

2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Saint James Hospital

Known as OSF Saint James -
John W. Albrecht Medical Center

Livingston County

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Community Health Needs Assessment

2022

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

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

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

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

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

- **Healthy Behaviors** – *defined as active living and healthy eating, and their impact on obesity*
- **Healthy Aging**

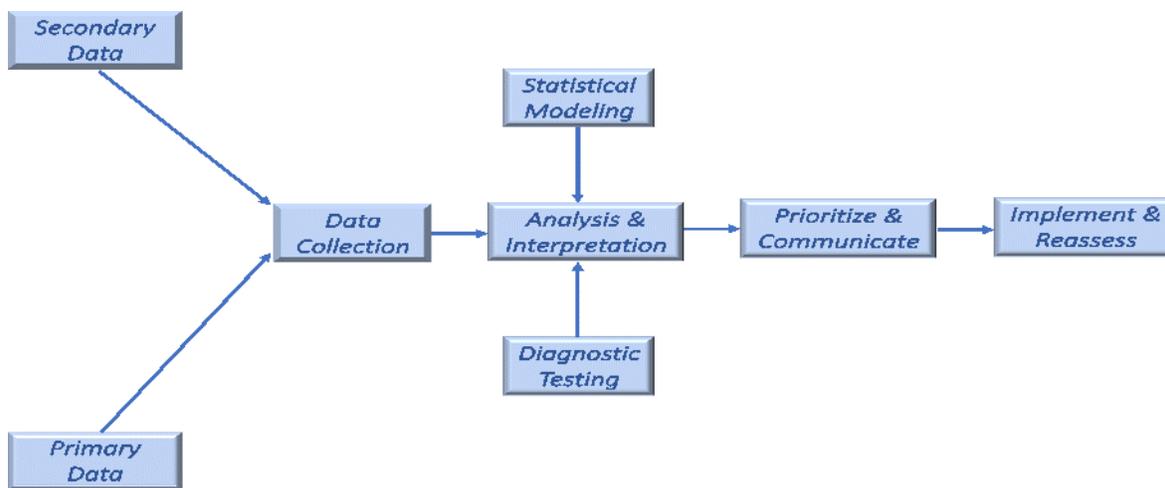
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt charitable hospital organizations to conduct community health needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by OSF Saint James – John W. Albrecht Medical Center including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System’s Board of Directors on July 25, 2022.

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

Figure 1



Collaborative Team and Community Engagement

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint James – John W. Albrecht Medical Center, members of the Livingston County Health Department, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment.

The entire collaborative team met in the first and second quarter of 2022. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

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

Definition of the Community

In order to determine the geographic boundaries for OSF Saint James – John W. Albrecht Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Livingston County. Data show that Livingston County represent 76% of all patients for the hospital.

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

Purpose of the Community Health-Needs Assessment

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in Livingston County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2019 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2019 CHNA and implementation plan were made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2019 CHNA on its website. In order to encourage written feedback, the hospital specifically included a section labeled **Share Your Feedback** and provided instructions regarding how individuals from the community could provide comments to the CHNA. While no written feedback was received by individuals from the community via the available mechanism for the CHNA or implementation plan, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

2019 CHNA Health Needs and Implementation Plans

The 2019 CHNA for Livingston County identified two significant health needs. These included: healthy behaviors, defined as healthy eating and active living, and their impact on obesity; behavioral health,

including mental health; and substance abuse, with specific focus not included in behavioral health. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on the activities discussed in appendix 2.

Social Determinants of Health

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

Figure 2



Social Determinants of Health
Copyright-free



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

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

II. METHODS

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

Secondary Data Collection

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

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

Primary Data Collection

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

Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, a new survey in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, eight specific sets of items were included:

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

- **Ratings of unhealthy behaviors in the community** – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking.
- **Ratings of issues concerning well-being** – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.
- **Accessibility to healthcare** – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental-healthcare, as well as access to prescription medication.
- **Healthy behaviors** – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits and cancer screenings.
- **Behavioral health** – to assess community issues related to areas such as anxiety and depression.
- **Food security** – to assess access to healthy food alternatives.
- **Social determinants of health** – to assess the impact that social determinants may have on the above-mentioned areas.

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

Sample Size

In order to identify our potential population, we first identified the percentage of the Livingston County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Livingston County is 13.0 percent. The population used for the calculation was 35,582 yielding a total of 4,626 residents living in poverty in the Livingston County area.

A normal approximation to the hypergeometric distribution was assumed given the targeted sample size.

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

where:

n = the required sample size

N = the population size

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 provide a representative profile when assessing the aggregated population for the Livingston County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 534 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

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

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

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

Data Integrity

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

Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health

concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, Pearson correlations, X^2 tests and tetrachoric correlations were used when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

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

CHAPTER 1: DEMOGRAPHY AND SOCIAL DETERMINANTS

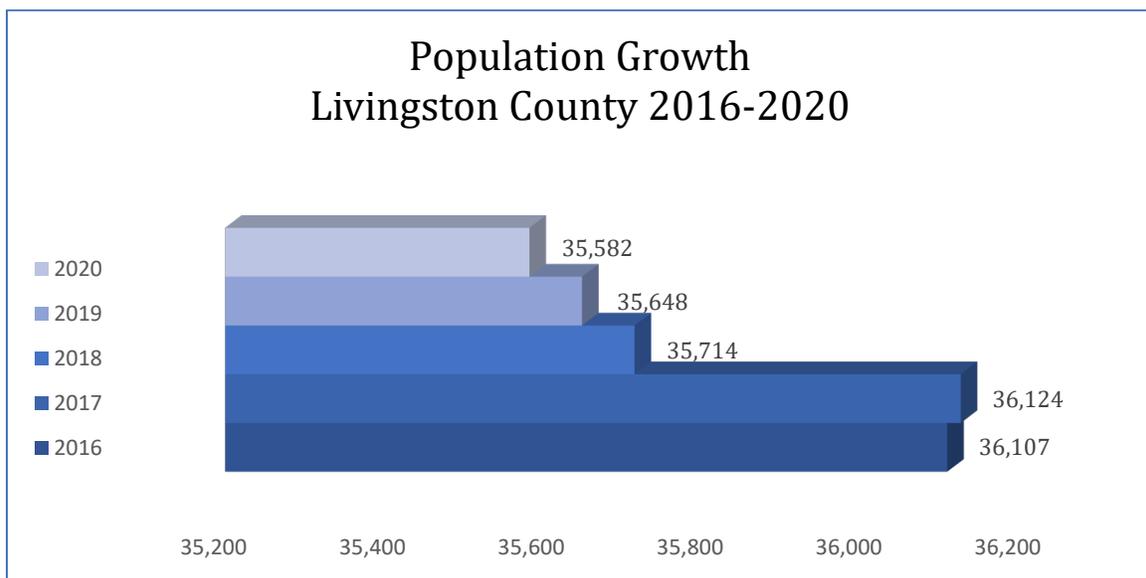
1.1 Population

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

Population Growth

Data from the last census indicate the population of Livingston County decreased 1% between 2016 and 2020 (Figure 3).

Figure 3



Source: US Census

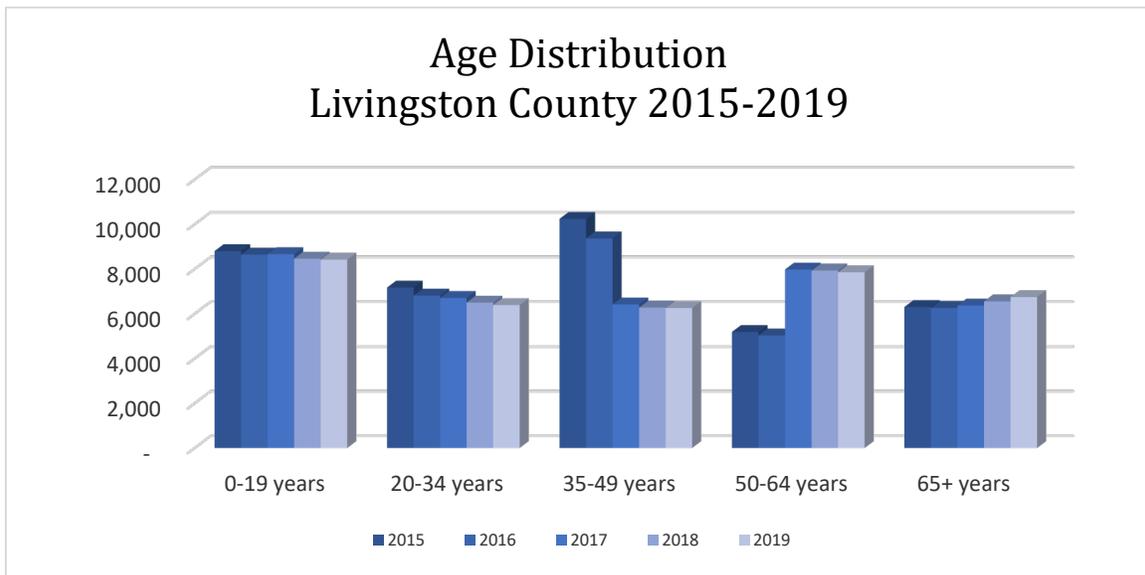
1.2 Age, Gender and Race Distribution

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

Age

Figure 4 illustrates the percentage of individuals in Livingston County in each age group. Note specifically, the 35-to-49-years age group decreased 39% and the 50 to 64 age group increased 51.5%. The elderly population (residents aged 65 and older) increased 7% between 2015 and 2019 (Figure 4).

