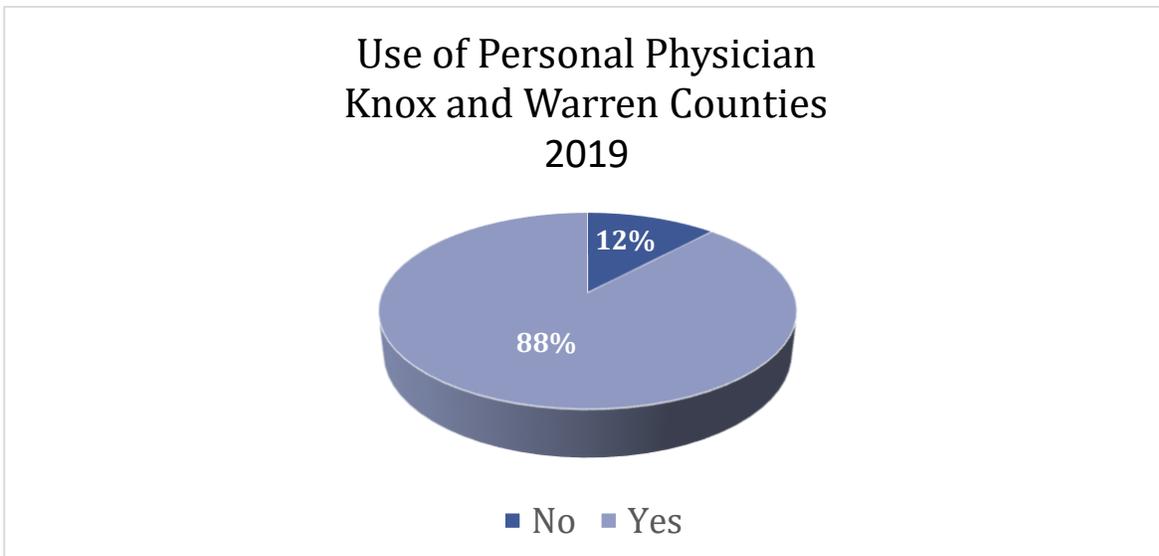
not been updated by the Illinois Department of Public Health. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

## Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 88% of residents have a personal physician.



Source: CHNA Survey

## Comparison to 2016 CHNA

The 2019 CHNA survey results for having a personal physician are higher compared to the 2016 CHNA. Specifically, 84% of residents reported a personal physician in 2016 and 88% report the same in 2019.

## Social Determinants Related to Having a Personal Physician

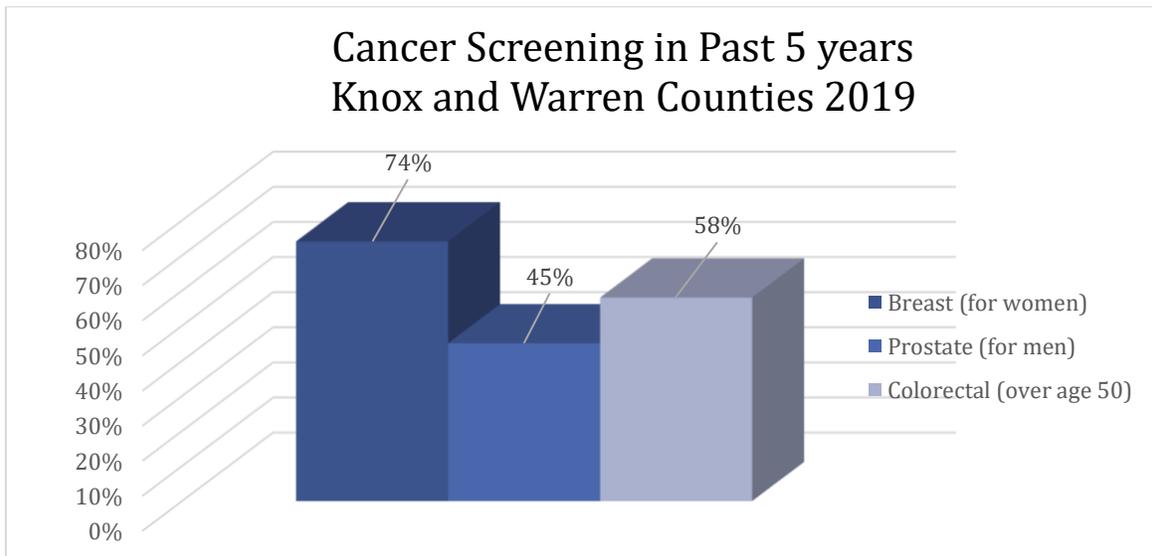
Multiple characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses:

**Having a personal physician** tends to be more likely for older people, women, White people, those with higher education and those with higher income. Black people and those in an unstable (e.g., homeless) housing environment are less likely to report having a personal physician.

## Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. **Cancer screening is a new section to the 2019 CHNA.** Specifically, three types of cancer screening were measured: breast, prostate and colorectal.

Results from the CHNA survey show that 74% of women had a breast screening in the past five years. For men, 45% had a prostate screening in the past five years. For women and men over the age of 50, 58% had a colorectal screening in the last five years.



Source: CHNA Survey

## Social Determinants Related to Cancer Screenings

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

**Breast screening** tends to be more likely for older people, White women, those with a higher level of education and those with a higher income. Black women and those in an unstable (e.g., homeless) housing environment are less likely to have a breast screening.

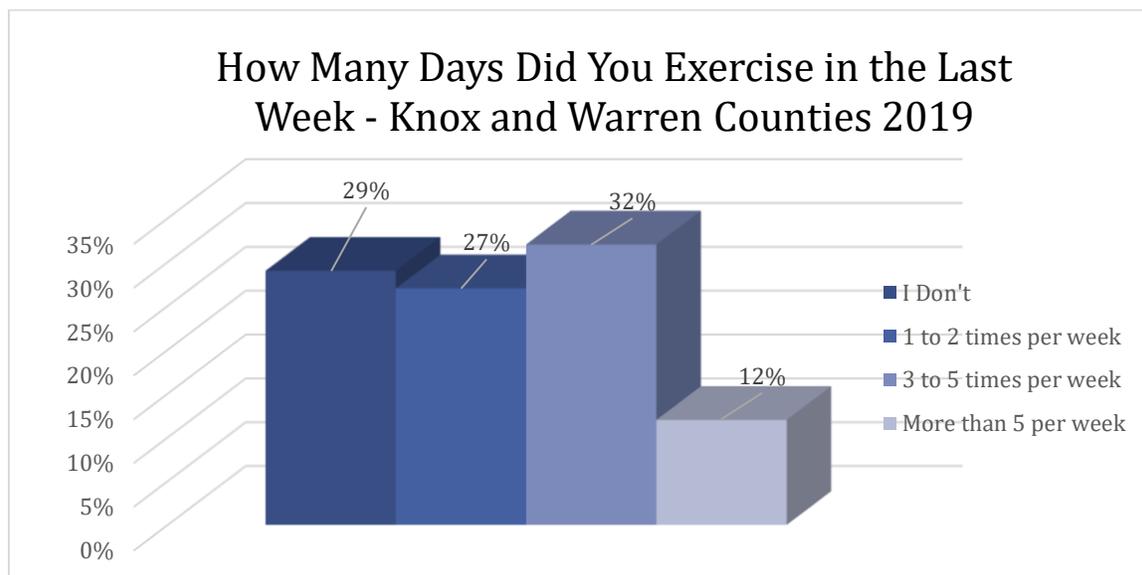
**Prostate screening** tends to be more likely for older men and those with higher income.

**Colorectal screening** tends to be more likely for older people.

## Physical Exercise

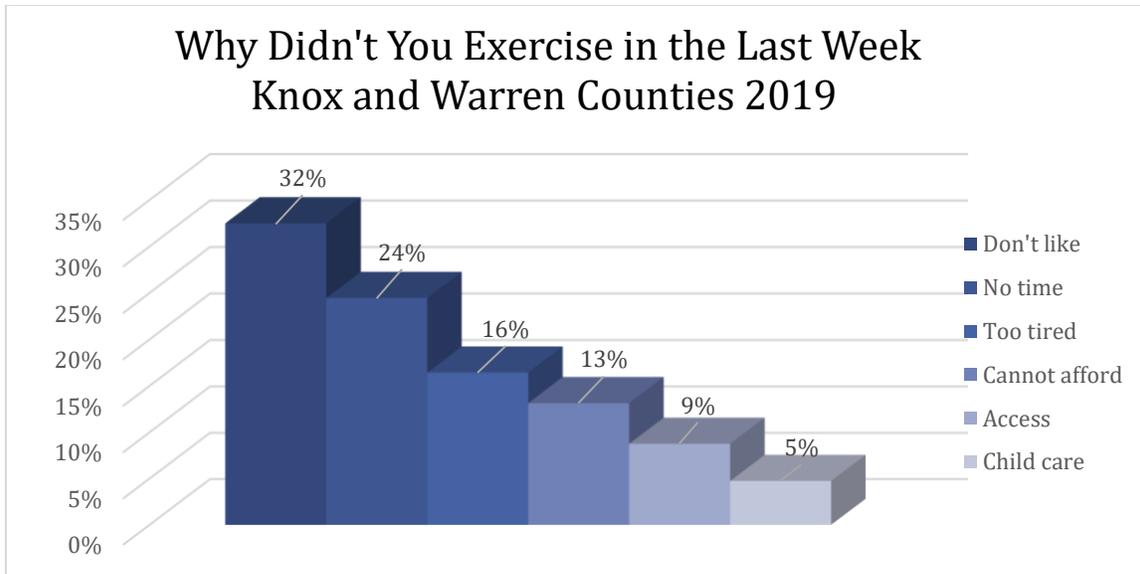
A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being.

Specifically, 29% of respondents indicated that they do not exercise at all, while the majority (59%) of residents exercise 1-5 times per week.



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2016 CHNA, the most common reasons for not exercising are dislike (32%), and not having enough energy (24%).



Source: CHNA Survey

### Comparison to 2016 CHNA

Results of the 2019 CHNA show no significant change compared to 2016 CHNA results.

### Social Determinants Related to Exercise

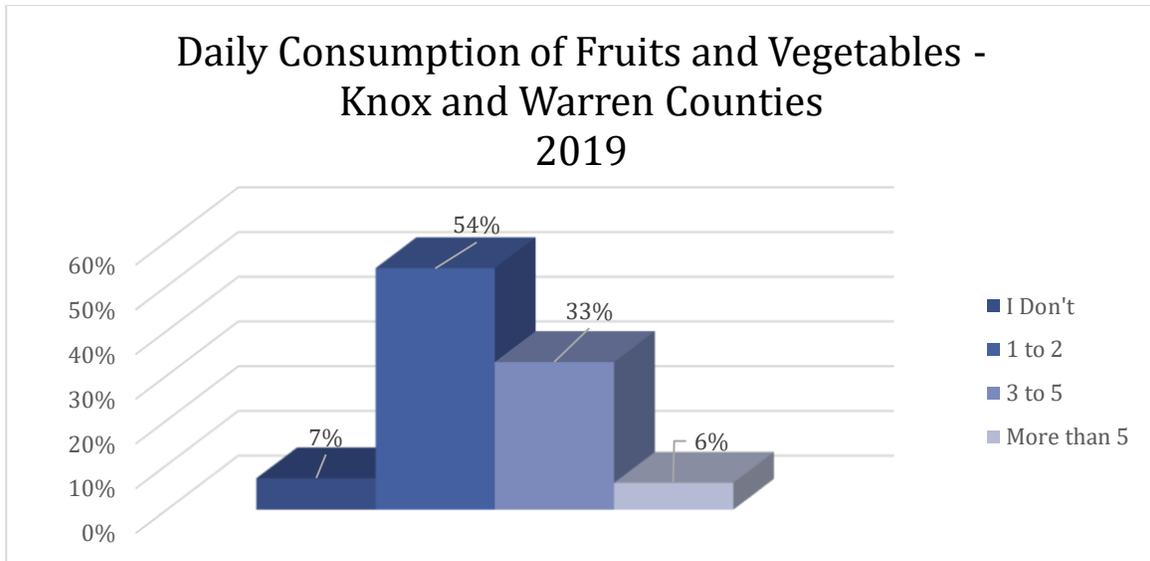
Multiple characteristics show significant relationships with frequency of exercise. The following relationships were found using correlational analyses:

**Frequency of exercise** tends to be more likely for men and those with higher income.

### Healthy Eating

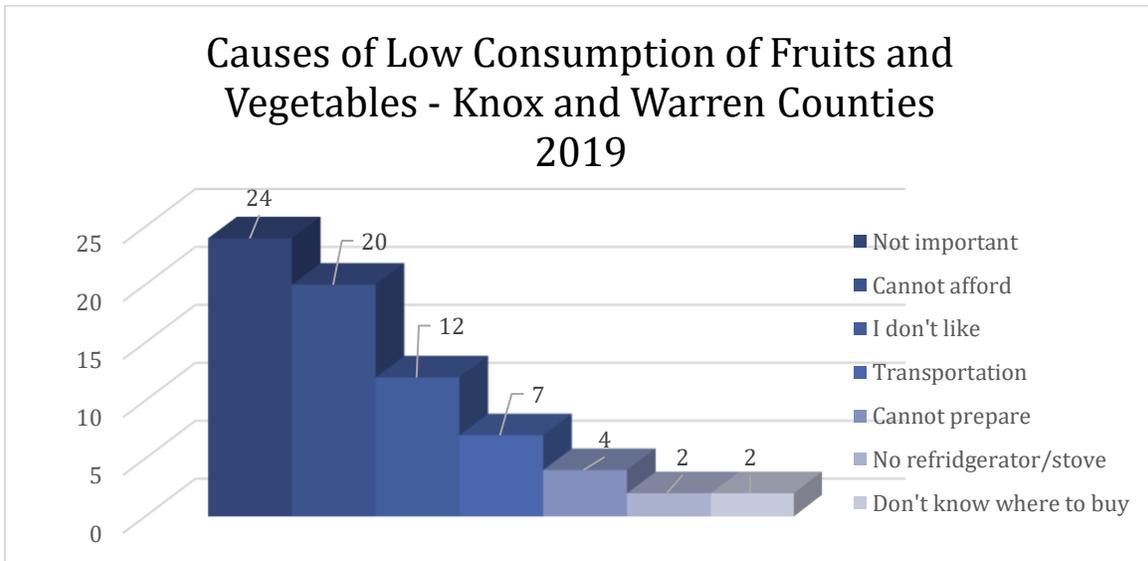
A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental, and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Almost two-thirds (61%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 6%.



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables are a lack of importance (24), and the expense involved (20). Note that these data are displayed in frequencies rather than percentages given the low number of responses.



Source: CHNA Survey

## Comparison to 2016 CHNA

Results of the 2019 CHNA show no significant change compared to 2016 CHNA results.

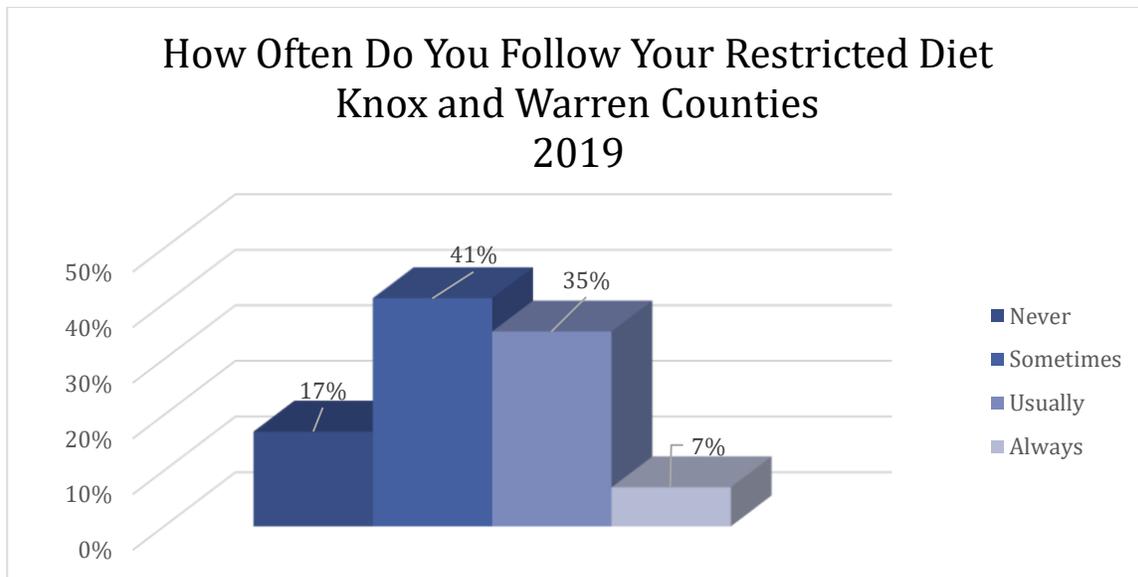
## Social Determinants Related to Healthy Eating

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

**Consumption of fruits and vegetables** tends to be more likely for women, those with a higher level of education and those with higher income.

## Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 42% usually or always follow a restricted diet. **This is a new question to the 2019 CHNA.**



Source: CHNA Survey

## Morbidities related to following a restricted diet

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

**Following a restricted diet** tends to be more likely for those diagnosed with diabetes and heart disease.

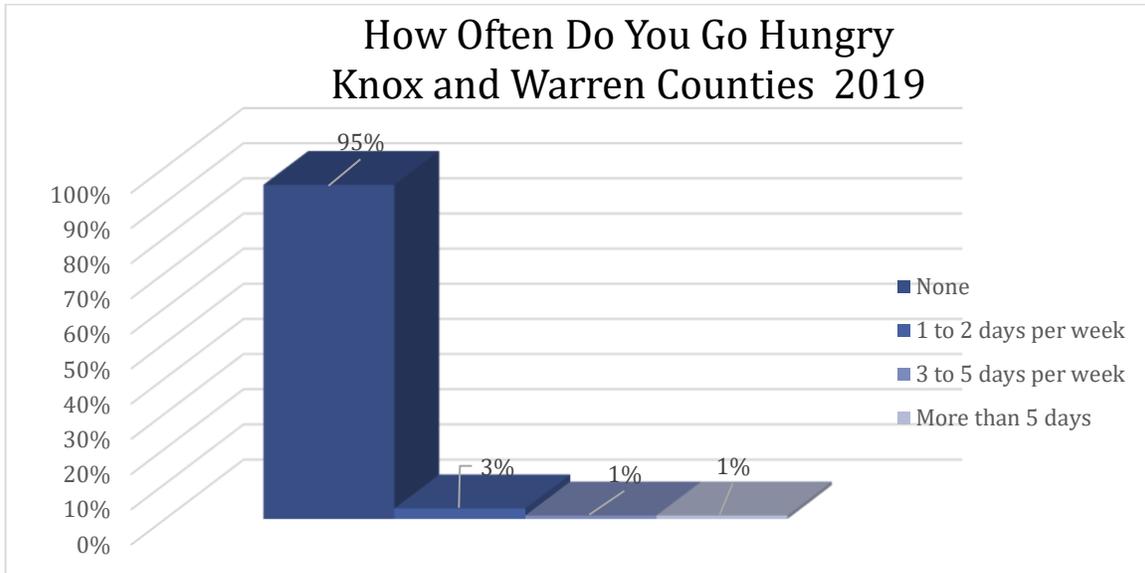
## 2.3 Understanding Food Insecurity

*Importance of the measure:* It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people don't have physical and economic access to sufficient,

safe and nutritious food that meets their dietary needs for a healthy life. **This is a new section to the 2019 CHNA.**

## Prevalence of Hunger

Respondents were asked, “How many days a week do you or your family members go hungry?” The vast majority of respondents indicated they do not go hungry, however, 5% indicated they go hungry 1 or more days per week.



Source: CHNA Survey

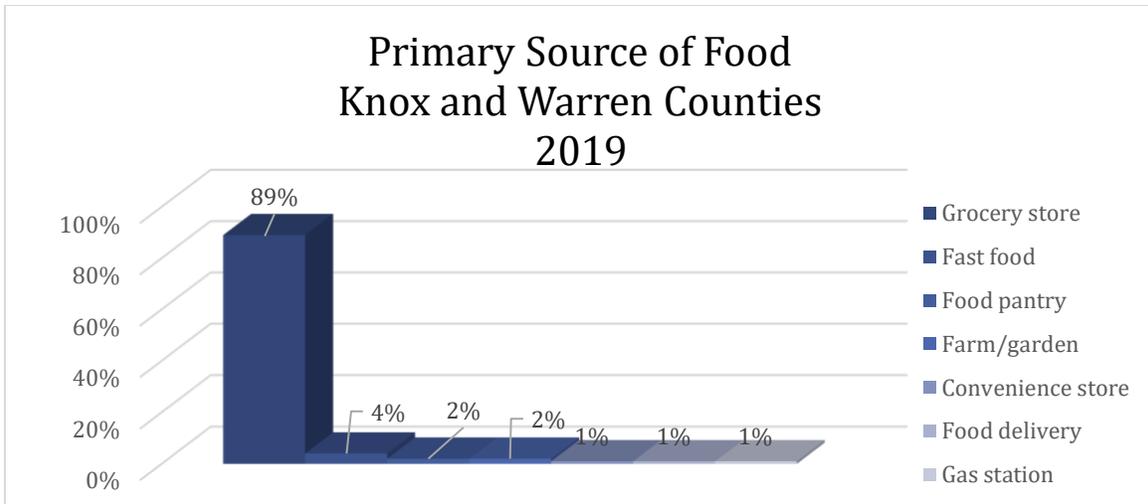
## Social Determinants Related to Prevalence of Hunger

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

**Prevalence of Hunger** tends to be more likely for those with less education, less income and those in an unstable (e.g., homeless) housing environment.

