2025

Community Health Needs Assessment

OSF HEALTHCARE DIVINE MERCY CONTINUING CARE HOSPITAL

Peoria County
Tazewell County
Woodford County

EXECUTIVE SUMMARY

The Greater Peoria Specialty Hospital, LLC, d.b.a. OSF HealthCare Divine Mercy Continuing Care Hospital, Community Health Needs Assessment is a collaborative undertaking by OSF HealthCare Divine Mercy Continuing Care Hospital certified as a long-term care facility to highlight the health needs and well-being of residents in the Tri-County region. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Tri-County region. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors.

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

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors, and access to medical care, dental care, prescription medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

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

- **Behavioral Health – including depression and anxiety**
- **Substance Use – including misuse of prescription medication**

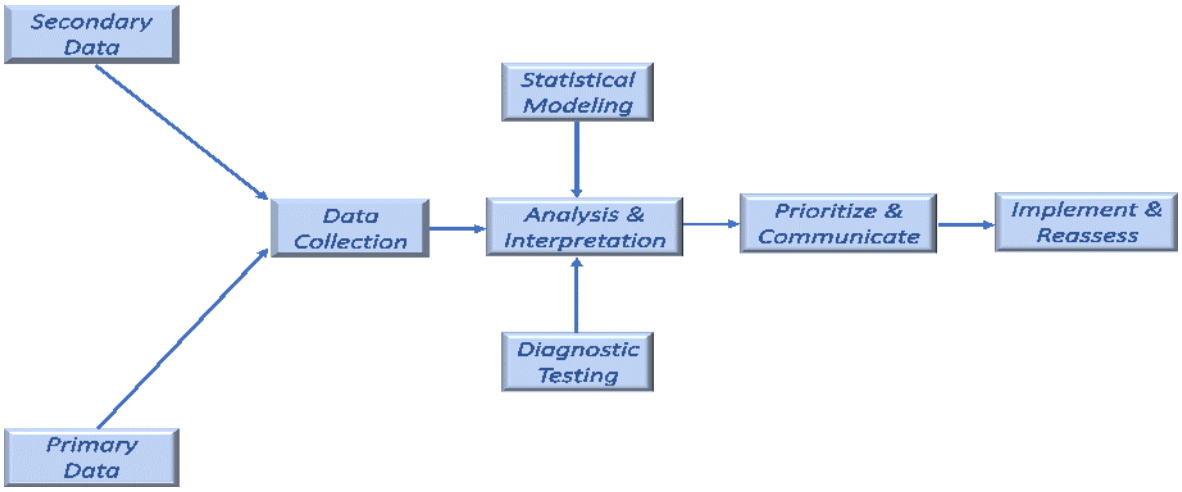
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, introduced new requirements for tax-exempt charitable hospital organizations. These organizations must conduct community health needs assessments and adopt implementation strategies to address the community health needs identified through these assessments. This community health needs assessment (CHNA) includes input from specific individuals who represent the broad interests of the community served by OSF HealthCare Divine Mercy Continuing Care Hospital, 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 September 29, 2025.

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

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from:

- OSF HealthCare Divine Mercy Continuing Care Hospital

- OSF Saint Francis Medical Center (SFMC), to provide input for SFMC and general CHNA guidance
- Partnership for a Healthy Community (PFHC), including the Peoria County Health Department, Tazewell County Health Department, and Woodford County Health Department, to provide input for needs of underserved residents
- Bradley University, to provide input regarding health equity, data analysis, and CHNA guidance
- University of Illinois College of Medicine – Peoria, to provide health department input and data analysis

Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles, and expertise can be found in APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM. Engagement occurred throughout the process, resulting in shared ownership of the assessment. The entire collaborative team met in the second and third quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

To determine the geographic boundaries for OSF HealthCare Divine Mercy Continuing Care Hospital, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by the Tri-County region. Data show that the Tri-County region alone represents 81% of all patients for the hospital.

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

Purpose of the Community Health Needs Assessment

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

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

Community Feedback from Previous Assessments

The 2024 CHNA was widely shared with the community to allow for feedback. OSF HealthCare Divine Mercy Continuing Care Hospital posted both a full and summary version on its website. To solicit feedback, a link - CHNAFeedback@osfhealthcare.org – was provided on the hospital's website; however, no feedback was received.

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

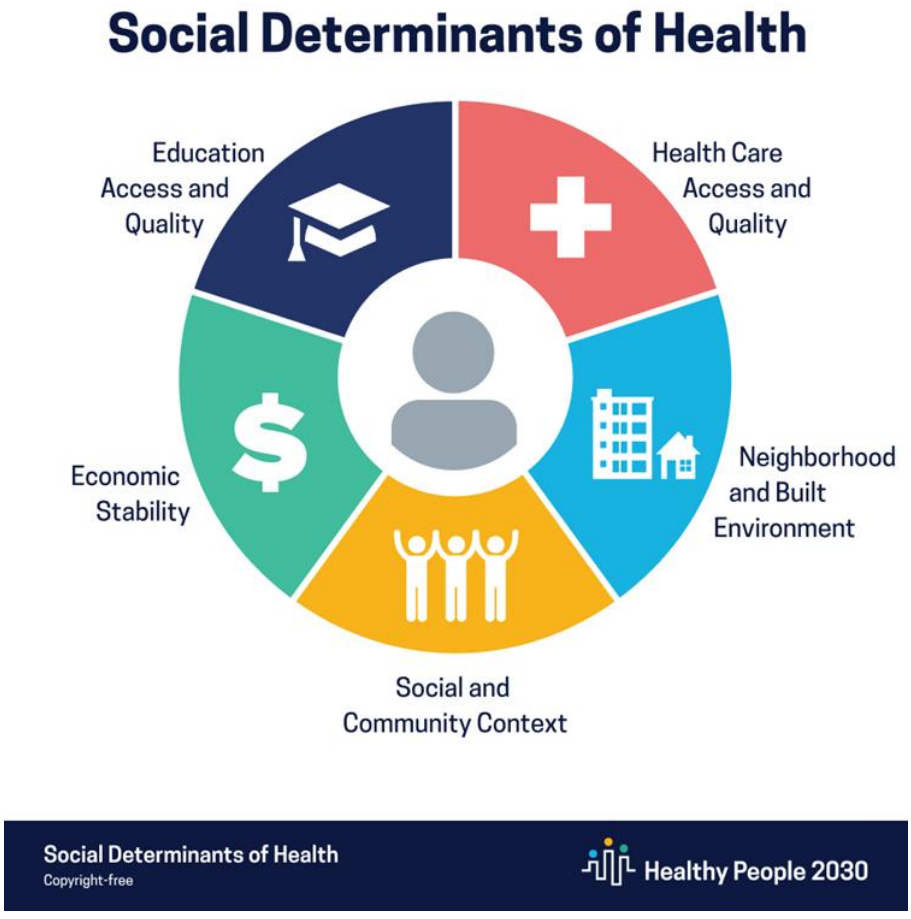
2024 CHNA Health Needs and Implementation Plans

The 2024 CHNA for the Tri-County Region identified two significant health needs: Improve Health Outcomes Through Social Drivers of Health and Health Literacy / Education. Specific actions were taken to address these needs. Detailed discussions of goals, strategies to improve these health needs, and impact can be seen in APPENDIX 2. ACTIVITIES RELATED TO 2024 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

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

Figure 2



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

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

II. METHODS

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

Secondary Data Collection

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

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

Primary Data Collection

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

Survey Instrument Design

Initially, all publicly available health needs assessments in the U.S. were reviewed to identify common themes and approaches to collecting community health needs data. By leveraging best practices from these surveys, a new survey was designed in 2025 for use with both the general population and the at-risk community. To ensure all critical areas were addressed, the entire collaborative team was involved in survey design and approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health needs assessment, eight specific sets of items were included:

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

- **Ratings of unhealthy behaviors in the community** – To assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug use, 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.
- **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.
- **Social drivers of health** – To assess the impact that social drivers may have on the above-mentioned areas.

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

Sample Size

Given the nature of a CHNA for a long-term care hospital, identification of potential respondents was based on the patient population of OSF HealthCare Divine Mercy Continuing Care Hospital. A normal approximation to the hypergeometric distribution was assumed, given the targeted sample size. The formula used was:

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

For the total OSF HealthCare Divine Mercy Continuing Care Hospital patient population, the minimum sample size was 95 participants. Data collection yielded a sample of 105 respondents. After cleaning the data for "bot" survey respondents, the sample was reduced to 93 respondents. While this sample size did not meet the threshold of the desired 95% confidence interval, it did exceed the threshold for the 90% confidence interval. Sample characteristics can be seen in APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

Survey data were collected in the 1st quarter of 2025. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. To be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Both the online survey and paper survey were also translated into Spanish.

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

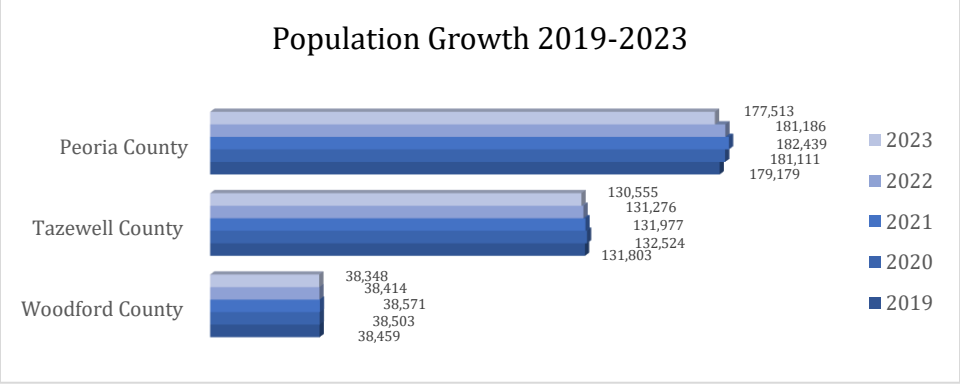
1.1 Population

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

Population Growth

Data from the last census indicates the population of Peoria County has decreased slightly less than 1% between 2019 and 2023. During the same period, Tazewell County population decreased about 1% and Woodford County also decreased (0.3%) (Figure 3).

Figure 3



Source: United States Census Bureau

1.2 Age, Gender, and Race Distribution

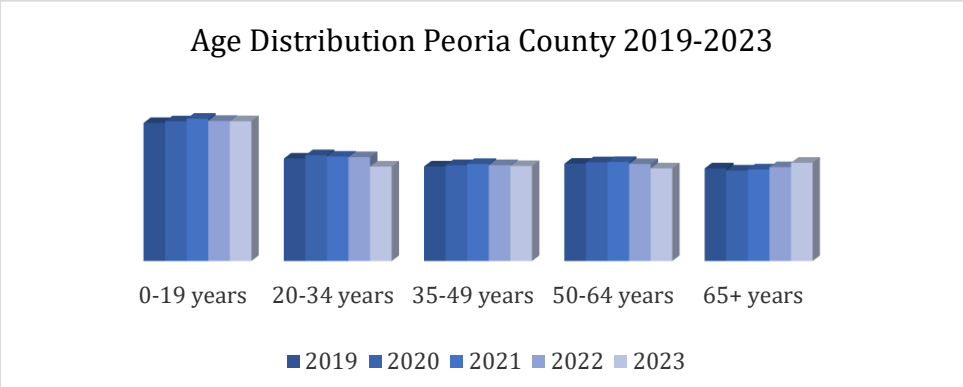
Importance of the Measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth

and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

Age

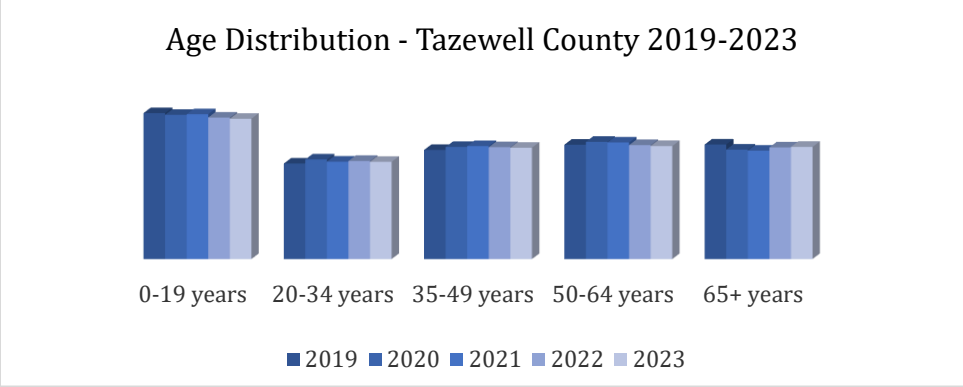
Figure 4, Figure 5, and Figure 6 illustrate the percentage of individuals in the Tri-County region in each age group. Peoria County had its largest decrease in the 20-34 age group (7.8%) and its largest increase in the 65+ age group (6%) between 2019 and 2023. Tazewell County had its largest decrease in the 0–19 age group (3.9%) and its largest increase in the 35–49 age group (2%). Woodford County had its largest decrease in the 50 – 64 age group (6.4%) and largest increase in the 65+ age group (6.9%) between 2019 and 2023.

Figure 4



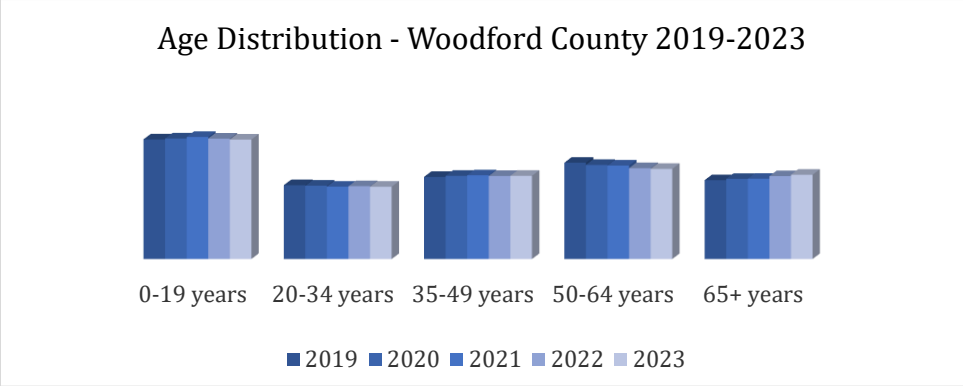
Source: United States Census Bureau

Figure 5



Source: United States Census Bureau

Figure 6

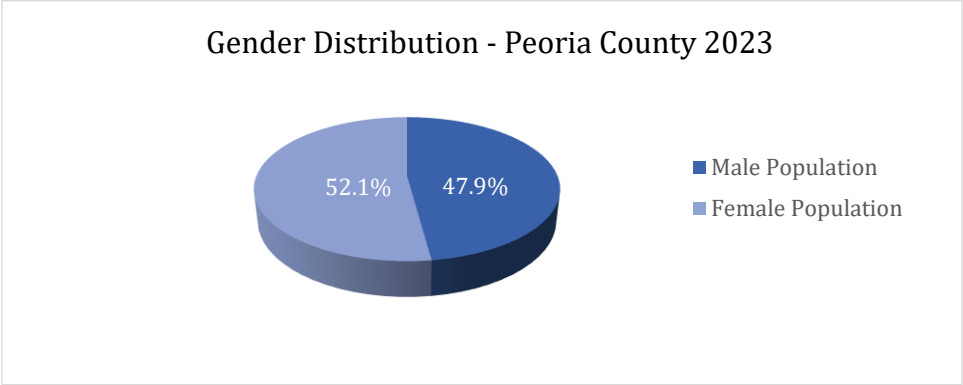


Source: United States Census Bureau

Gender

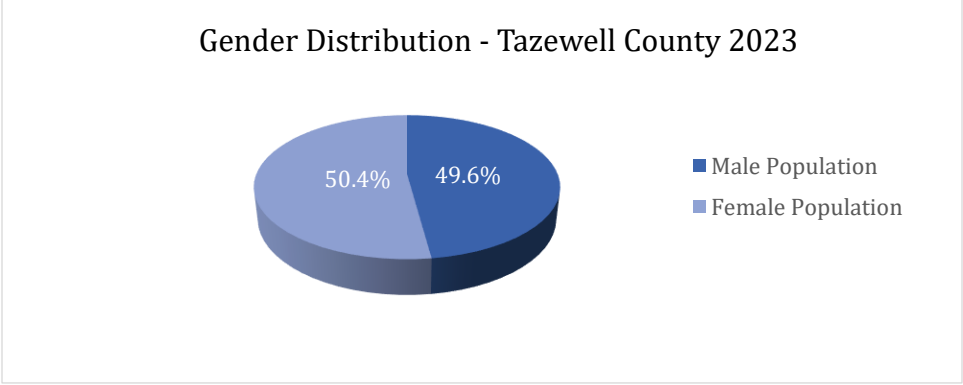
The gender distribution of residents in Peoria, Tazewell, and Woodford Counties is relatively equal among males and females (*Figure 7*, *Figure 8*, and *Figure 9*).

Figure 7



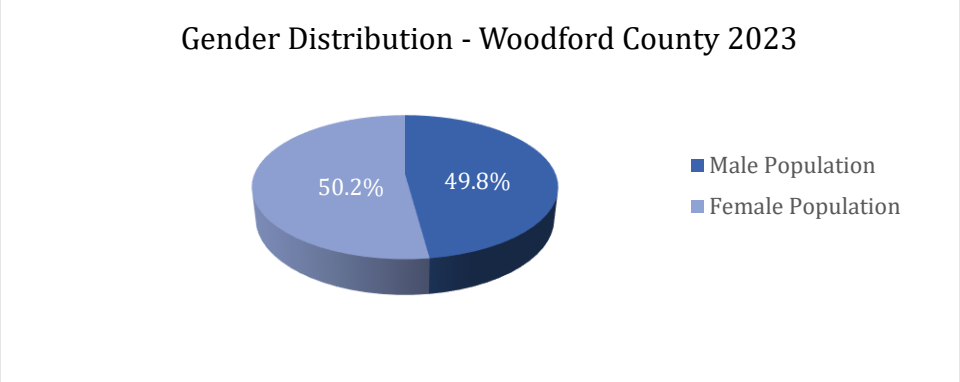
Source: United States Census Bureau

Figure 8



Source: United States Census Bureau

Figure 9



Source: United States Census Bureau

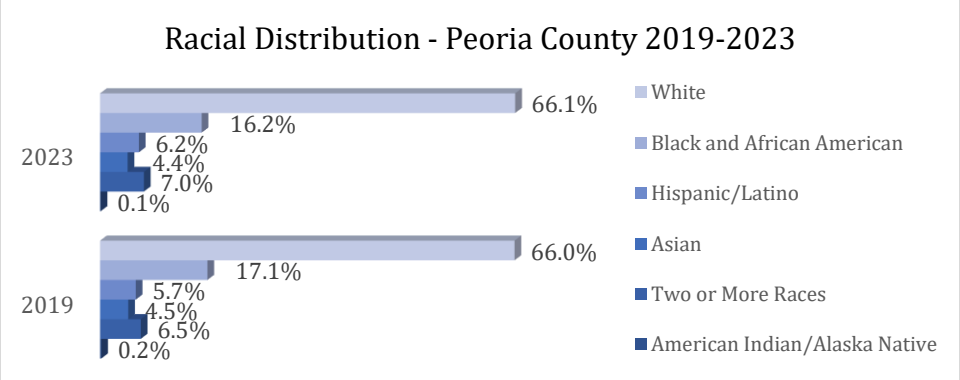
Race

With regard to race and ethnic background, Peoria County is relatively diverse. Data from 2023 shows that the White ethnicity is 66.1% of the population, Black ethnicity comprises 16.2%, multi-racial ethnicity comprises 7%, Hispanic/Latino (LatinX) ethnicity comprises 6.2%, Asian ethnicity comprising 4.4%, and American Indian/Alaska Native ethnicity comprises 0.1% of the population (*Figure 10*).