Figure 4

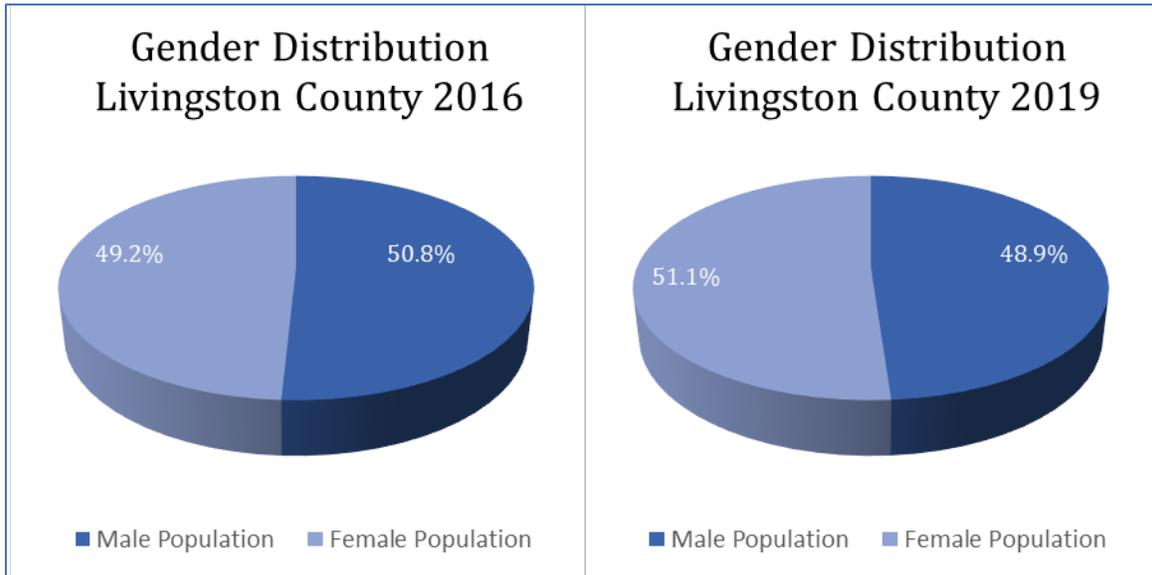


Source: US Census

Gender

The gender distribution of Livingston County (Figure 5) residents has remained relatively consistent between 2016 and 2020.

Figure 5

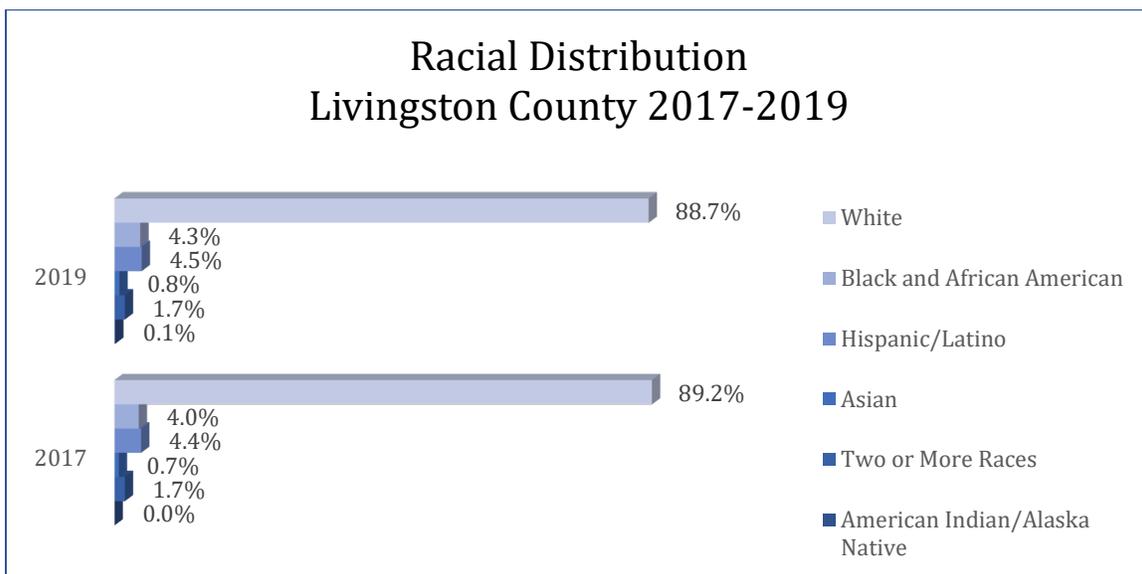


Source: US Census

Race

With regard to race and ethnic background, Livingston County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2019 suggest that White ethnicity comprises 88.7% of the population in Livingston County. However, the non-White population of Livingston County has been increasing (from 10.8% in 2017 to 11.3% in 2019), with Black ethnicity comprising 4.3% of the population, multi-racial ethnicity comprising 1.7% of the population, and Hispanic/Latino (LatinX) ethnicity comprising 4.5% of the population in 2019 (Figure 6).

Figure 6



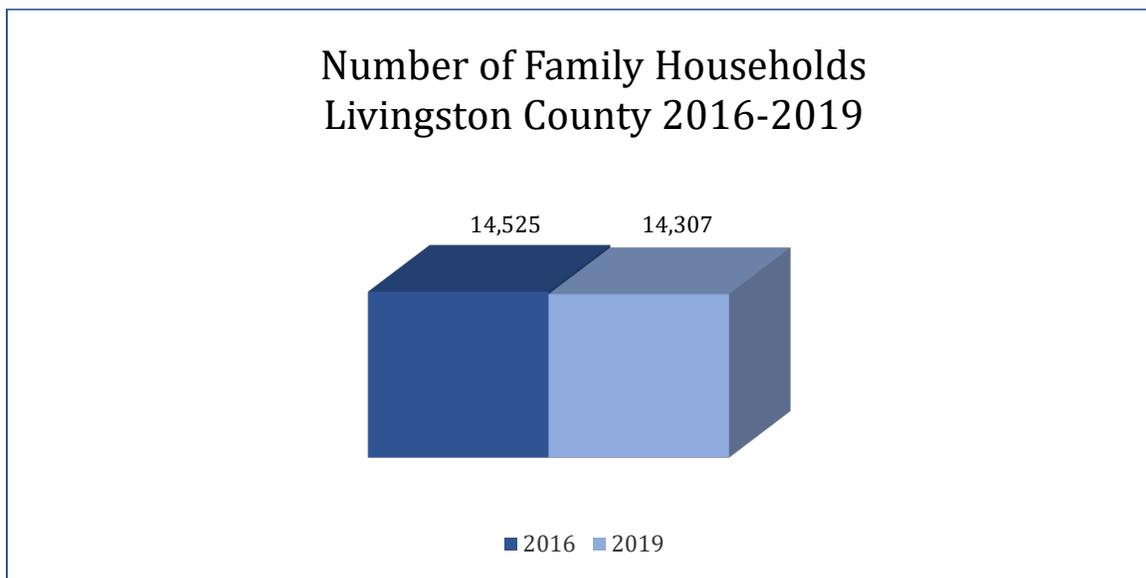
Source: US Census

1.3 Household/Family

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

As indicated in Figure 7, the number of family households in Livingston County decreased from 2016 to 2019.

Figure 7

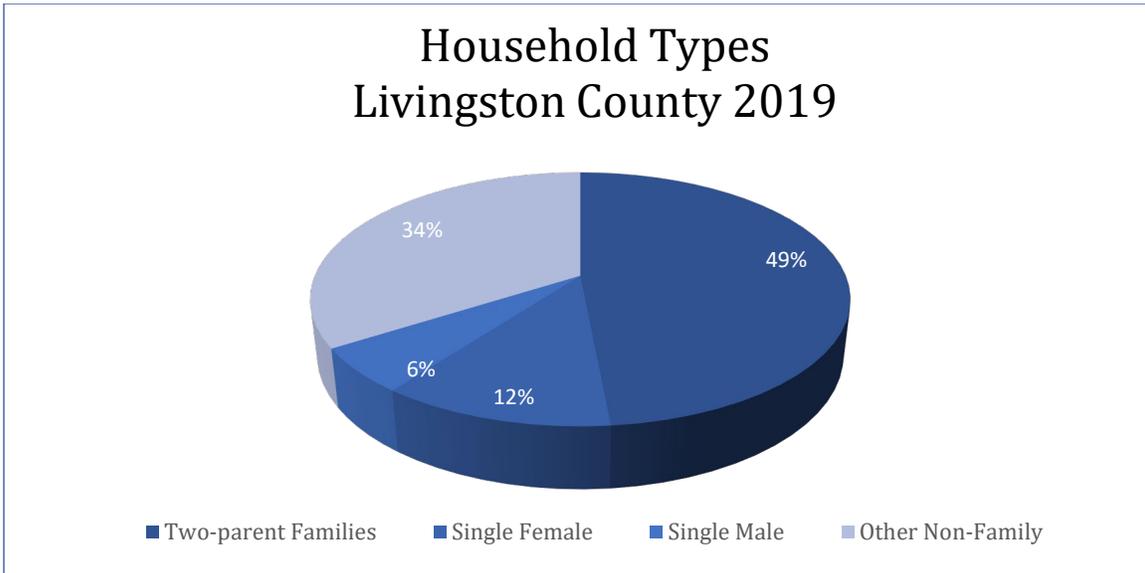


Source: US Census

Family Composition

In Livingston County, data from 2019 suggest the percentage of two-parent families in Livingston County is 49%. One-person households represent 34% of the county population and single-female households represent 12%, and single-male households represent 6% (Figure 8).