## Primary Source of Food

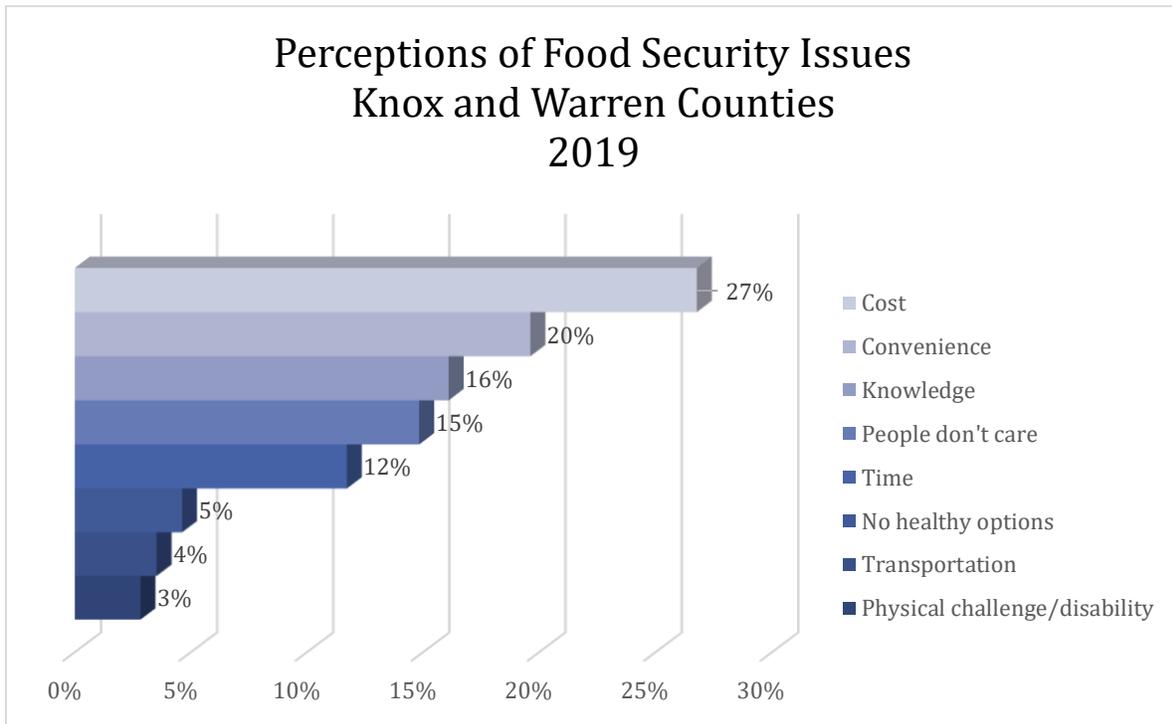
Respondents were asked to identify their primary source of food. It can be seen that the majority (89%) identified a grocery store. **This is a new section in the 2019 CHNA.**



Source: CHNA Survey

## Community Perceptions of Causes for Food Insecurity

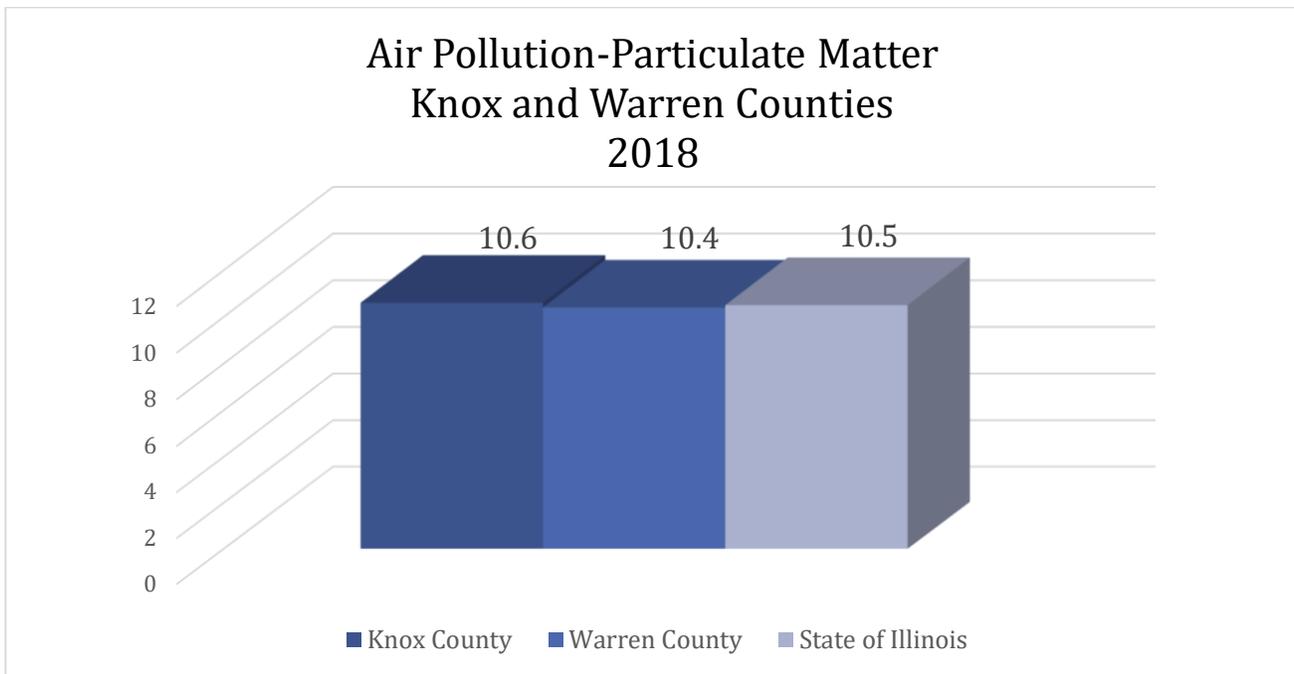
Respondents were asked to identify issues with food insecurity. The most prevalent answer was cost (27%), followed by convenience (20%). **This is a new section to the 2019 CHNA.**



Source: CHNA Survey

## 2.4 Physical Environment

*Importance of the measure:* According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles. The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for Knox County (10.6) is slightly higher than the State average of 10.5. The AAPM for Warren County (10.4) is slightly lower than the State average of 10.5.



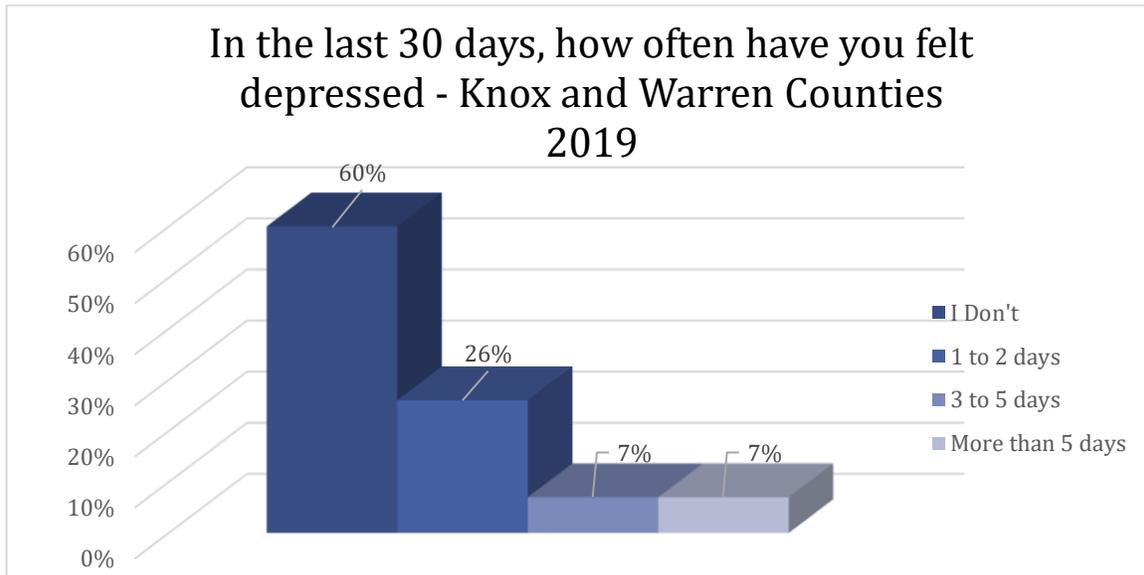
Source: County Health Rankings 2018 Data

## 2.5 Health Status

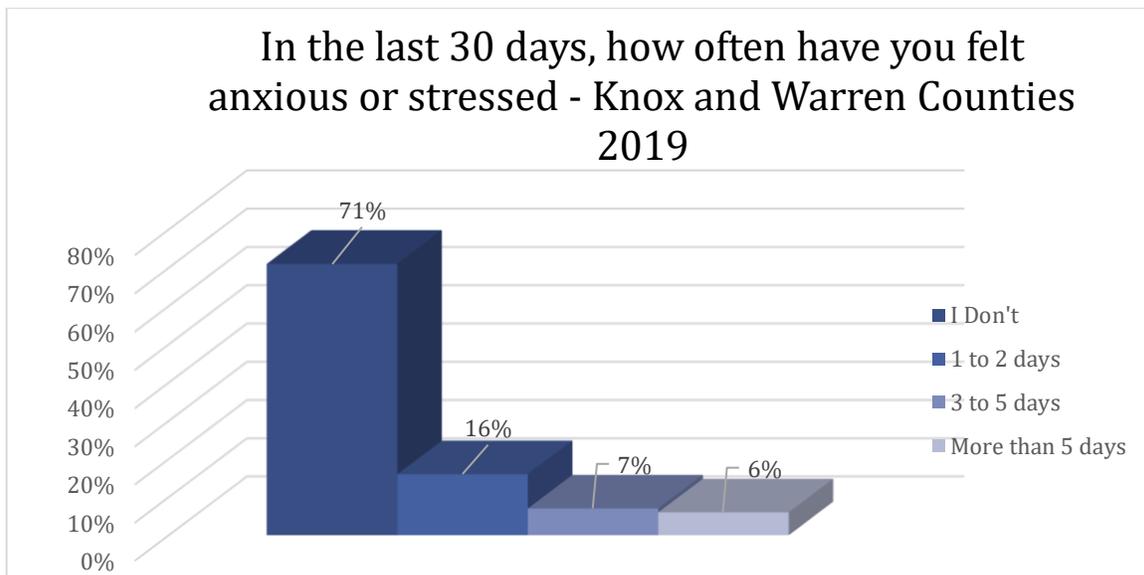
*Importance of the measure:* Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

## Mental Health

The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 60% indicated they did not feel depressed in the last 30 days and 71% indicated they did not feel anxious or stressed. **This is a new section to the 2019 CHNA.**



Source: CHNA Survey



Source: CHNA Survey

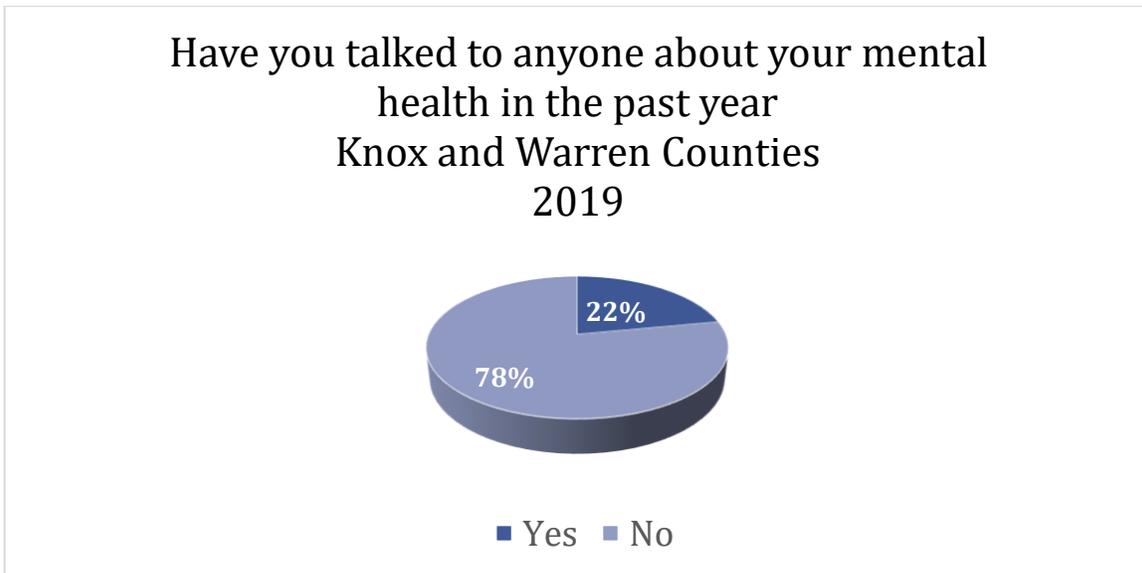
## Social Determinants Related to Behavioral Health

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

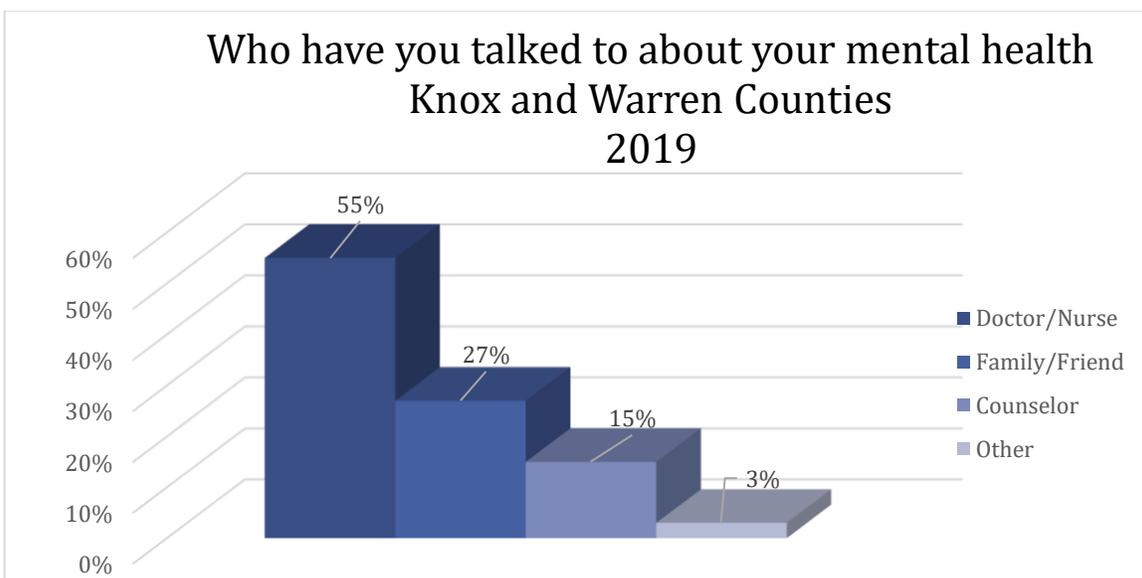
**Depression** tends to be rated higher for younger people, those with less income and those in an unstable (e.g., homeless) housing environment.

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

Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 22% indicated that they spoke to someone, the most common response was a doctor/nurse (55%).



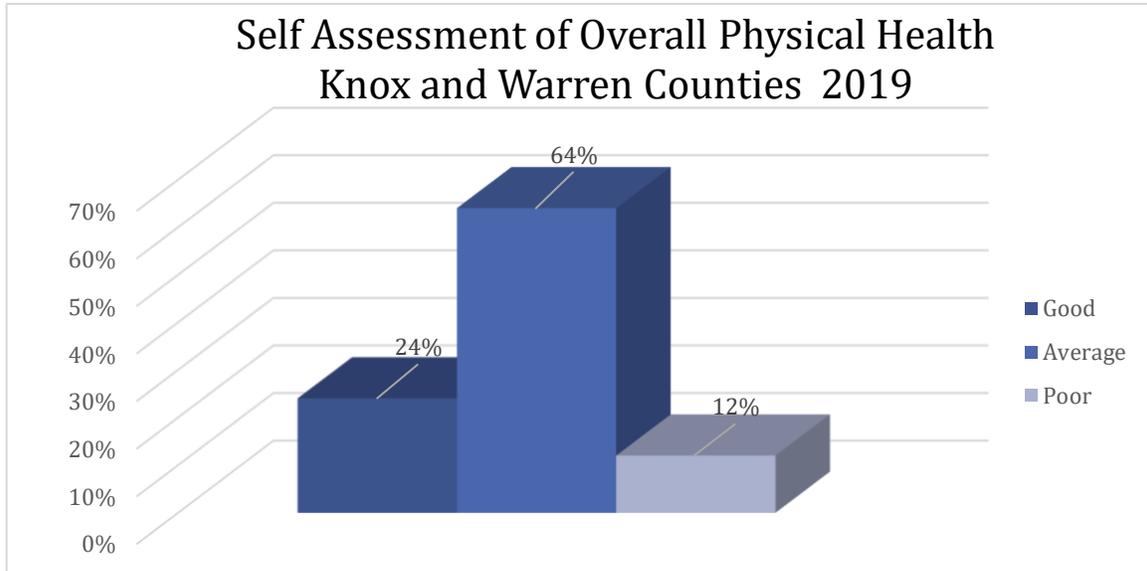
Source: CHNA Survey



Source: CHNA Survey

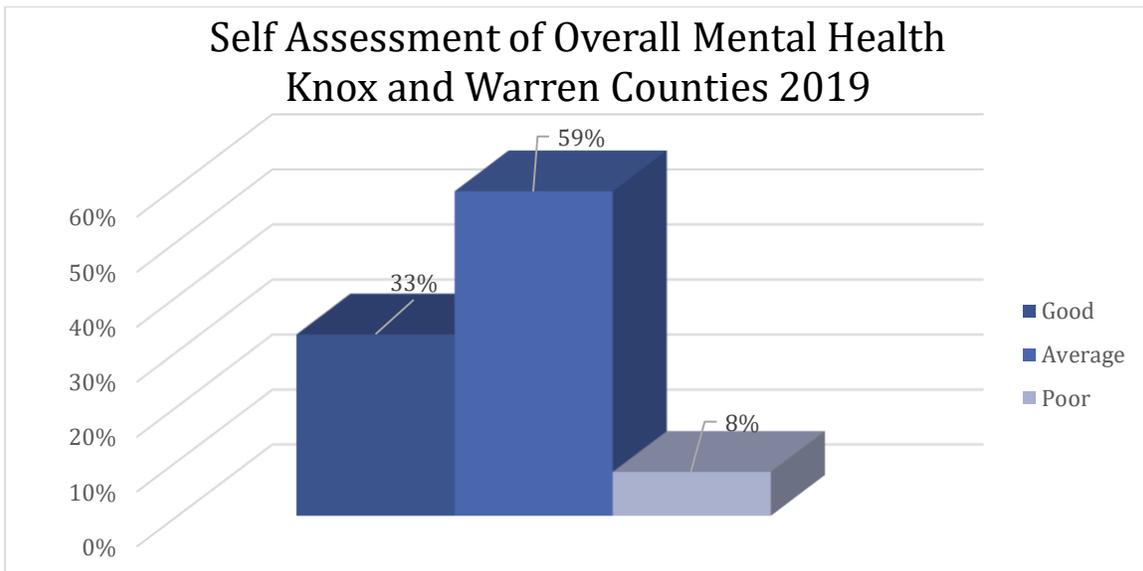
## Self-Perceptions of Overall Health

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



Source: CHNA Survey

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



Source: CHNA Survey

## Comparison to 2016 CHNA

With regard to physical health, more people see themselves in poor health in 2019 (12%) than in 2016 (5%). With regard to mental health, more people see themselves in poor health in 2019 (8%) than in 2016 (5%).

## Social Determinants Related to Self-Perceptions of Health

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

**Perceptions of physical health** tend to be higher for older people and those with higher education, those with higher income, and those with a stable housing environment.

**Perceptions of mental health** tend to be higher for older people, those with higher education, those with higher income, and those with a stable housing environment.

## 2.6 Key Takeaways from Chapter 2

- ✓ SIGNIFICANT INCREASED UTILIZATION OF URGENT CARE AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ INCREASED RATE OF ACCESS TO DENTAL CARE.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST AND COLORECTAL SCREENING.
- ✓ WHILE IMPROVING, THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ APPROXIMATELY 1/3 OF RESPONDENTS EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

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

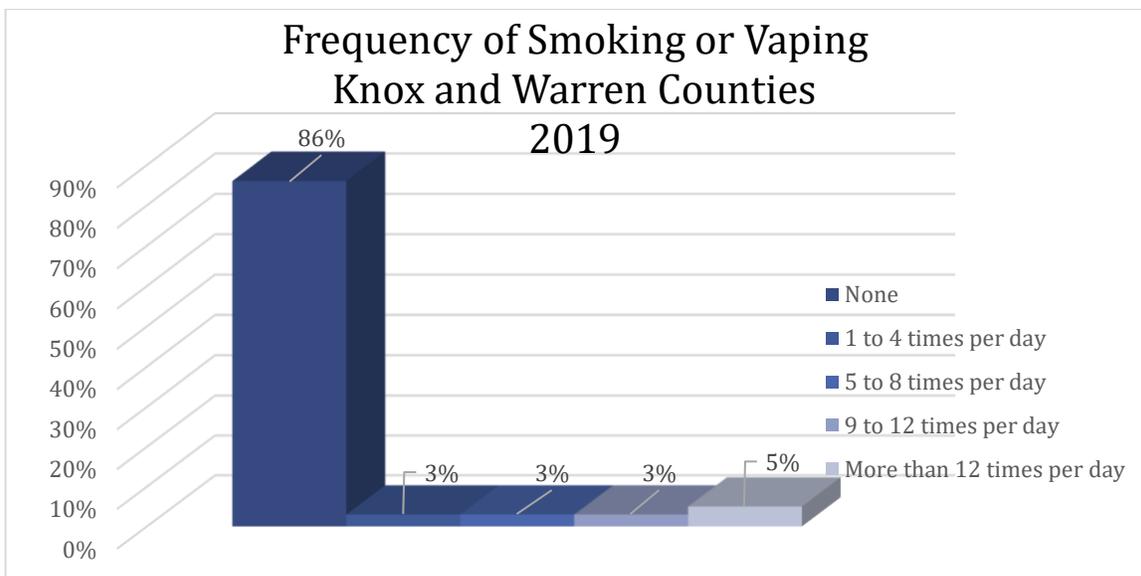
# CHAPTER 3

## SYMPTOMS AND PREDICTORS

### 3.1 Tobacco Use

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

CHNA survey data show 86% of respondents do not smoke and only 5% state they smoke or vape more than 12 times per day.