Data from 2023 shows that in Tazewell County the White population is 91.8%. Hispanic/Latino (LatinX) and multi-racial ethnicities each comprise 2.8% of the population, Black ethnicity comprises 1.5%, Asian ethnicity comprises 1%, and American Indian/Alaska Native ethnicity comprises 0.1% of the population (*Figure 11*).

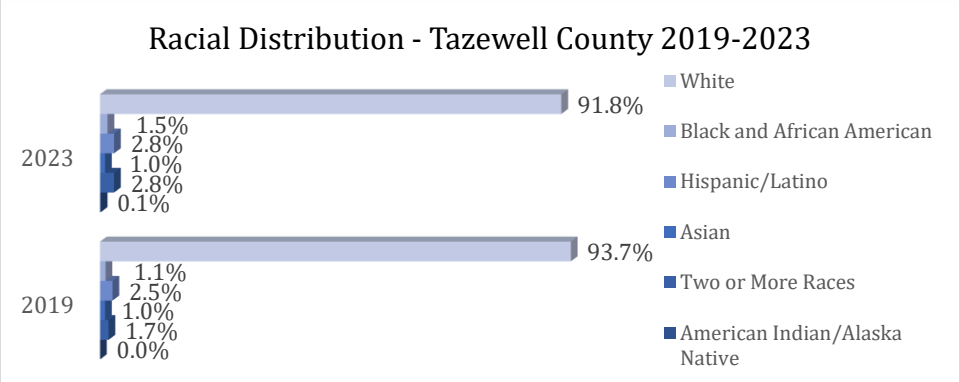
Similarly, data from 2023 shows that in Woodford County the White population is 94.1%, with multi-racial ethnicity comprising of 2.6%, Hispanic/Latino (LatinX) comprising 2.1%, Black ethnicity comprising 0.6%, Asian ethnicity comprising 0.5%, and American Indian/Alaska Native ethnicity comprising 0.1% of the population (*Figure 12*).

Figure 10



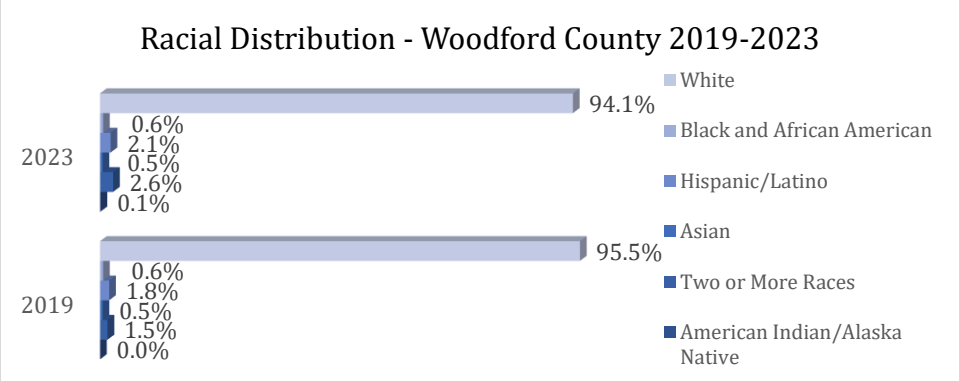
Source: United States Census Bureau

Figure 11



Source: United States Census Bureau

Figure 12



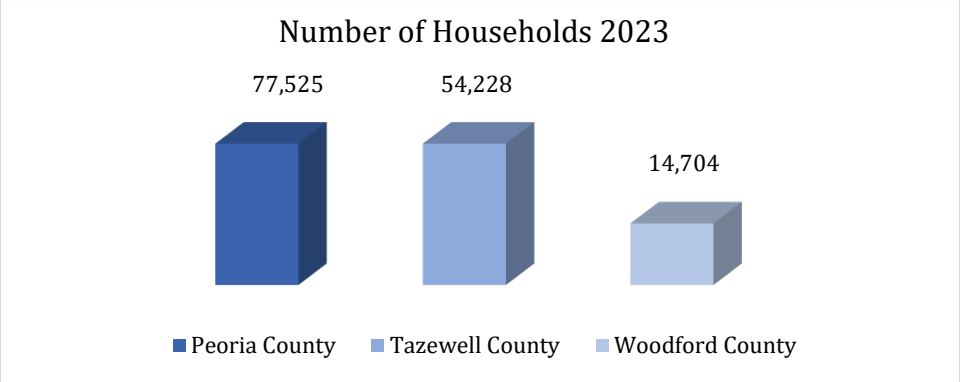
Source: United States Census Bureau

1.3 Household/Family

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

The number of family households in the Tri-County area for 2023 is indicated in *Figure 13*.

Figure 13



Source: United States Census Bureau

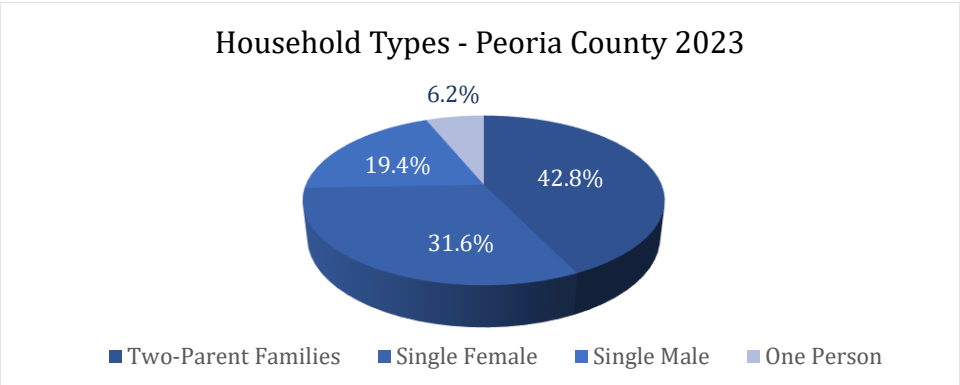
Family Composition

In Peoria County, data from 2023 show that two-parent families make up 42.8% of households, one-person households represent 6.2% of the county population, single-female households represent 31.6%, and single-male households represent 19.4% (*Figure 14*).

In Tazewell County, data from 2023 show that two-parent families make up 46.5% of households, one-person households represent 7.5% of the county population, single-female households represent 27%, and single-male households represent 19% (*Figure 15*).

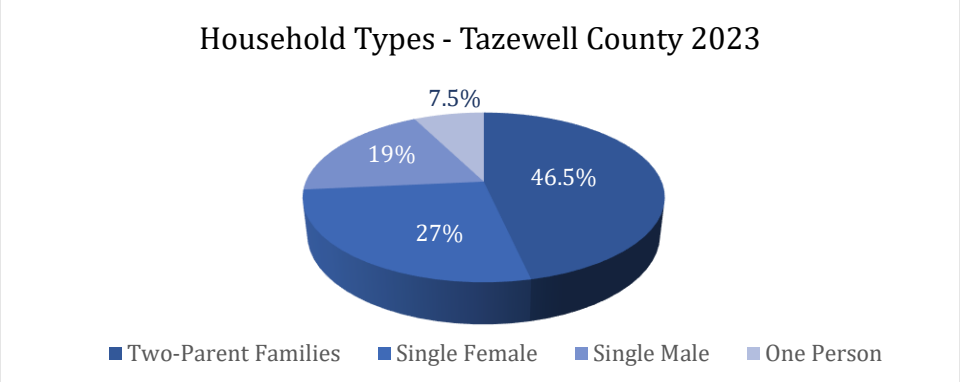
In Woodford County, data from 2023 show that two-parent families make up 59.9% of households, one-person households represent 4.9% of the county population, single-female households represent 21.5%, and single-male households represent 13.7% (*Figure 16*).

Figure 14



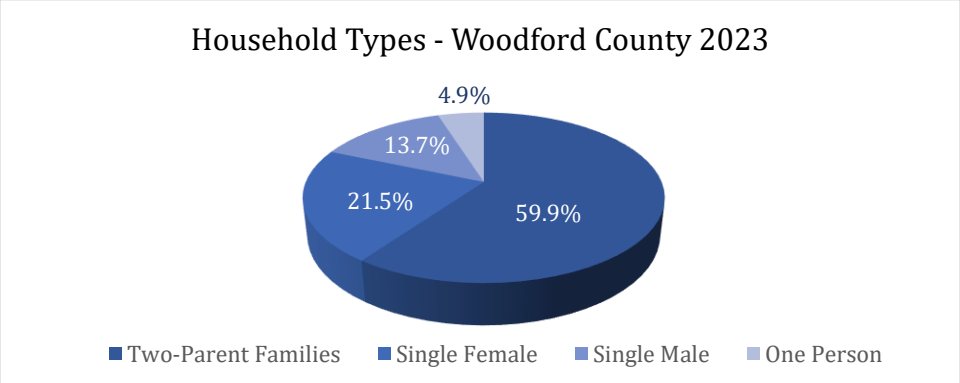
Source: United States Census Bureau

Figure 15



Source: United States Census Bureau

Figure 16

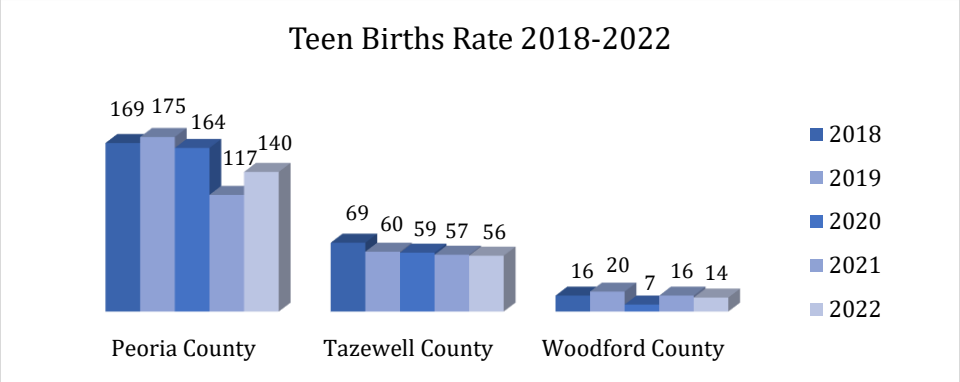


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

From 2018 to 2022, the teen birth rate showed an overall decrease in Peoria (17%), Woodford (13%), and Tazewell Counties (19%). Although Peoria and Woodford experienced fluctuations, Tazewell exhibited a steady decline (*Figure 17*).

Figure 17



Source: Illinois Department of Public Health

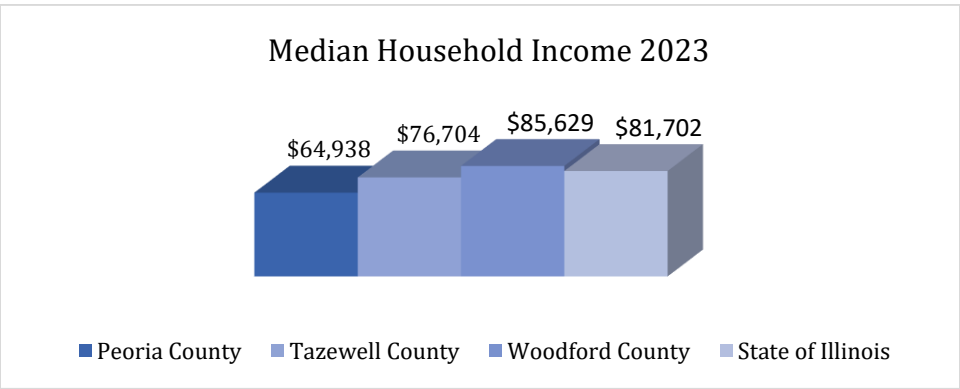
1.4 Economic Information

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

Median Income Level

In 2023, the median household income in Peoria ($64,938) and Tazewell Counties ($76,704) were lower than the State of Illinois amount ($81,702) (*Figure 18*). However, Woodford County ($85,629) had a median household income above the State of Illinois figure ($81,702).

Figure 18



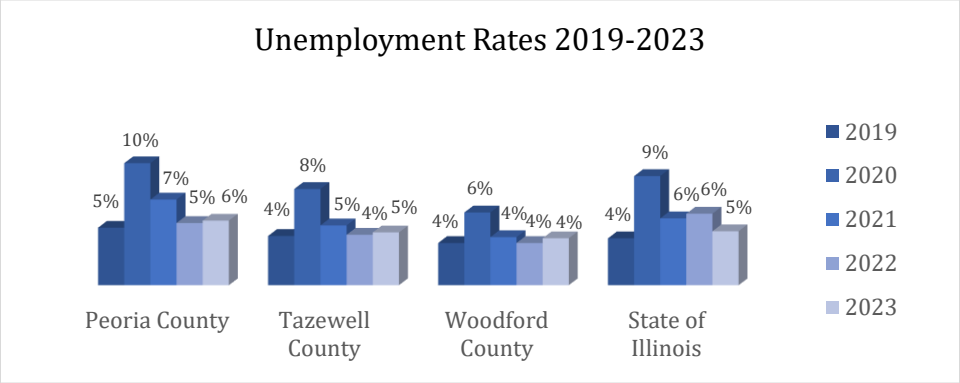
Source: United States Census Bureau

Unemployment

From 2019 through 2023, the Peoria County unemployment rate was higher than the State of Illinois unemployment rate, except during 2022. During the same period, the Tazewell County unemployment

rate was at or below the State of Illinois unemployment rate. Similarly, Woodford County maintained an unemployment rate at or below the State of Illinois unemployment rate from 2019 to 2023. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (*Figure 19*).

Figure 19

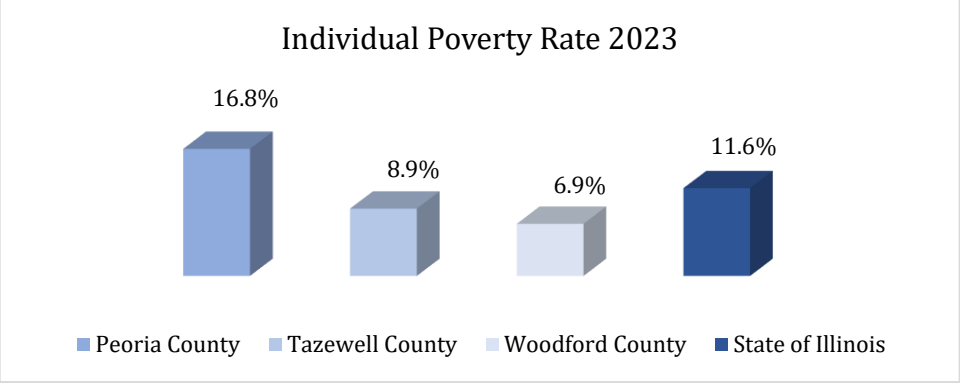


Source: Bureau of Labor Statistics

Individuals in Poverty

Poverty has a significant impact on the development of children and youth. Below is the poverty rate for all individuals across the Tri-County area for 2023. In Peoria County, the percentage of individuals living in poverty was 16.8%, which is higher than the State of Illinois individual poverty rate of 11.6%. In Tazewell County, the percentage of individuals living in poverty is 8.9%, which is lower than the State of Illinois poverty rate of 11.6%. In Woodford County, the percentage of individuals living in poverty is 6.9%, which is significantly lower than the State of Illinois poverty rate of 11.6% (*Figure 20*).

Figure 20



Source: United States Census Bureau

1.5 Education

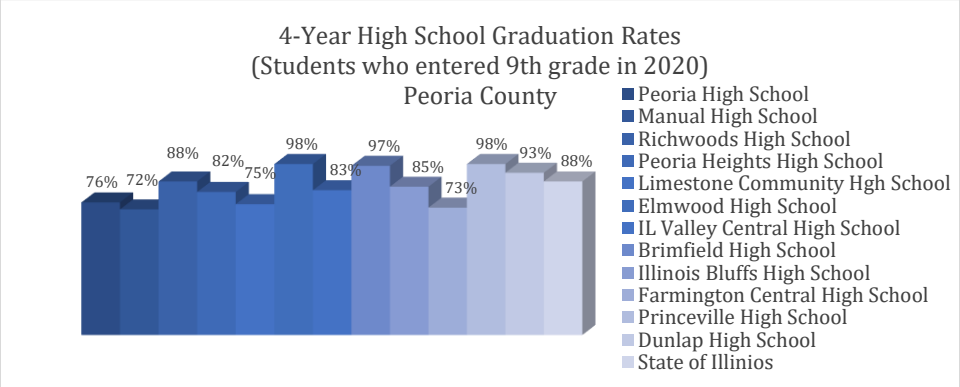
Importance of the Measure: According to the National Center for Educational Statistics, "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that higher educational attainment and greater school success lead to better health outcomes and a higher likelihood of making healthy lifestyle choices. Consequently,

years of education are strongly related to an individual's propensity to earn a higher salary, secure better employment, and achieve multifaceted success in life.

High School Graduation Rates

Students who entered 9th grade in 2020 in Peoria County school districts, except Elmwood HS, Brimfield HS, Princeville HS, and Dunlap HS reported high school graduation rates that were at or below the State of Illinois average of 88% (*Figure 21*).

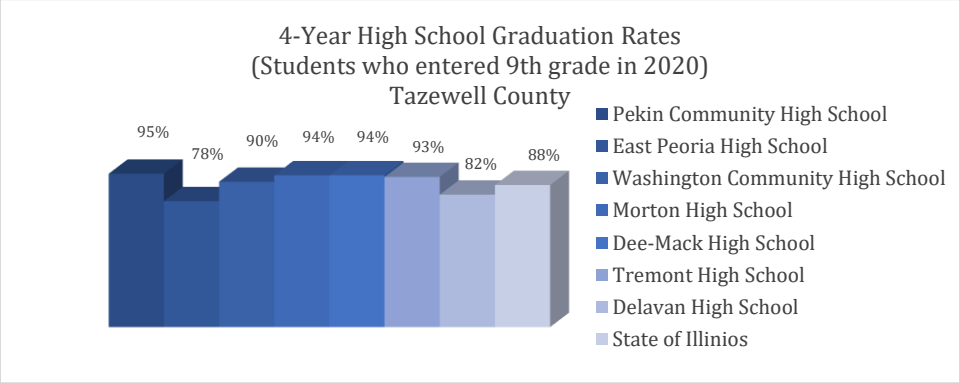
Figure 21



Source: Illinois Report Card

Students who entered 9th grade in 2020 in Tazewell County school districts, except East Peoria High School and Delavan High School, reported high school graduation rates that were above the State of Illinois average of 88% (*Figure 22*).