Figure 8

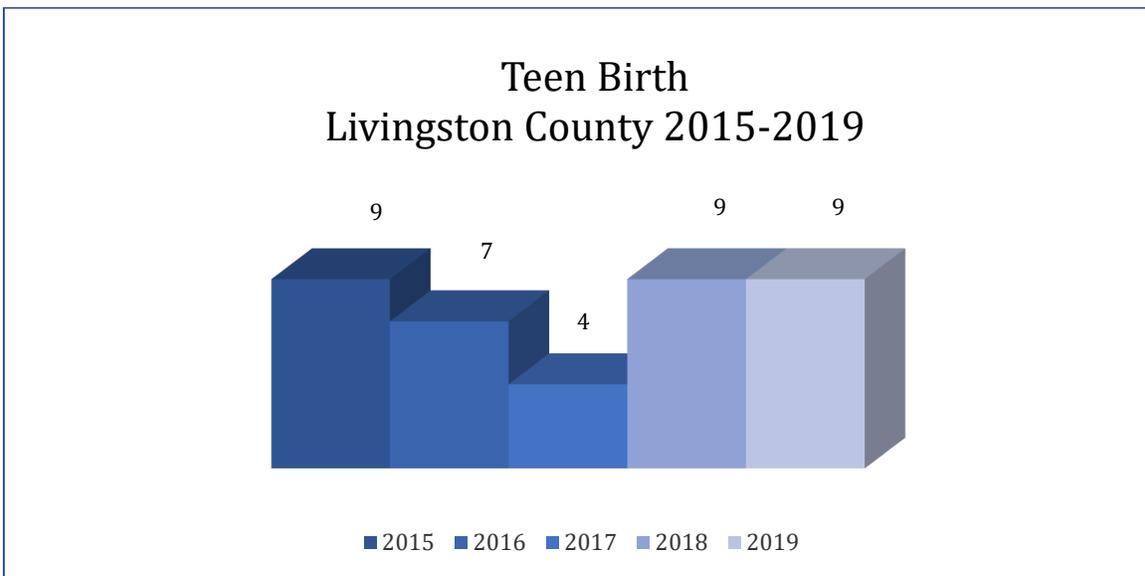


Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Livingston County has experienced a fluctuation in teenage birth count. The teen birth count steadily declined since 2015, but experienced an increase in 2018 and 2019 (Figure 9).

Figure 9



Source: Illinois Department of Public Health

1.4 Economic Information

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

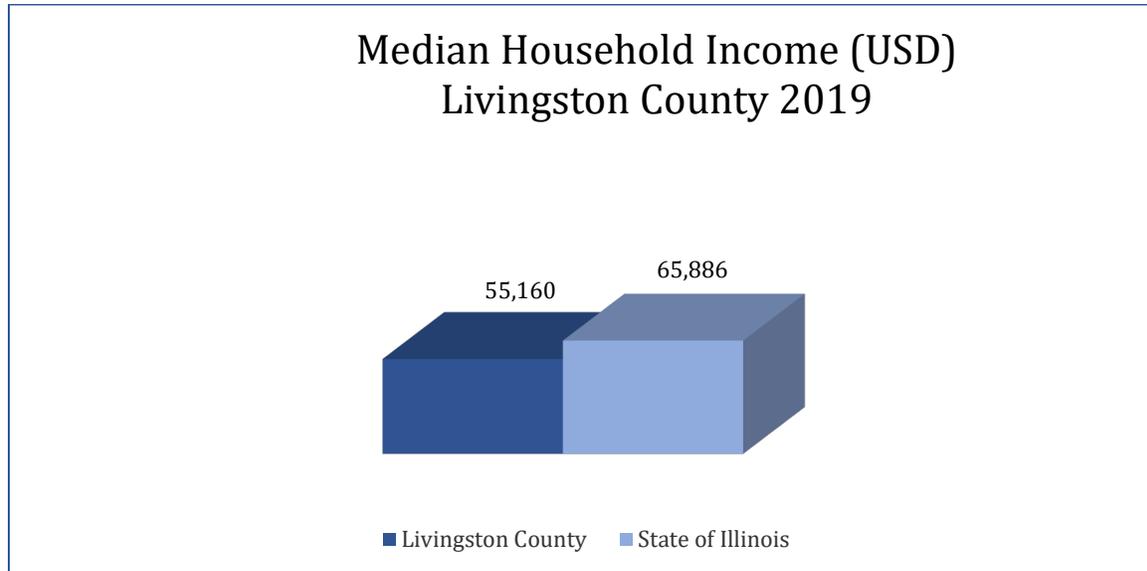
Economic Climate

Economic climate is a measure of a community's financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Livingston County, 21% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

Median Income Level

For 2019, the median household income in Livingston County was lower than the State of Illinois (Figure 10).

Figure 10

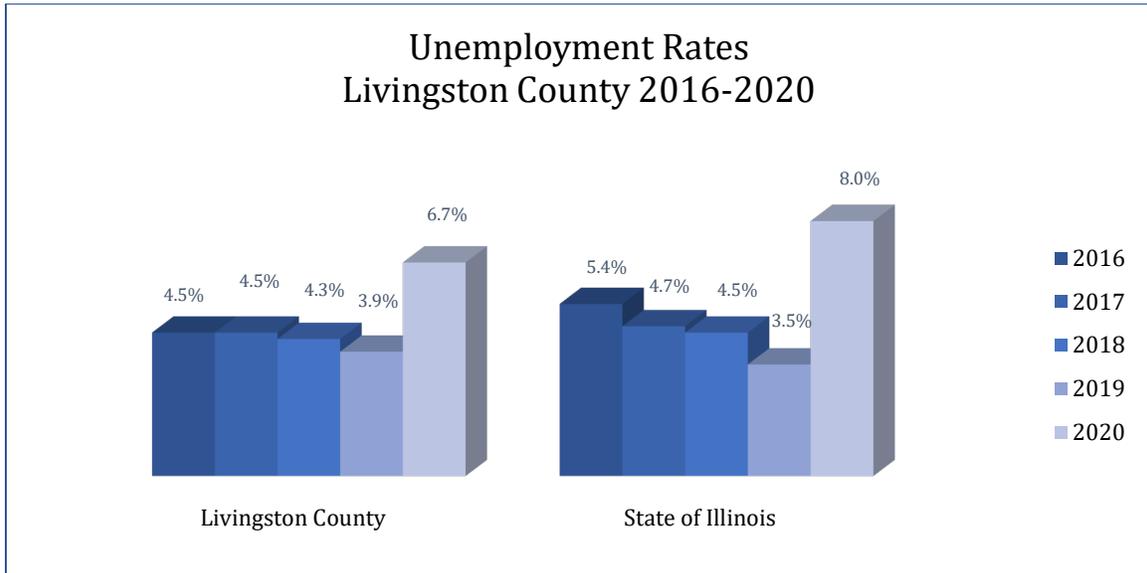


Source: US Census

Unemployment

For the years 2016 thru 2018, the Livingston County unemployment rate remained lower than the State of Illinois unemployment rate. However, in 2020 the rate significantly increased but did remain lower than State of Illinois. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 11).

Figure 11

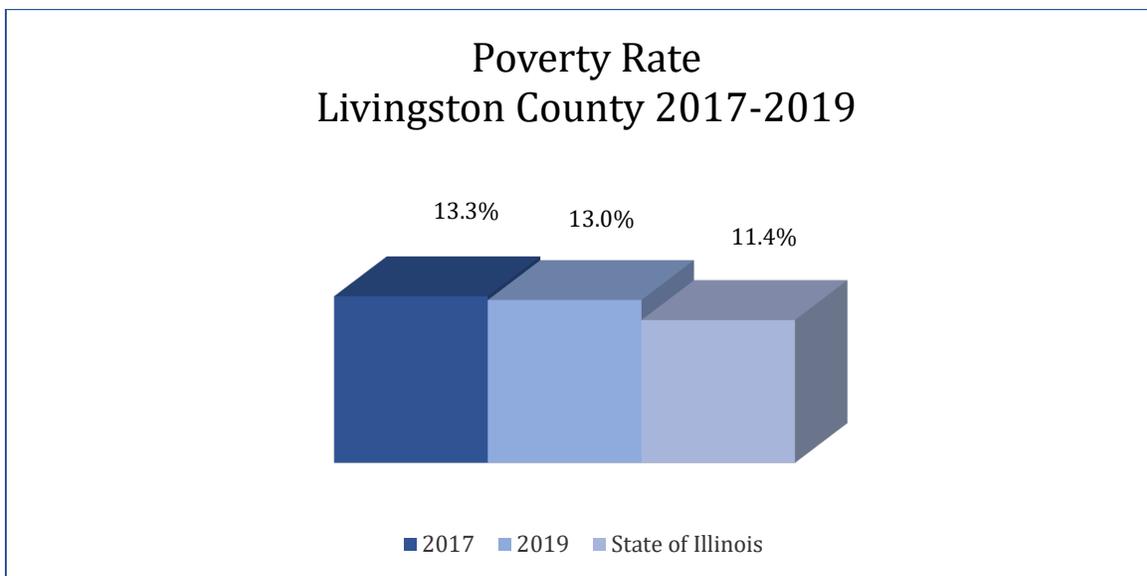


Source: Bureau of Labor Statistics

Individuals in Poverty

In Livingston County, the percentage of individuals living in poverty between 2017 and 2019 decreased by 0.30%. Poverty has a significant impact on the development of children and youth. In 2019 the poverty rate for families living in Livingston County (13%) was higher than the State of Illinois family poverty rate (11.4%) (Figure 12).