Source: CHNA Survey

## Comparison to 2016 CHNA

Results between 2016 and 2019 have held relatively steady, where 82% of people did not smoke/vape in 2016 and 84% do not smoke/vape in 2019

## Social Determinants Related to Smoking or Vaping

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

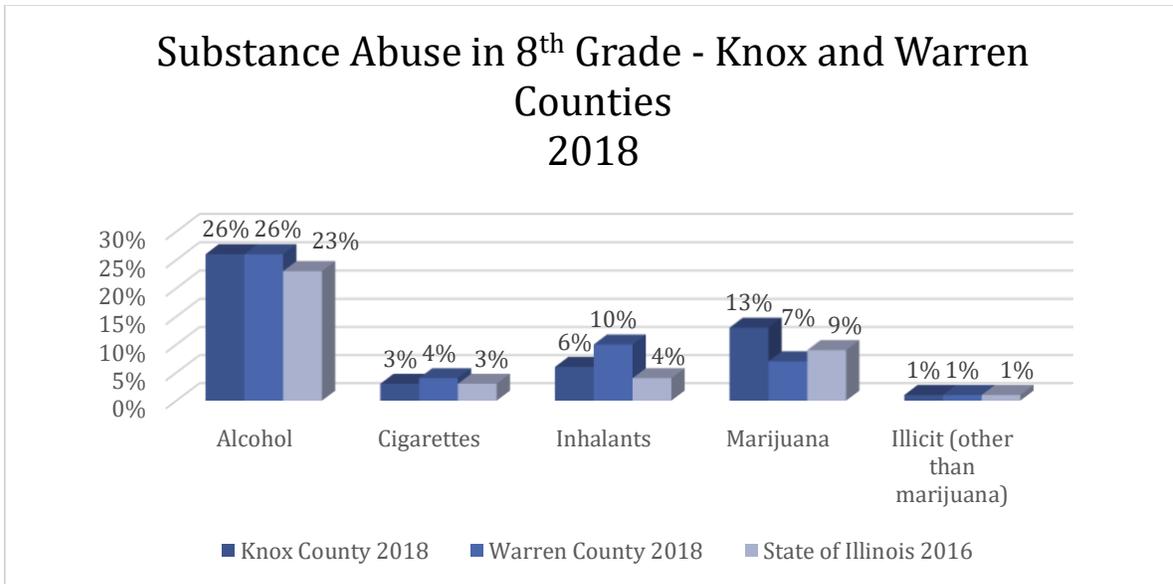
**Smoking/vaping** tends to be rated higher by younger people, Black people, those with less education and a lower income, and those in an unstable (e.g., homeless) housing environment.

## 3.2 Drug and Alcohol Abuse

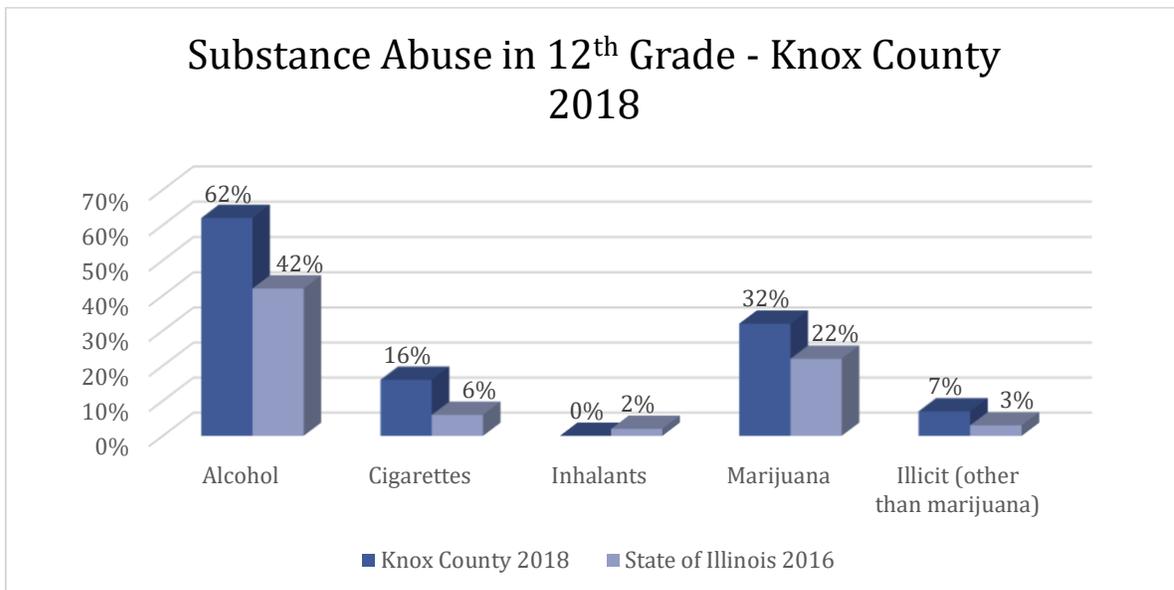
*Importance of the measure:* Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors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

### Youth Substance Abuse

Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Knox County and Warren County are both at or above State averages in all categories among 8<sup>th</sup> graders. Among 12<sup>th</sup> graders, Knox County is at or above State averages in all categories except for inhalants. Data are not available for 12<sup>th</sup> graders in Warren County.



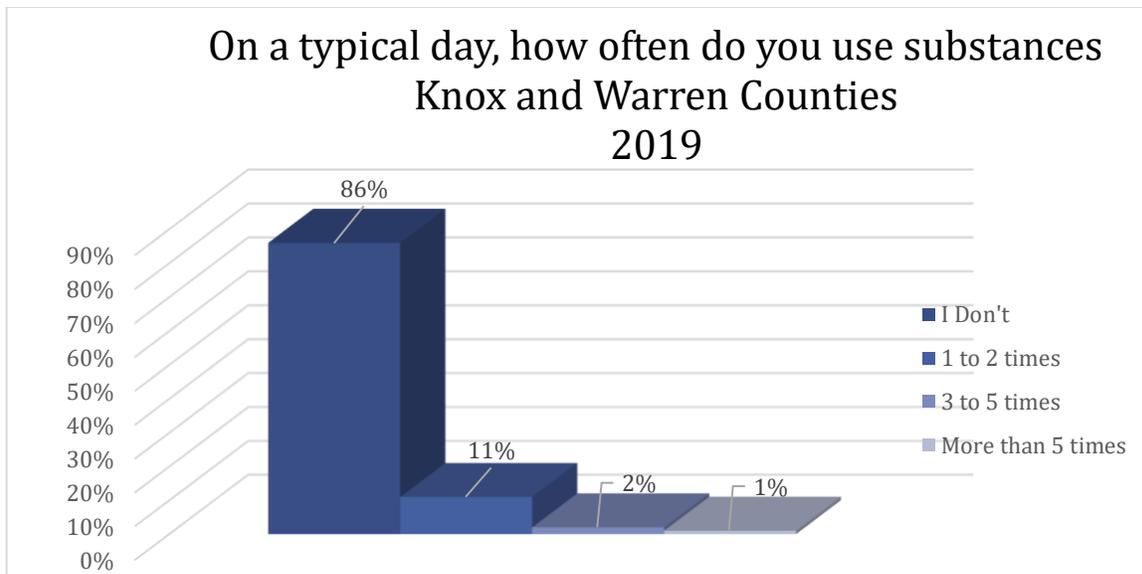
Source: University of Illinois Center for Prevention Research and Development



Source: University of Illinois Center for Prevention Research and Development

## Adult Substance Abuse

Survey respondents were asked “On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?” Note given the increase in opioid abuse, use of legal drugs was included in the question. Of respondents, 86% indicated they do not use substances to make themselves feel better. **This is a new section to the 2019 CHNA.**



Source: CHNA Survey

## Social Determinants Related to Substance Abuse

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

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

## 3.3 Overweight and Obesity

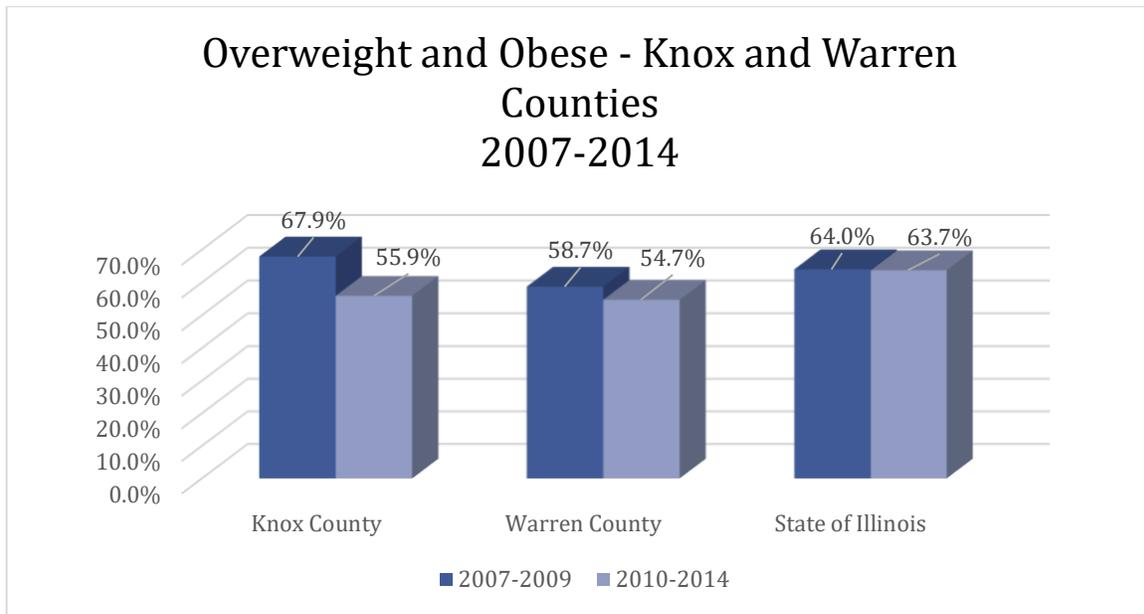
*Importance of the measure:* Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Knox and Warren 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. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6<sup>th</sup> in the nation for obesity-attributed medical costs.

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

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13

times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

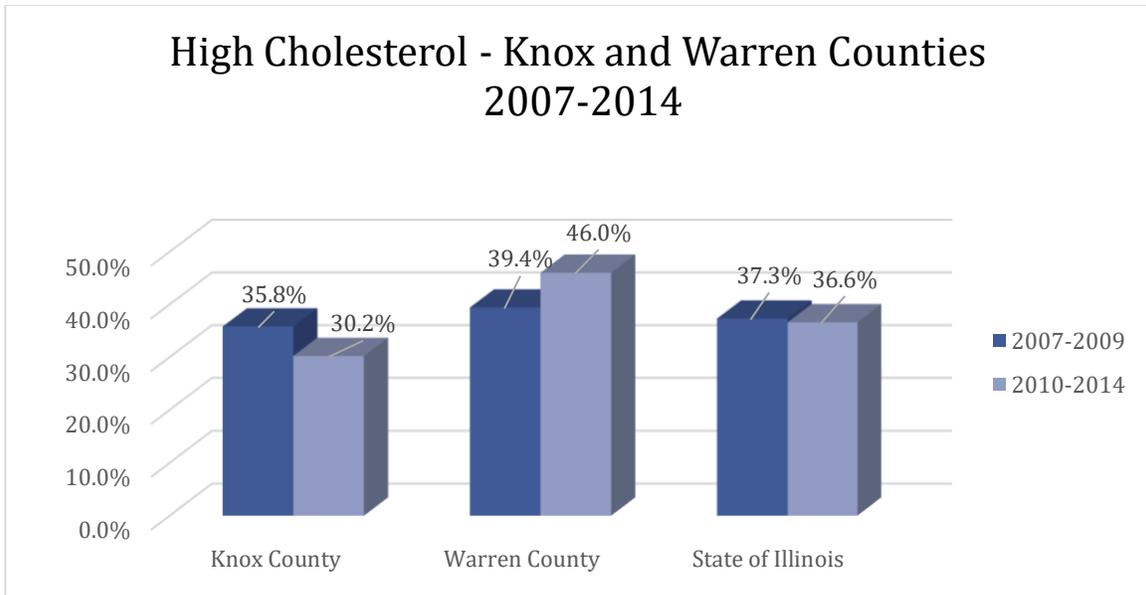
In both Knox County and Warren County, the number of people diagnosed with obesity and being overweight has decreased from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people in Knox County has decreased from 67.9% to 55.9% and the percentage of obese and overweight people in Warren County has decreased from 58.7% to 54.7%. Overweight and obesity rates in Illinois has also decreased from 2009 (64.0%) to 2014 (63.7%). Note that data have not been updated by the Illinois Department of Public Health. However, note in the 2019 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.



Source: Illinois Behavioral Risk Factor Surveillance System

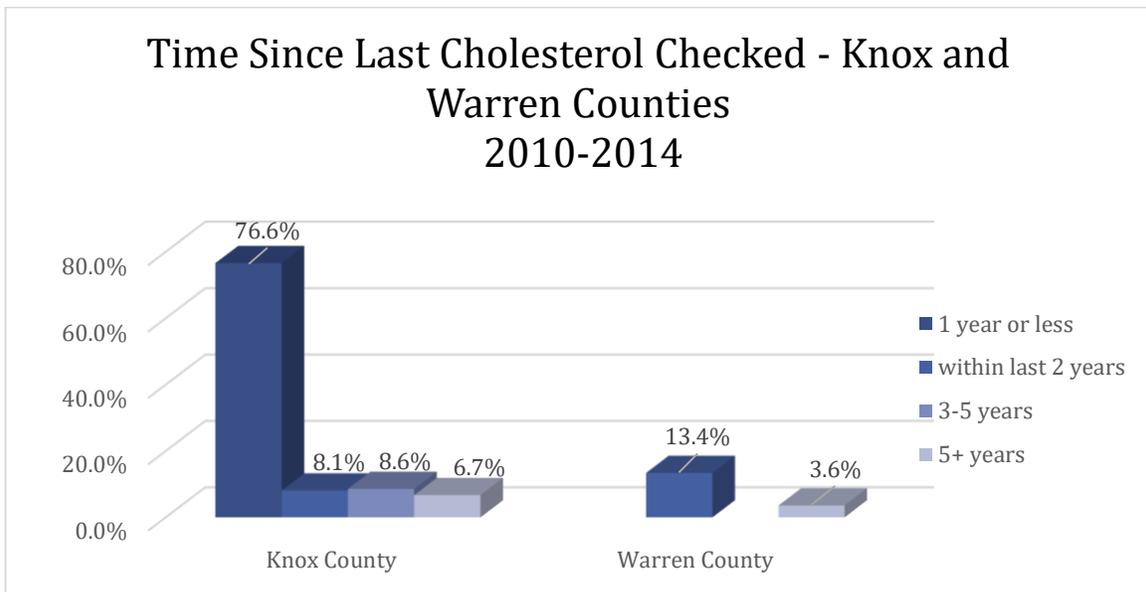
### 3.4 Predictors of Heart Disease

The percentage of residents who report they have high cholesterol is higher in Warren County (46%) than the State of Illinois average of 36.6%. Residents in Knox County were significantly lower (30.2%). Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

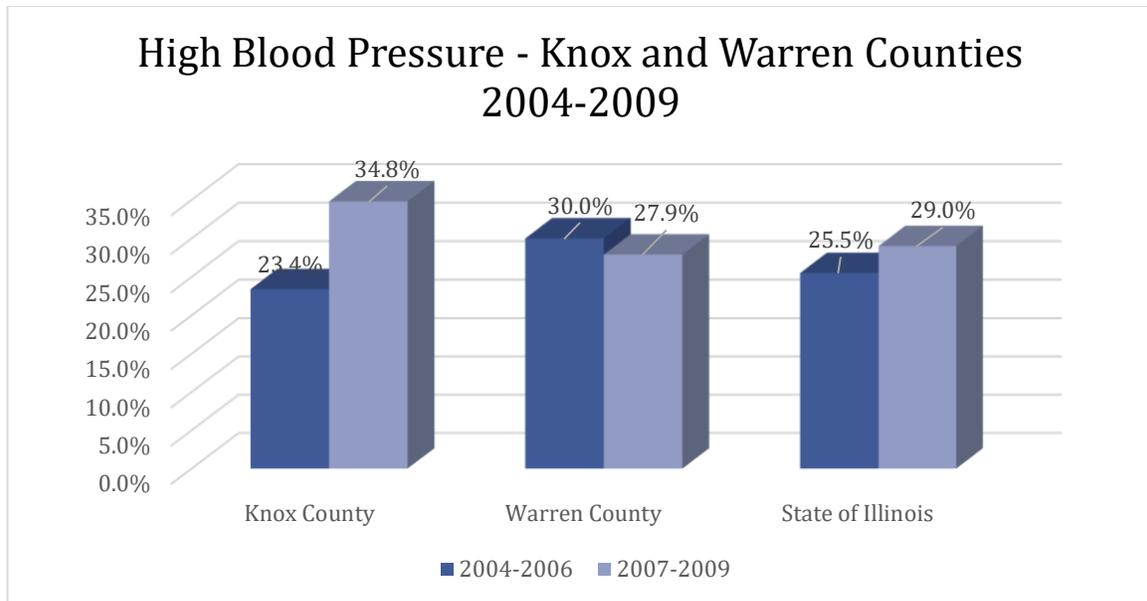
However, most residents of Knox County report having their cholesterol checked recently. Complete data is not available for Warren County. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Knox County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Knox County residents reporting they have high blood pressure in 2014 increased from 23.4% to 34.8%. In Warren County, the percentage of residents with high blood pressure has fallen from 30% to 27.9% over the same time

period, now below the State of Illinois average. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

## 3.5 Key Takeaways from Chapter 3

- ✓ **SUBSTANCE ABUSE AMONG 8<sup>TH</sup> AND 12<sup>TH</sup> GRADERS IS AT OR ABOVE STATE AVERAGES.**
- ✓ **WHILE OBESITY IS DECLINING, OVER HALF THE POPULATION IS STILL OVERWEIGHT OR OBESE.**

**CHAPTER 4 OUTLINE**

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

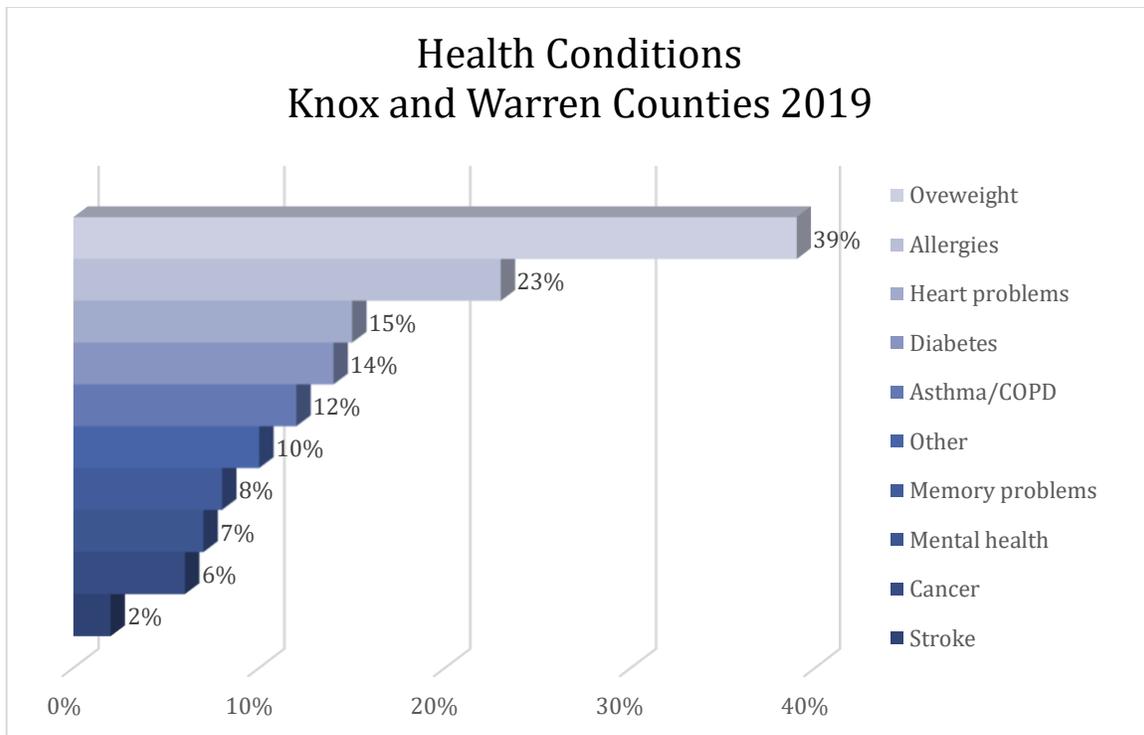
# CHAPTER 4

## MORBIDITY AND MORTALITY

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

### 4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (39%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., diabetes 14% and cancer 6%).



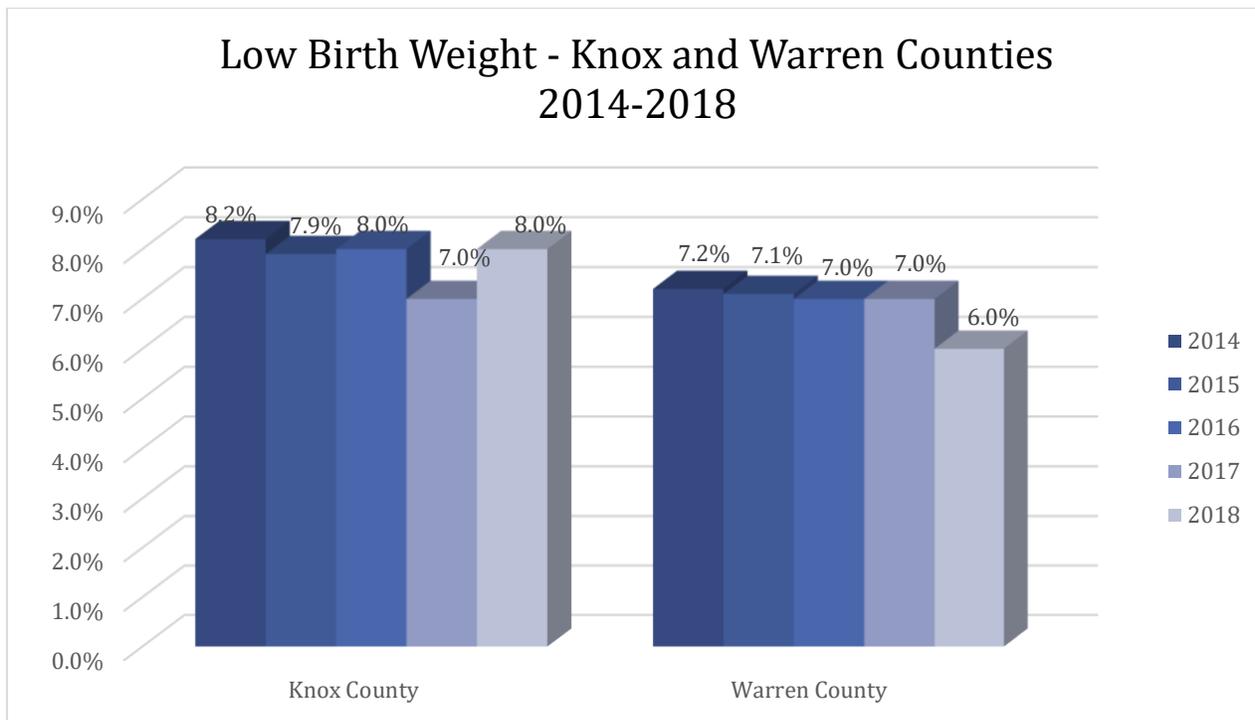
Source: CHNA Survey

## 4.2 Healthy Babies

*Importance of the measure:* Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.

### Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Knox County has fluctuated between 2014 and 2018 but is overall on the decline. The percentage of babies born with low birth weight in Warren County has declined between 2014 and 2018.



Source: <http://www.countyhealthrankings.org>

### 4.3 Cardiovascular Disease

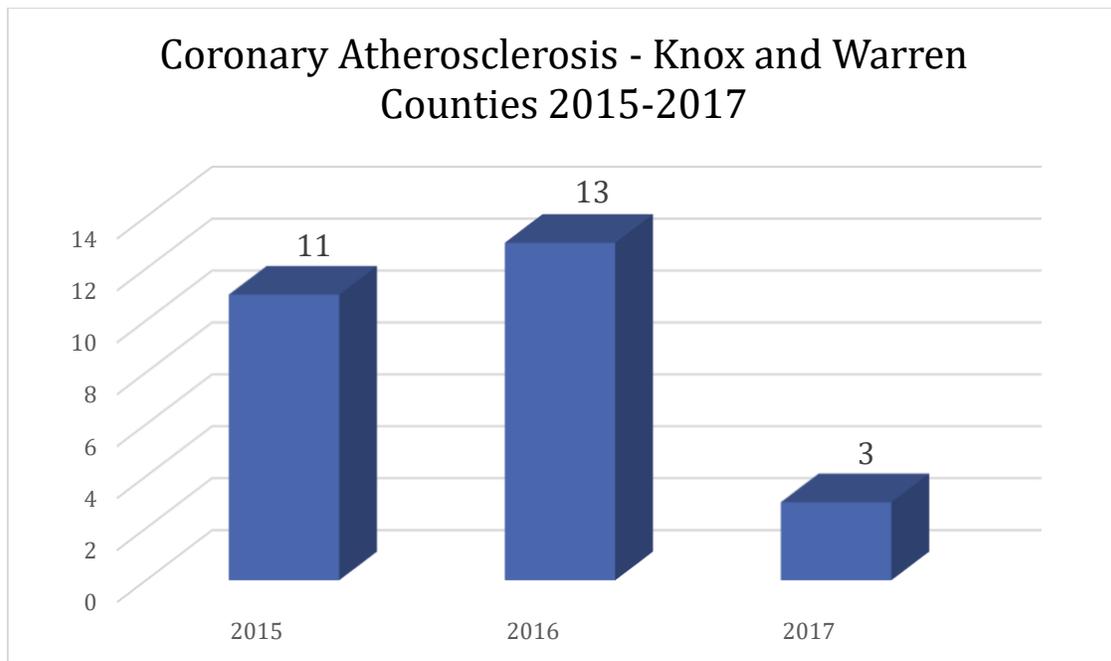
*Importance of the measure:* Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

#### Coronary Atherosclerosis

Coronary Atherosclerosis, sometimes-called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

Coronary artery disease is a leading cause of death for Americans. Most of these deaths are from heart attacks caused by sudden blood clots in the heart’s arteries.

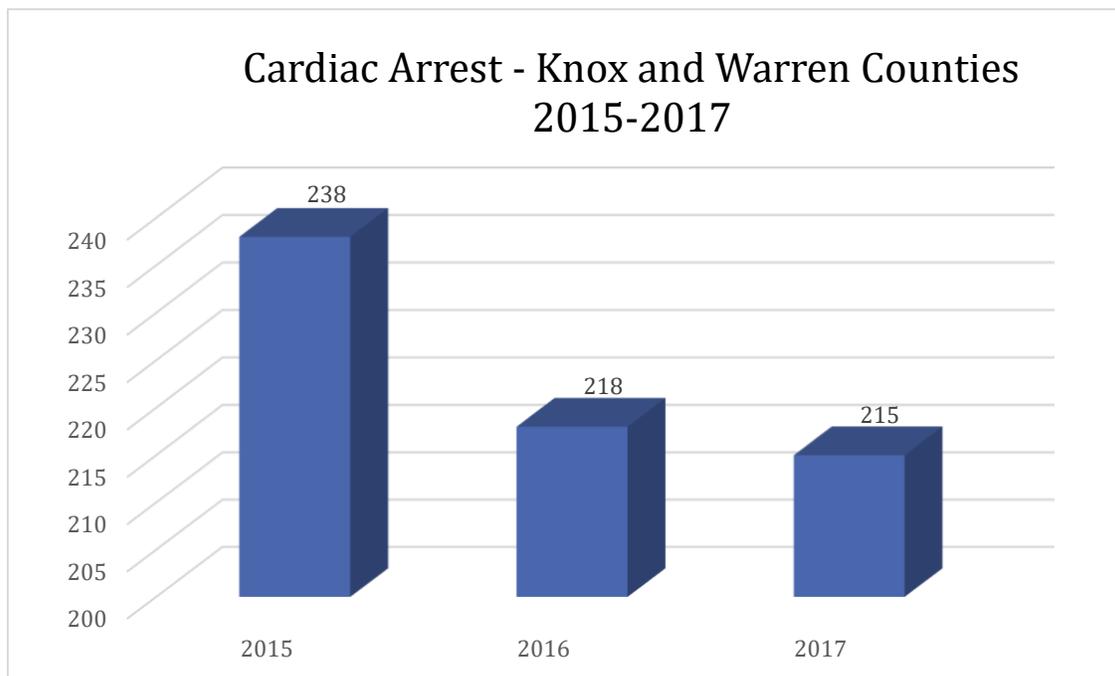
The number of cases of coronary atherosclerosis complication at Knox County and Warren County area hospitals has declined from 11 cases in FY 2015 to 3 cases in FY 2017. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2017

## Cardiac Arrest

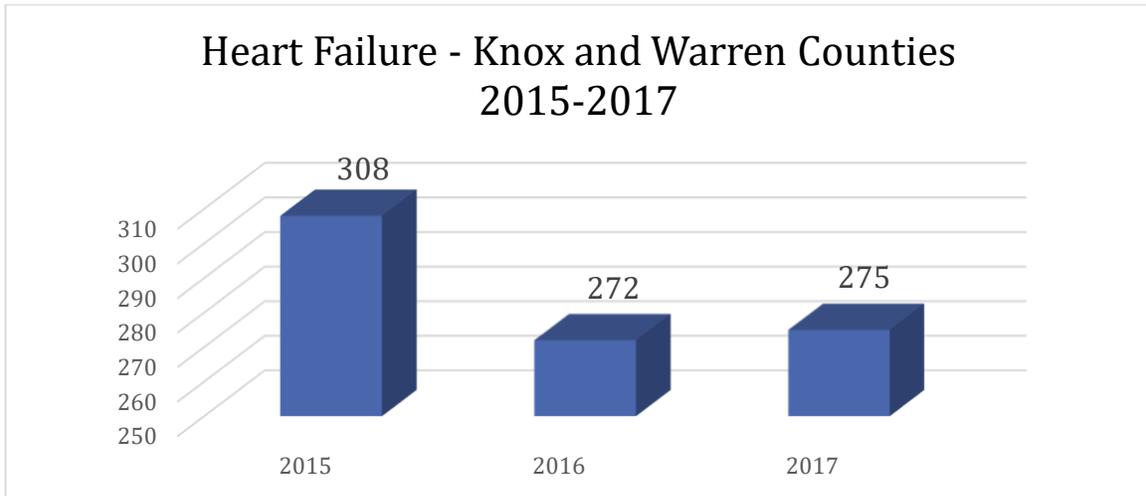
Cases of dysrhythmia and cardiac arrest at Knox County and Warren County area hospitals decreased by 23 cases between FY15 and FY17. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

## Heart Failure

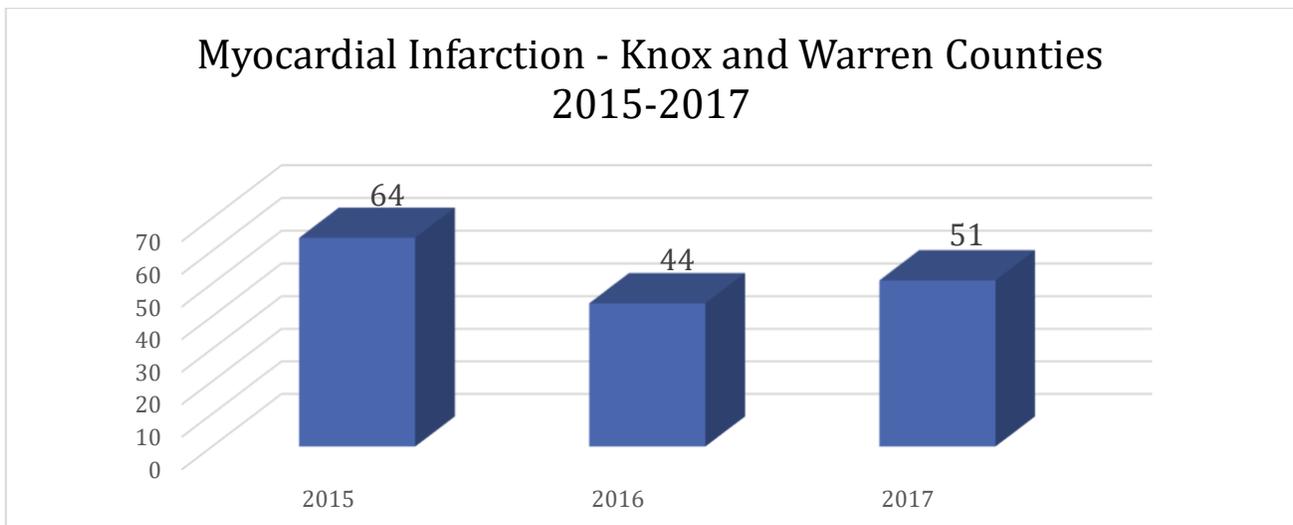
The number of treated cases of heart failure at Knox County and Warren County area hospitals decreased. In FY 2015, 308 cases were reported, and in FY 2017, there were 275 cases reported. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

## Myocardial Infarction

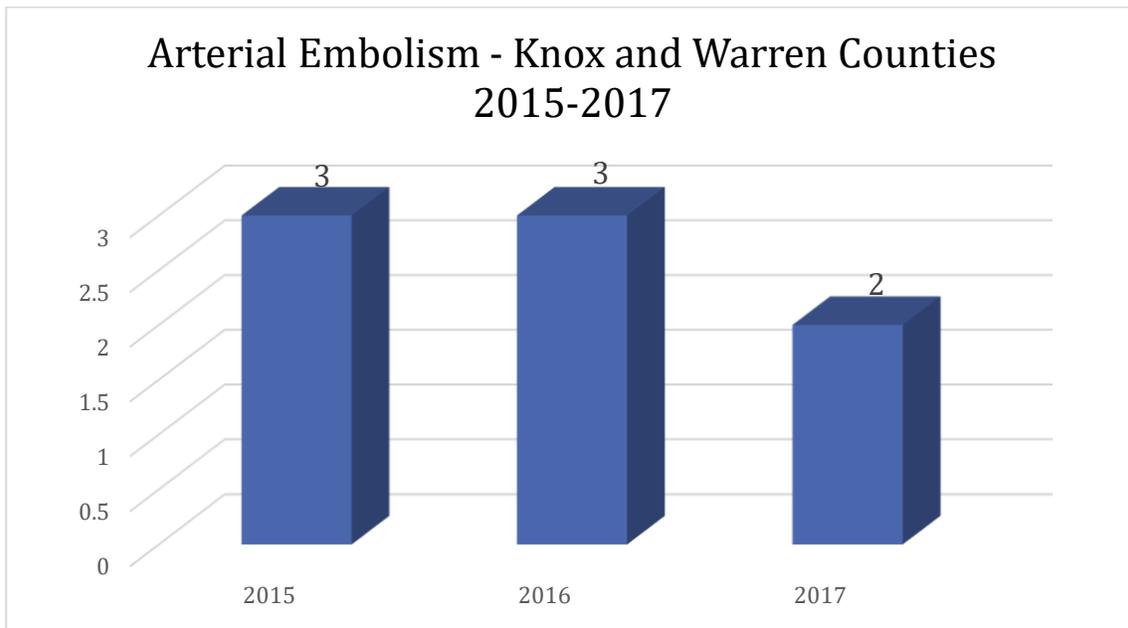
The number of treated cases of myocardial infarction at area hospitals in Knox County and Warren County fluctuated from 2015 to 2017. The number of cases of myocardial infarction decreased by 20 in 2016 then increased by 7 in 2017. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

## Arterial Embolism

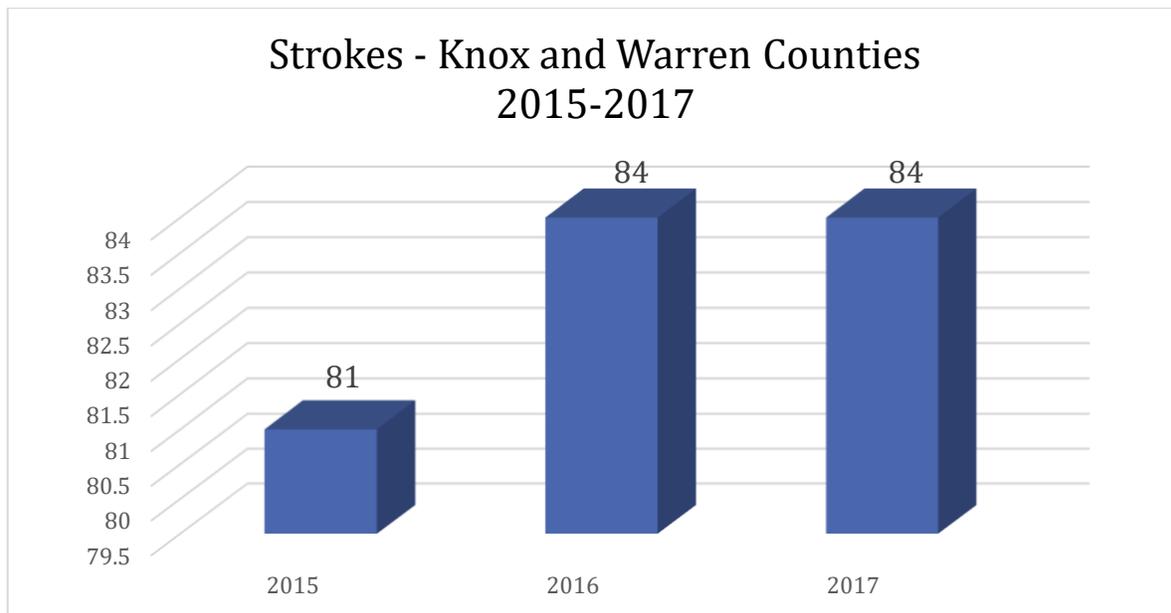
The number of treated cases of arterial embolism at Knox County and Warren County area hospitals was low between 2015 and 2017. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

## Strokes

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



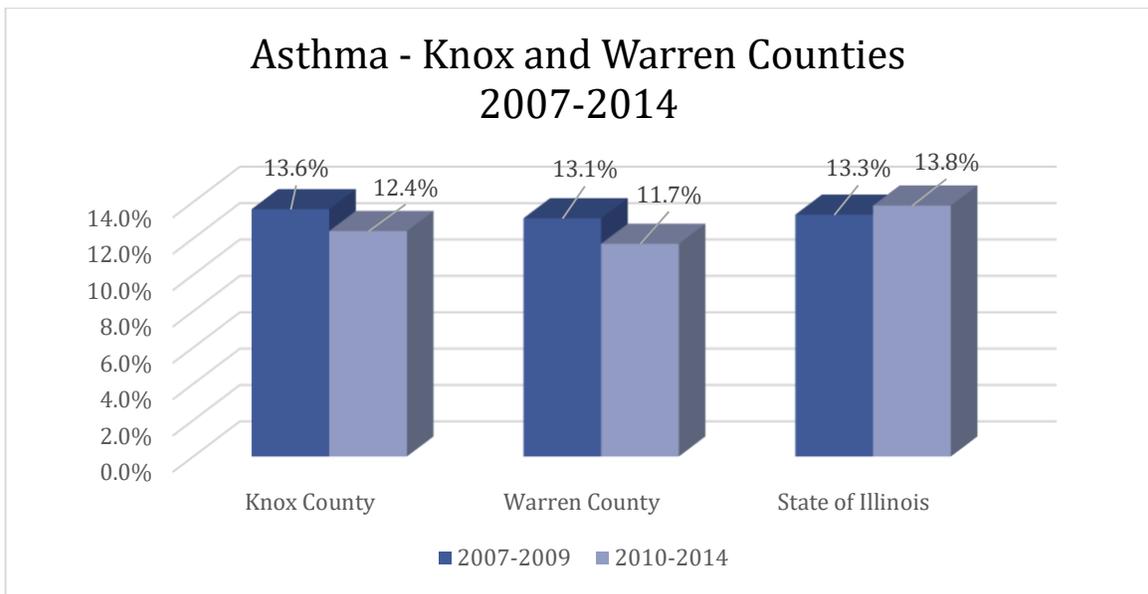
Source: COMPdata 2017

## 4.4 Respiratory

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

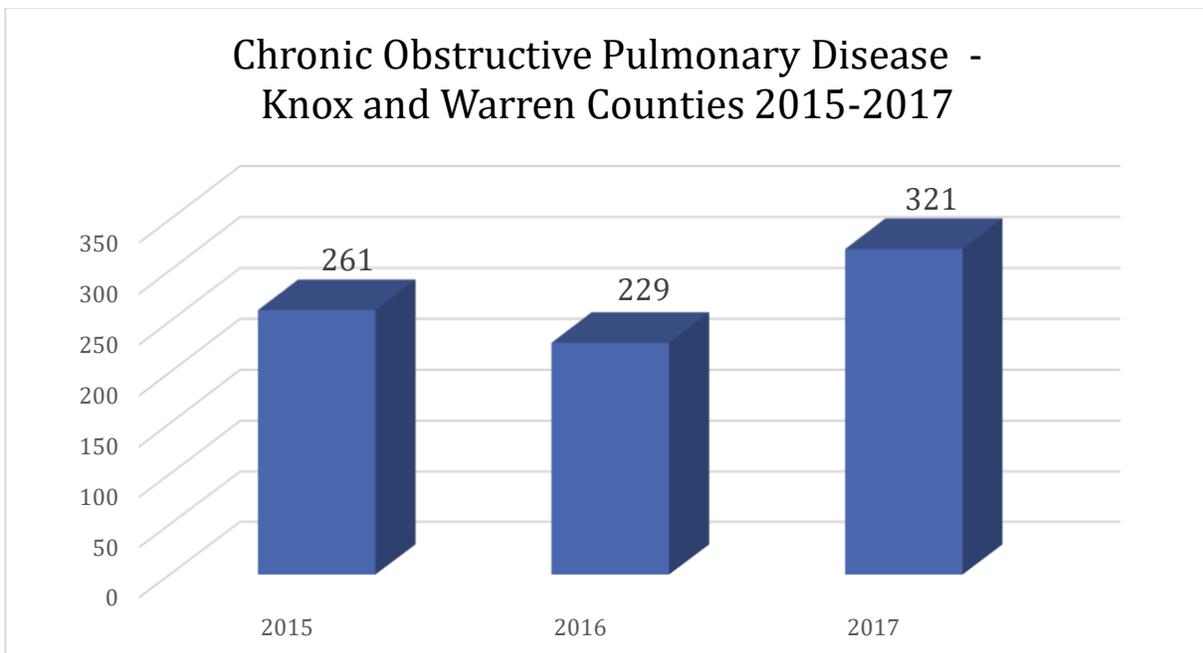
### Asthma

The percentage of residents that have been diagnosed with asthma in Knox County and Warren County have decreased between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in both Knox County (12.4%) and Warren County (11.7%) are lower than the State of Illinois (13.8%). Note that data have not been updated by the Illinois Department of Public Health. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Knox County and Warren County area hospitals fluctuated between FY 2015 and FY 2017, with a significant incline in FY17. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

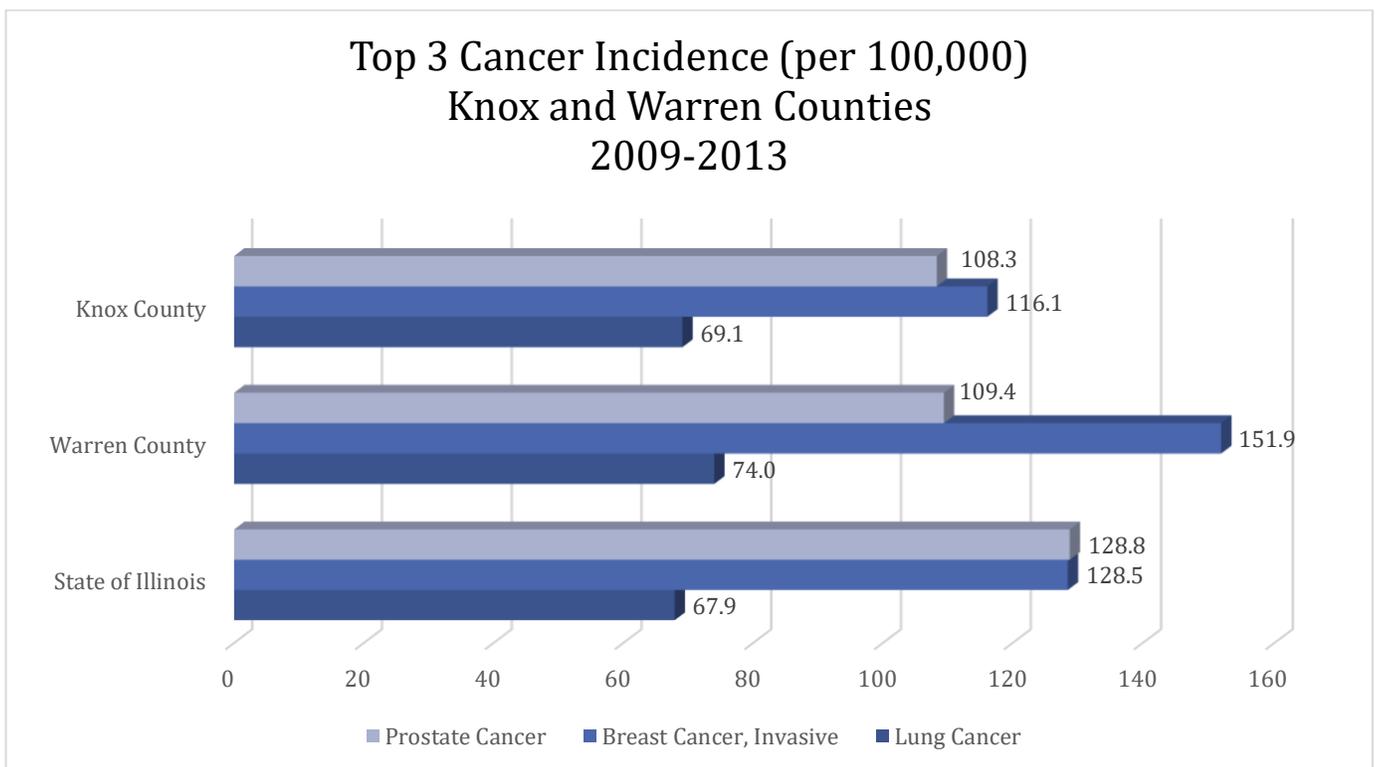


Source: COMPdata 2017

## 4.5 Cancer

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

For the top three prevalent cancers in Knox County and Warren County, comparisons can be seen below. Specifically, for Knox County, prostate cancer and breast cancer are lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois. For Warren County, prostate cancer is lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois.