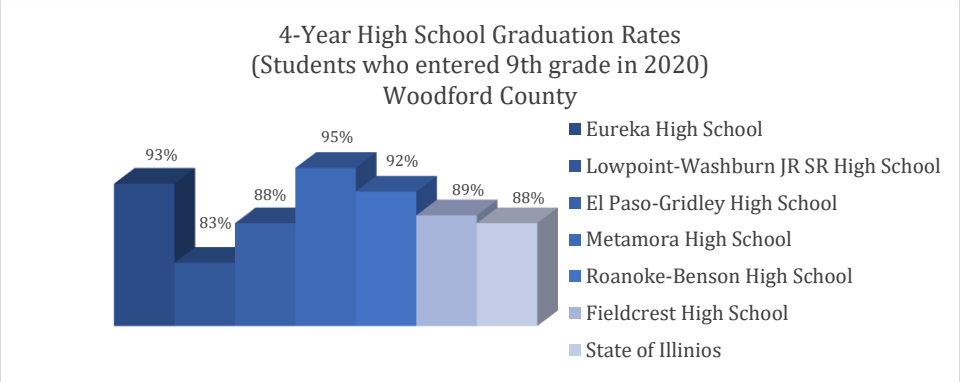
Figure 22



Source: Illinois Report Card

Students who entered 9th grade in 2020 in Woodford County school districts, except Lowpoint-Washburn JR SR High School reported high school graduation rates that were at or above the State of Illinois average of 88% (*Figure 23*).

Figure 23



Source: Illinois Report Card

1.6 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD WAS 21.5%, 27% AND 31.6% OF THE POPULATION FOR THE THREE COUNTIES. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ NEARLY HALF OF THE HIGH SCHOOLS IN THE TRI-COUNTY AREA HAVE GRADUATION RATES AT OR LOWER THAN STATE OF ILLINOIS AVERAGES.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

2.1 Wellness

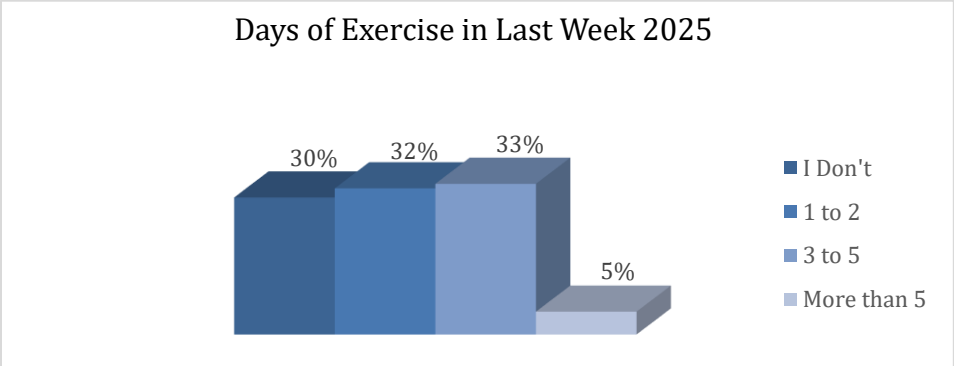
Importance of the Measure: The overall health of a community is impacted by preventative measures, including immunizations and vaccinations. Preventative healthcare measures, such as getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases, are essential to combating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

Physical Exercise

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

Specifically, 30% of respondents indicated that they do not exercise at all, while the majority (65%) of residents exercise 1-5 times per week (Figure 24).

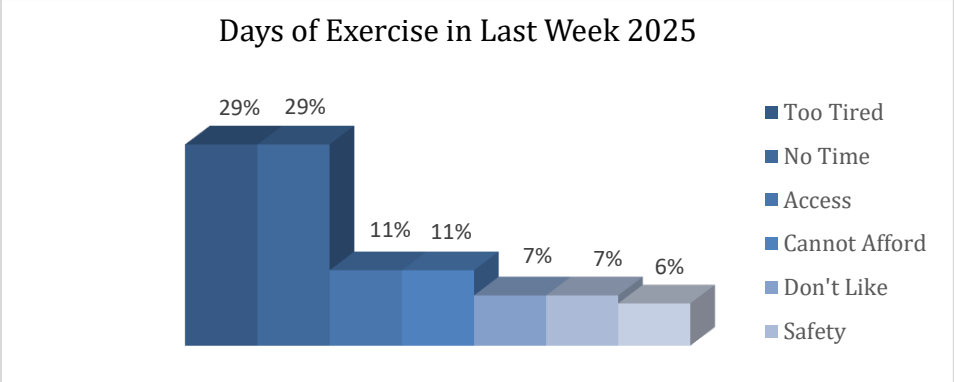
Figure 24



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are not having enough energy (29%) and not enough time (29%) (Figure 25).

Figure 25



Source: CHNA Survey

Social Drivers Related to Exercise

No characteristics show significant relationships with frequency of exercise.

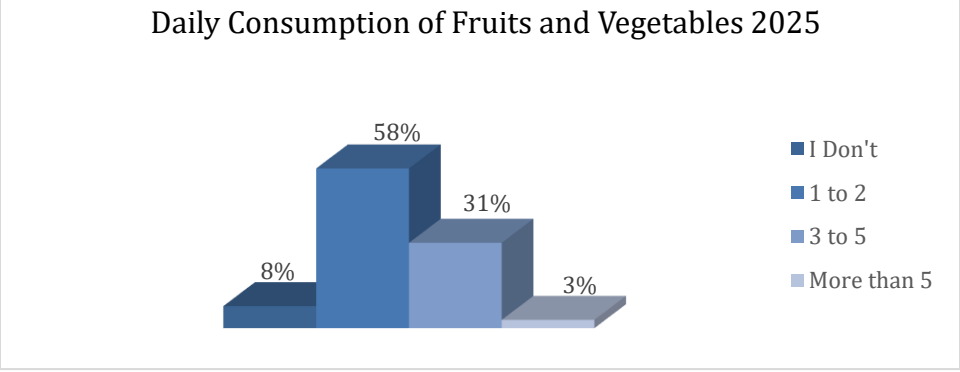
- **Frequency of exercise** shows no significant correlates.

Healthy Eating

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

More than two-thirds (66%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables. Notably, only 3% of residents consume five or more servings per day (Figure 26). Note that a follow-up question to find out why some residents do not consume fruits and vegetables was not analyzed given the low response rate.

Figure 26



Source: CHNA Survey

Social Drivers Related to Healthy Eating

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

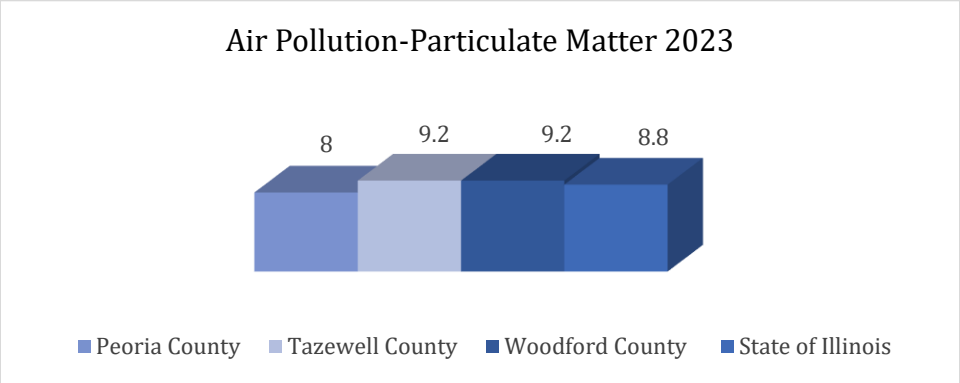
- **Consumption of fruits and vegetables** tends to be more likely for those with higher education and those with higher income. Consumption of fruits and vegetables tends to be less likely for those in an unstable housing environment.

2.2 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for Peoria County (8) is lower than the State of Illinois average (8.8), while Tazewell and Woodford Counties (9.2) are each higher than the State of Illinois average (8.8) (*Figure 27*).

Figure 27



Source: County Health Rankings & Roadmaps

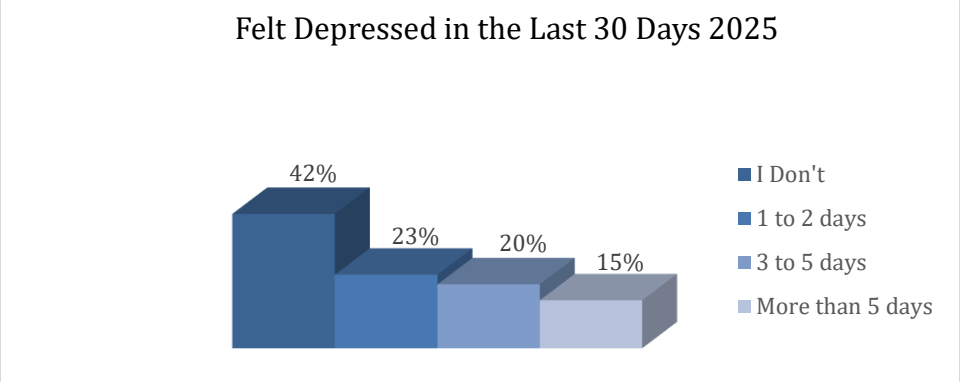
2.3 Health Status

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

Mental Health

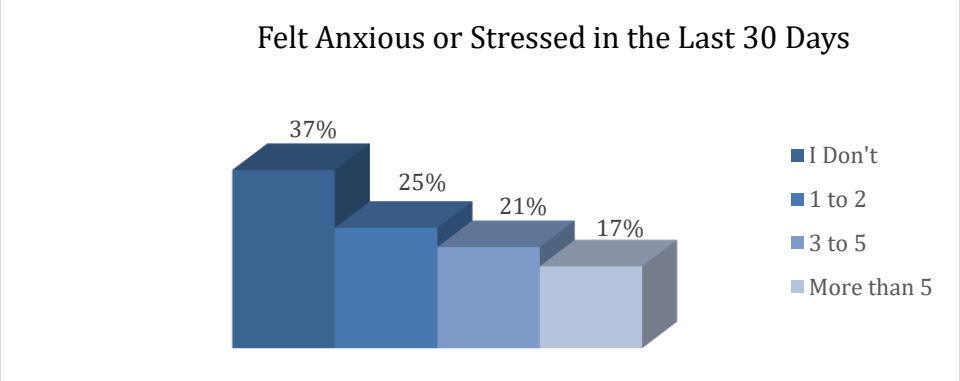
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of the respondents, 42% indicated they did not feel depressed in the last 30 days (Figure 28) and 37% indicated they did not feel anxious or stressed (Figure 29).

Figure 28



Source: CHNA Survey

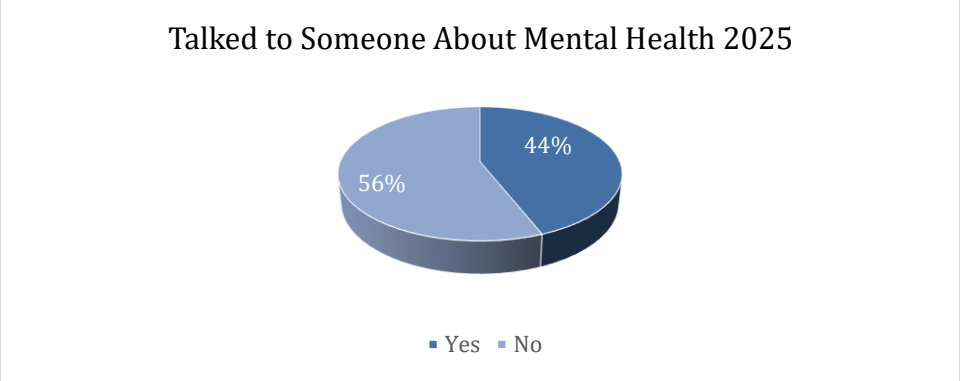
Figure 29



Source: CHNA Survey

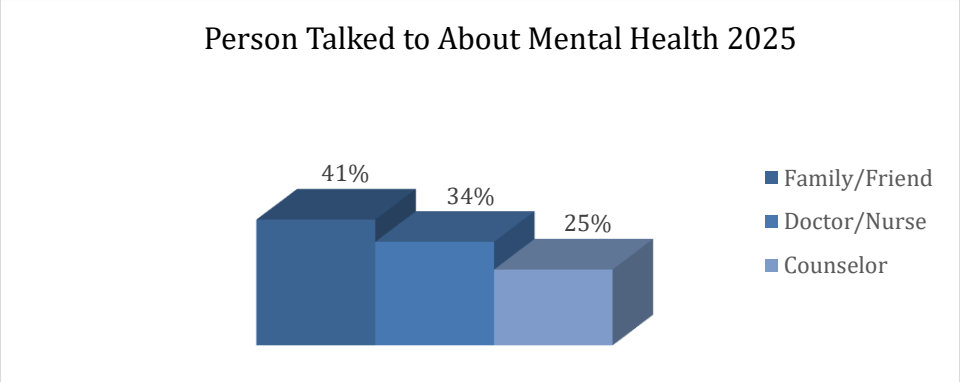
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of the respondents, 44% indicated that they spoke to someone (Figure 30), with the most common response was a family member or friend (41%) (Figure 31).

Figure 30



Source: CHNA Survey

Figure 31



Source: CHNA Survey

Social Drivers Related to Behavioral Health

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

- **Depression** no significant correlates were found.
- **Stress and anxiety** tend to be rated higher for those with lower income.

2.4 Key Takeaways from Chapter 2

- ✓ EXERCISE AND HEALTHY EATING RATES IN THE PAST THREE YEARS HAVE BEEN LOW.
- ✓ MORE THAN HALF OF RESIDENTS EXPRESSED DEPRESSION AND/OR STRESS IN THE LAST 30 DAYS, ESPECIALLY THOSE WITH LOWER INCOME.

CHAPTER 3 OUTLINE

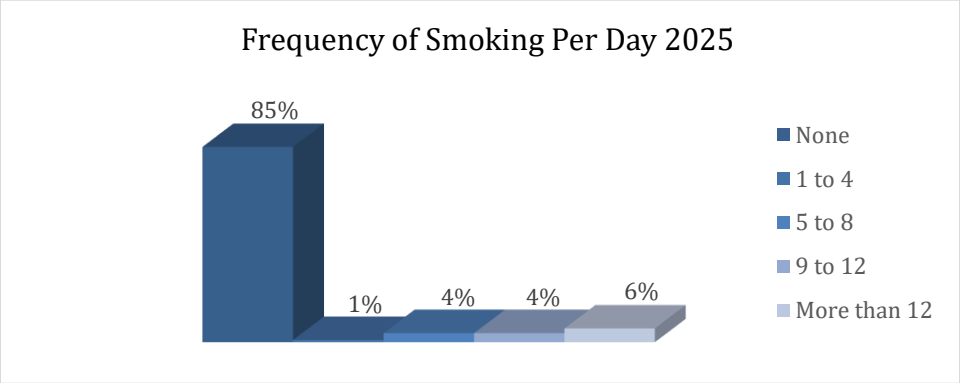
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

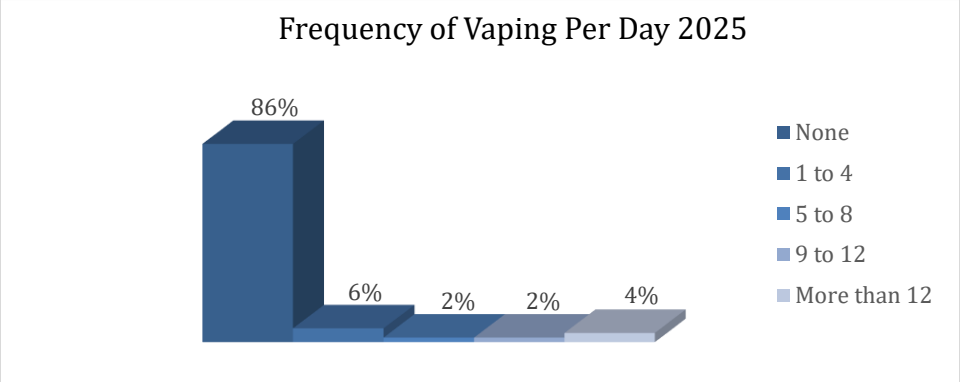
CHNA survey data show 85% of respondents do not smoke, and 6% state they smoke more than 12 times per day (Figure 32). Notably, the percentage of those who vape on a daily basis is 14% and those who vape more than 12 times per day is 4% (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



Source: CHNA Survey

Social Drivers Related to Smoking or Vaping

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

- **Smoking** tends to be rated higher by those in an unstable housing environment. Smoking is rated lower by White people and those with higher education.
- **Vaping** tends to be rated lower by those with higher income.

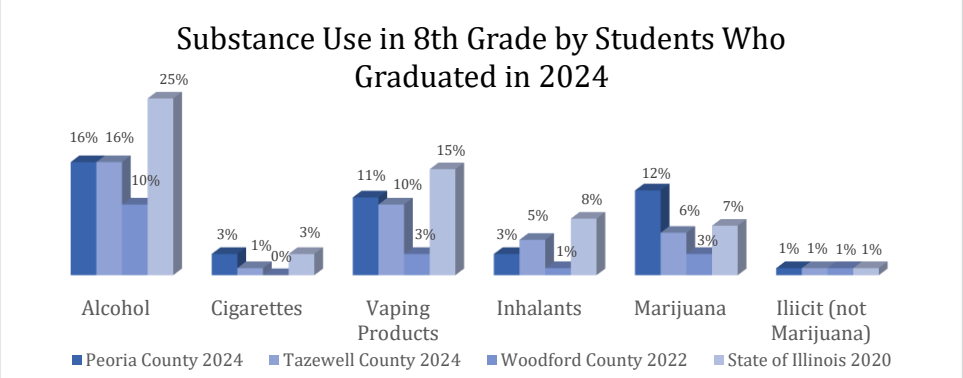
3.2 Drug and Alcohol Use

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

Youth Substance Use

Peoria County rates are at or below the State of Illinois averages in all categories among 8th graders, except for marijuana. Tazewell County rates are below the State of Illinois averages in all categories among 8th graders, except Illicit drugs, which is the same rate. Woodford County rates are below the State of Illinois averages in all categories among 8th graders, except illicit drugs, which is the same rate (*Figure 34*). Please note: The data for Peoria and Tazewell Counties is reported for the year 2024. In contrast, Woodford County's data is from 2022, and the data for the State of Illinois reflects reporting from 2020.

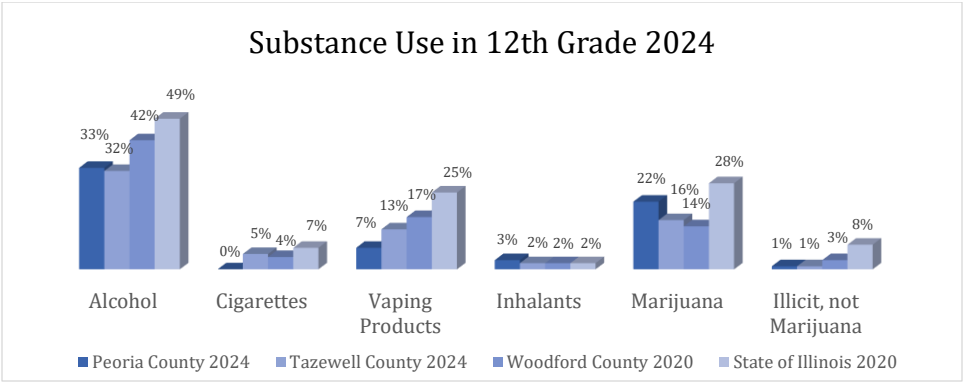
Figure 34



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, Peoria County rates are below the State of Illinois averages in all categories except inhalants, which is slightly higher. Tazewell County rates are below the State of Illinois averages in all categories among 12th graders, except inhalants, which is the same. Woodford County rates are below the State of Illinois averages in all categories among 12th graders, except inhalants, which is the same (*Figure 35*).