Figure 12



Source: US Census

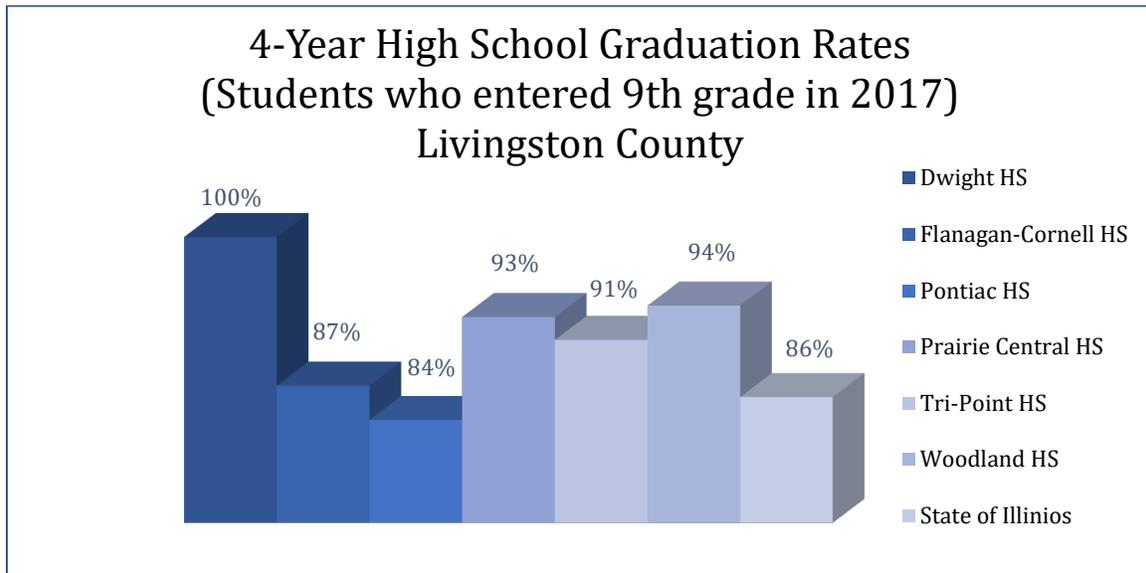
1.5 Education

Importance of the measure: According to the National Center for Educational Statistics¹, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one’s health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual’s propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

High School Graduation Rates

Students who entered 9th grade in 2017 in Livingston County school districts reported high school graduation rates that were mostly higher compared to the State average of 86%. Pontiac HS reported a slightly lower than state averages at 84% (Figure 13).

Figure 13



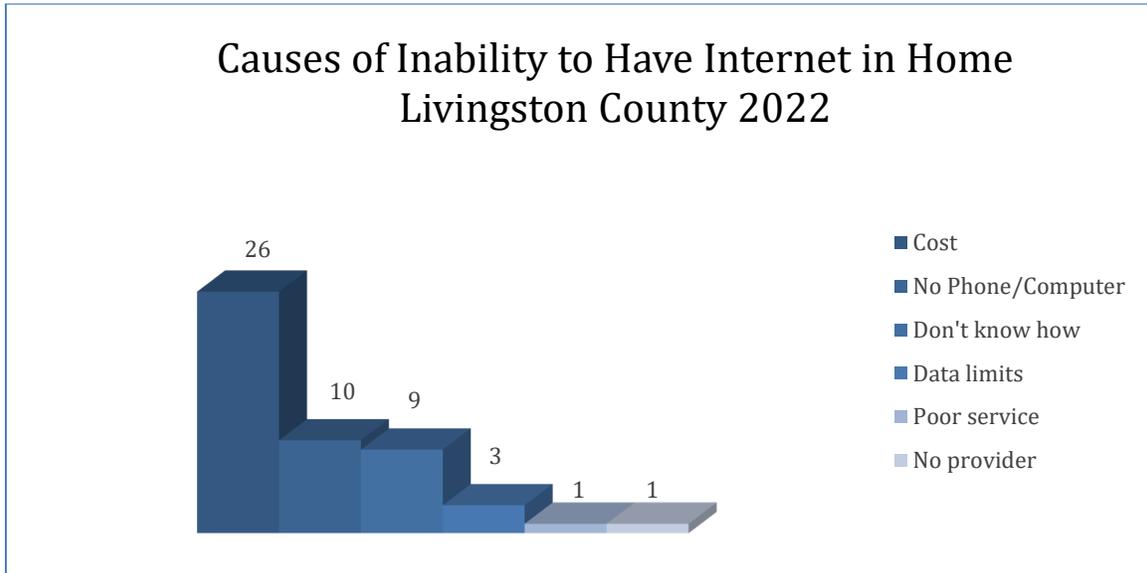
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 92% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

¹ NCES 2005

Figure 14



Source: CHNA Survey

Digital Landscape

Digital landscape is a community’s access to digital tools and the digital literacy to use them. Key risk influencers include affordability, accessibility and digital literacy. For Livingston County, 45% of the population is at elevated risk for digital landscape. This is higher than the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

Social Determinants Related to Internet Access

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

- **Access to Internet** tends to be rated higher for younger people, those with higher education and those with higher income. Access to Internet was rated lower by Black people with an unstable (e.g., homeless) housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION AGE 50 AND OVER IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 12% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

Chapter 2 Outline

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

CHAPTER 2: PREVENTION BEHAVIORS

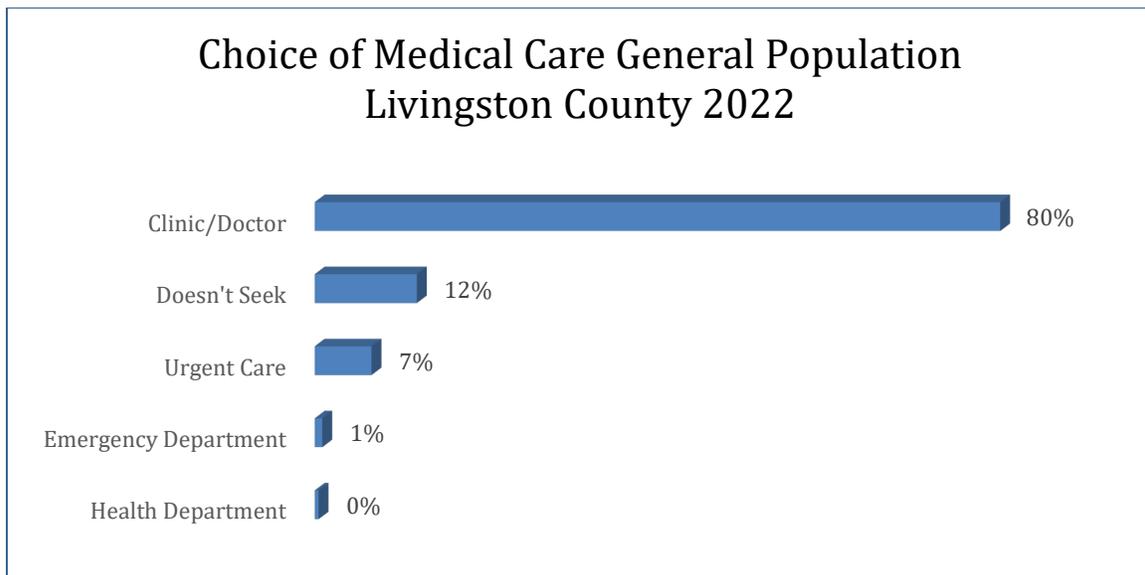
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of health-care facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment and other. The most common response for source of medical care was clinic/doctor's office, chosen by 80% of survey respondents. This was followed by not seeking medical attention (12%), urgent care (7%), the emergency department at a hospital (1%) and the health department (0%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2019 CHNA

Clinic/doctor's office decreased (3%) and urgent care stayed the same. While emergency department usage decreased (2%), there was a significant increase (6%) in people who didn't seek medical care when needed.

Social Determinants Related to Choice of Medical Care

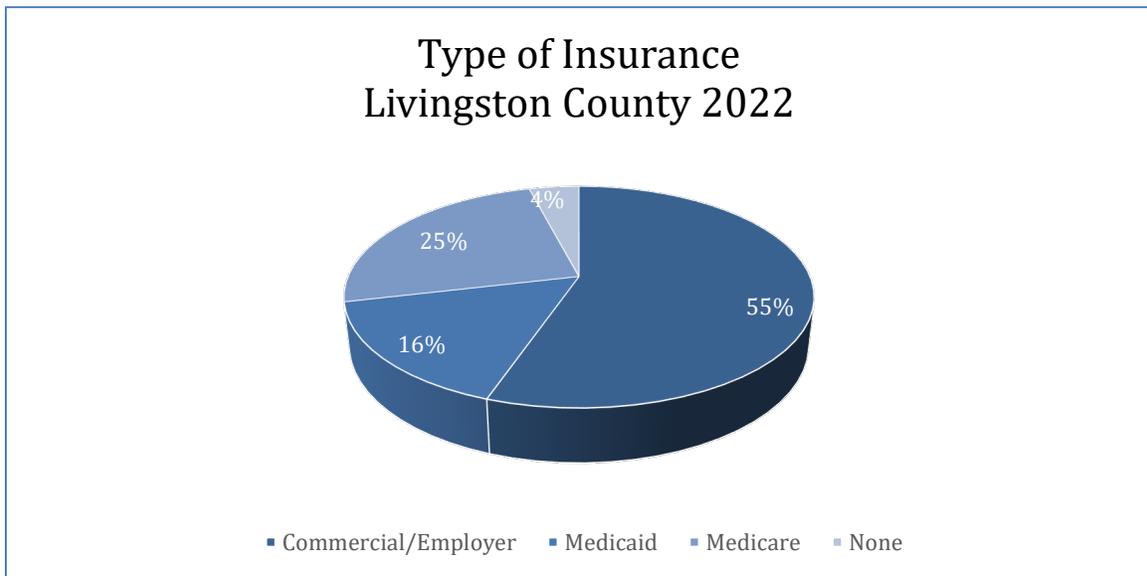
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by older people, White people and those with higher education and higher income. Clinic/doctor's office tends to be less by Black people and people in an unstable (e.g., homeless) housing environment.
- **Do Not Seek Medical Care** tends to be used by men, younger people, Black people and those with lower income. Given the low survey response rate for Black people, findings should be interpreted with caution.
- **Urgent Care** tends to be used more by those with higher education and higher income.
- **Emergency Department** tends to be used more by those with a lower education, and people in an unstable (e.g., homeless) housing environment.
- Health Department did not have any significant correlates.

Insurance Coverage

According to survey data, 55% of the residents are covered by Commercial/Employer Insurance, followed by Medicare (25%) and Medicaid (16%). Only 4% of respondents indicated they did not have any health insurance (Figure 16).