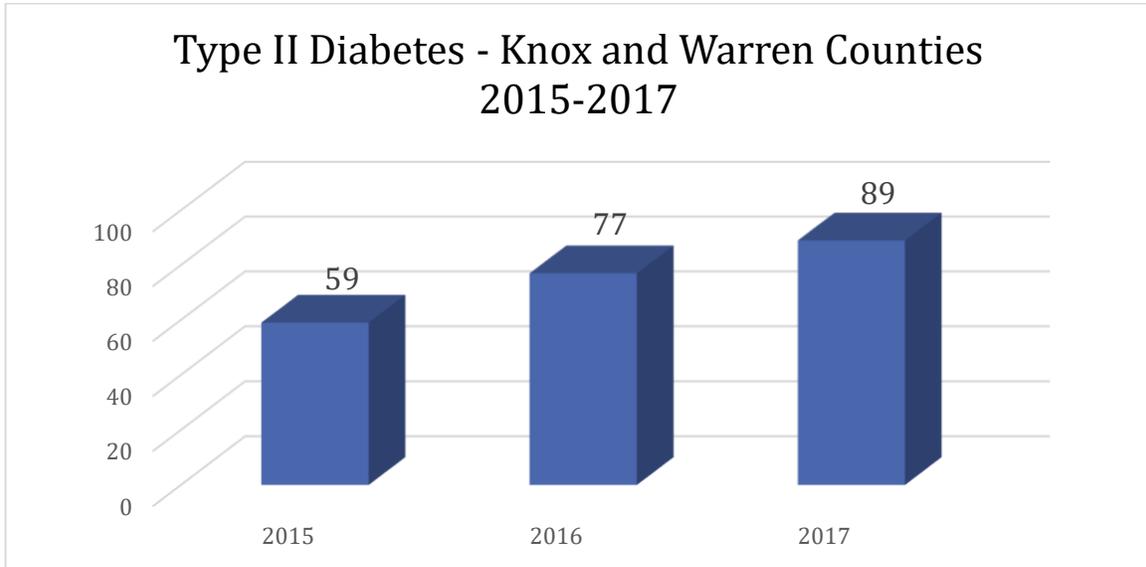
Source: <http://dph.illinois.gov/sites/default/files/publications/County-Sec1-Site-Specific-Cancer-Incidenceers1605.pdf>

## 4.6 Diabetes

*Importance of the measure:* Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of

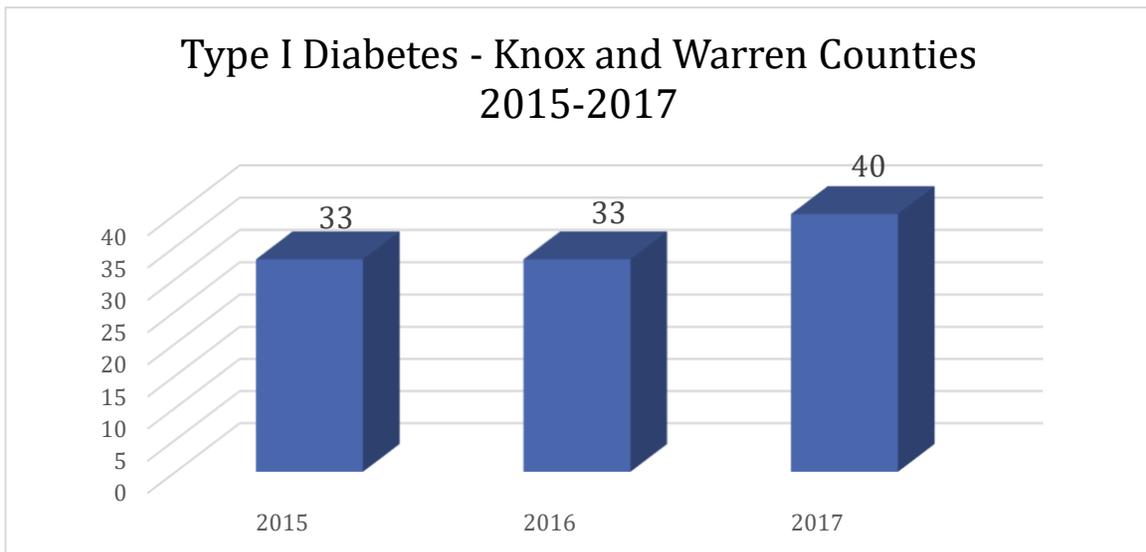
individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from Knox County and Warren County increased between FY 2015 (59 cases) and FY 2017 (89 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



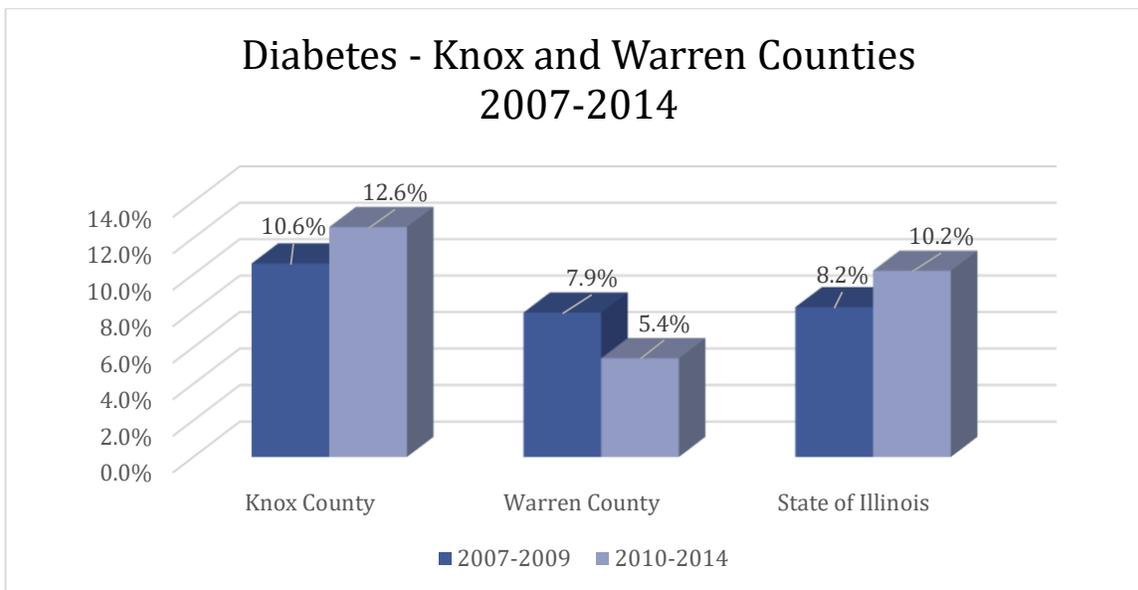
Source: COMPdata 2017

Inpatient cases of Type I diabetes show an increase from 2015 (33) to 2017 (40) for Knox and Warren Counties. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2017

Data from the Illinois BRFSS indicate that 12.6% of Knox County residents and 5.4% of Warren County residents have diabetes. Trends in Knox County are concerning, as the prevalence of diabetes is increasing and higher in Knox County compared to data from the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.



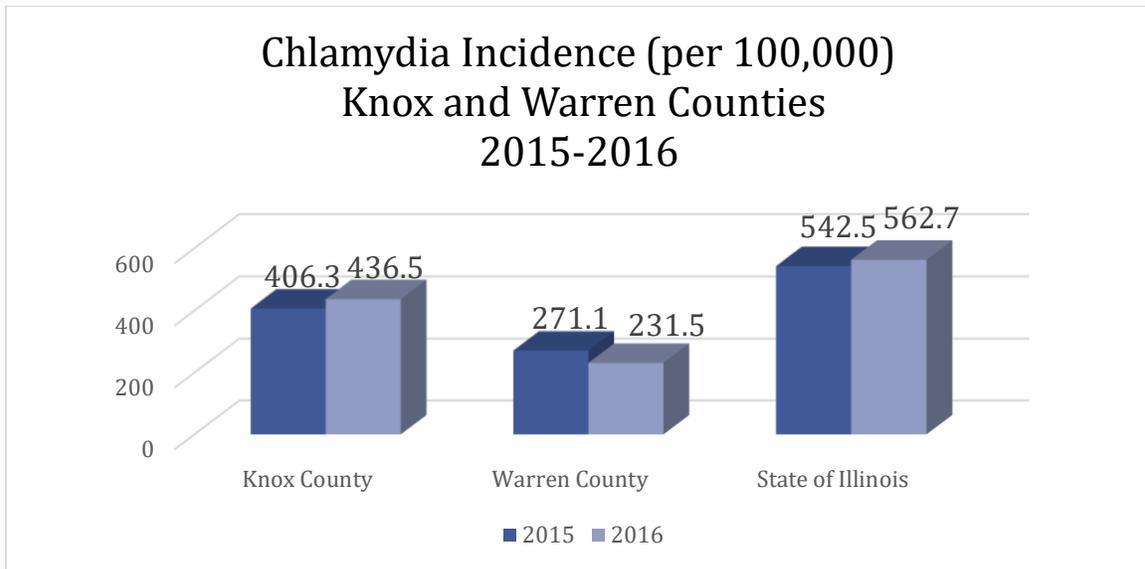
Source: Illinois Behavioral Risk Factor Surveillance System

## 4.7 Infectious Diseases

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

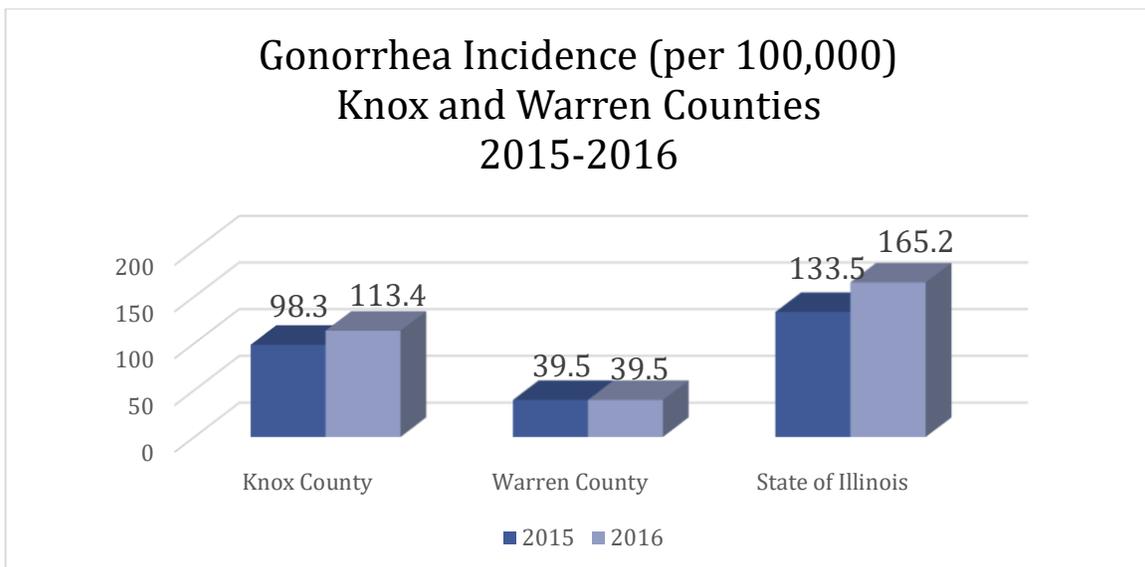
### Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Knox County from 2015-2016 indicate a significant increase. There is also an increase of incidence of chlamydia across the State of Illinois. Warren County experienced a decrease during the same time period. Rates of chlamydia in both Knox County and Warren County are lower than State averages.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Warren County indicate no change from 2015-2016. Both Knox County and the State of Illinois experienced a significant increase from 2015-2016. Rates of gonorrhea in both Knox County and Warren County are lower than State averages.



Source: Illinois Department of Public Health

## Vaccine preventable diseases

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

### Vaccine Preventable Diseases 2010-2016 Knox County and Warren County Region

<b>Mumps</b>	<b>N/A</b>	<b>N/A</b>	<b>2006</b>	<b>2011</b>
Knox County	N/A	N/A	1	N/A
Warren County	N/A	N/A	1	1
State of Illinois	N/A	N/A	798	78

<b>Pertussis</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Knox County	1	3	4	4
Warren County	2	1	1	1
State of Illinois	1057	1509	2026	785

<b>Varicella</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Knox County	13	4	4	2
Warren County	5	1	1	2
State of Illinois	731	596	443	469

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

### Tuberculosis 2011-2017 Knox County and Warren County Region

<b>Tuberculosis</b>	<b>2011</b>	<b>2013</b>	<b>2014</b>	<b>2017</b>
Knox County	1	1	2	1
Warren County	N/A	N/A	N/A	1
State of Illinois	358	327	320	336

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

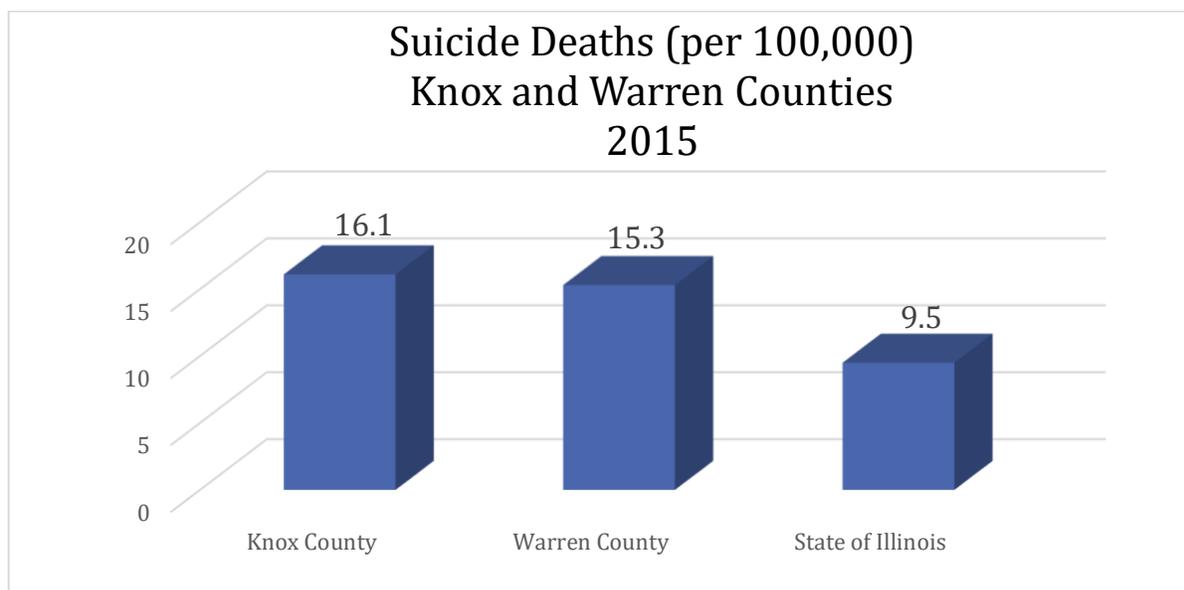
<sup>2</sup> Source: <http://www.idph.state.il.us/about/vpcd.htm>

## 4.8 Injuries

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

### Suicide

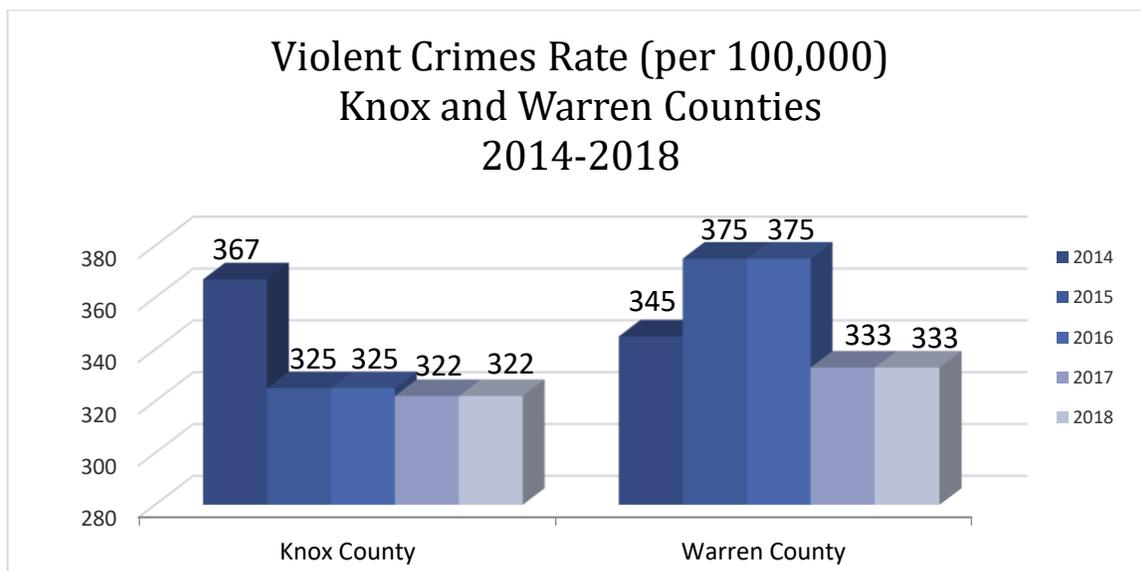
The number of suicides in Knox and Warren Counties indicate higher incidence than State of Illinois averages, as there were approximately 16.1 per 100,000 people in Knox County and 15.3 per 100,000 in Warren County in 2015.



*Source: Illinois Department of Public Health*

### Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased significantly for 2014-2018 in Knox County. The number of violent crimes has fluctuated in Warren County for the same time period.



Source: Illinois County Health Rankings and Roadmaps

## 4.9 Mortality

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

The top two leading causes of death in the State of Illinois, Knox County, and Warren County are similar as a percentage of total deaths in 2017. Diseases of the Heart are the cause of 24.8% of deaths and Cancer is the cause of 22.1% of deaths in Knox County. Diseases of the Heart are the cause of 28.1% of deaths and Cancer is the cause of 19.1% of deaths in Warren County.

Top 5 Leading Causes of Death for all Races by County, 2017			
Rank	Knox County	Warren County	State of Illinois
1	Diseases of Heart (24.8%)	Diseases of Heart (28.1%)	Diseases of Heart
2	Malignant Neoplasm (22.1%)	Malignant Neoplasm (19.1%)	Malignant Neoplasm
3	Chronic Lower Respiratory Disease (9.9%)	Chronic Lower Respiratory Disease (9.0%)	Cerebrovascular Disease
4	Stroke (4.8%)	Stroke (7.3%)	Accidents
5	Alzheimer's Disease (4.6%)	Accidents (3.9%)	Chronic Lower Respiratory Disease

Source: Illinois Department of Public Health

## 4.10 Key Takeaways from Chapter 4

- ✓ SEXUALLY TRANSMITTED INFECTIONS ARE INCREASING IN KNOX COUNTY.
- ✓ SUICIDE RATES IN BOTH KNOX AND WARREN COUNTIES ARE HIGHER THAN STATE AVERAGES.
- ✓ CANCER AND HEART DISEASE ARE THE LEADING CAUSES OF MORTALITY .

**CHAPTER 5 OUTLINE**

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

# CHAPTER 5

## PRIORITIZATION OF HEALTH-RELATED ISSUES

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

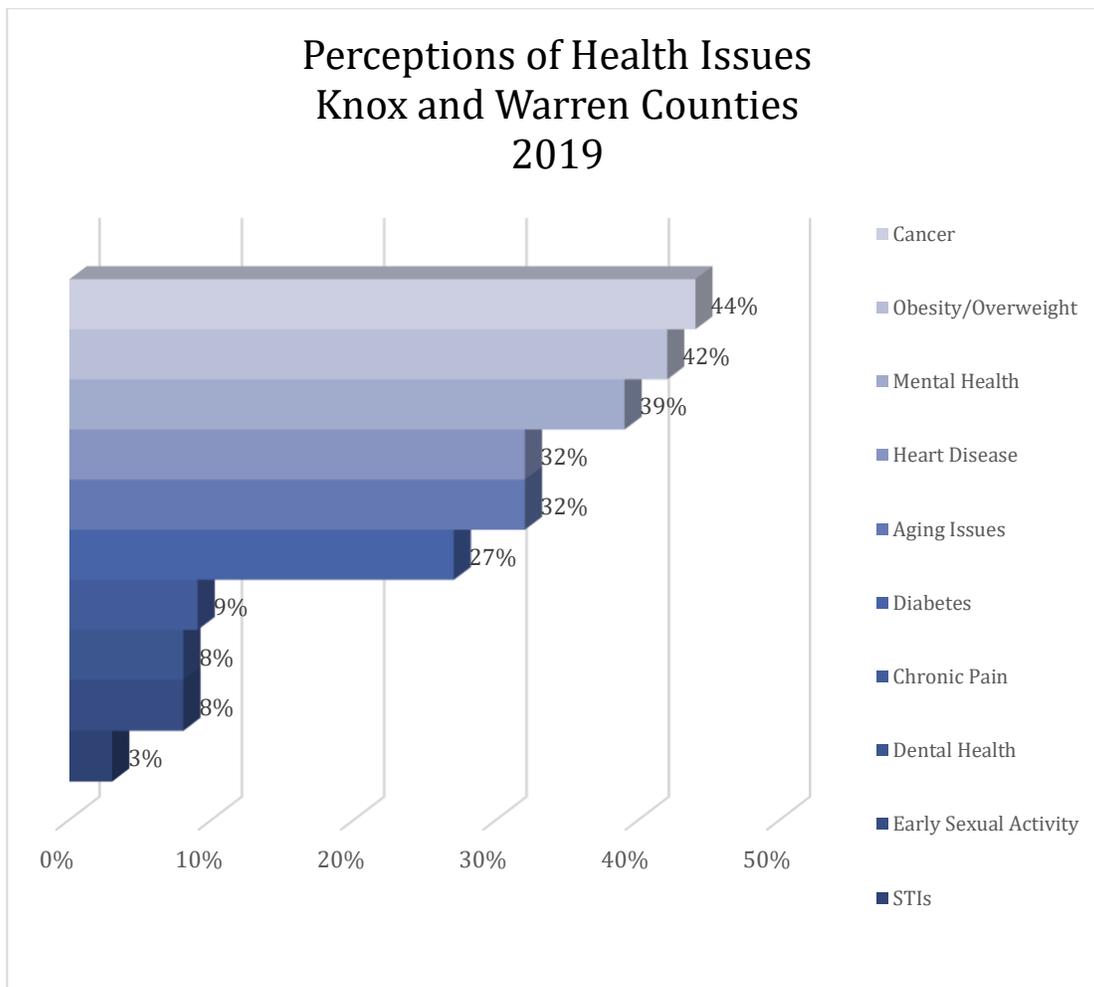
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

## 5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 10 different options. Note that respondents could choose up to three health issues, so total percentages are greater than 100.