Figure 35

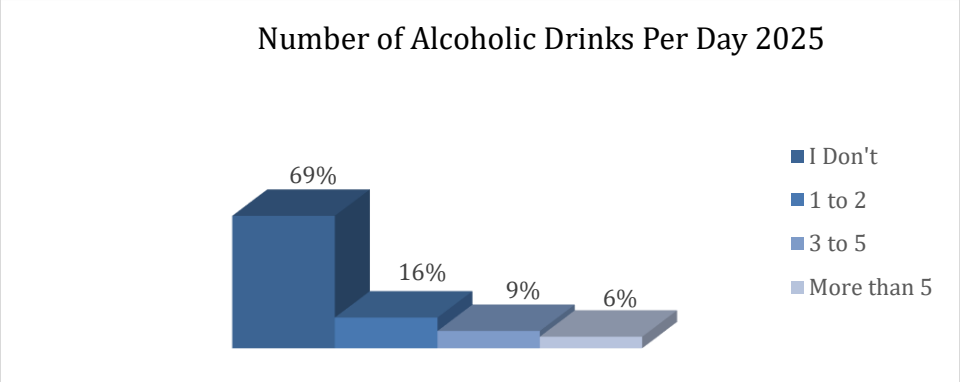


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

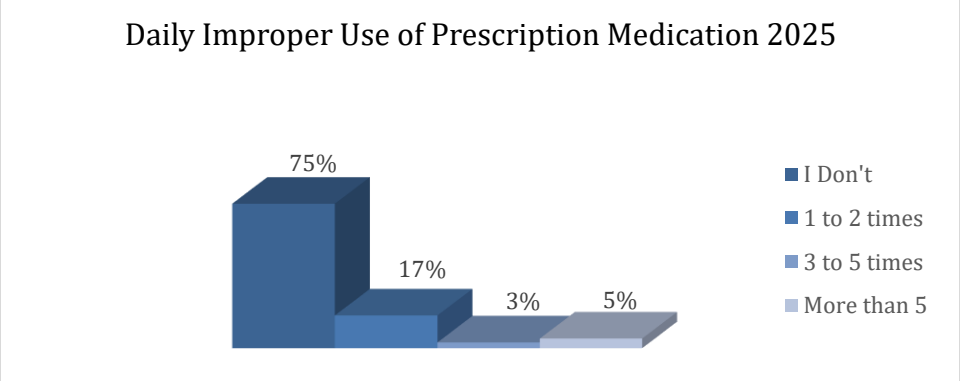
The CHNA survey asked respondents to indicate their usage of several substances. Of respondents, 69% indicated they did not consume alcohol on a typical day (Figure 36). Additionally, 75% indicated they do not take prescription medication improperly, including opioids, on a typical day (Figure 37). Furthermore, 89% indicated they do not use marijuana on a typical day (Figure 38), and 94% indicated they do not use illegal substances on a typical day (Figure 39).

Figure 36



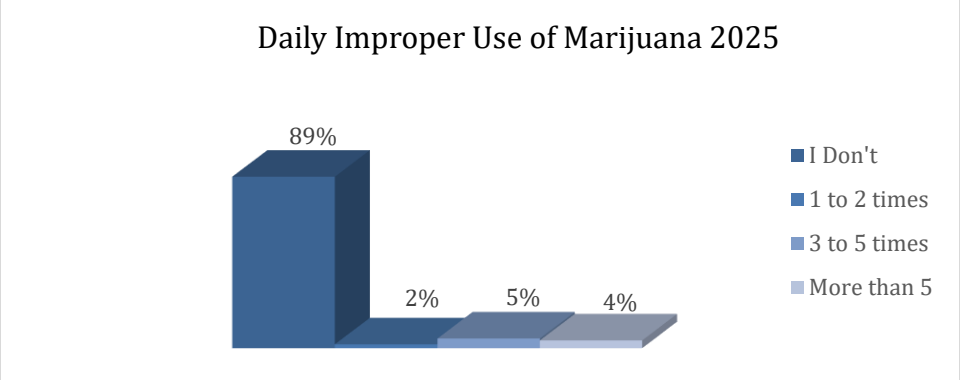
Source: CHNA Survey

Figure 37



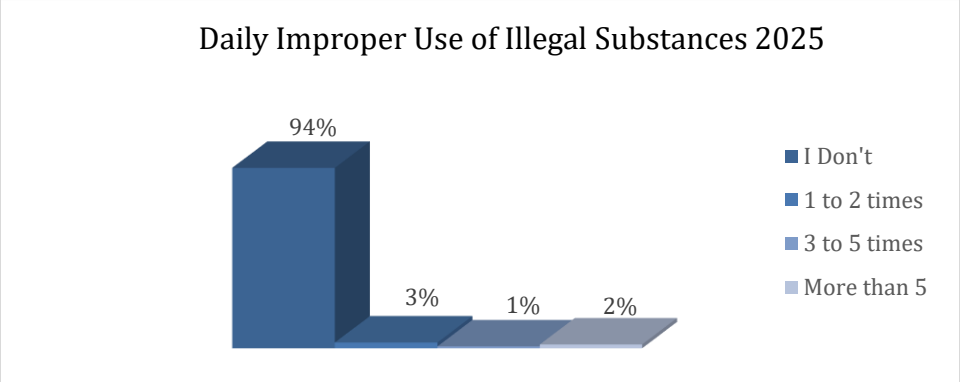
Source: CHNA Survey

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Social Drivers Related to Substance Use

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

- **Alcohol consumption** tends to be rated higher for those in an unstable housing environment. Alcohol consumption tends to be rated lower for White people, those with higher education, and those with higher income.
- **Misuse of prescription medication, including opioids** tends to be rated higher by those in an unstable housing environment. Prescription medication, including opioid use tends to be rated lower by White people, those with higher education, and those with higher income.
- **Marijuana use** tends to be rated higher for those in an unstable housing environment. Marijuana use tends to be rated lower for White people, those with higher education, and those with higher income.
- **Illegal substance use** tends to be rated higher for those in an unstable housing environment. Illegal substance use tends to be rated lower for White people, those with higher education, and those with higher income.

3.3 Obesity

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

With children, research has linked obesity to numerous chronic diseases, including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include

orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression, and suicide ideation. Obesity also impacts educational performance; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

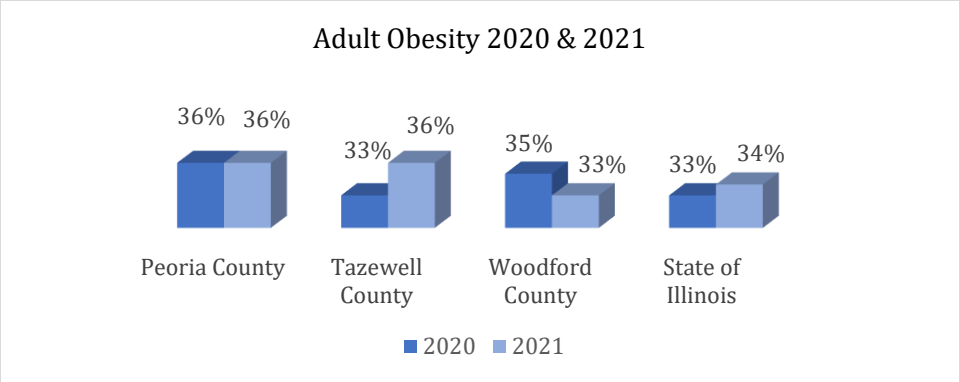
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times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

In Peoria County, the percentage of people diagnosed with obesity has remained at 36% from 2020 to 2021. Tazewell County has seen an increase in the percentage of people diagnosed with obesity from 33% in 2020 to 36% in 2021. Woodford County has seen a decrease from 35% in 2020 to 33% in 2021.

Note specifically that the percentage of obese people has increased from 33% in 2020 to 34% in 2021 for the State of Illinois (*Figure 40*). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

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

Figure 40

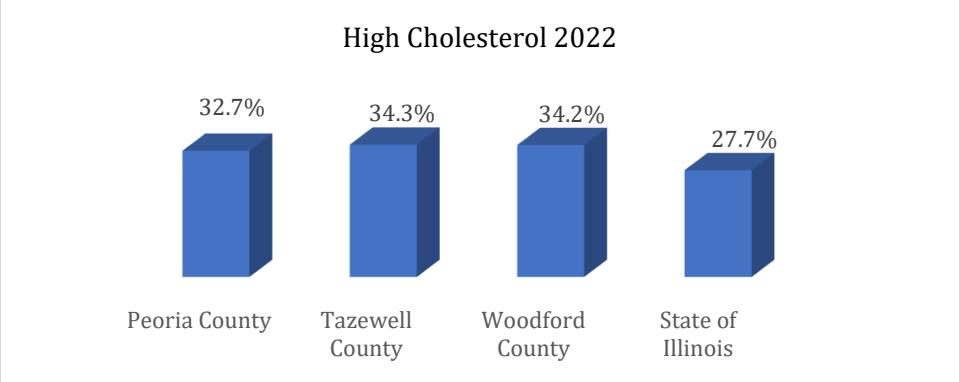


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in the Tri-County area report a higher than State of Illinois average prevalence of high cholesterol (Figure 41).

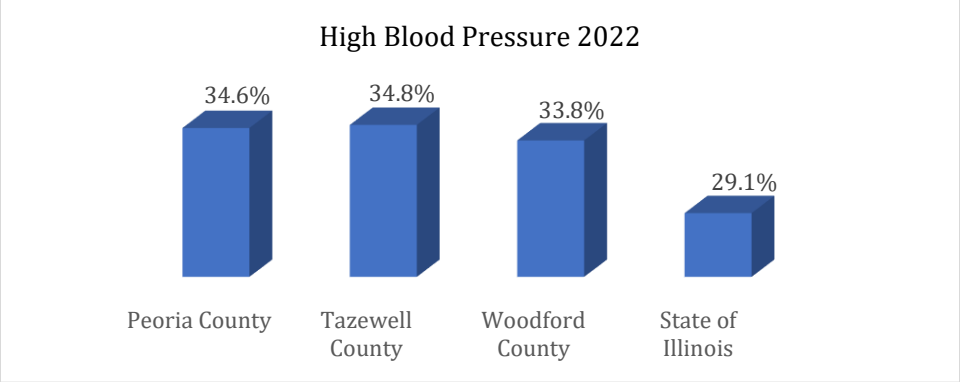
Figure 41



Source: Stanford Data Commons

With regard to high blood pressure, residents in the Tri-County area report a higher rate than the State of Illinois as a whole (Figure 42).

Figure 42



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE USE AMONG 8TH GRADERS IS AT OR BELOW STATE AVERAGES IN MOST CATEGORIES. HOWEVER, MARIJUANA IS SIGNFICIANTLY HIGHER IIN PEORIA COUNTY THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ SUBSTANCE USE AMONG 12TH GRADERS IS AT OR BELOW STATE AVERAGES IN MOST CATEGORIES. HOWEVER, INHALANT USE IS HIGHER FOR PEORIA COUNTY THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ PEORIA AND TAZEWELL COUNTIES HAVE OBESITY RATES HIGHER THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ RISK FACTORS FOR HEART DISEASE ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ 14% OF RESPONDENTS INDICATED THEY VAPE DAILY.
- ✓ 25% OF SURVEY RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION, INCLUDING OPIOIDS, ON A DAILY BASIS.

CHAPTER 4 OUTLINE

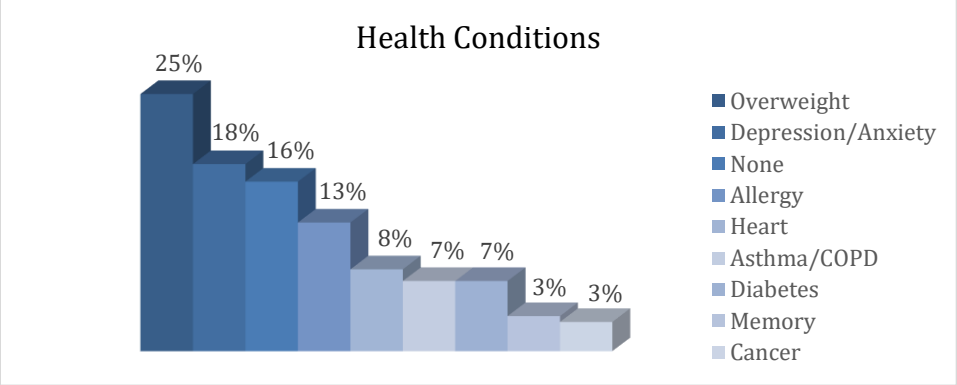
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Notably, being overweight (25%) was significantly higher than any other reported health condition, followed by depression/anxiety (18%). Often percentages for self-identified data are lower than secondary data sources (Figure 43).

Figure 43



Source: CHNA Survey

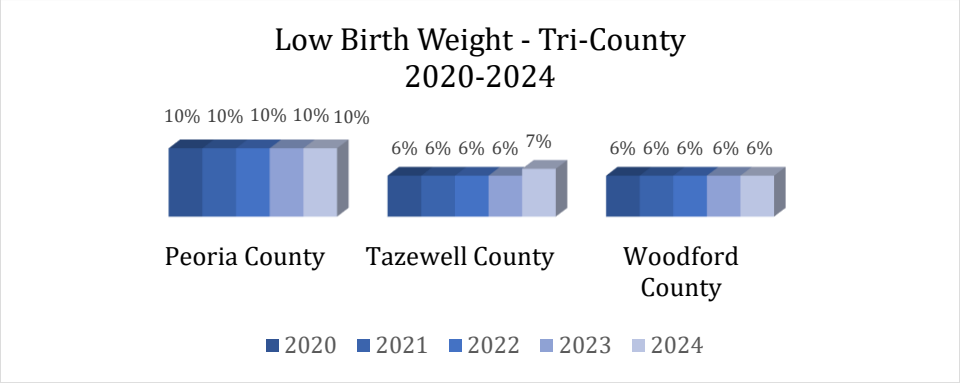
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Peoria County from 2020 to 2024, remained at 10%. The percentage of babies born with low birth weight in Tazewell County stayed at 6% between 2020 and 2023 then increased to 7% in 2024. The percentage of babies born with low birth weight in Woodford County has remained at 6% from 2020 to 2024 (*Figure 44*).

Figure 44



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

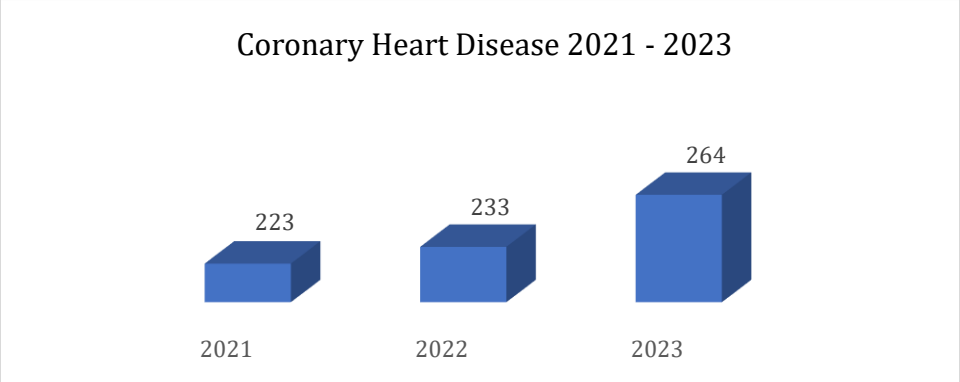
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Heart Disease

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

The number of cases of coronary atherosclerosis complication at Tri-County area hospitals increased from 223 in 2021 to 264 in 2023 (*Figure 45*).

Figure 45

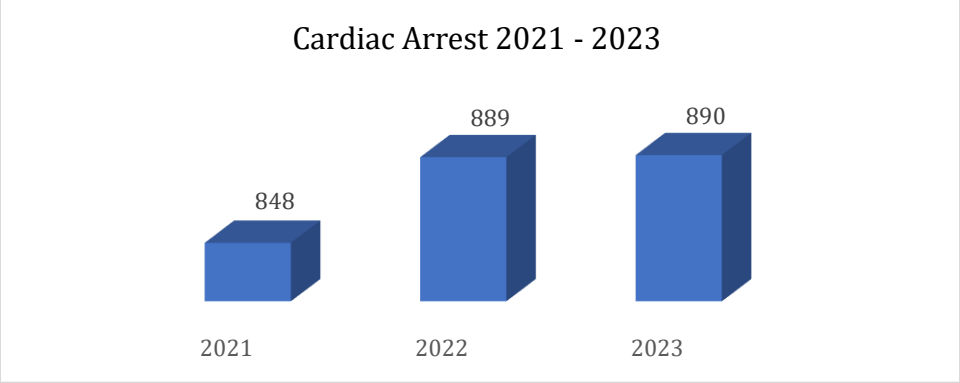


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Tri-County area hospitals increased from 848 in 2021 to 890 in 2020 (*Figure 46*). Note that hospital-level data only show hospital admissions.

Figure 46

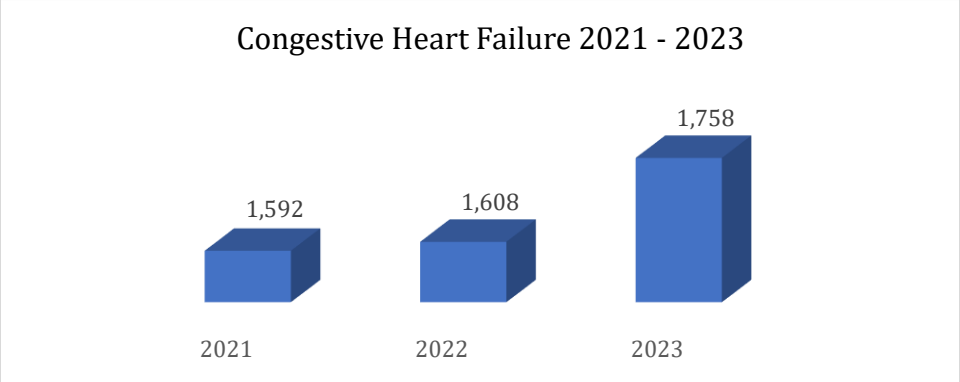


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Tri-County area hospitals increased from 1,592 in 2021 to 1,758 in 2023 (Figure 47).