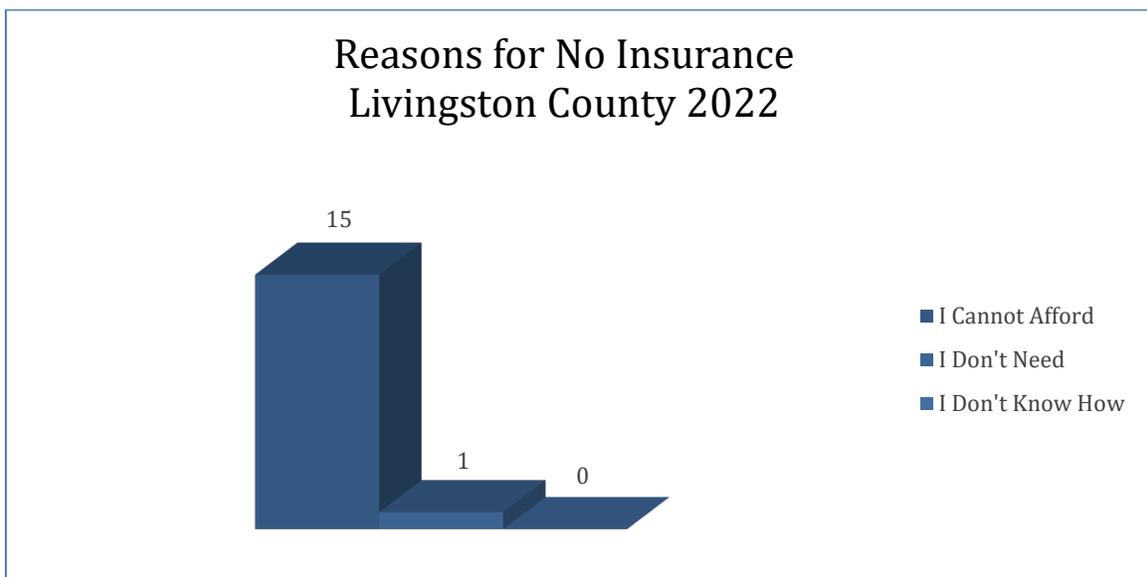
Figure 16



Source: CHNA Survey

Data from the survey show that for the 4% of individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Comparison to 2019 CHNA

There has been a 1% increase in those without insurance and a 5% increase in Medicare insurance.



Social Determinants Related to Type of Insurance

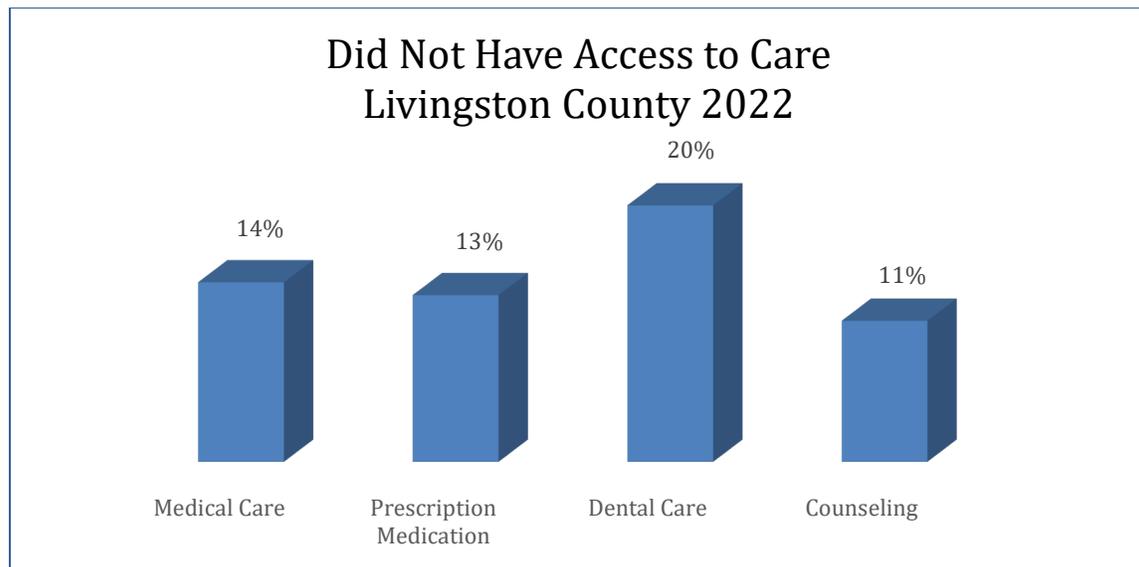
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by older people, those with lower education and lower income.
- **Medicaid** tends to be used more frequently by LatinX people, those with lower education and those with lower income, and people with an unstable (e.g., homeless) housing environment.
- **Commercial/Employer Insurance** is used more often by younger people, White people, those with higher education, and those with higher income. Commercial/employer insurance is used less by people with an unstable (e.g., homeless) housing environment.
- **No Insurance** tends to be reported more often by younger people, Black people, those with lower income, and people in an unstable (e.g., homeless) housing environment. Given the low survey response rate for Black people, findings should be interpreted with caution.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 14% of the population did not have access to medical care when needed; 13% of the population did not have access to prescription medication when needed; 20% of the population did not have access to dental care when needed; and 11% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey



Social Determinants Related to Access to Care

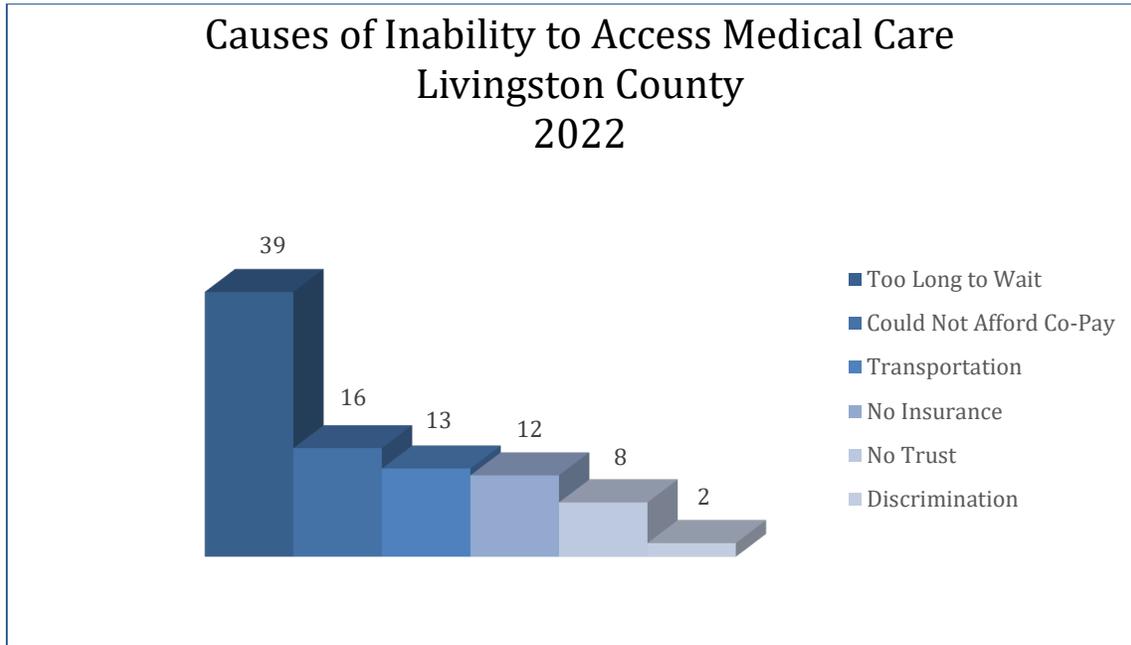
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for those with higher income.
- **Access to prescription medication** tends to be higher for those with higher education.
- **Access to prescription medication** tends to be lower for Black people and people in an unstable (e.g., homeless) housing environment. Given the low survey response rate for Black people, findings should be interpreted with caution.
- **Access to dental care** tends to be higher for those with higher education and those with higher income.
- **Access to counseling** tends to be higher for older people, those with higher education, and those with higher income. Access to counseling tends to be lower for people in an unstable (e.g., homeless) housing environment.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait for an appointment (39) (Figure 19). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 19

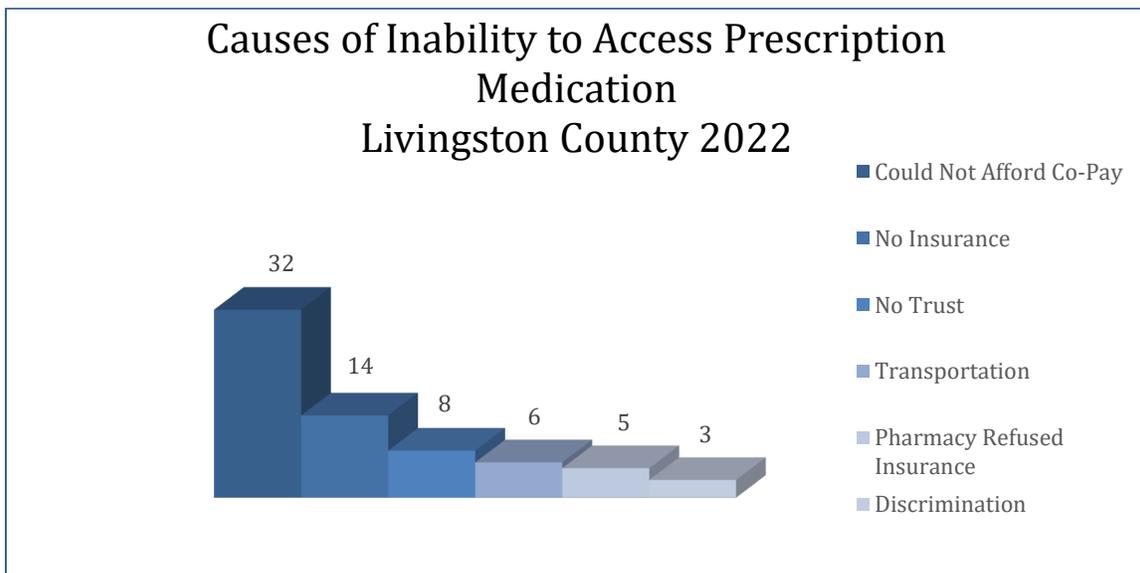


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (32) (Figure 20).