The health issue that rated highest was cancer (44%), followed by obesity/overweight (42%), mental health (39%), heart disease (32%), aging issues (32%) and diabetes (27%). These six factors were significantly higher than other categories based on *t-tests* between sample means.

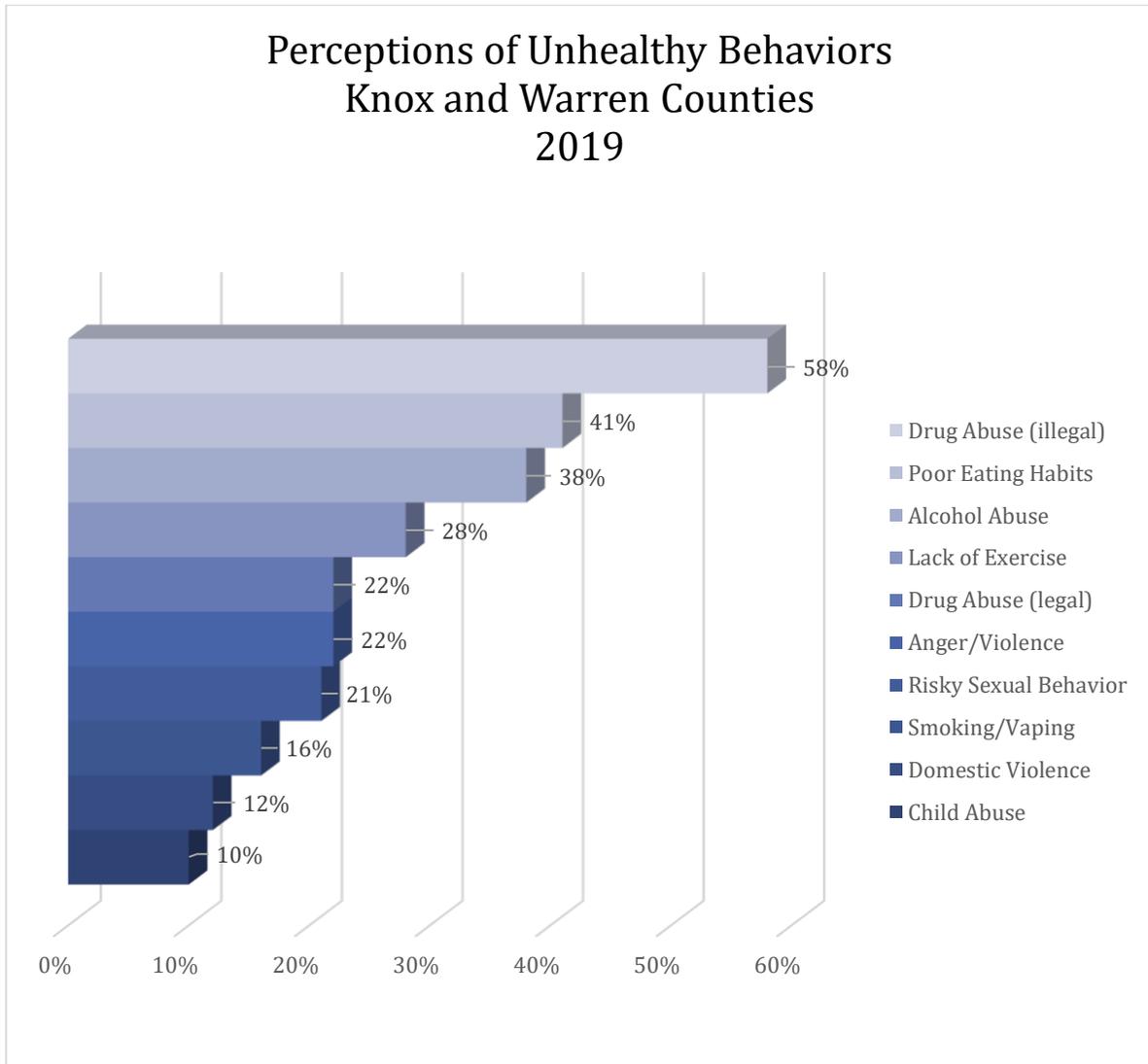
Note that perceptions of the community were accurate in some cases. For example, cancer is a leading cause of mortality. Also, obesity is an important concern and the survey respondents accurately identified these as important health issues.



Source: CHNA Survey

## 5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The three unhealthy behaviors that rated highest were drug abuse (illegal) at 58%, poor eating habits (41%) and alcohol abuse at 38%. Note that drug abuse (legal) rated relatively high given the increase, in part, of opioid abuse.

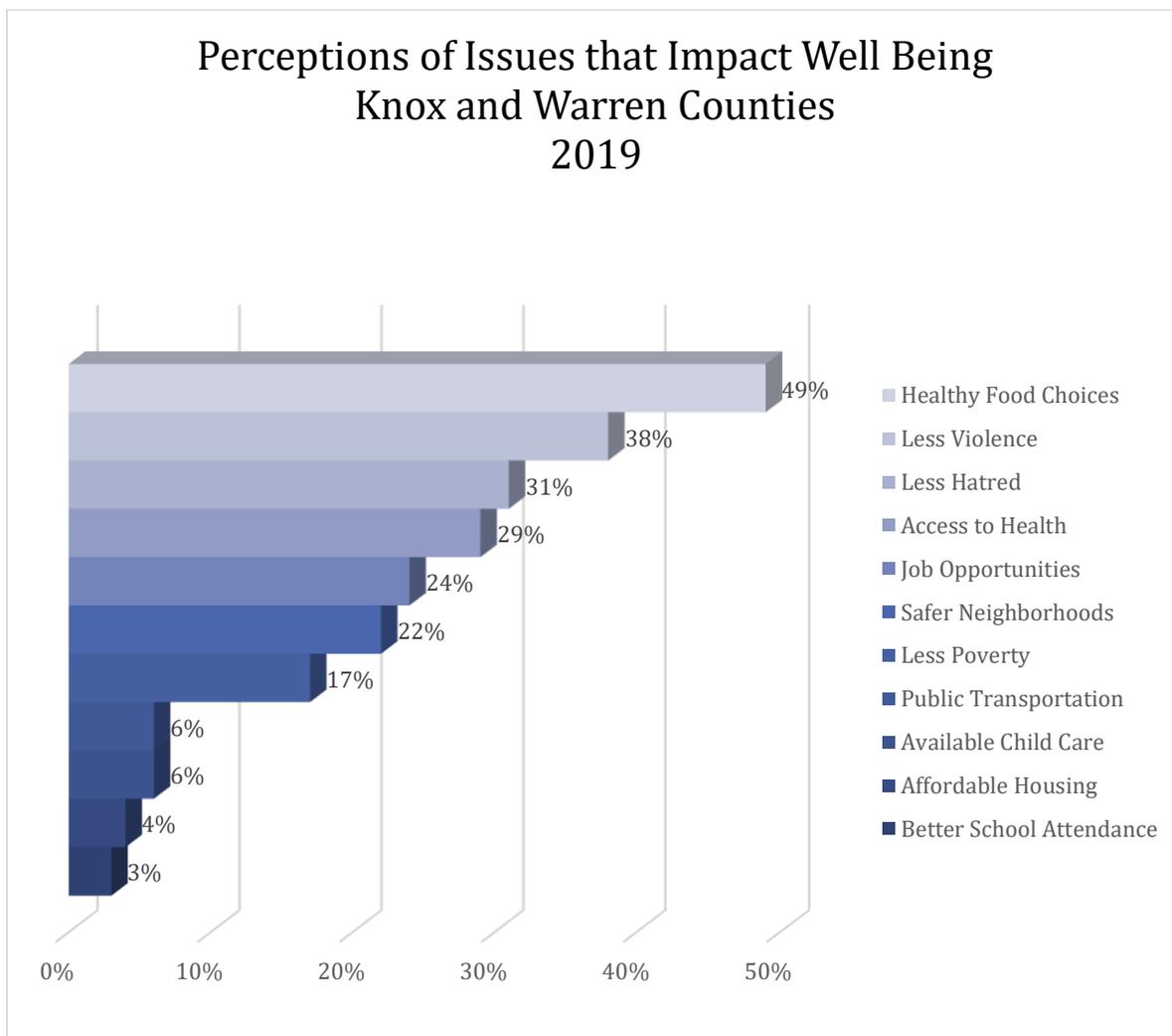


Source: CHNA Survey

## 5.3 Perceptions of Issues Impacting Well Being

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

The issue impacting well-being that rated highest was healthy food choices (49%). It was followed by less violence (38%), less hatred (31%) and access to health (29%). These four factors were significantly higher than other categories based on *t-tests* between sample means.



Source: CHNA Survey

## 5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources, and potential for impact and trends and future forecasts.

**Demographics (Chapter 1)** – Four factors were identified as the most important areas of impact from the demographic analyses:

- Population decreased
- Population over age 65 increased
- Single female head-of-household represents 11% to 12% of the population
- Telehealth

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

- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

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

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

- Sexually transmitted infections
- Suicide rates
- Cancer and heart disease are the leading causes of mortality

### Potential Health-Related Needs Considered for Prioritization

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

- **Aging issues**
- **Healthy behaviors – nutrition & exercise**
- **Behavioral health**
- **Overweight/Obesity**
- **Substance abuse**
- **Sexually transmitted infections**
- **Cancer screening**

## 5.5 Community Resources

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

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

## 5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (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), the collaborative team identified two significant health needs and considered them equal priorities:

- **Healthy Behaviors** – *defined as active living and healthy eating, and their impact on obesity*
- **Behavioral Health** – *including mental health and substance abuse*

### HEALTHY BEHAVIORS – ACTIVE LIVING, HEALTHY EATING AND SUBSEQUENT OBESITY

**ACTIVE LIVING.** A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 29% of respondents indicated that they do not exercise at all, while the majority (59%) of residents exercise 1-5 times per week. The most common reasons for not exercising were dislike at 32% followed by not having enough energy at 24%.

**HEALTHY EATING.** Almost two-thirds (61%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 6%. The most prevalent reason for failing to eat more fruits and vegetables was the lack of importance and expense involved according to survey respondents.

**OBESITY.** In Knox and Warren Counties, over 1/2 of residents were diagnosed with obesity and being overweight (55.9% in Knox County and 54.7% in Warren County). In the 2019 CHNA survey, respondents indicated that being overweight was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Knox and Warren 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. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6<sup>th</sup> in the nation for obesity-attributed medical costs. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression, and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

## BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

**MENTAL HEALTH.** The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 40% indicated they felt depressed in the last 30 days and 29% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents 22% indicated that they spoke to someone, the most common response was to a doctor/nurse (55%). In regard to self-assessment of overall mental health, 8% of respondents stated they have poor overall mental health. In the 2019 CHNA survey, respondents indicated that mental health was the 3<sup>rd</sup> most important health issue.

**SUBSTANCE ABUSE.** Survey respondents were asked “On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?” Of respondents, 14% indicated they use substances to make themselves feel better. Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Knox County and Warren County are both at and above State averages in all categories among 8<sup>th</sup> graders. Among

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12<sup>th</sup> graders, Knox County is at or above State averages in all categories except for inhalants. Data are not available for 12<sup>th</sup> graders in Warren County. According to the CHNA survey, the unhealthy behavior that rated highest among survey respondents was drug abuse (illegal) at 58%, while alcohol abuse was rated third at 38%.

## 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:

**Dr. Teresa L. Amott** is the 19th president of Knox College in Galesburg, Illinois. She is the first woman to lead the institution, which was founded in 1837. Prior to assuming her post at Knox College, President Amott spent six years as provost and dean of the faculty at Hobart and William Smith Colleges (HWS) in Geneva, New York. Before joining HWS, she was vice provost at Gettysburg College in Gettysburg, Pennsylvania, from 2000-2005. She has held academic appointments at Bucknell University, Harvard University, University of Massachusetts - Boston and Amherst, and Wellesley College. President Amott earned a Ph.D. from Boston College and a B.A. from Smith College. Her research has focused on the labor market experiences of women and people of color. Among her publications are articles and essays addressing these topics, and she is co-author (with Julie Matthaei) of *Race, Gender, and Work: A Multicultural Economic History of Women in the United States*. President Amott currently serves on the executive committee of the Midwest Conference and is a member of the NCAA Division III Presidents Council. She also served on the NCAA Commission to Combat Sexual Violence. She is actively involved in a number of higher education institutions, including the Executive Committee of the Annapolis Group and the board of directors of the National Association of Independent Colleges and Universities (NAICU). She is a board member of Campus Compact and chair of Illinois Campus Compact.

**John Asplund** has been the Superintendent of Galesburg CUSD #205 for two years. He has a B.A. from Augustana College, M.A. and Education Specialist at WIU and Doctor of Education from Illinois State University. John is an active member of Central Congregational Church, member of the Steering Committee for the George Washington Gale Scholars Board, and serves on the Board of the Bishop Hill Historical Society.

**Mary Mangieri Burgland** (retired Knox College) was educated in the Catholics schools of Galesburg. She received her A.B. in Mathematics from Knox College and her MS.Ed. in Mathematics from Western Illinois University. Mary is a past president of the OSF HealthCare St. Mary Medical Center Auxiliary and Lay Advisory Board Member. She currently is filling out a term as Community Advisory Board Member for OSF HealthCare St. Mary Medical Center. Mary has been co-chair of the Annual OSF St. Mary Spaghetti Supper. She also was chairman of the Galesburg Save the Ornamental Street Light Committee from demolition. Mary was a co-chair of the Committee that raised the funds to buy the building housing Discovery Depot. She also was co-chairman of a 2.1 million dollar fund raising effort to build an addition to Costa Catholic Academy. Mary is a past president of Chapter AN of PEO and a past president of the Beta-Delta Alumni Chapter of Pi Beta Phi. She is a past president of Sunrise Rotary Club of Galesburg and currently serves as Treasurer. She was an Associate Director of Area I in Rotary District 6460 for six years and currently is a member of the District 6460 Rotary Peace Scholarship Committee. Mary also is active in amateur golf. She was the founder of the Bixby Cup, a women's championship using Ryder Cup format among the Galesburg golf clubs. Mary also served on the Illinois Women's Golf Association and is an Alumni Director of the Chicago District Golf Association.

**Mike DeSutter** is Owner/Operator of Aalter Farms and has been farming in the Knox and Henry County area since 1987. He earned a B.S. Agricultural Business from Illinois State University. In addition to OSF HealthCare St. Mary Medical Center Advisory Board, Mike is a Trustee for St. John's Catholic Church Woodhull, West Central FS Board of Directors and a member of Galesburg Sunrise Rotary. Mike and his wife Melanie have a daughter, Charlene (Luke) Sullivan, son, John DeSutter and daughter Madeline DeSutter. They have two grandchildren, Rosie and Jay Sullivan.

**Keith Douglass** is currently the CEO of Tompkins and has worked there for 30 years. He graduated from Monmouth College with a degree in Business Administration and Graduate School of Banking, Madison. In addition to serving on the OSF HealthCare St. Mary Medical Center Advisory Board, he serves on the Crimestoppers Board. Keith and his wife, Jody, recently celebrated their 40<sup>th</sup> wedding anniversary. They have two daughters, Amanda Douglass and Gina (Adam) Martin. They have two granddaughters, Alera and Silvie Martin. Keith enjoys golf and traveling.

**Denise Foote** (Volunteer) is a 1973 graduate of Galesburg High and received a BA in Business Administration from Illinois Wesleyan University. After graduation, she and her husband moved to Gonzales, Texas for one year. At that time, she worked for a family owned business. In 1978 they moved back to Galesburg where she worked at Lakis Ford for three years. She became a stay-at-home mom while her children were young. Volunteering became very important to her. Past organizations that Denise has been involved with include: PTO/Booster Clubs at Steele, Nielson, Lombard and GHS. (She was President of both Lombard and GHS Booster Clubs). She served on the Knox County Day Nursery for over 20 years, until it became a part of the Knox YMCA. She was a board member for the Galesburg Public School Foundation (part of the initial group to raise money for the Wicall Gym and Pool). She is a member of Trinity Luthern Church, serving on the Audit committee and helping with the Prism (youth) program. Denise served on the OSF HealthCare St. Mary Medical Center Areawide Board for 12 years and also was a member of the Foundation Council. She was Chair of the OSF St. Mary Medical Center Auxiliary for two years and currently serves as Co-Chair for another year. She is a member of Chapter HO PEO in Galesburg and Mosaic Club. She and her husband, Bruce, are members of Soangetaha Country Club, where she served on the Board for several years. Her hobbies include golf and bowling. They have two daughters, Christy and Amy, along with their husbands. Each have two children Kylie, Ryan, Olivia and Kolby. She loves to watch her grandchildren participate in their activities.

**Josh Gibb** is the Executive Director of the Galesburg Community Foundation. He attended Carl Sandburg College and received his degree at Western Illinois University. Josh is involved in several different activities in our community. He is a member of the Galesburg Lions Club and an active member of Hope Wesleyan Church. He serves on the OSF HealthCare St. Mary Medical Center Advisory Board, Board of Directors for the Chamber of Commerce and Leadership Greater Galesburg. He is also a member of the Western Illinois Estate Planning. Josh has an interest in history and politics. Most of his activities center on the children's interests, karate, showing cattle, superheroes and "helping." Josh and his wife Stacy have four children, Esther, Miles, Maxwell and Simon.

**Kristina Gray** has been with the College for five years, the last 15 months in her current role. Prior to this role, she served as a full-time, tenured nursing faculty member. She serves on the OSF HealthCare St. Mary Medical Center Advisory Board, as well as Mid-Century Telephone Cooperative Advisory Board.

She and her husband, Keith, support Safe Harbor Women's Crisis Center. The Gray's have five children and four grandchildren. Kristina's hobbies include baking, cake decorating, gardening, camping, and kayaking.

**Carl Hawkinson** is a retired State Senator. Born in [Galesburg, Illinois](#), Hawkinson received his bachelor's degree from [North Park University](#) and his law degree from [Harvard Law School](#). He served as [Knox County](#) State's Attorney from 1976 to 1983. He left the office of States Attorney when elected State Representative as a [Republican](#) representing the 94th District from 1983 to 1987. After two terms as State Representative, Hawkinson successfully ran for Senate where he served as Illinois State Senator representing the 47th District from 1987 to 2003. He served as Deputy Chief of Staff for Public Safety for the State of Illinois from 2003 to 2005. Carl is active in the OSF HealthCare St. Mary Medical Center Advisory Board, Galesburg Covenant Church and many community groups. Carl and his wife Karen have three children, Katie Bowen, Anne McCullah and John Hawkinson and six grandchildren.

**Jody Herr**, RN BSN, taught Licensed Practical Nursing in the clinical capacity at Carl Sandburg College for 23 years, retiring in 2015. Her license is current with past experience in the emergency department and CVICU. She has been a member of the OSF HealthCare St. Mary Medical Center Community Board for three years. Jody graduated from Alwood High School and received her BNx at Truman University. She and her husband Jeff have lived in Galesburg for 27 years where they raised their three children, Seth, Preston and Alexis. She taught fitness classes at the YMCA over a span of 24 years and is still a member. She is the co-founder of the Cremation Assistance Foundation that offers assistance to those in need. The foundation offsets the funeral and burial costs for those who are unable to afford them. She is also a member of the Galesburg Community Foundation is the landscape chair at Immaculate Heart of Mary Parish and continues to volunteer at Costa Catholic Academy, where her children attended. When there is any free time, Jody enjoys gardening, cycling, boating, stand-up paddle boarding, visiting her kids at college, traveling, and is active in the Orpheum Orators Toastmasters Club.

**Julie King** has served as Executive Director of the National Railroad Hall of Fame since November 2006 and as Executive Director of the American Association of Private Railroad Car Owners since November 2016. Her previous work experience was in federal and state government. She spent ten years in Washington, D.C., where she served as Chief of Staff to a member of the U.S. House of Representatives and represented California agriculture clients at the public relations firm Robinson, Lake, Sawyer, Miller. At the state level, Julie worked for the Kansas and Illinois Departments of Agriculture (IDOA). At the IDOA, she was the Division Manager supervising the Bureaus of Meat and Poultry Inspection, Animal Health, Animal Welfare and the state's two Animal Disease Laboratories. Julie grew up on a livestock farm near Victoria. She graduated from the University of Illinois in Champaign-Urbana, earning a B.S. in Agriculture Science and a Juris Doctor. She is a member of the Galesburg Community Chorus, the OSF HealthCare St. Mary Medical Center Advisory Board, and the Knox County YMCA Board of Directors. She and her husband live on a farm east of Galesburg where they raise corn, soybeans, and two lovely daughters.

**Steve Mathers** is a retired Circuit Judge, having served as an Illinois Trial Court Judge for 35 years. He was elected Chief Judge of the 9<sup>th</sup> Circuit for 2 terms and President of the Illinois Judges Association for one term. He has been recalled to serve on the Bench twice by the Illinois Supreme Court.

A graduate of Knoxville High School, he was awarded a B.A. from Northwestern University. Steve then served in the U. S. Army as a Military Intelligence Special Agent, including one year in Viet Nam, where he was awarded the Bronze Star. Later, he was awarded a U. S. Presidential Citation for “Outstanding Community Achievement by a Vietnam-Era Veteran”. After graduating from the University of Illinois Law School, he was a prosecutor in Kane County, IL before becoming a privately practicing attorney in Galesburg. Locally, Steve has been a Director of First Farmers National Bank in Knoxville (presently part of First Midwest Bank), an Adjunct Professor, of Criminal Law & Procedure at Carl Sandburg College, a Trustee (including 4 years as President) of Galesburg Hospitals Ambulance Service and has served on OSF HealthCare St. Mary Medical Advisory Board (including as Sec. and V.P.) since 2011. As well, he has taught at Judicial Conferences & Continuing Legal Education programs and has served on various American & Illinois State Bar Association and Illinois Supreme Court, Committees, Task Forces & Boards. Steve remains a Knox County resident, with his wife, Deanna. They share five children and seven grandchildren.