Figure 47

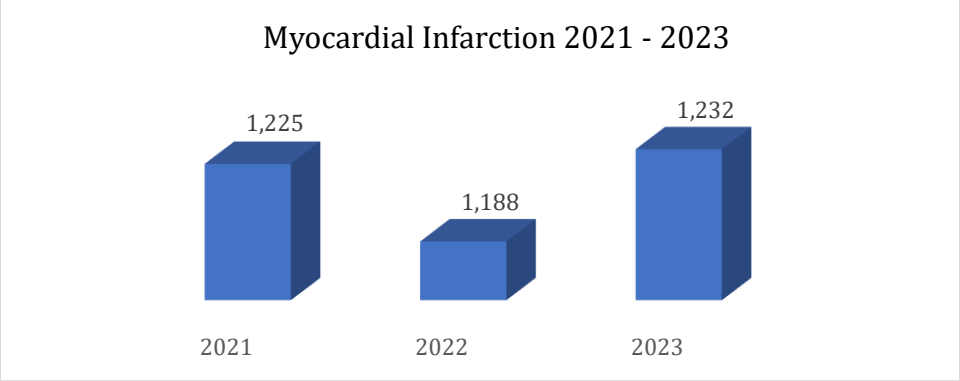


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of heart failure at Tri-County area hospitals fluctuated but increased overall from 2021 to 2023. Cases decreased from 1,225 in 2021 to 1,188 in 2022, then increased to 1,232 in 2023 (*Figure 48*).

Figure 48

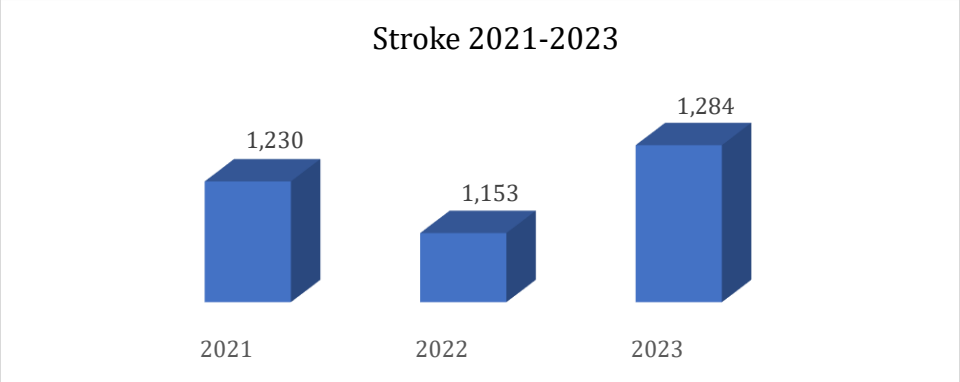


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Tri-County area hospitals fluctuated but increased overall from 2021 to 2023. Cases decreased from 1,230 in 2021 to 1,153 in 2022, then increased to 1,284 in 2023 (*Figure 49*).

Figure 49



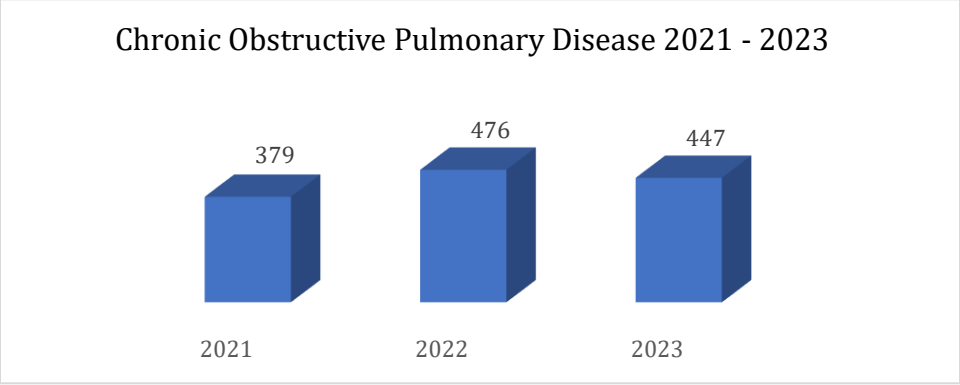
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Tri-County area hospitals fluctuated but increased overall from 2021 to 2023. Cases increased from 379 in 2021 to 476 in 2022, then decreased to 447 in 2023 (*Figure 50*).

Figure 50



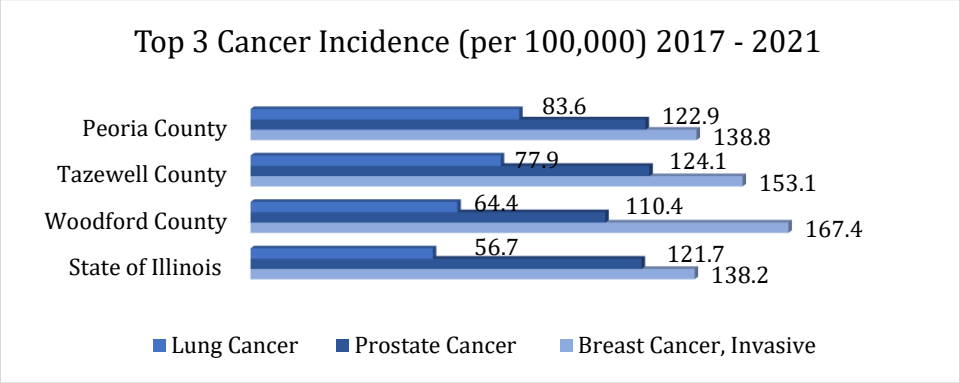
Source: COMPdata Informatics

4.5 Cancer

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

The top three prevalent cancers in Tri-County are illustrated in *Figure 51*. Specifically, cancer rates in Peoria and Tazewell Counties reported higher rates of all three cancers compared to the State of Illinois rates. Woodford County reported higher rates of lung and breast cancer compared to the State of Illinois rates.

Figure 51



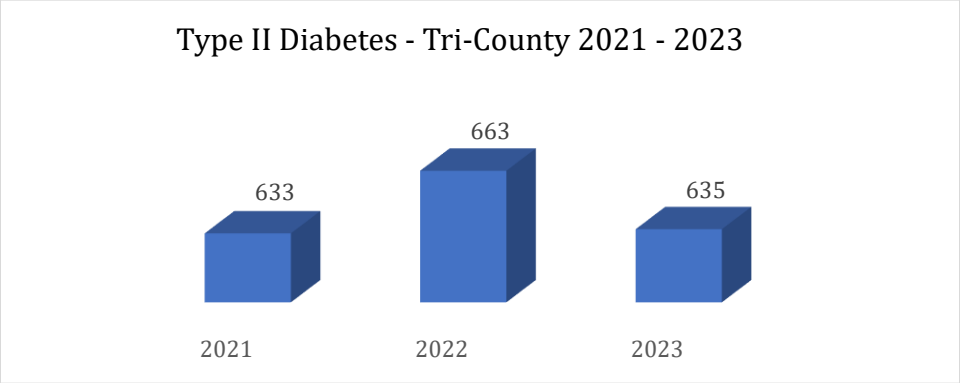
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from the Tri-County fluctuated but increased overall from 2021 to 2023. Cases increased from 633 in 2021 to 663 in 2022, then decreased to 635 in 2023 (*Figure 52*).

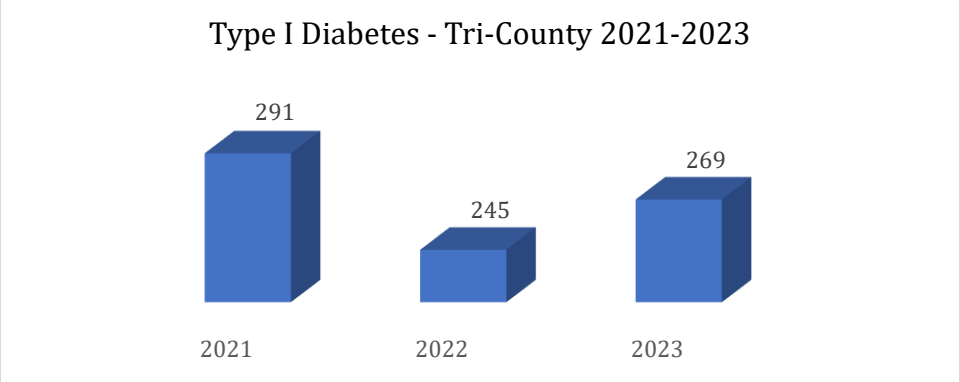
Figure 52



Source: COMPdata Informatics

Inpatient cases of Type I diabetes fluctuated but decreased overall between 2021 and 2023. Cases decreased from 291 in 2021 to 245 in 2022, then increased to 269 in 2023 (*Figure 53*).

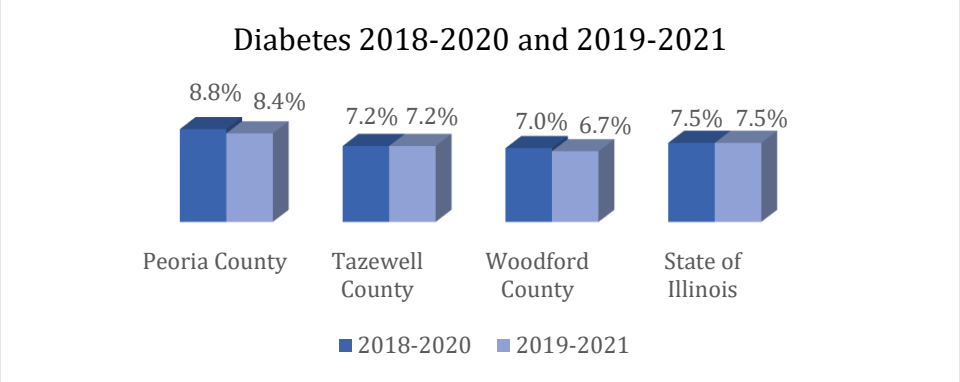
Figure 53



Source: COMPdata Informatics

Data show that 8.4% of Peoria County residents have diabetes, which is above the State of Illinois average of 7.5%. Tazewell (7.2%) and Woodford (6.7%) Counties' rates are below the State of Illinois average (*Figure 54*).

Figure 54



Source: Center for Disease Control (CDC)

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 use, limited access to healthcare, and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

Chlamydia and Gonorrhea Cases

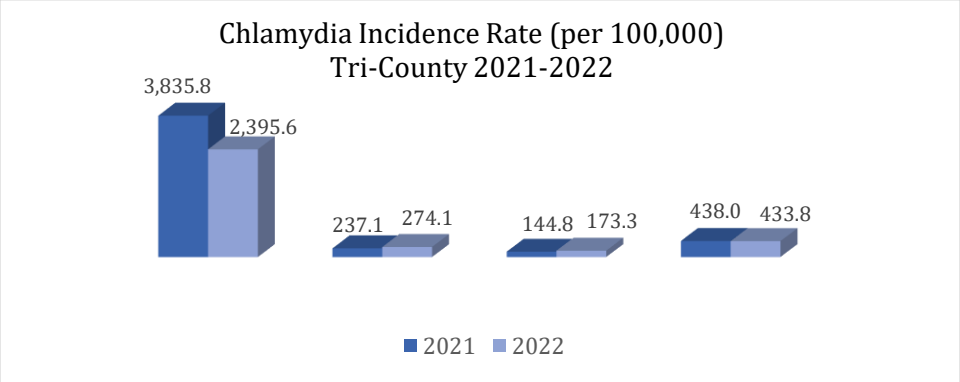
The data for the number of infections of chlamydia in the Tri-County area from 2021 to 2022 indicate an increase, except in Peoria County, which decreased. The State of Illinois (excluding Chicago) incidence of chlamydia decreased from 438 in 2021 to 433.8 in 2022 (*Figure 55*).

Peoria County reported a significantly higher incidence rate of Chlamydia than the other Tri-Counties and the State of Illinois. The highest concentration of chlamydia cases in Peoria County is still found within

the 61603, 61604, and 61605 zip codes. These three zip codes accounted for 66.5% of chlamydia cases within Peoria County, while the combined population of these three zip codes only accounts for 33.5% of the total population of Peoria County. This percentage is comparable to 2021 in which 66% of all chlamydia cases were among residents of these three zip codes.

Rates of chlamydia among Black/African American (AA) females were nine times that of their White counterparts. For Black males, they are more than 15 times that of their White counterparts. Rates of gonorrhea among Black/African American females were nine times that of their White counterparts. For Black males, they were 30 times that of their White counterparts. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socio-economic status, gender, age, location, gender identity, sexual orientation or other characteristics historically linked to discrimination or exclusion. This creates a disproportionate burden of preventable disease.

Figure 55



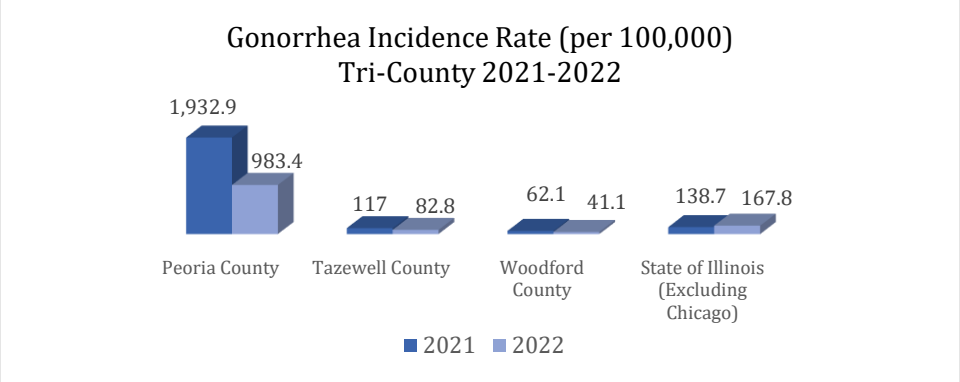
Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in the Tri-County area from 2021 to 2022 indicate a decrease, while the State of Illinois rate increased. The Gonorrhea incidence rates for all counties in the Tri-County region are trending downwards (*Figure 56*). Peoria County reported a significantly higher incidence rate of Gonorrhea than the other Tri-Counties.

Gonorrhea infection rates continue to differ greatly by age, race, and region in Peoria County, with incidence rates being highest among individuals between the ages of 15 and 29, individuals reporting Black/AA race, and individuals residing in the 61603, 61604, and 61605 zip codes.

In 2022, there were 765 confirmed cases of gonorrhea reported to the Peoria City/County Health Department, an overall incidence of 422.4 per 100,000. This is a 27% decrease in comparison to the previous year when there were 1,051 confirmed cases of gonorrhea in Peoria County.

Figure 56



Source: Illinois Department of Public Health

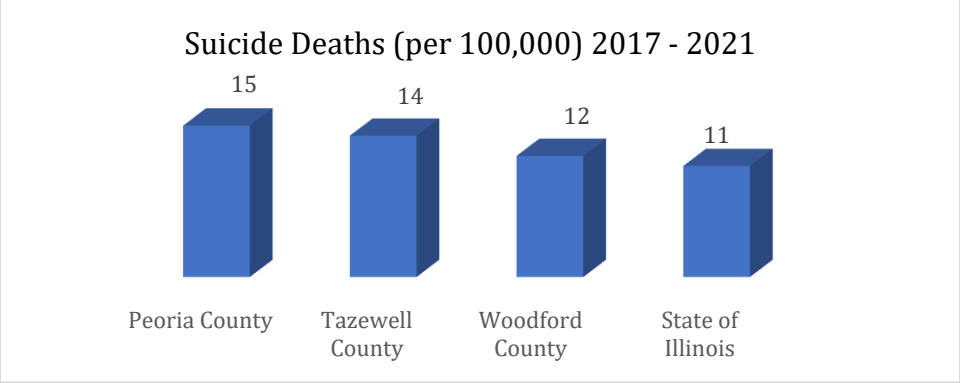
4.8 Injuries

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

Suicide

The number of suicides in the Tri-County region indicates a higher incidence compared to the State of Illinois incidence rate between 2017 and 2021 (*Figure 57*).

Figure 57



Source: Illinois Department of Public Health

4.9 Mortality

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

The leading causes of death in the State of Illinois and the Tri-County are similar as a percentage of total deaths in 2022. Diseases of the heart (20.8%) and cancer (18.4%) are the leading causes of death in Peoria County. Diseases of the heart (19.7%) and cancer (19.6%) are the leading causes of death in

Tazewell County. Diseases of the heart (25.7%) and cancer (18.3%) are the leading causes of death in Woodford County (*Table 1*).

Table 1

Top 5 Leading Causes of Death for all Races by Counties and State of Illinois 2022				
Rank	Peoria County	Tazewell County	Woodford County	State of Illinois
1	Diseases of Heart (20.8%)	Diseases of Heart (19.7%)	Diseases of Heart (25.7%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (18.4%)	Malignant Neoplasm (19.6%)	Malignant Neoplasm (18.3%)	Malignant Neoplasm (19.2%)
3	Accidents (8.0%)	Accidents (6.2%)	Alzheimer Disease (7.1%)	Accidents (6.1%)
4	COVID-19 (5.6%)	Cerebrovascular Disease (6.2%)	Chronic Lower Respiratory Disease (5.6%)	COVID-19 (5.8%)
5	Cerebrovascular Disease (5.4%)	Chronic Lower Respiratory Disease (5.5%)	Cerebrovascular Disease (5.4%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ BREAST AND LUNG CANCER RATES ARE HIGHER THAN STATE OF ILLINOIS AVERAGES IN ALL THREE COUNTIES. PROSTATE CANCER RATES ARE HIGHER THAN STATE OF ILLINOIS AVERAGES IN TWO OF THE THREE COUNTIES.
- ✓ WHILE STATE OF ILLINOIS AVERAGES HAVE BEEN STABLE, DIABETES IS TRENDING DOWNWARD IN THE TRI-COUNTY AREA, BUT PEORIA COUNTY REMAINS HIGHER THAN THE STATE OF ILLINOIS.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE OF ILLINOIS INCIDENCE RATE FOR ALL COUNTIES IN THE TRI-COUNTY REGION.
- ✓ SEXUALLY TRANSMITTED INFECTIONS IN PEORIA COUNTY ARE SIGNIFICANTLY HIGHER THAN THE OTHER COUNTIES AND STATE OF ILLINOIS AVERAGES.
- ✓ CANCER AND HEART DISEASE ARE THE LEADING CAUSES OF MORTALITY IN THE TRI-COUNTY AREA. ACCIDENTS AND ALZHEIMER'S DISEASE RANK THIRD, DEPENDING ON COUNTY.

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

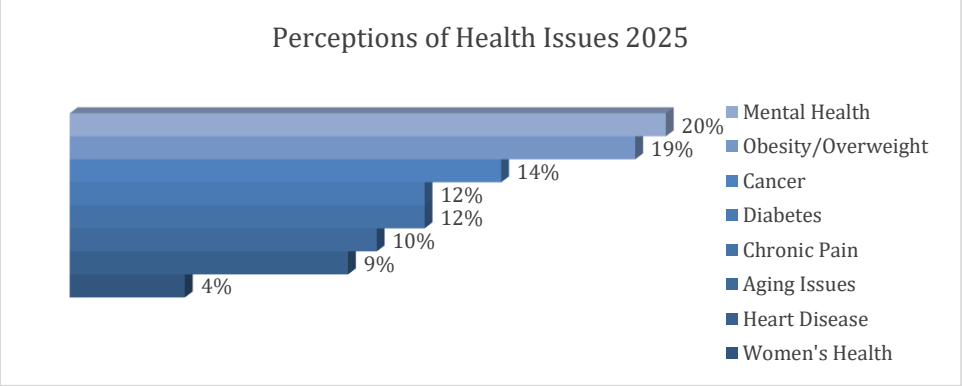
5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community from 8 different options.

The highest-rated health issue was mental health (20%), followed by obesity (19%), and cancer (14%) (Figure 58).

Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing, and cancer is a leading cause of death. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For instance, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 58

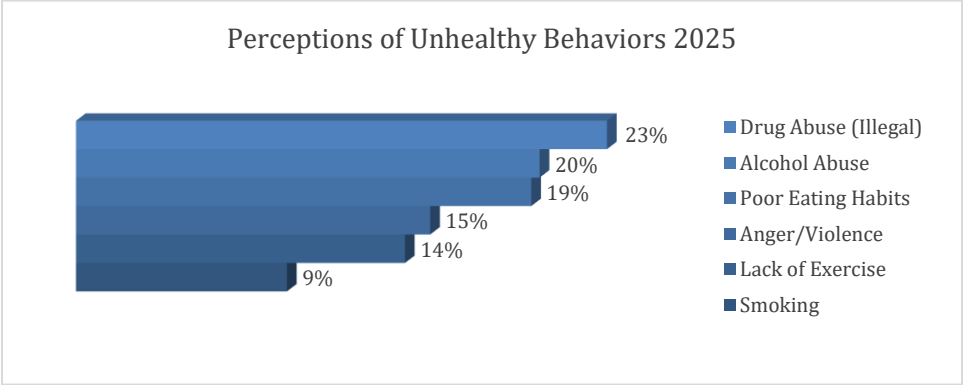


Source: CHNA Survey

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 6 choices. The highest rated unhealthy behaviors are drug use (illegal) (23%), alcohol abuse (20%), and poor eating habits (19%) (Figure 59).

Figure 59



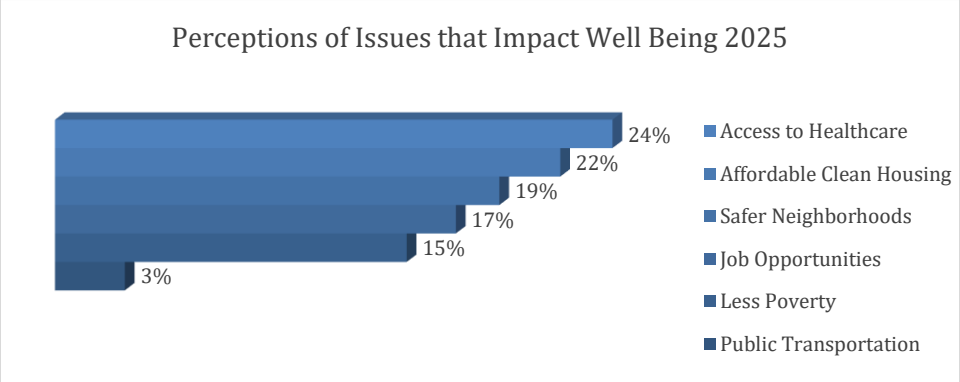
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community from a total of 6 choices.

The highest-rated issues impacting well-being were access to healthcare (24%), affordable clean housing (22%), and safer neighborhoods (19%) (Figure 60).

Figure 60



Source: CHNA Survey

5.4 Summary of Community Health Issues

Based on the findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identifying 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, potential for impact, and trends and future forecasts.

Demographics (Chapter 1) – Three 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 21.5%, 27%, and 31.6% of the population

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

- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Inhalants and marijuana use among young people
- Obesity
- Risk factors for heart disease
- Opioid use
- Vaping

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

- Cancer – lung, breast, and prostate

- Diabetes
- Chlamydia and Gonorrhea Cases – Peoria County
- Suicide
- Heart disease and cancer are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 6 potential categories. Based on similarities and duplication, the 6 potential areas considered are:

- **Aging Issues**
- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health, Including Depression, Anxiety/Stress, Suicide**
- **Obesity**
- **Substance Use, Particularly Misuse of Prescription Medication**
- **Cancer – Lung, Breast, and Prostate**

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 6 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5. RESOURCE MATRIX relating to the 6 health-related issues.

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

5.6 Significant Needs Identified and Prioritized

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

- **Behavioral Health – including depression and anxiety**
- **Substance Use – including misuse of prescription medication**

Behavioral Health – Including Depression and Anxiety

The CHNA survey asked respondents to indicate prevalence of specific mental-health issues, namely depression and stress/anxiety. Of respondents, 58% indicated they felt depressed in the last 30 days and 63% indicated they felt anxious or stressed in the last 30 days. While depression had no significant correlates, stress and anxiety tend to be rated higher for those with less income. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents, 44% indicated that they spoke to someone. The most common response was to family/friends (41%).

In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue (20%).

Substance Use – Including Misuse of Prescription Medication

The CHNA survey asked respondents to indicate their usage of several substances. Of survey respondents, 25% indicated they improperly use prescription medication each day to feel better. This is higher than any other OSF community. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher for younger people and people living in an unstable housing environment. Misuse of prescription medication tends to be rated lower for White people, those with higher education, and those with higher income.

Of survey respondents, 31% indicated they consume at least one alcoholic drink each day. Of survey respondents, 11% indicated they use marijuana each day. Finally, of survey respondents, 6% indicated they use illegal drugs on a daily basis. Note that alcohol consumption, marijuana use, and use of illegal drugs on a daily basis all tend to be rated higher for people living in an unstable housing environment. Alcohol consumption, marijuana use, and use of illegal drugs on a daily basis all tend to be rated lower for White people, those with higher education, and those with higher income.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the most prevalent unhealthy behavior (23%), followed by alcohol use (20%).

III. APPENDICES

APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM

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

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

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

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

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

Amanda Sutphen
Amanda Sutphen is the Director of Community Outreach for OSF Healthcare Saint Francis Medical Center. In this position, Amanda is responsible for leading the coordination of services and activities that impact Community Outreach and Benefits, to include Community Gardens, Faith Community Nursing, Community Clinic, School Nursing, Dental Clinic and Community Health Needs Assessment as well as Community Initiatives. Amanda develops and shares the vision and strategic direction for community outreach while collaborating and driving the implementation of the strategy. Amanda received a Bachelor of Science in Health from the University of Iowa and holds a master's degree in Community Health from Western Illinois University.

Ashley Wiker, LCSW, ACM-SW, CMAC, is the Manager of Post-Acute Inpatient Care at OSF HealthCare Transitional Care Hospital. With over five years of experience at OSF, Asley leads both the Acute Rehabilitation Unit (ARU) and Long-Term Acute Care Hospital (LTCH) admissions and case management teams. Her clinical background and leadership expertise support a comprehensive, patient-centered approach to post-acute transitions, ensuring high-quality outcomes and operational efficiency across the continuum of care.

FACILITATORS

Dawn Tuley (Coordinator) is a Strategic Reimbursement Consultant at OSF HealthCare System. She has worked for OSF HealthCare System since 2004 and acts as the coordinator for 16 Hospital Community Health Need Assessments. In addition, she coordinates the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H and has since 2008. Dawn holds a Master's in Healthcare Administration from Purdue University and is certified in Community Benefit as of 2020. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over fifteen years. She has served as the President for two cycles, President-Elect, Vice President, and Director on the board of Directors. She earned a silver, bronze, gold and Metal of Honor from her work with the McMahon-Illini HFMA Chapter.

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

APPENDIX 2. ACTIVITIES RELATED TO 2024 CHNA PRIORITIZED NEEDS

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

Several themes were prevalent in the collaborative community health needs assessment – the demographic composition of the Tri-County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors. The study was designed to assess issues and trends impacting the communities served by OSF HealthCare Transitional Care Hospital stakeholders, as well as perceptions of targeted stakeholder groups.

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

1. **Improve Health Outcomes Through Social Drivers of Health**
2. **Health Literacy/Education**

The results of these prioritized health needs are to follow:

Improve Health Outcomes Through Social Drivers of Health – defined as advancing the utilization of social drivers of health data to improve health equity and health outcomes.

***Strategic Goal**:* Provide education to empower patients to improve their overall health outcomes at OSF Transitional Care Hospital.

Outcome Measure: Increase the percentage of patients who receive education by 2% quarterly.

Actions and Impact:

- Provided education to patients with heart failure to improve their ability to self-manage their overall health. This resulted in determining a baseline for the percentage of patients who received education and increasing that baseline by 2% quarterly. The baseline was established at 55% for Q1. The actions taken by OSF Transitional Care Hospital resulted in 7% increase in the number of heart failure patients who received education to improve their ability to self-manage their overall health (62% in Q4).
- Provided education in the Acute Rehabilitation Unit for patients with stroke as a primary diagnosis. This resulted in determining a baseline for the percentage of patients who received education and increasing that baseline by 2% quarterly. The baseline was established at 50% for Q1. The actions taken by OSF Transitional Care Hospital resulted in 7% increase in the number of patients who received stroke-related care education (57% in Q4).

Health Literacy/Education – defined as empowering patients with information.

Strategic Goal: Utilize Social Determinates of Health (SDoH) screening tools to improve health equity and health outcomes at OSF Transitional Care Hospital.

Outcome Measure: Increase the percentage of patients who receive consultations to alleviate needs identified in SDoH screenings.

Actions and Impact:

- Administered screening to identify social needs with every admission. The actions by OSF Transitional Care Hospital resulted in 75% of patients receiving such screening by the end of the fiscal year, a 10% increase from the 65% screening rate at the start of the fiscal year.
- Referred patients to Case Management that screened positive for SDoH in order to create referrals to appropriate community-based organizations. The actions by OSF Transitional Care Hospital resulted in an increased number of patients receiving appropriate referrals during the 2025 fiscal year compared to the prior fiscal year (38 patients and 36 patients, respectively).

APPENDIX 3. SURVEY

2025 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 8 minutes to complete. All of your individual responses are anonymous and confidential. We will use the survey results to better understand and address health needs in our community.

COMMUNITY PERCEPTIONS

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

- ☐ Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis, falls
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart disease/heart attack
- ☐ Mental health issues, such as depression, anxiety
- ☐ Obesity/overweight
- ☐ Women's health, such as pregnancy, menopause

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

- ☐ Angry behavior/violence
- ☐ Alcohol abuse
- ☐ Drug use
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Smoking/vaping (tobacco use)

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

- ☐ Access to health services
- ☐ Affordable healthy housing
- ☐ Good public transportation
- ☐ Job opportunities
- ☐ Less poverty
- ☐ Safer neighborhoods/schools

HEALTHY BEHAVIORS

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

Exercise

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

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

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

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

Healthy Eating

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

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

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

- ☐ Don't have transportation to get fruits/vegetables
- ☐ It is not important to me
- ☐ Don't like fruits/vegetables
- ☐ Can't afford fruits/vegetables

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

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

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

1. 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

2. 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

3. In the last YEAR have you talked with anyone about your mental health?

☐ No ☐ Doctor/nurse ☐ Counselor ☐ Family/friend

4. How often do you use prescription pain medications not prescribed to you or use differently than how the doctor instructed on a typical DAY?

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

5. How many alcoholic drinks do you have on a typical DAY?

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

6. How often do you use marijaunia on a typical DAY?

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

7. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?

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

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

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

BACKGROUND INFORMATION

1. What county do you live in?

☐ Peoria ☐ Tazewell ☐ Woodford ☐ Other

2. What is your Zip Code? _____

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

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer

☐ Don't have (Please answer #4)

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

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/LatinX
☐ Pacific Islander ☐ Native American ☐ Asian/South Asian
☐ Multiracial

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 ☐ Certificate/technical degree
☐ Bachelor's degree ☐ Graduate degree

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

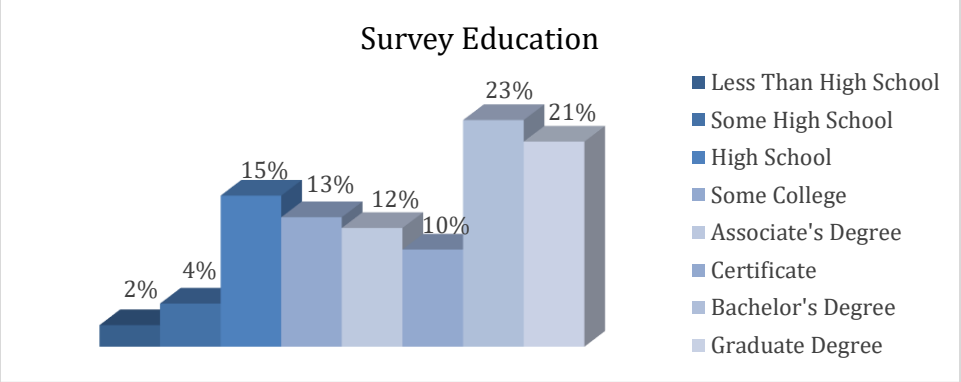
11. How many people live with you? _____

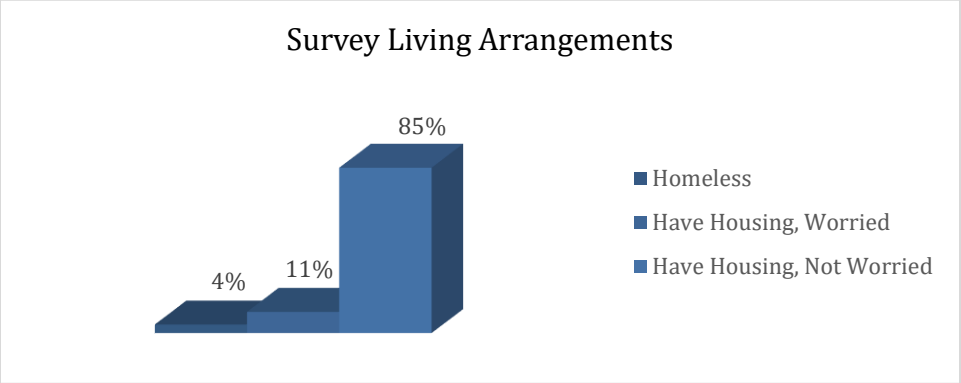
Is there anything else you'd like to share about your own health goals or health issues in our community?

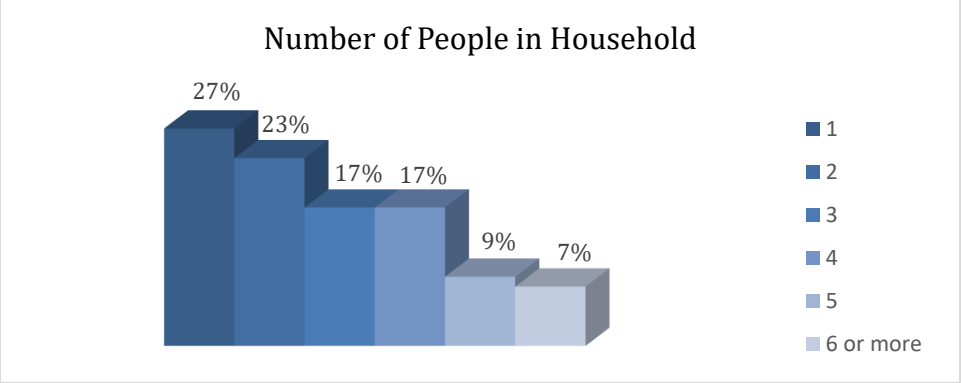
_____

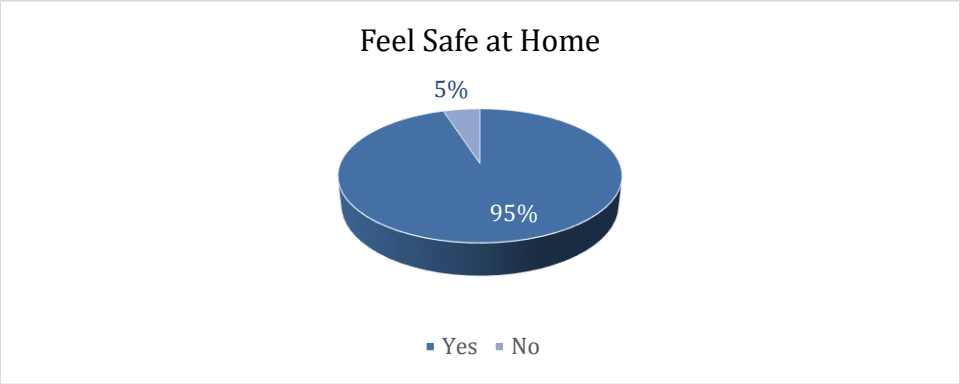
Thank you very much for sharing your views with us!

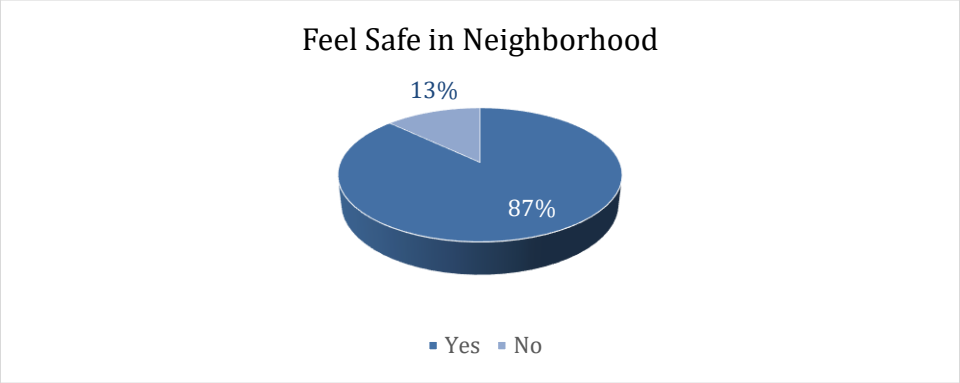
APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS 2025








Feel Safe at Home
5%
95%
Yes
No


Feel Safe in Neighborhood
13%
87%
Yes
No

APPENDIX 5. RESOURCE MATRIX

	Aging Issues	Healthy Behaviors - Nutrition & Exercise	Behavioral Health - Depression, Anxiety, Stress and Suicide	Obesity	Substance use	Cancer - Lung, Breast and Prostate
Health Departments						
Woodford County Health Department	S3, T3	S3, T3	S2, T2	S3, T2	S3, T2	S3, T1
Tazewell County Health Department	S2, T2	S3, T2	S3, T2	S2, T2	S2, T2	S2, T2
Peoria City/County Health Department	S3, T3	S3, T3	S3, T3	S3, T3	S3, T3	S3, T3
Community Agencies						
Heart of Illinois United Way	S3, T3	S3, T3	S3, T3	S2, T2	S2, T2	S1, T1
University of Illinois College of Medicine	S3, T3	S2, S2	S3, T2	S2, T2	S3, T2	S3, T2
Hospitals / Clinics						
OSF Saint Francis Medical Center	S3, T3	S3, T3	S3, T2	S3, T2	S2, T2	S3, T3
Carle Eureka Hospital	S2, T2	S2, T2	S3, T3	S2, T2	S2, T1	S2, T2

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

APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

HEALTH DEPARTMENTS

Peoria City/County Health Department

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

Tazewell County Health Department

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

Woodford County Health Department

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

HOSPITALS/CLINICS

Carle Eureka Hospital

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

Heartland Health Services

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

Hopedale Medical Complex

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

OSF HealthCare Saint Francis Medical Center

Since our founding in 1877, the Mission of OSF HealthCare Saint Francis Medical Center has been to serve persons with the greatest care and love in a community that celebrates the Gift of Life. Over the years,

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

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

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

COMMUNITY AGENCIES

Heart of Illinois United Way

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

APPENDIX 7: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

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

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

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

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

Resources – Is funding available for a program?