Figure 20

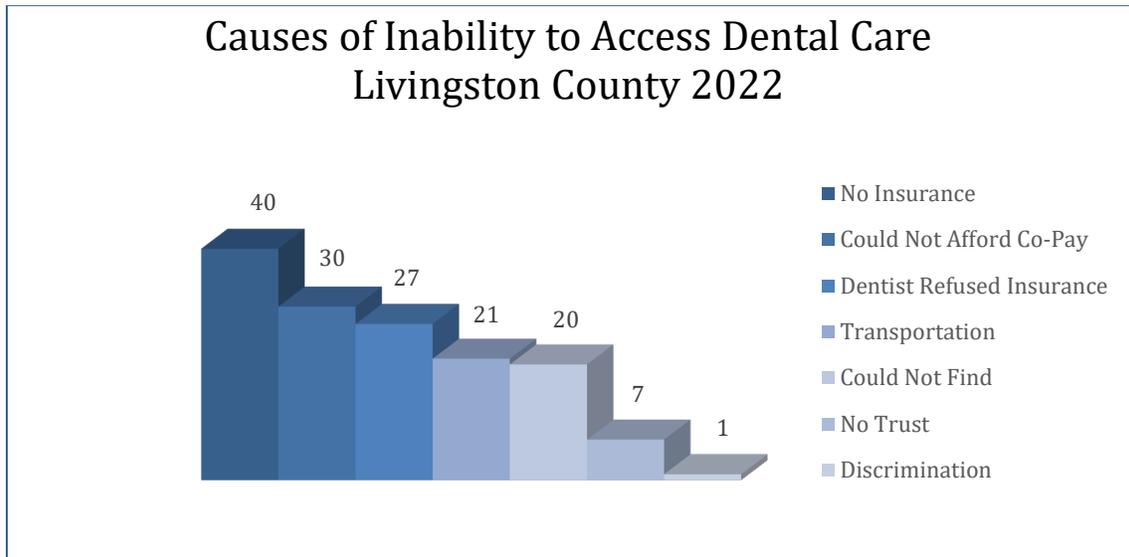


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause was no insurance (40) (Figure 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21

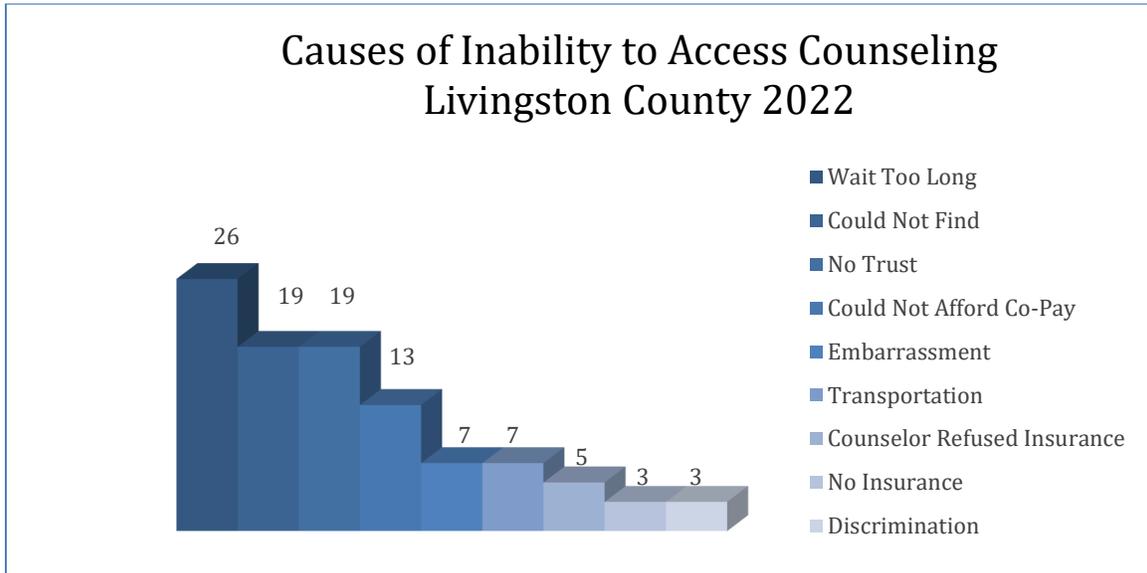


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling was the wait was too long (26). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2019 CHNA

Access to Medical Care – results show a slight increase (1%) in those who were able to get medical care when needed.

Access to Prescription Medication – results show an increase (3%) in those who were not able to get prescription medication when needed.

Access to Dental Care – results show a decrease (3%) in those who were able to get dental care when needed.

Access to Counseling – results show a decrease (5%) in those who were able to get counseling when needed.

Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for Livingston County, 28% of the population is at elevated risk for transportation network. This is higher than the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

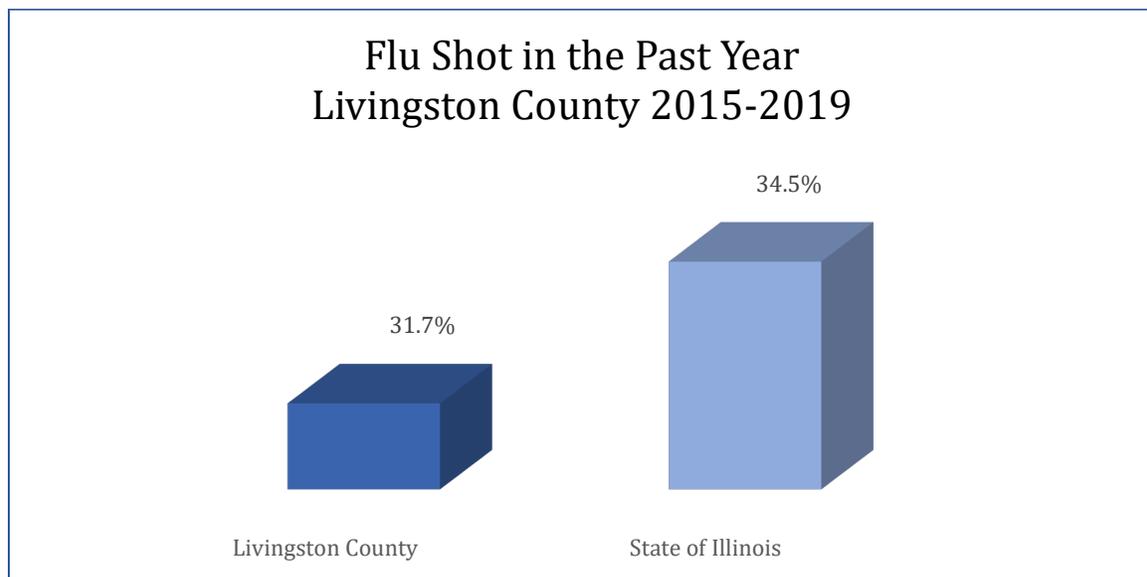
2.2 Wellness

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

Frequency of Flu Shots

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. Figure 23 shows that the percentage of people who have had a flu shot in the past year is 31.7% for Livingston County in 2015-2019 compared to the State at 34.5%. Note that data have not been updated by the Illinois Department of Public Health.

Figure 23

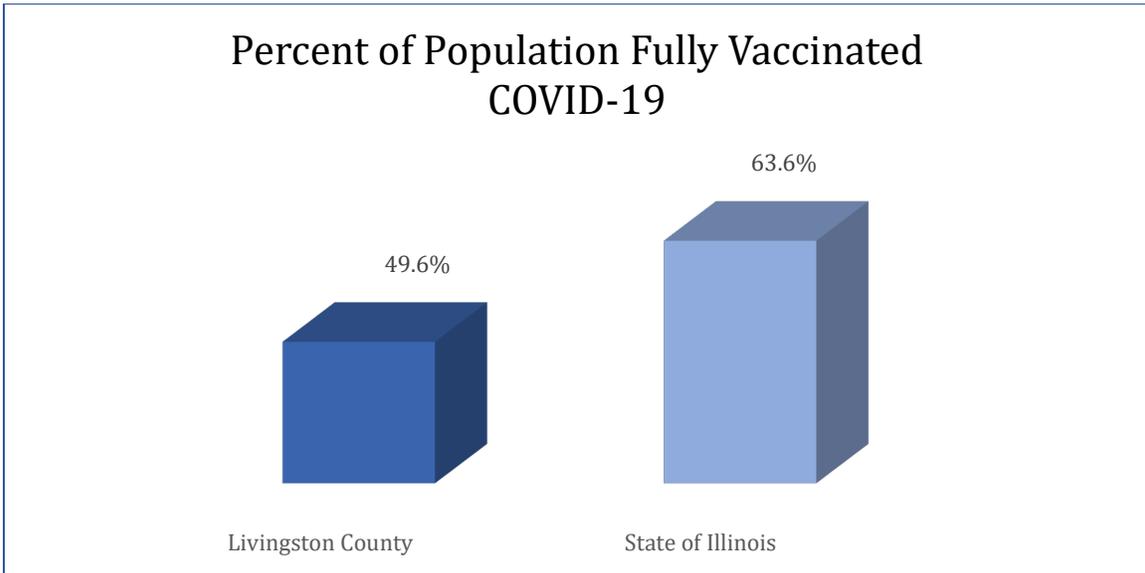


Source: CHNA Survey

COVID-19 Vaccinations

Figure 24 shows that the percentage of people who have been fully vaccinated from the COVID-19 virus. Livingston County remains under the rate for the State of Illinois. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 24