**Doug Moore** is the President of DCM Transport Inc., based in Galesburg, IL. He holds a Business Administration Degree from Eureka College in Eureka, Illinois. Doug and his wife Terri have two sons, Max and Chad. Doug is a current OSF HealthCare St. Mary Medical Community Advisory Board Member, a member of the Midwest Truckers Association, Transportation and Logistics Council, The Galesburg Tips Club, Chamber of Commerce, and Hard Knox II and a past member of the Wells Fargo Board of Directors. He enjoys sports, fishing and boating.

**William Nelson (Bill)**, M.S.Ed., LCPC, received a M.S.Ed. in Counseling from Western Illinois University in 1988. Nelson is a Licensed Clinical Professional Counselor (LCPC). In August 2015 Bill completed intensive certificate continuing education, “CEO Bootcamp”, through the Axelson Center for Non-Profit Management affiliated with North Park University in Chicago, IL. Bill began his career at Bridgeway (formerly Spoon River Center) in 1988 as an outpatient mental health and substance abuse counselor. Bill served in a variety of positions before being named President and CEO on July 1, 2015. Bill has served in leadership roles on local, state and national boards including: Illinois Supportive Housing Providers Association; Illinois Association of Rehabilitation Facilities; American Congress of Community Supports and Employment Services, Illinois Health Practice Alliance, ProviderCo, Inc., Triumph Service Inc.; and Galesburg Covenant Church. Since 2011 Bill has served as ACCSES’ appointee to the CARF International Advisory Council. CARF’s IAC is the body to review, edit and recommend service standards to the behavioral health and disability services fields. In January, 2018, Bill was selected to serve on the Community Advisory Board for OSF HealthCare St. Mary Medical Center in Galesburg, IL. Bill and his wife Rhonda have been married since May 1989, and enjoyed raising three now grown children while living in Galesburg. Bill enjoys numerous outdoor activities, fishing, golf, and cooking. Bill and the family enjoy summertime at their multi-generational cabin in northern Wisconsin.

**Todd Redington** has been the Behavioral Safety Facilitator for BNSF Railway for 13 years. He earned an A.A.S. Electronic Control Systems, A.A.S. Manufacturing Processes, Journeyman - Tool & Die maker, Journeyman – Utility Co. Natural Gas Division (Heavy equipment operator, Pipeline Welder, Plumber/Pipefitter) Todd is an active member of the Immaculate Heart of Mary Church, OSF HealthCare St. Mary Medical Center Advisory Board, SMART-TD Local #1423, Knights of Columbus, Costa Chicken Dinner Volunteer, Former Little League Coach, former Costa Basketball coach. He is married to Kory and

they have four children, Mikeala, Jenna, Talor, Elijah and two grandchildren, Julian and Jordan. Todd enjoys golfing, riding bikes with Kory, spending time with family, watching his daughter perform on stage and traveling.

**Deb Rosenberg** is a graduate of Roseville High School and Cottage Hospital School of Nursing and NiFi School for RNFA. She was the manager of the office of an OB/GYN office for many years. She is a member of PEO, Mosaic, Knox County Day Nursery Board, and Past PTO President. She was married to William Rosenberg for 42 years and is widowed. She has two sons, Marcus and Troy. Grandchildren include Alexa (going into Nursing at Univ. of Tennessee), Avery, Maddan, Hensley, Everett and Gwen. Deb enjoys golfing, walking, gardening and spending time with friends and family.

**Tom Simkins** has been on the Galesburg Fire Department for 34 years, with last 10 as Chief. He received a B.A. In Wildlife Biology from Southern Illinois University in Carbondale in 1981 and an Associates Degree in Fire Science from Carl Sandburg College in 1988. Tom is a Member of Trinity Lutheran Church, Sunrise Rotary, Galesburg on Track (Heart & Soul). Tom is married to Marcy. Son John is 32 and living in New York City and working at American Express, while daughter Jane is married to Trey Yocum, lives in Madison, WI., and works for the Wisconsin Dept. of Natural Resources.

**Jennifer Junis** is President of OSF St. Mary Medical Center. She has served in the role since February of 2018. Previously served OSF HealthCare as the President of OSF Saint Paul Medical Center and prior to that Chief Nursing Officer of OSF Saint Luke Medical Center. She has been a Registered Nurse since 1994 and held a variety of nursing leadership roles for over 20 years including the last 11 spent at the executive level. She holds a BSN and MSN in Nursing Administration from the University of Illinois Chicago.

**Alice Snyder** graduated from A.T. Still University in 2017, obtaining her Doctorate of Healthcare Administration. Previously, she graduated from the Medical College of Georgia (now the Georgia Regents University) with her BSN in 1985. She obtained her MSN and her MBA from Georgia College and State University in 1988 and 1990, respectively. Alice serves as the Chief Nursing Officer at OSF HealthCare St. Mary Medical Center. She has served in various nursing leadership roles since 1988 and the executive nursing role at various organizations since 2002. In addition, Alice has served as a consultant, speaker, and author as a healthcare consultant with expertise in leadership, as well.

**Shelley Willett** is the Coordinator of Volunteer and Auxiliary Services at OSF HealthCare St. Mary Medical Center. She has been with OSF for over 29 years. She completed her associate degree in Business Administration from Carl Sandburg College in 2012, and her bachelor degree in General Studies from Western Illinois University in 2016. She has been an adjunct instructor at Carl Sandburg College since 2013 teaching various courses in the medical assisting program and customer service.

**Don Shadensack** is the Vice President of OSF Healthcare St. Mary Medical Center. He has served in this position since June of 2011. Previously he served as the Director of Pharmacy at OSF St. Mary, a position that he held for 22 years. Prior to that, he served as a staff pharmacist. He received his degree in pharmacy from the University of Illinois and his master's degree from Western Illinois University. He has served in several roles throughout the community including board member/leader for the YMCA, Galesburg Area Chamber of Commerce, and the Galesburg Hospital Ambulance Service. He is member

and volunteer at his local church, Lion's Club, and local committees including the Clinton Health Matters initiative.

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

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

**Dawn Tuley (Coordinator)** is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and has acted as the coordinator for 13 Hospital Community Health Need Assessments. In addition, she has coordinated the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over ten years. Dawn served as the Vice President, President-Elect and two terms as a Chapter President on the board of Directors with the McMahon-Illini HFMA Chapter. She currently serves as a Director on the board.

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

## APPENDIX 2. ACTIVITIES RELATED TO 2016 CHNA PRIORITIZED NEEDS

*Three major health needs were identified and prioritized in the Knox County and Warren County 2016 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.*

### 1. Access to Health Services

#### Goals:

- *Improve access to comprehensive quality health care services.*
- *Increase the number of practicing physicians and advanced practice providers.*
- *Reduce the portion of people who are unable to obtain or delay in obtaining necessary medical care, dental care, prescription medications or mental health care.*
- *Improve the community's understanding of the services available.*
- *Provide a centralized location for outpatient services to provide access.*

#### Access to Health Services Measurement and Impact

Increased access in providing CPR training to organizations in the workplace.

- CPR classes were given at fire departments and high schools throughout the years.

Increased access to provide blood pressure screenings within the community.

- Blood Pressure screenings were conducted at numerous housing authorities, food pantries, churches, and available weekly at the Medical Center.

Increased access in providing flu shots to the community in order to decrease flu hospitalizations and severity of flu symptoms.

- Flu shots were not only given to 100's of our employees but also given out at Wells Pet Foods, and area grade schools annually.

Provided access to students who were unable to attend or schedule their school physicals.

- High school physicals were provided at Galesburg High School annually.

Increased access in providing interpreter services by breaking down language barriers and communicate with non-English speaking patients.

- Provided effective, accurate, and timely communication services for patients, companions, and/or patient representatives. These services included visual, speech impairments, inability to write, and/or hearing impairments 24 hours a day, 7 days a week.

Increased access in providing education on OSF My Chart for test results, communication with doctors, and scheduling appointments.

- Kiosks have been available at OSF Galesburg Clinic and OSF Medical Group with assistance to sign-up for OSF My Chart providing education to patients in order to manage their own health.

Participated in local Unmet Needs Committee. Collaborated with organizations such as, but not limited to, churches, United Way, Salvation Army, etc.

- OSF representation on all local area committees in order to provide resource or access where applicable.

## 2. Obesity

### **Goals:**

- *Increase the perception that overweight and obesity are significant public health risks.*
- *Increase the proportion of persons who know the health risks and diseases associated with overweight and obesity.*
- *Increase the proportion of persons who know the environmental socioeconomic and factors that contribute to obesity.*
- *Increase the proportion of adults who know their own weight status and their children's weight status.*
- *Improve lifelong healthy eating and physical activity.*

### **Obesity Measurement and Impact**

Increased participation of the attendance at school events to provide education to students.

- Attended Knoxville High School annually and educated students on healthy eating and drinking choices. Approximately 500 students were given this education in all years.
- Collaborated with Silas-Willard Elementary School in the Walking School Bus program. 10-15 children participated in the 2 days per school year week annually.

Increased participation of the percentage of community member's that attend the Commit to Fit Challenge annually.

- Collaborated with the YMCA to be able to provide education to over 400 participants in the past three years.

Increased awareness in healthy behavior education or demonstrations at community events.

- Dietician provided one on one diabetes education throughout the years based on physician referrals.
- Participated at Women's Heart Fairs annually regarding healthy behaviors, serving over 300 participants.
- Participated in healthy Lives 4 Kids events hosted at Knox College serving over 100 participants.
- Participated each year in YMCA Healthy Kids Day, serving 50 participants annually.
- Collaborated with Kleine Pediatric Wellness at Cedar Creek Housing Authority to provide education to children and parents regarding healthy behaviors. Including food, exercise, and activities.
- Annual garden continues on the Saint Mary Medical Center property.
- Dietician published monthly article regarding healthy behaviors in local newspaper publication.

- Employees collaborated to create food drives with Knox County Council for Human Services. Donated over 300 lbs. each year of food for local food pantries

Increased participation in the Clinton Health Matters Initiative (CHMI) workgroup.

- Collaborated with CHMI and Riverbed food bank to bring a distribution center to Knox County.

### 3. Mental Health

#### **Goals:**

- *To promote mental health through service, advocacy, and education.*
- *To assure individualized, safe, and rehabilitative services to all patients.*
- *Increase community awareness and knowledge of existing programs and mental health issues.*
- *Assist families in gaining access to community resources through care coordination services*

#### **Mental Health Measurement and Impact**

Increased awareness with the Resource Link Care Coordinator to meet with all new providers, schools, and other social services about services. This awareness has been done in several ways including:

- Participation in the Blue Ribbon Task Force annually (Child Abuse Awareness/Prevention)
- Each Monday of April 2018, 100 to 200 Blue Pinwheels were put in the ground at 3 different sites in Galesburg to help raise awareness.
- Met with District Superintendent of Schools to discuss ways the Children's Hospital and the Resource Link Department can support our school district.
- A Primary Care Behavioral Health Provider position was filled at the OSF Medical Group.
- Coordinated with Knox/Warren/Henderson Counties System of Care Development consisting of community agencies to help youth receive care they need in areas such as counseling, psychiatry, substance abuse, domestic abuse, food insecurity, etc.

Resource Link education was given to:

- Safe Harbor
- Administrative Team for District 205
- Henry/Stark County Special Education Dept.
- YMCA Solutions Program Staff
- Knox Community Health Center
- Big Brother Big Sister program
- Regional Office of Education
- Parents as Teachers Program staff
- Education in the Schools
- District 205 staff (354 people)
- Jacobson District 205 schools
- Education staff and Regional Superintendent of Schools

A Behavioral Health Navigator was hired and they provided education to:

- Resource Link Advisory Group
- Knox County Human Service Council
- Henry County Mental Health Alliance, Kewanee
- OSF Medical Group Provider Meeting, Galesburg
- Knox Community Health Center
- Bridgeway
- WIRC Victims Advocate
- Warren County Human Service Council Meeting

Marketing and distribution of the Resource Link and the 211 United Way program:

- Hands around the Courthouse Event at the Knox County Courthouse
- Local agencies developed the Unmet Needs Committee to identify barriers for families struggling with various health and financial issues
- Had 297 referrals for psychiatric care. (242 attended appointment)
- Co-Sponsored the Free Movie Night
- Had multiple OSF representatives present at local community events

## APPENDIX 3. SURVEY



# OSF<sup>®</sup> HEALTHCARE

## COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

### INSTRUCTIONS

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

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Aging issues, such as Alzheimer’s disease, hearing loss, memory loss, arthritis | <input type="checkbox"/> Early sexual activity   |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Heart disease/heart attack                                    |
| <input type="checkbox"/> Chronic pain  | <input type="checkbox"/> Mental health issues, such as depression, hopelessness, anger |
| <input type="checkbox"/> Dental health (including tooth pain)  | <input type="checkbox"/> Obesity/overweight  |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Sexually transmitted infections                               |
| <input type="checkbox"/> Other _____   |  |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Angry behavior/violence    | <input type="checkbox"/> Drug abuse (legal drugs) |
| <input type="checkbox"/> Alcohol abuse              | <input type="checkbox"/> Lack of exercise         |
| <input type="checkbox"/> Child abuse                | <input type="checkbox"/> Poor eating habits       |
| <input type="checkbox"/> Domestic violence          | <input type="checkbox"/> Risky sexual behavior    |
| <input type="checkbox"/> Drug abuse (illegal drugs) | <input type="checkbox"/> Smoking                  |
| <input type="checkbox"/> Other _____                |   |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to health services  | <input type="checkbox"/> Job opportunities                    |
| <input type="checkbox"/> Affordable clean housing   | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty                         |
| <input type="checkbox"/> Better school attendance   | <input type="checkbox"/> Less violence                        |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Safer neighborhoods/schools          |
| <input type="checkbox"/> Healthy food choices       | <input type="checkbox"/> Other _____                          |

## ACCESS TO CARE

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

### Medical Care

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I don't seek medical attention |
| <input type="checkbox"/> Urgent Care Center     | <input type="checkbox"/> Health Department    | <input type="checkbox"/> Other _____                    |

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

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

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

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

Are there any other reasons why you could not access medical care?

### Prescription Medicine

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

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

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

- Didn't have health insurance.  The pharmacy refused to take my insurance or Medicaid.  
 Couldn't afford to pay my co-pay or deductible.  Didn't have a way to get to the pharmacy.

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

### Dental Care

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

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

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

- Didn't have dental insurance.  The dentist refused my insurance/Medicaid  
 Couldn't afford to pay my co-pay or deductible.  Didn't have a way to get to the dentist.

Are there any other reasons why you could not access a dentist?

### Mental-Health Counseling

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

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

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

- Didn't have insurance.  The counselor refused to take my insurance/Medicaid  
 Couldn't afford to pay my co-pay or deductible.  Embarrassment.  
 Didn't have a way to get to a counselor.

Are there any other reasons why you could not access a mental-health counselor?

## HEALTHY BEHAVIORS

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

### Exercise

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

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

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

- Don’t have any time to exercise.                       Don’t like to exercise.  
 Can’t afford the fees to exercise.                       Don’t have child care while I exercise.  
 Don’t have access to an exercise facility.                       Too tired.

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

### Healthy Eating

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

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

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

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

Are there any other reasons why you do not eat fruits/vegetables?

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

- Grocery store                       Fast food                       Gas station                       Food delivery program  
 Food pantry                       Farm/garden                       Convenience store                       Other \_\_\_\_\_

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

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

7. Please check the box next to any of the health conditions that you have. (Please choose all that apply).

If you don’t have any health conditions, please check the first box and go to question #9: Smoking.

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

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

### Smoking

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

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

### General Health

10. Where do you get most of your medical information? (Please choose only one answer).

- Doctor                       Friends/family                       Internet                       Pharmacy                       Nurse at my church

11. Do you have a personal physician/doctor?  Yes  No
12. How many days a week do you or your family members go hungry?  
 None  1-2 days  3-5 days  More than 5 days
13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?  
 None  1-2 days  3-5 days  More than 5 days
14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?  
 None  1-2 days  3-5 days  More than 5 days
15. In the last YEAR have you talked with anyone about your mental health?  
 Yes (please answer #16)  No (please go to #17)
16. If you talked to anyone about your mental health, who was it?  
 Doctor/nurse  Counselor  Family/friend  Other \_\_\_\_\_
17. On a typical DAY, how often do you use substances (either legal or illegal) to make yourself feel better?  
 None  1-2 times  3-5 times  More than 5 times
18. When you were a child, did a parent or other adult often swear at you, insult you or make you feel afraid?  
 Yes  No
19. Do you feel safe where you live?  Yes  No
20. In the past 5 years, have you had a:
- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

**Overall Health Ratings**

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

**INTERNET**

1. How interested would you be in health services provided through Internet or phone?  
 1 Not interested  2 Somewhat interested  3 Extremely interested
2. Can you get free wi-fi in public locations?  Yes  No
3. Do you have Internet in your home (or where you live)? For example, can you watch Youtube?  
 Yes (please go to next section – BACKGROUND INFORMATION)  No (please answer #4)
4. If don't have Internet, why not?  Cost  No available Internet provider  Data limits  
 I don't know how  Other \_\_\_\_\_

## BACKGROUND INFORMATION

1. What county do you live in?

Knox       Other

2. What is your Zip Code? \_\_\_\_\_

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

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

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

Can’t afford health insurance       Don’t need health insurance  
 Don’t know how to get health insurance       Other \_\_\_\_\_

5. What is your gender?       Male       Female

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

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

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

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

Grade/Junior high school       Some high school       High school degree (or GED)  
 Some college (no degree)       Associate’s degree       Bachelor’s degree  
 Graduate or professional degree       Other: \_\_\_\_\_

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

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

10. What is your housing status?

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

11. How many people live with you? \_\_\_\_\_

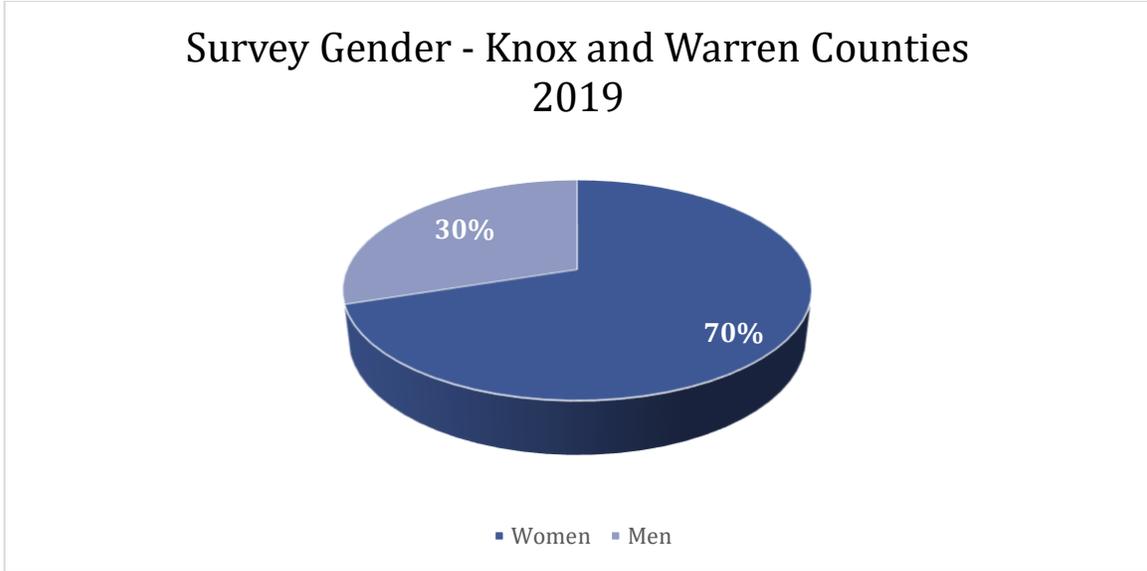
12. What is your job status? (Please choose only one answer).

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

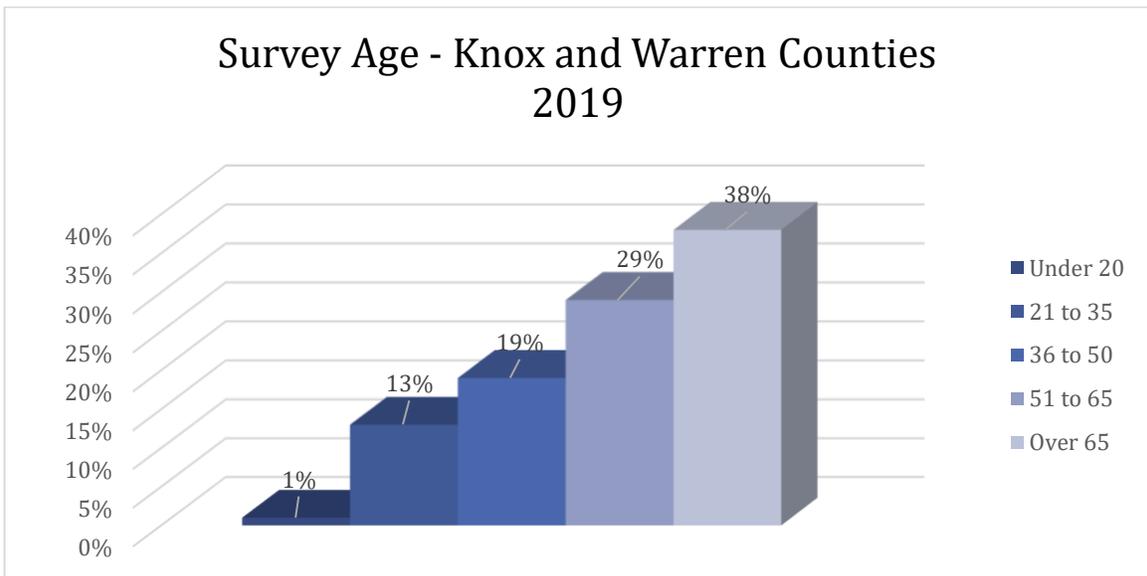
Is there anything else you’d like to share about your own health goals or health issues in our community?