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

Step 4. Use Voting Technique to Narrow Potential Issues

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

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

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

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

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

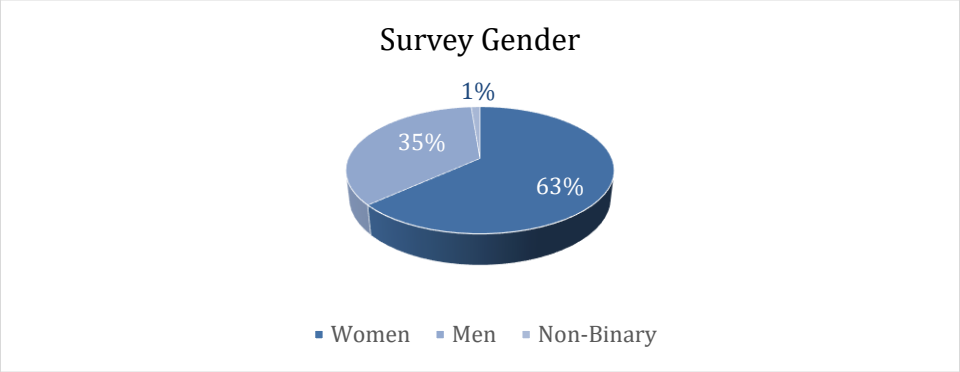
3. Potential for impact through collaboration – can management of the issue make a difference in the community?

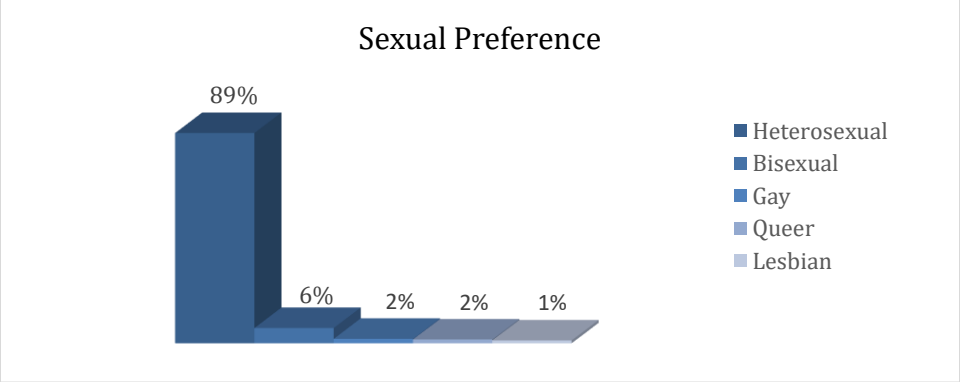
Considerations include, but are not limited to:

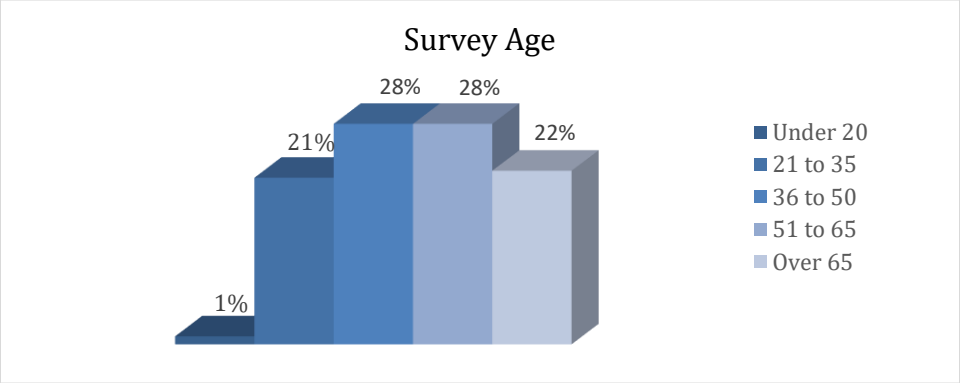
- Availability and efficacy of solutions
- Feasibility of success

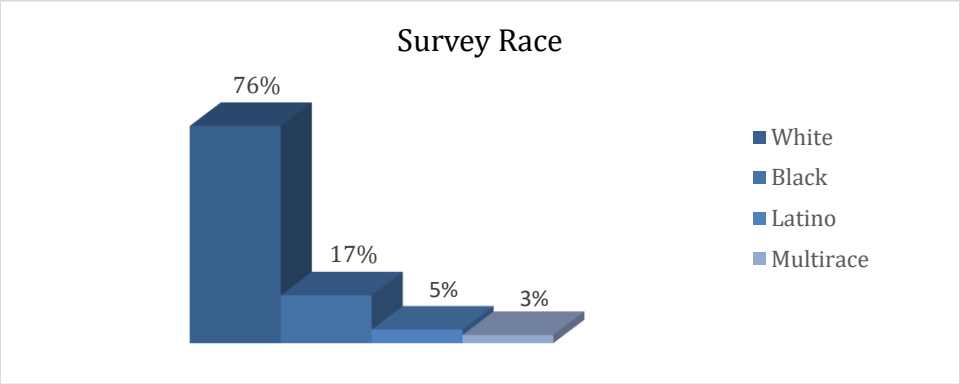
[1] "Guide to Prioritization Techniques." National Connection for Local Public Health (NACCHO)

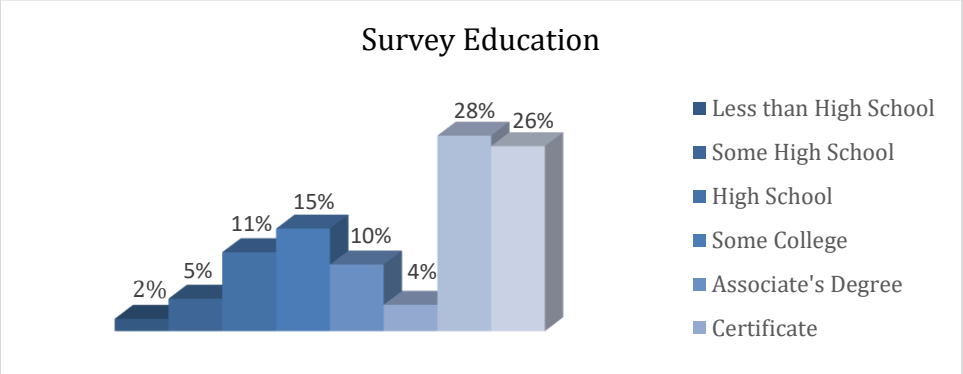
APPENDIX 8: CHNA SURVEY CHARACTERISTICS FOR PEORIA COUNTY 2025

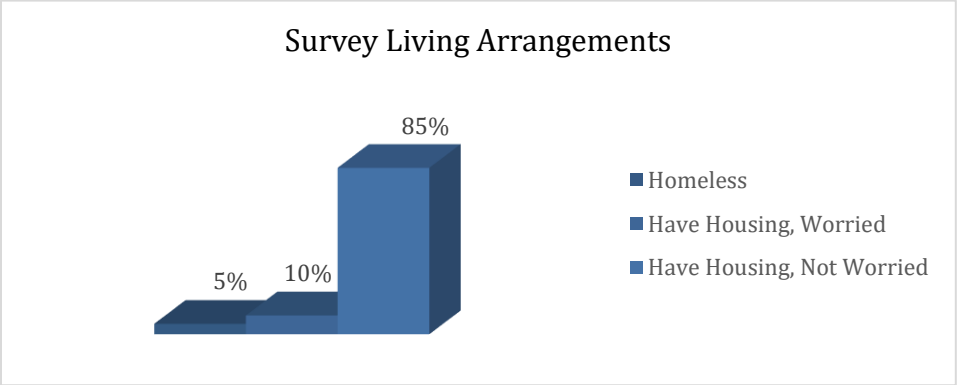


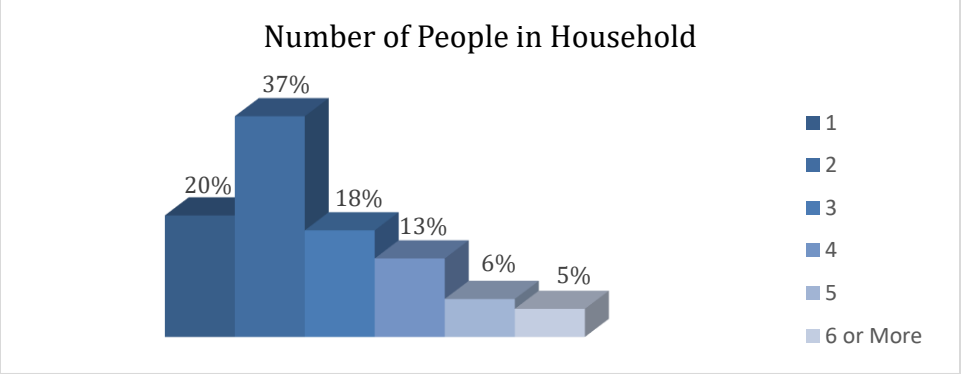


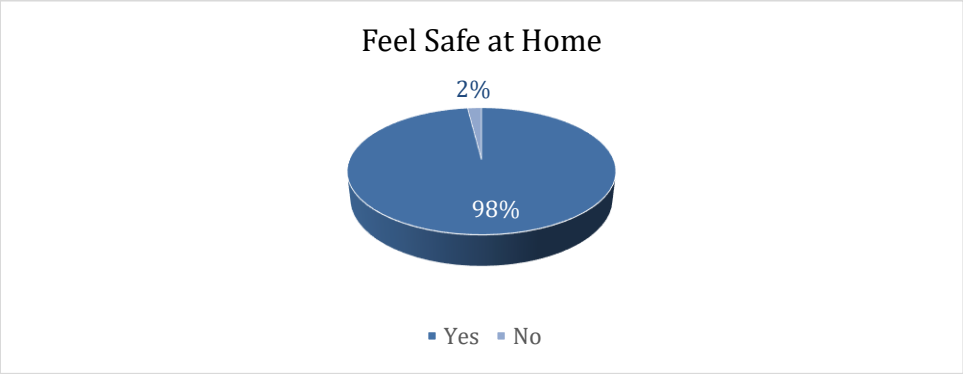


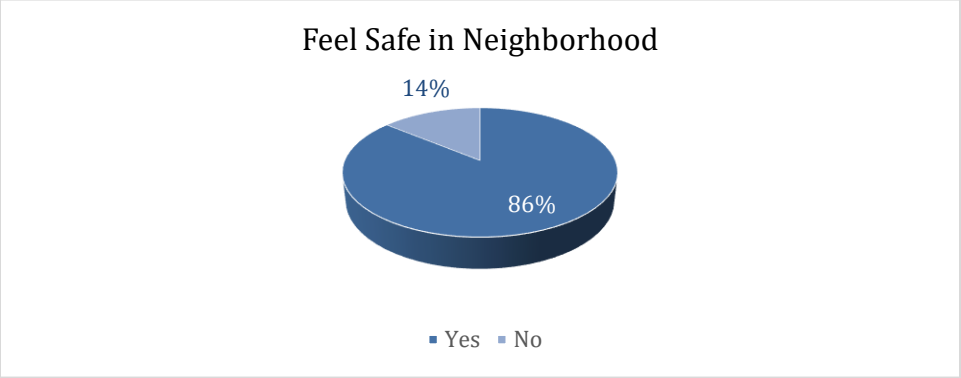

Survey Race
76%
17%
5%
3%
White
Black
Latino
Multirace

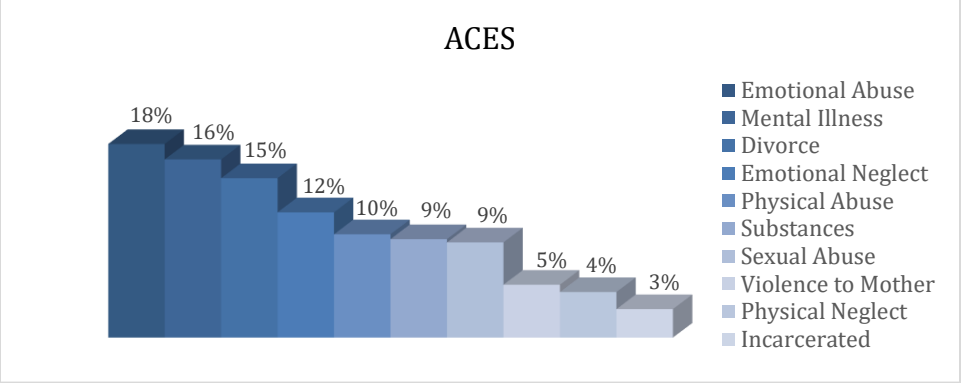

Survey Education
2%
5%
11%
15%
10%
4%
28%
26%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate


Survey Living Arrangements
5%
10%
85%
Homeless
Have Housing, Worried
Have Housing, Not Worried

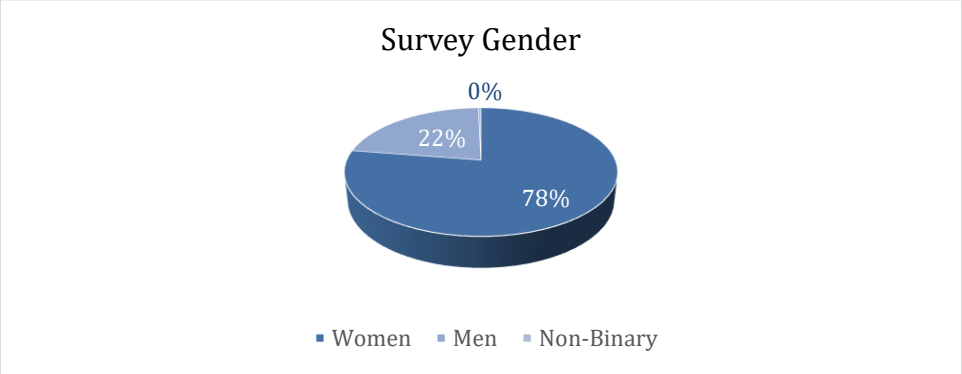

Number of People in Household
20%
37%
18%
13%
6%
5%
1
2
3
4
5
6 or More

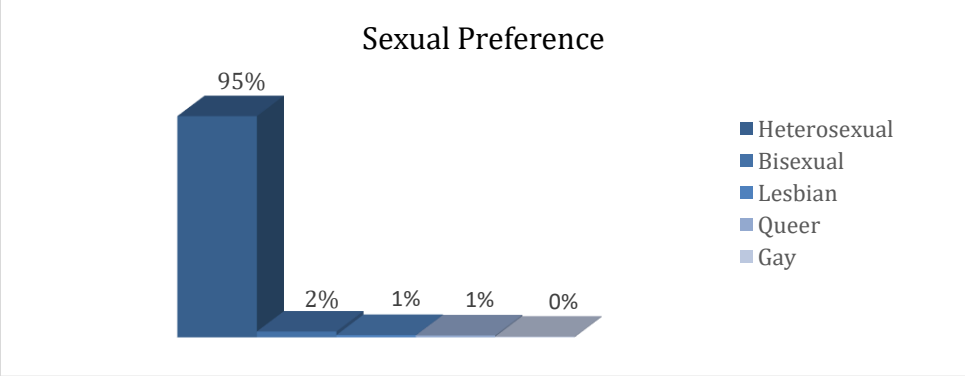

Feel Safe at Home
2%
98%
Yes
No

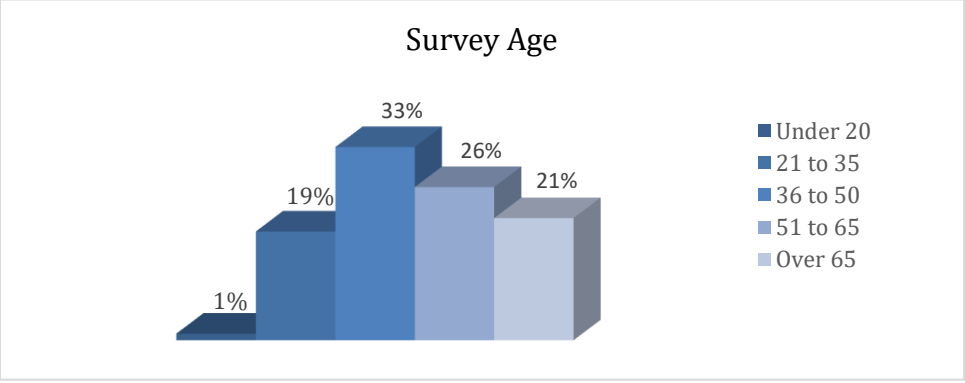

Feel Safe in Neighborhood
14%
86%
Yes
No

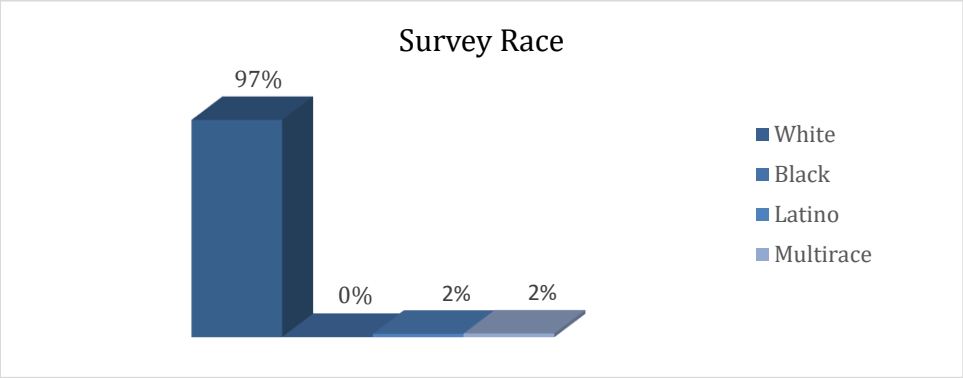

ACES
18%
16%
15%
12%
10%
9%
9%
5%
4%
3%
Emotional Abuse
Mental Illness
Divorce
Emotional Neglect
Physical Abuse
Substances
Sexual Abuse
Violence to Mother
Physical Neglect
Incarcerated