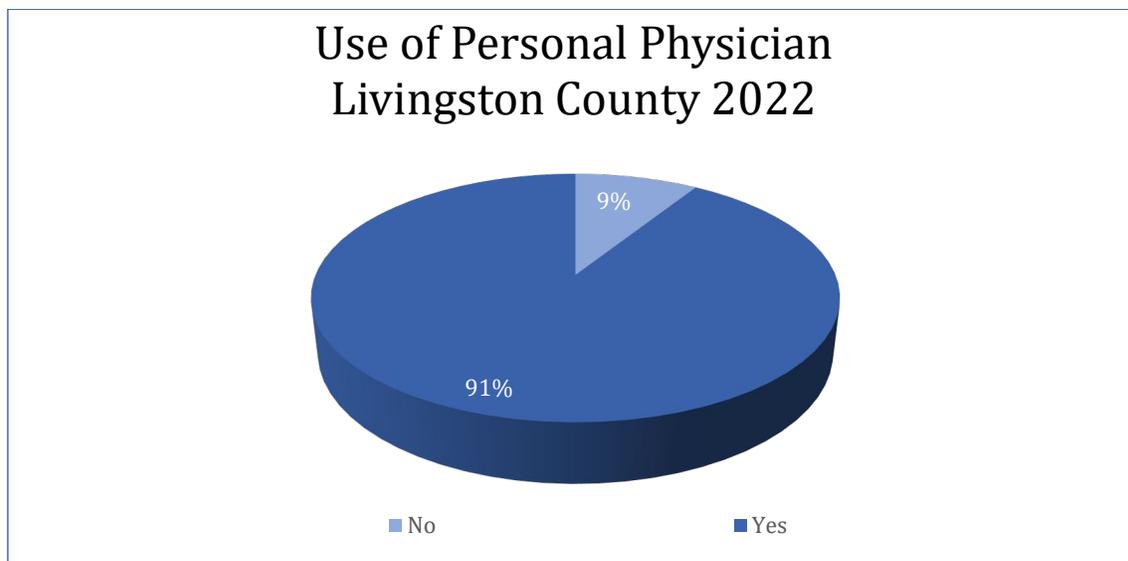


Source: Illinois Department of Public Health (02-27-22)

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 91% of residents have a personal physician (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2019 CHNA

There was a 3% decrease in having a personal physician.



Social Determinants Related to Having a Personal Physician

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

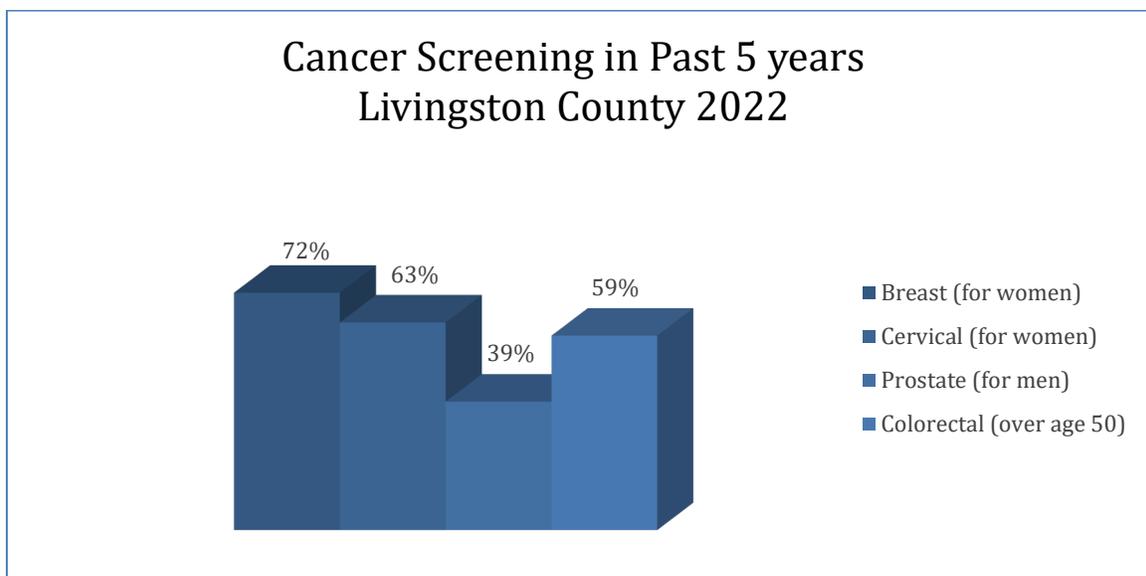
- **Having a personal physician** tends to be higher for older people and those with higher income. Having a personal physician tends to be lower for people in an unstable (e.g., homeless) housing environment

Cancer Screening

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

Results from the CHNA survey show that 72% of women had a breast screening in the past five years and 63% of women had a cervical screening. For men, 39% had a prostate screening in the past five years. For women and men over the age of 50, 59% had a colorectal screening in the last five years (Figure 26).

Figure 26



Source: CHNA Survey

Comparison to 2019 CHNA

Cancer screening increased from 2019 to 2022. Specifically, in 2019, 79% of women had a breast screening in the past five years compared to 72% in 2022. For men, in 2019 53% reported they had a prostate screening in the past five years compared to 39% in 2022. For women and men over the age of 50, 68% had a colorectal screening in the last five years in 2019, compared to 59% in 2022. Note this was the first year that cervical screening was measured, so there is no comparison to 2019.



Social Determinants Related to Cancer Screenings

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

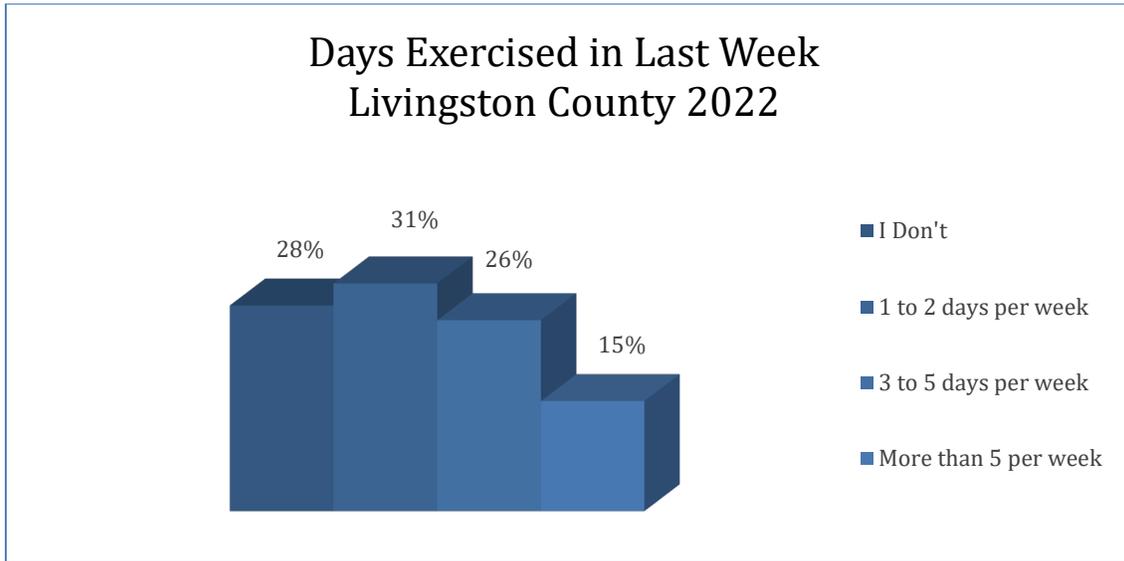
- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education and higher income.
- **Cervical screening** tends to be more likely for older women, White women, those with a higher level of education and higher income. LatinX women and people in an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

Physical Exercise

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

CHNA survey data allow for a more detailed assessment of exercise. Specifically, 28% of respondents indicated that they do not exercise at all, while the majority (57%) of residents exercise 1-5 times per week (Figure 27).

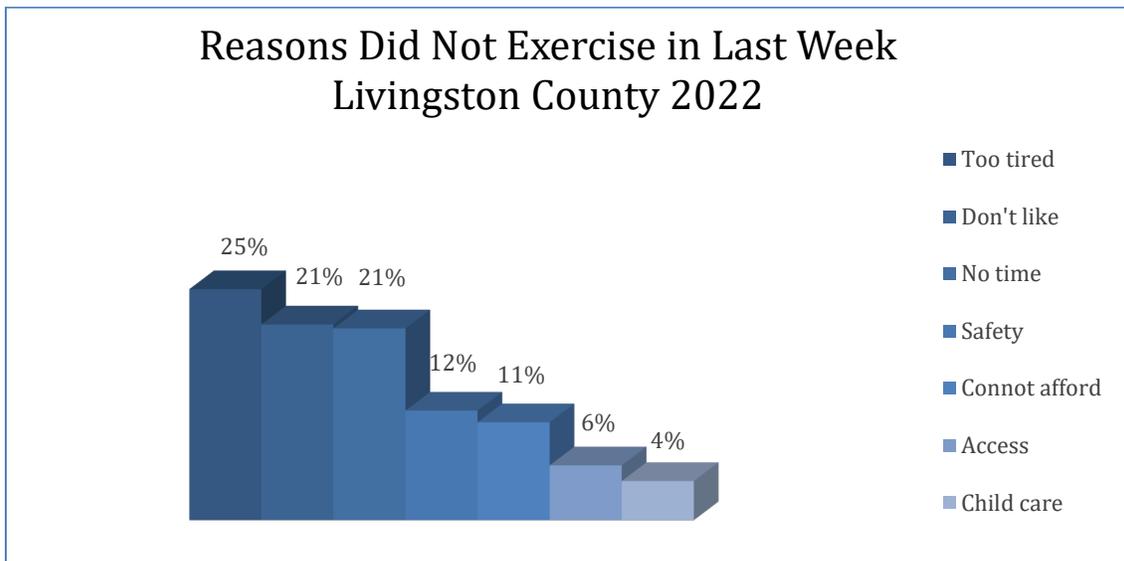
Figure 27



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2019 CHNA, the most common reasons for not exercising are not having enough energy (25%), dislike of exercise (21%) and not enough time (21%) (Figure 28).