**Thank you very much for sharing your views with us!**

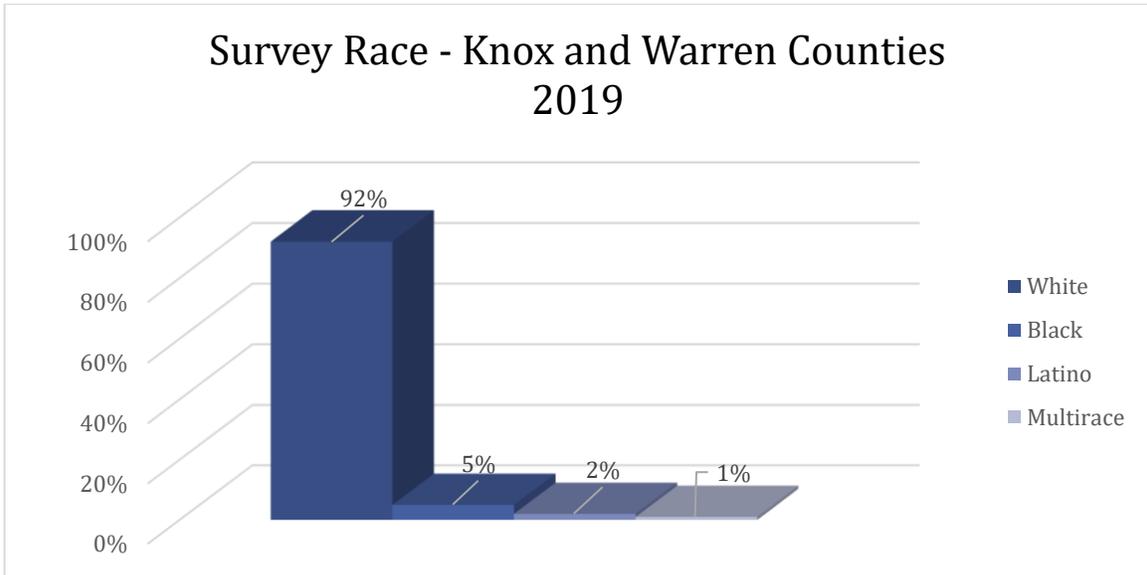
## APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS



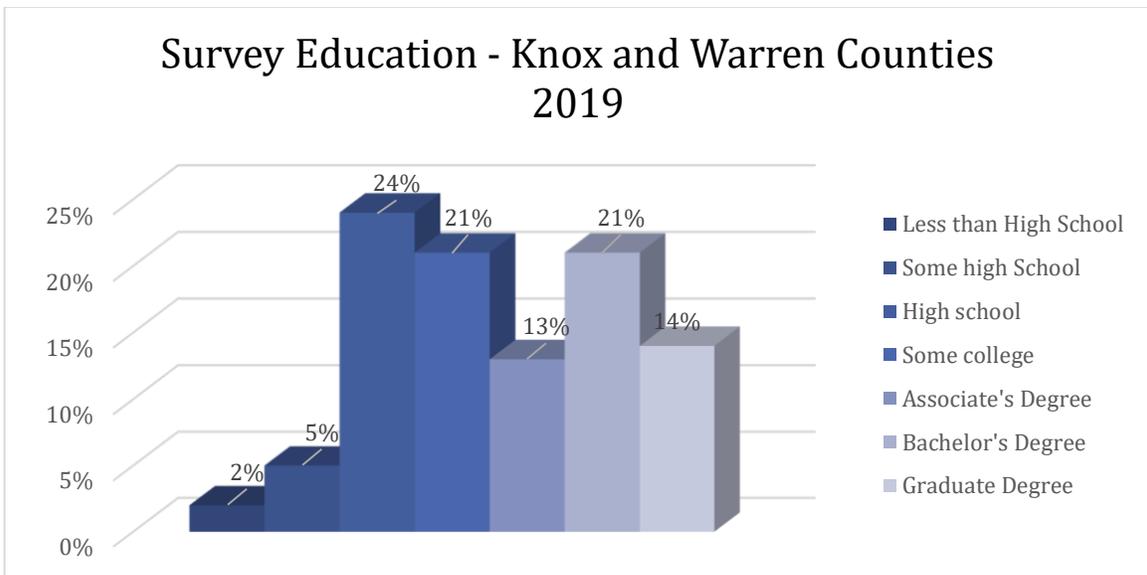
Source: CHNA Survey



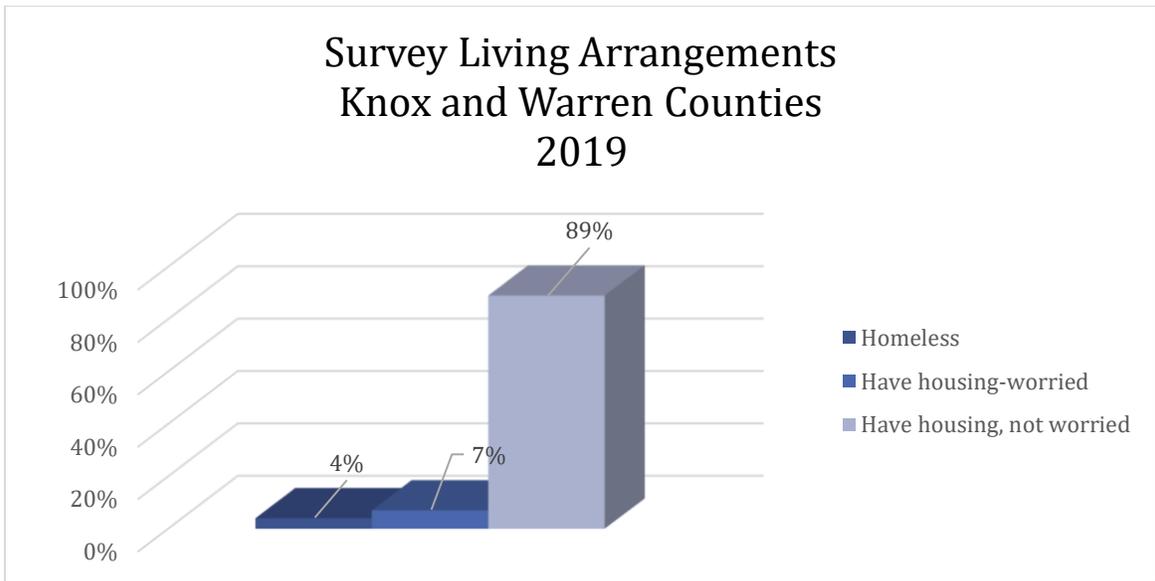
Source: CHNA Survey



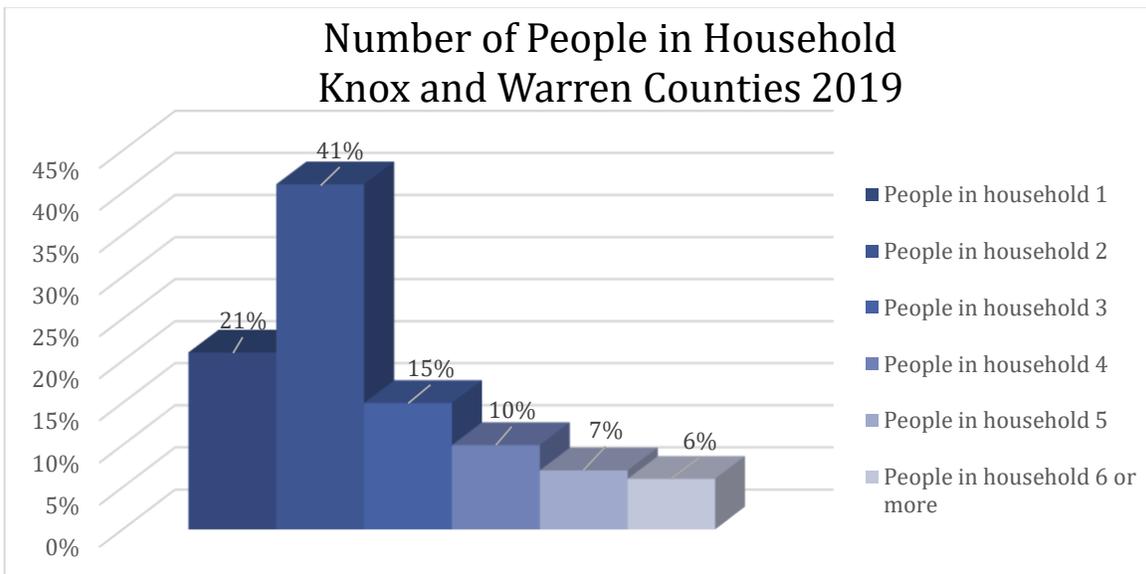
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

## APPENDIX 5. RESOURCE MATRIX\*

	Aging Issues	Cancer Screenings	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Risky sexual behavior STIs	Substance Abuse
<b>Recreational Facilities</b>							
Lakeside Recreation Facility			3		3		
Hawthorne Center			3		3		
YMCA of Knox County			3		3		
YMCA of Warren County			3		3		
Galesburg Parks and Recreation			3		3		
Monmouth Parks and Recreation			3		3		
<b>Health Departments</b>							
Knox County Health Department	3		3	3	3	3	
Warren County Health Department	3		3	3	3	3	
<b>Community Agencies</b>							
United Way of Knox County	2		2	2	2		
United Way of Warren County	2		2	2	2		
Crossroads Counseling and Life Coaching			1	3			3
University of Illinois Knox Co. Extension			3				
University of Illinois Warren Co. Extension			3				
FISH Food Pantry			1				
Knoxville United Methodist Food Pantry			1				
Jamieson Community Center			1	1			
First Christian Church Food Bank			1				
Helping Hands Food Pantry			1				
LaGrace Hall of Hope			1	2			

	Aging Issues	Cancer Screenings	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Risky sexual behavior STIs	Substance Abuse
Gordon Behrents Senior Center/KCCDD	2		2	2			
VNA Community Services	2		2	2			
Western IL Area Agency on Aging	3		3	3			
Knox Community Health Center	3		3	3	3		
Salvation Army	2		2	2			2
YMCA of Warren County			3		3		
YMCA of Knox County			3		3		
Women, Infants, Children's Nutrition Prog			2				
Bridgeway				3			3
Illinois Tobacco Quit Line			1				2
Al Anon			1				2
<b>Hospitals / Clinics</b>							
OSF St Mary Medical Center	3	3	3	3	3	3	3
OSF Medical Group- Galesburg	3	3	3	3	3	3	3
OSF Medical Group- Knoxville	3	3	3	3	3	3	3
OSF Medical Group- Abingdon	3	3	3	3	3	3	3
OSF Medical Group- Woodhull	3	3	3	3	3	3	3
OSF Medical Group- Roseville	3	3	3	3	3	3	3
OSF Medical Group- Galva	3	3	3	3	3	3	3
OSF Prompt Care-Galesburg	3	3	3	3	3	3	3
OSF Galesburg Clinic	3	3	3	3	3	3	3
OSF HealthCare Cardiovascular Institute	3		3		3		
OSF Home Care and Hospice	3		3				
The Galesburg OP VA Clinic	3	3	3	3	3	1	1

	Aging Issues	Cancer Screenings	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Risky sexual behavior STIs	Substance Abuse
Illinois Cancer Care Clinic	3	3	3				
INI Stroke Network	3		3				
Fresenius Kidney Care Galesburg			3				
Knox County Community Health Clinic			3	3	3	3	
Soderstrom Skin Institute	3	3	3				
Heartcare Midwest-Galesburg	3		3				
Galesburg Cottage Hospital/CHS	3	3	3	3	3	3	3
Cottage Clinic of Monmouth	3	3	3	3	3	3	3
Cottage Professional Clinics	3	3	3	3	3	3	3
OSF Holy Family Medical Center	3	3	3	3	3	3	3
OSF Rural Health Clinic-Monmouth	3	3	3	3	3	3	3
Fresenius Medical Care Maple City			3		3		
OSF HealthCare Resource Link				3			
Family Planning Service			3	3		3	

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

## APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

### RECREATIONAL FACILITIES

#### **Lakeside Recreation Facility**

*Healthy Behaviors/Nutrition and Exercise, Obesity*

Lakeside Recreation Facility offers an outdoor water park, tennis courts, multi-purpose courts, and an indoor batting cage.

#### **Hawthorne Center**

*Healthy Behaviors/Nutrition and Exercise, Obesity*

The Hawthorne Recreation Centre has two main recreation facilities. This includes Hawthorne Municipal Pool and Hawthorne Centre Gymnasium, located in separate buildings connected by a hallway.

#### **Knox County YMCA**

*Healthy Behaviors/Nutrition and Exercise, Obesity*

The Illinois Valley YMCA is a community based service organization dedicated to building the mind, body and spirit for members of the Galesburg area communities. By offering value-based programs emphasizing education, health and recreation for individuals regardless of sex, race or socio-economic status the YMCA is increasing the quality of life in Knox County.

#### **Warren County YMCA**

*Healthy Behaviors/Nutrition and Exercise, Obesity*

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 workout facilities are available 24 hours a day to accommodate any schedule.

#### **Galesburg Parks and Recreation**

*Healthy Behaviors/Nutrition and Exercise, Obesity*

The Galesburg Parks and Recreation district offers a variety of year-round programs for infants, toddlers, early childhood, youth, adults, and seniors.

#### **Monmouth Parks and Recreation**

*Healthy Behaviors/Nutrition and Exercise, Obesity*

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

### HEALTH DEPARTMENTS

#### **Knox County Health Department**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

The Health Department delivers services in five major program areas: Environmental Health, Wellness and Health Promotion, Family Health Services, Health Protection, operates a Section 330 federally-funded community health center, providing medical, dental, and behavioral health services.

### **Warren County Health Department**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

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.

## **COMMUNITY AGENCIES/PRIVATE PRACTICES**

### **United Way of Knox County**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Substance Abuse*

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.

### **United Way of Warren County**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Substance Abuse*

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. Sponsor of the 211 resource center.

### **Crossroads Counseling and Life Coaching**

*Health Behaviors/Nutrition and Exercise, Behavioral Health*

Crossroads Counseling and Life Coaching is dedicated to improving the health and well-being of clients through individual, marital/family, and group counseling.

### **University of Illinois Knox County Extension**

*Healthy Behaviors/Nutrition and Exercise*

The University of Illinois Extension provides practical education in food safety and nutrition, family health and wellness, etc. to help people, businesses, and communities solve problems, develop skills, and build a better future.

### **University of Illinois Warren County Extension**

*Healthy Behaviors/Nutrition and Exercise*

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

**FISH Food Pantry***Healthy Behaviors/Nutrition and Exercise*

FISH is an all-volunteer non-for-profit agency. As a local food pantry, FISH provides emergency food relief to those in Knox County in need of assistance.

**Knoxville United Methodist Food Pantry***Health Behaviors/Nutrition and Exercise*

The United Methodist food pantry provides food by appointment on Monday, 9:00 am. – 12:00 p.m. and open hours on Tuesday, 2:00 p.m. – 4:00 p.m. and Wednesday, 9:00 a.m. – 11:00 a.m. Serving those in Knox County.

**Jamieson Center***Healthy Behaviors/Nutrition and Exercise, Behavioral Health*

Jamieson Community Center is a 501(c)3 non-profit primarily serving residents of Warren County. Their programs are designed to increase food security and help people with essential services. More than 2,000 people receive some type of assistance from JCC each year. Some receive meals on a daily basis through the Senior Nutrition or Summer Meals programs, some are guests each month at our pantry, some receive seasonal help with school supplies or at Christmas, and some receive help on an annual basis through our Jingle Bills fund. Many more shop at the thrift store to buy clothing or household items at affordable prices. We are also an application site for WIRC's energy assistance program and administer Warm Neighbors Cool Friends energy assistance program.

**First Christian Church- Food Pantry***Healthy Behaviors/Nutrition and Exercise*

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***Healthy Behaviors/Nutrition and Exercise*

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.

**LaGrace Hall of Hope***Healthy Behaviors/Nutrition and Exercise, Behavioral Health*

The mission of LaGrace Hall of Hope is to serve those and their families and friends who are living with a terminal illness, chronic pain or the broken heartedness of grief. To provide food to the hungry, especially the disabled elderly, and those who suffer from a mental or physical disability. To provide shelter and food for the homeless women and children who have exhausted their means of support.

**Gordon Behrents Senior Center/KCCDD***Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health*

The center provides programs and activities to individuals to maximize an individual's potential in the community.

**VNA Community Services**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health*

The Volunteer Network on Aging provides services to individuals such as meals, transportation, recreation, and health promotion.

**Western Illinois Area Agency on Aging – RSVP**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health*

Western Illinois Area Agency on Aging is an Aging and Disability Resource Center. They serve a 10 county area that includes: Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island and Warren County. They ensure coordinated, accessible services for older persons to live independent, meaningful and dignified lives. The community focal points in each county that are senior centers serve as congregate meal sites as well as areas for seniors to go for activities and socialization. They advocate at local, state, and federal levels for seniors and adults with disabilities. WIAAA also funds Home Delivered Meal programs, transportation as well as respite for caregivers. Retired and Senior Volunteer

**Knox Community Health Center**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity*

Provide comprehensive health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care. Services include: physical exams, adult wellness, chronic disease, behavioral health screenings, family therapy, and outpatient treatment.

**Salvation Army**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise, Behavioral Health*

The Galesburg Salvation Army provides support to individuals and families in our communities by providing food, financial support, counseling, and adult and youth programs. They offer recreational activities while supporting spiritual and mental needs.

**Women, Infants, and Children’s Nutrition Program**

*Healthy Behaviors/Nutrition and Exercise*

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.

**Bridgeway Mental Health and Family Services**

*Behavioral Health, Substance Abuse*

Bridgeway is a comprehensive human services organization providing services to persons with disabilities and their families in order to create stronger communities as well as improving quality of life for the individuals we serve.

**Illinois Tobacco Quit Line**

*Healthy Behaviors, Substance Abuse*

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 thru insurance or Medicaid) for 8 weeks per 12-month period.

### **AL-Anon**

*Healthy Behaviors, Substance Abuse*

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 offered at Roseville Christian Church.

### **Various private practice clinicians**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse* Several private practice clinicians offer services to address addiction/substance abuse, mental health, and dental needs.

## **HOSPITALS/CLINICS**

### **OSF St. Mary Medical Center**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

OSF St. Mary Medical Center is a 81-bed acute care facility in Galesburg. The medical center provides state-of-the art therapeutic, diagnostic, medical and surgical services for our patients and medical staff. A strong, specialized nursing and technical staff is maintained by the hospital. Professional health educators are the nucleus of the in-house and outreach health screening, information and education programs. Supported by certified social workers, nutritionists and therapists, this team insures the ability to provide high quality patient care and education in the pre- and post- medical center experiences.

### **OSF Medical Group**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

The OSF Medical Group has offices throughout Knox County, including: Galesburg, Knoxville, Abingdon, Woodhull, and Williamsfield. The offices are staffed with primary care physicians as well as specialty. Nurse Practitioners, Advance Practice Nurses, and other support staff is used to treat individuals with various conditions, such as diabetes, dermatology, infectious disease, urology, sports medicine, podiatry, sleep disorder, and more.

### **OSF Prompt Care**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

Prompt Care is a walk-in clinic designed to assess and treat sudden minor illnesses and injuries for patients when their primary care provider is busy or unavailable. Prompt Care has on-site lab and X-ray services available, as well treatment rooms for performing minor procedures. Services are available 7 days a week.

**OSF Galesburg Clinic**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

The Galesburg Clinic is a multi-specialty group offering services in internal medicine, cardiology, gastroenterology, neurology, urology, obstetrics, behavioral health, podiatry, pediatrics, pulmonology, surgical services, and general practice.

**OSF Home Care and Hospice**

*Aging Issues, Healthy Behaviors/Nutrition and Exercise*

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

**Galesburg Cottage Hospital**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

Galesburg Cottage Hospital is a 173-bed hospital. Comprehensive services include inpatient and outpatient care; diagnostic imaging; medical and surgical care, including minimally-invasive surgery. The hospital also offers a Wound Healing Center, a Surgical Weight Loss Center, and a renal dialysis center.

**Cottage Professional Clinics**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

Cottage Clinics include primary care providers (family medicine and internal medicine) and a variety of specialists including cardiology, general surgery, obstetrics and gynecology, orthopedics, pediatrics, podiatry and urology.

**The Galesburg OP VA Clinic**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

The clinic at the Galesburg location is staffed by 2 physicians specializing in emergency medicine and social work.

**Knox County Community Health Clinic**

*Healthy Behaviors, Mental Health, Behavioral Health*

The Knox County Human Services Council provides a forum for social service professionals and agencies to exchange information of mutual interest and benefit and to coordinate efforts to enhance the delivery of social, health, educational and other services available to Knox County residents.

**Fresenius Medical Care-Galesburg**

*Healthy Behaviors/Nutrition and Exercise*

Fresenius provides individuals with kidney disease in-center hemodialysis as well as at-home peritoneal dialysis. The clinic also provides patients and families education on managing a diet.

**OSF Medical Group Monmouth**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

The OSF Medical Group Clinic in Monmouth provides a wide range of medical care to the community focusing mainly on primary care. There are 4 Physicians, 6 Advanced Practice Professionals and 2 Licensed Clinical Social Workers on staff. The facility is open 7 days a week and offers many same-day appointments to community members.

**OSF Medical Group Roseville**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

The Roseville clinic is staffed with a physician board certified in family medicine.

**OSF Multi-Specialty Group**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

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

**Cottage Clinic at Monmouth**

*Aging Issues, Cancer Screenings, Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Obesity, Risky Sexual Behavior STIs, Substance Abuse*

The clinic offers a broad range of medical practice services to include internal medicine, homeopathic medicine, pediatrics, gynecology, psychiatry, and geriatrics. Special emphasis is placed on prevention and primary care of entire families, utilizing consultations and community resources when appropriate.

**Fresenius Medical Care Maple City**

*Healthy Behaviors/Nutrition and Exercise*

Fresenius provides individuals with kidney disease in-center hemodialysis as well as at-home peritoneal dialysis. The clinic also provides patients and families education on managing a diet.

**Family Planning Service**

*Healthy Behaviors/Nutrition and Exercise, Behavioral Health, Risky Sexual Behavior STIs*

Family Planning Service provides low cost reproductive healthcare to men and women throughout Western Illinois. Services provided include: STD testing and treatment, Pap, pelvic and breast exams, testing and treatment of minor infections, prescribing of various contraceptive methods, including Plan B, pregnancy testing, and counseling and referrals.

**OSF HealthCare Resource Link**

*Behavioral Health*

The Resource Link Department provides care coordination services for children and adolescents in the fields of mental and behavioral health. They help families find resources for their children. They make referrals to the service providers to ensure that families are able to access the necessary resources. They serve Knox County, Warren County, Henderson County, Fulton County, McDonough County, and Henry County.

## 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<sup>3</sup>**

Screen out health problems based on the following feasibility factors:

**Propriety** – Is a program for the health problem appropriate?

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

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

**Resources** – Is funding available for a program?

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

#### **Step 4. Use Voting Technique to Narrow Potential Issues**

#### **Step 5. Prioritize Issues. Use a weighted-scale approach (1-5 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*

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<sup>3</sup> “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)