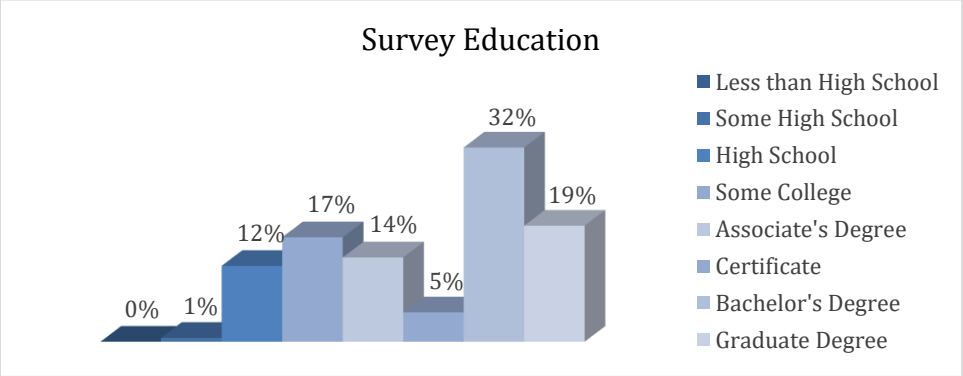
APPENDIX 9: CHNA SURVEY CHARACTERISTICS FOR TAZEWELL COUNTY 2025

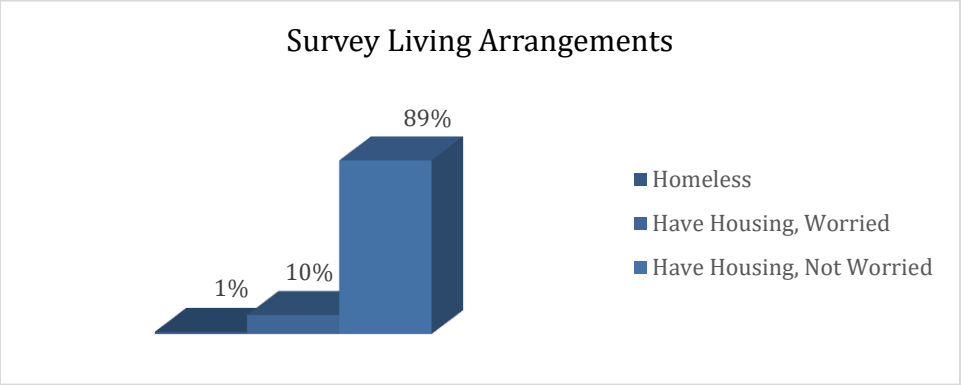


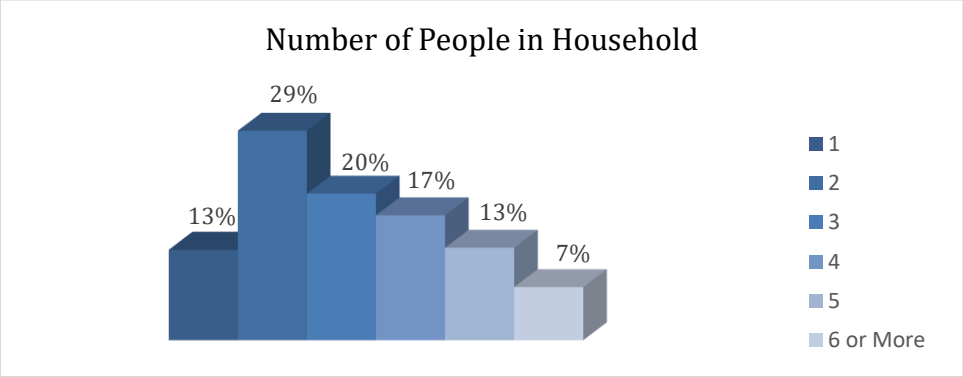


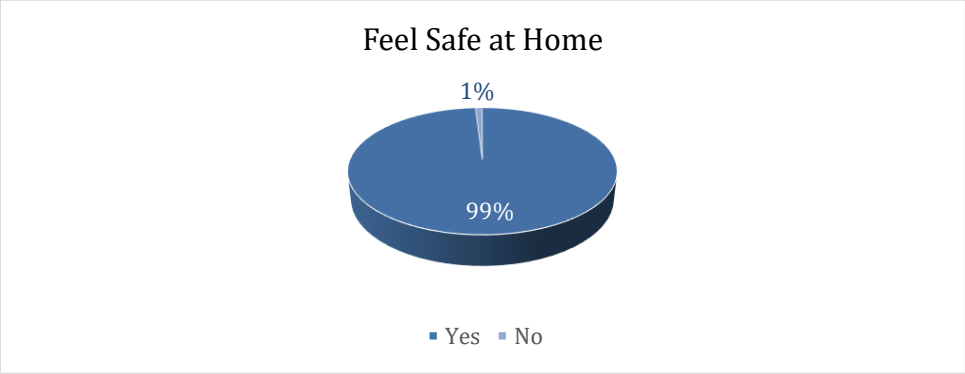


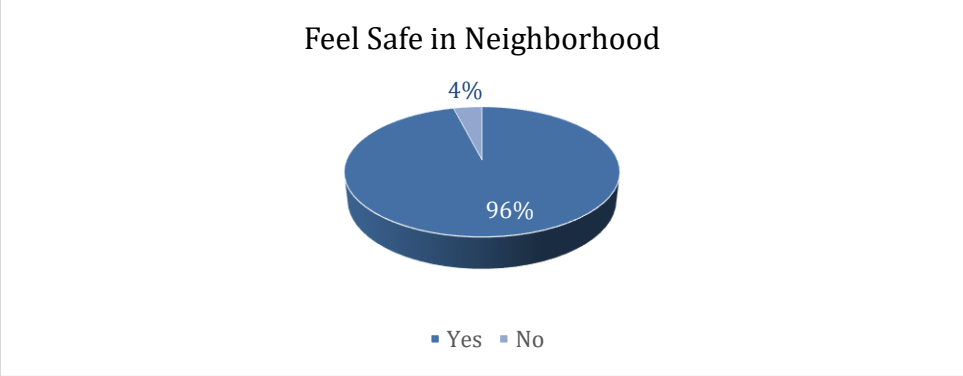

Survey Race
97%
0%
2%
2%
White
Black
Latino
Multirace

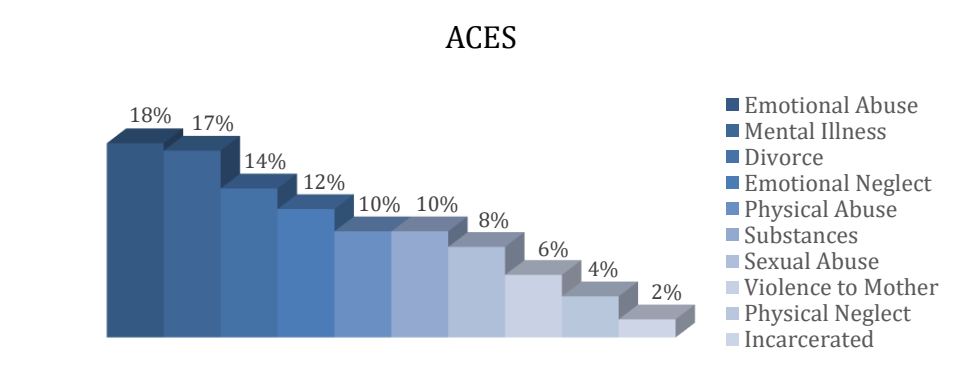

Survey Education
0%
1%
12%
17%
14%
5%
32%
19%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
1%
10%
89%
Homeless
Have Housing, Worried
Have Housing, Not Worried

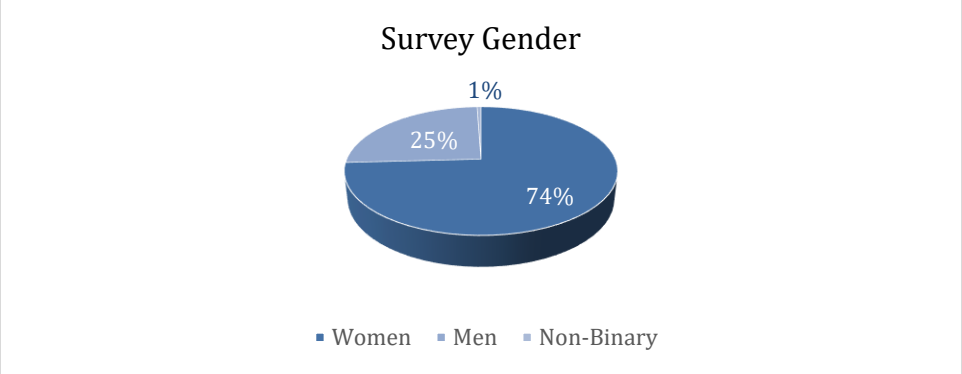

Number of People in Household
13%
29%
20%
17%
13%
7%
1
2
3
4
5
6 or More

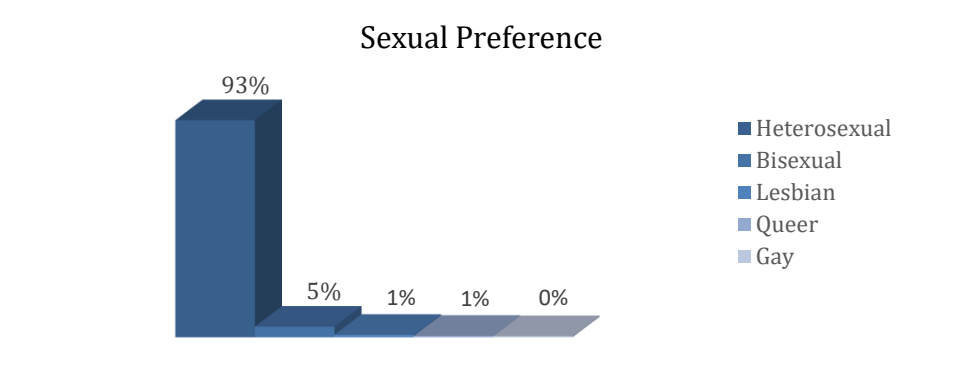

Feel Safe at Home
1%
99%
Yes
No

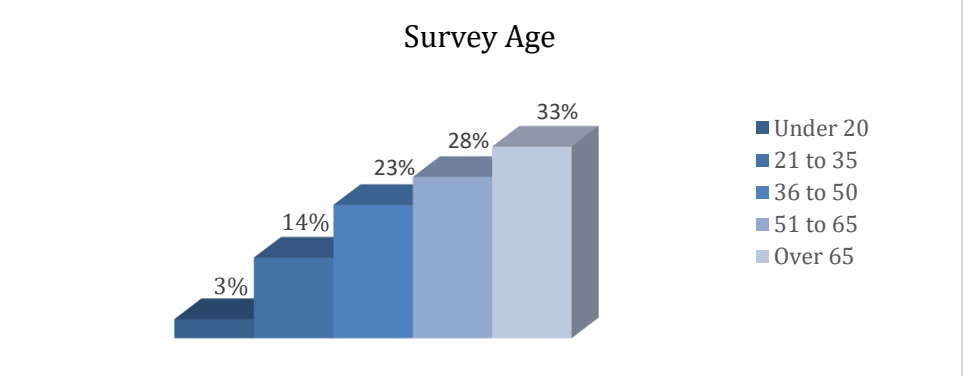

Feel Safe in Neighborhood
4%
96%
Yes
No

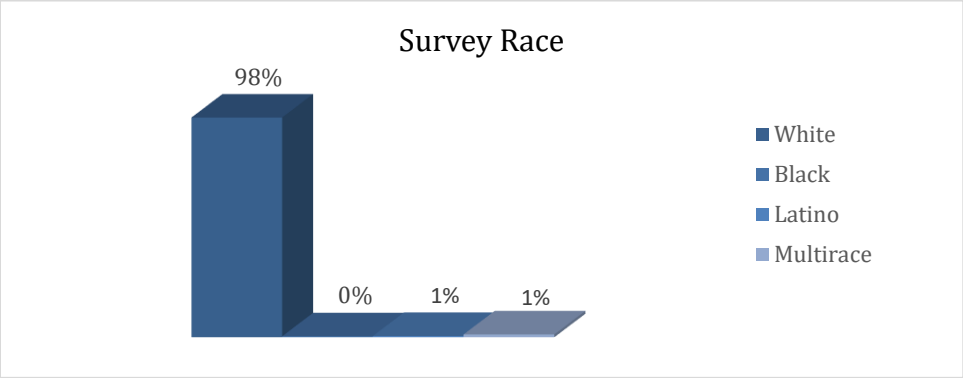

ACES
18%
17%
14%
12%
10%
10%
8%
6%
4%
2%
Emotional Abuse
Mental Illness
Divorce
Emotional Neglect
Physical Abuse
Substances
Sexual Abuse
Violence to Mother
Physical Neglect
Incarcerated

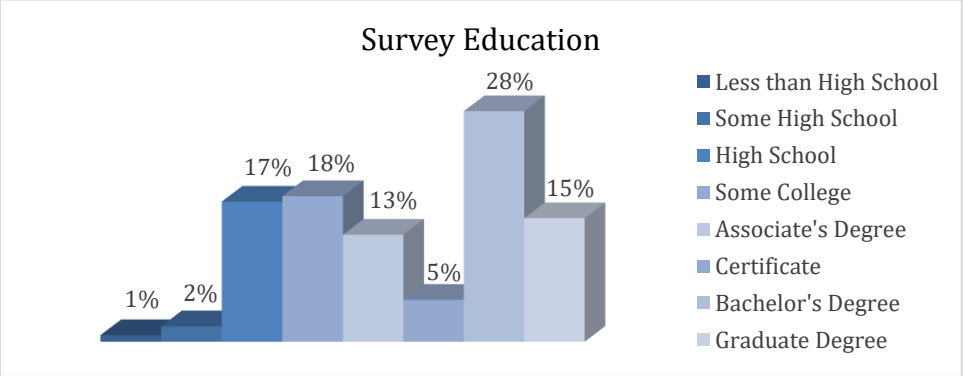
APPENDIX 10: CHNA SURVEY CHARACTERISTICS FOR WOODFORD COUNTY 2025

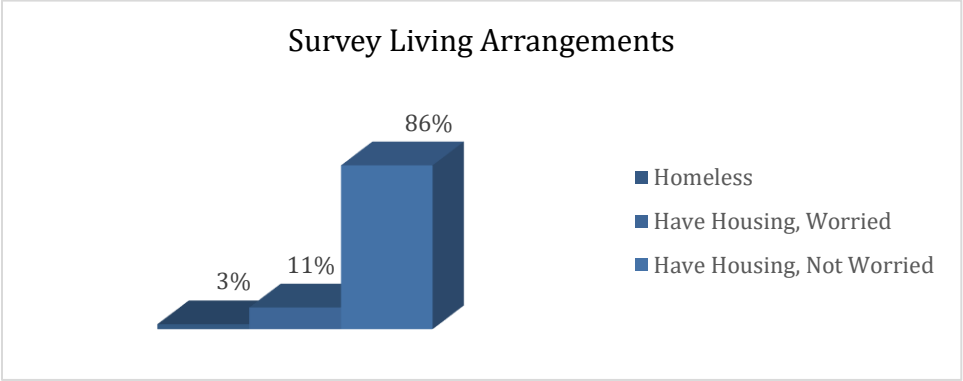


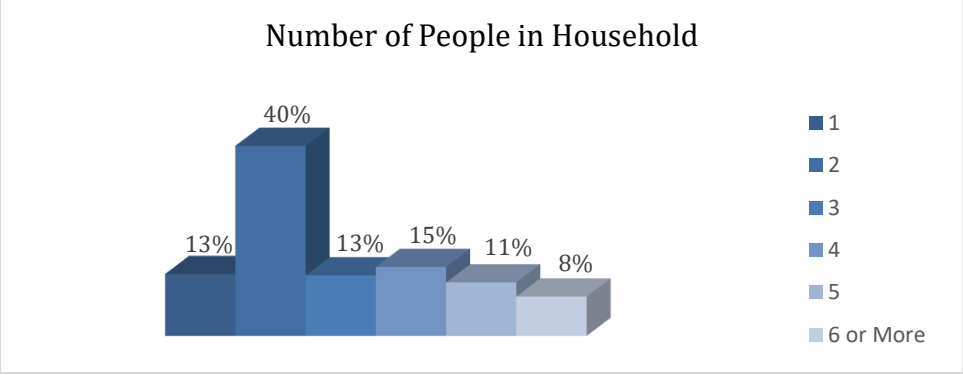


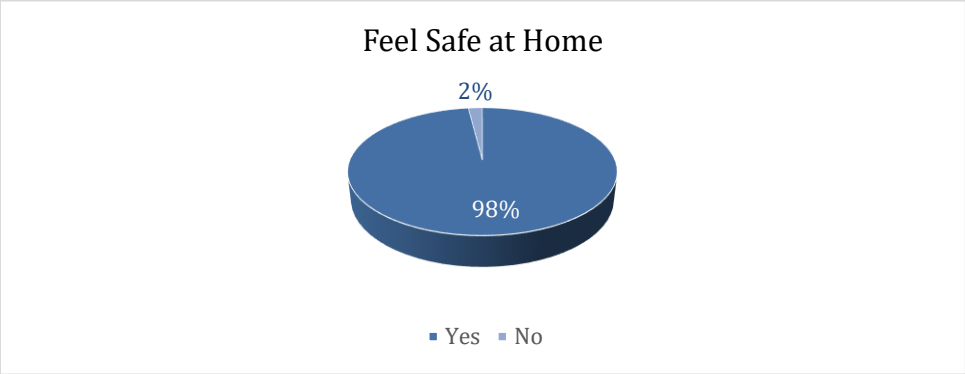


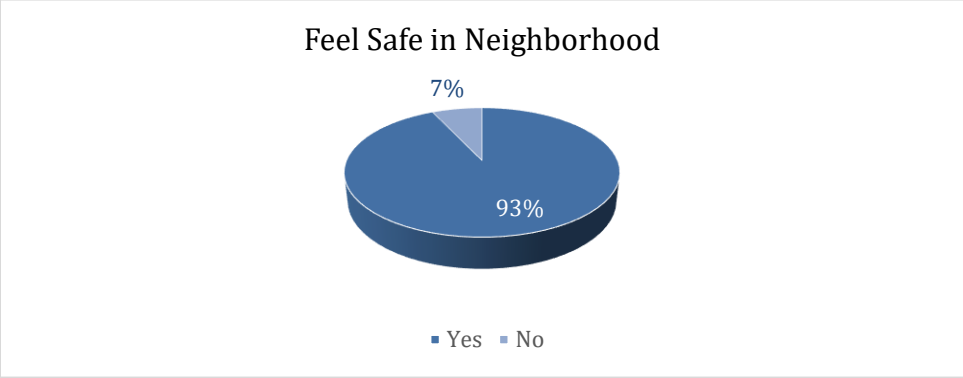

Survey Race
98%
0%
1%
1%
White
Black
Latino
Multirace

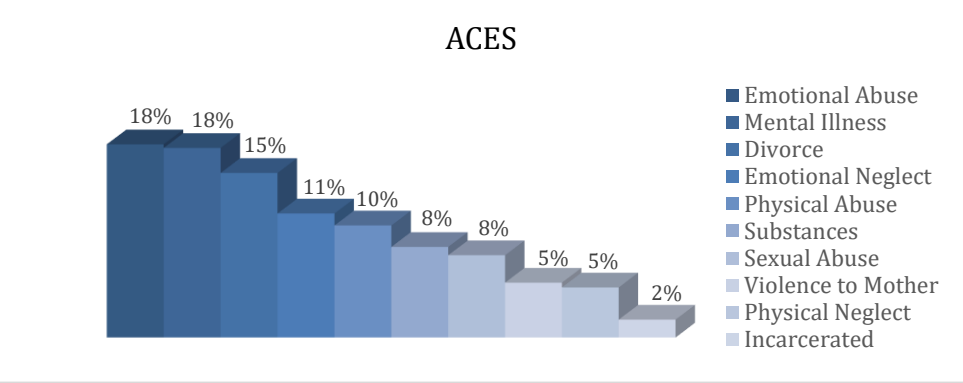

Survey Education
1%
2%
17%
18%
13%
5%
28%
15%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
3%
11%
86%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
13%
40%
13%
15%
11%
8%
1
2
3
4
5
6 or More


Feel Safe at Home
2%
98%
Yes
No


Feel Safe in Neighborhood
7%
93%
Yes
No


ACES
18%
18%
15%
11%
10%
8%
8%
5%
5%
2%
Emotional Abuse
Mental Illness
Divorce
Emotional Neglect
Physical Abuse
Substances
Sexual Abuse
Violence to Mother
Physical Neglect
Incarcerated