Figure 28



Source: CHNA Survey

Comparison to 2019 CHNA

Frequency of exercise has remained relatively consistent since 2019.



Social Determinants Related to Exercise

There were no significant relationships with frequency of exercise.

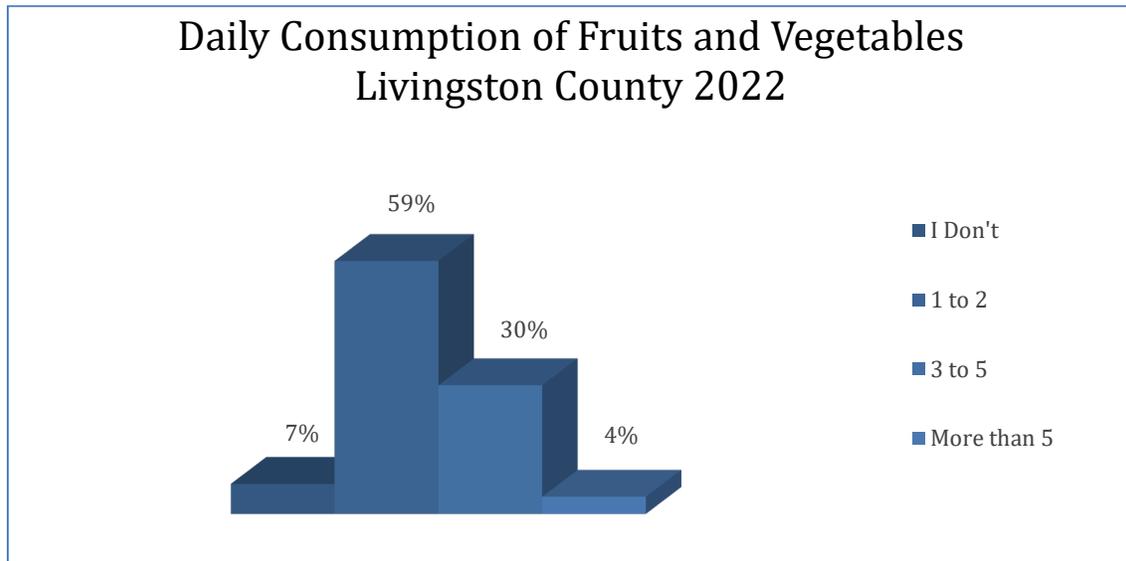
- **Frequency of exercise** tends to be rated higher by those with a higher level of education and those with higher income.

Healthy Eating

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

Almost two-thirds (66%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 4% (Figure 29).

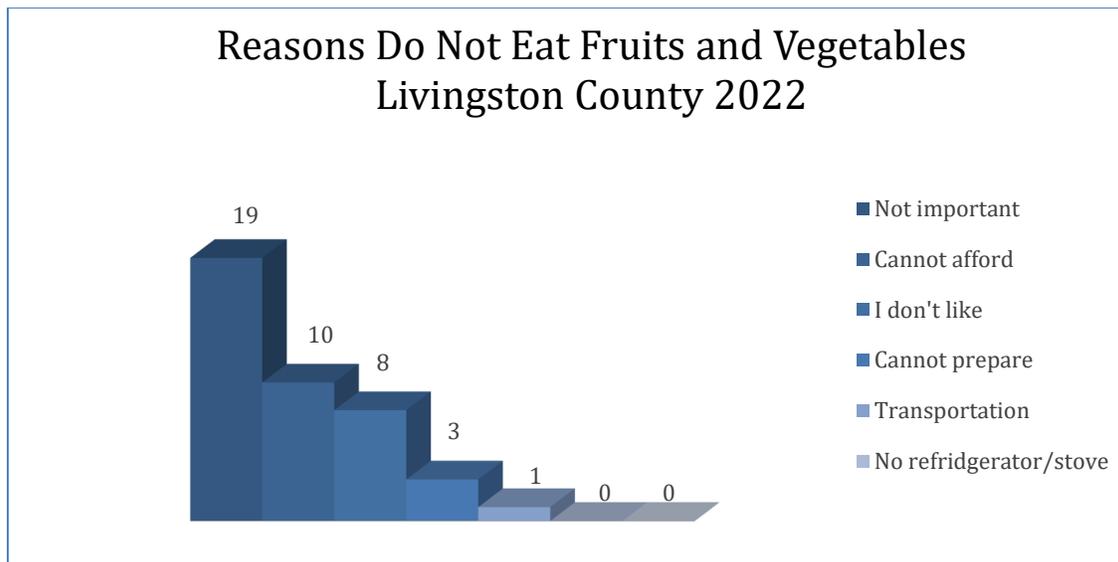
Figure 29



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The reasons most frequently given for failing to eat more fruits and vegetables was it is not important (19) (Figure 30). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 30



Source: CHNA Survey

Comparison to 2019 CHNA

Results show a significant increase (12%) in those with low consumption of fruits and vegetables per day (0-2) compared to 2019.

Social Determinants Related to Healthy Eating

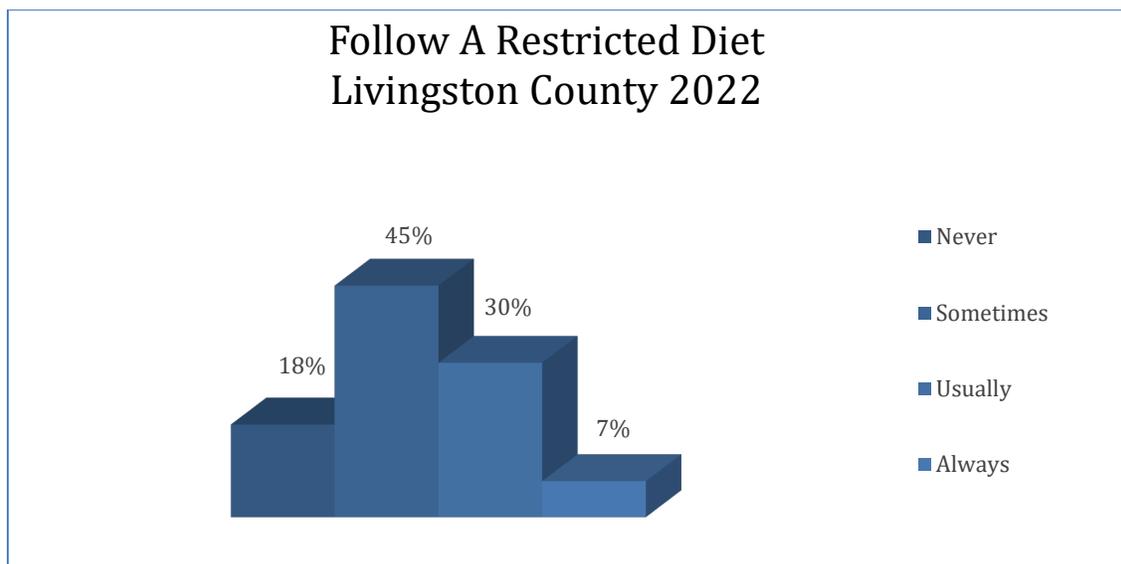
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for LatinX people, those with higher education and those with higher income. Consumption of fruits and vegetables tends to be lower for people in an unstable (e.g., homeless) housing environment.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 37% usually or always follow a restricted diet (Figure 31).

Figure 31



Source: CHNA Survey

Comparison to 2019 CHNA

Results show a significant decrease (8%) in those who usually or always follow a restricted diet compared to 2019.

Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For Livingston County, 30% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

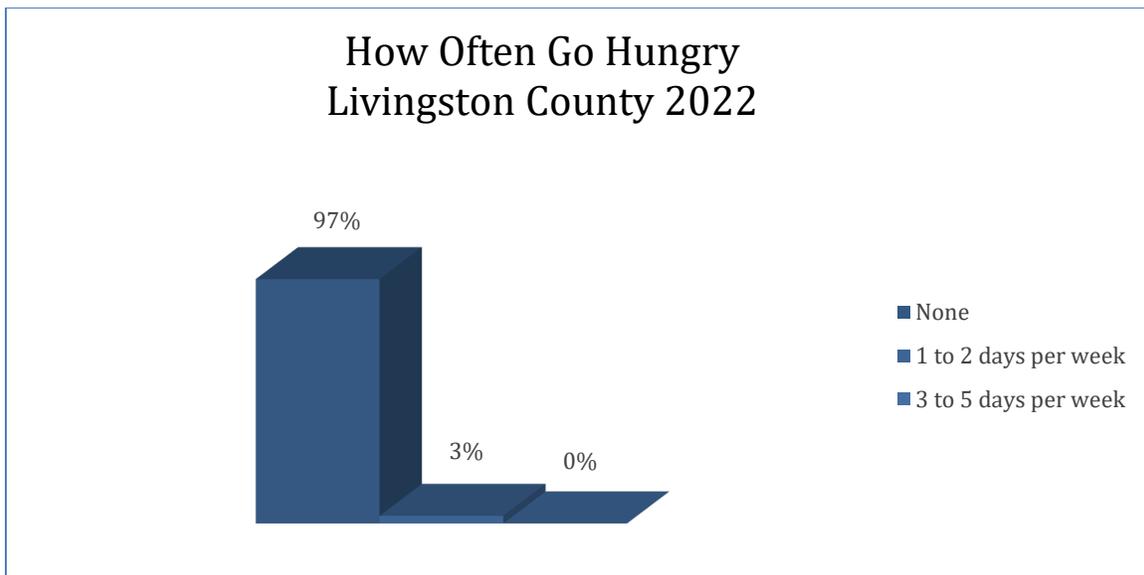
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry, however, 3% indicated they go hungry 1-2 days per week (Figure 32).

Figure 32



Source: CHNA Survey

Comparison to 2019 CHNA



Results show a 2% decrease compared to 2019 CHNA results for those who go hungry.

Social Determinants Related to Prevalence of Hunger

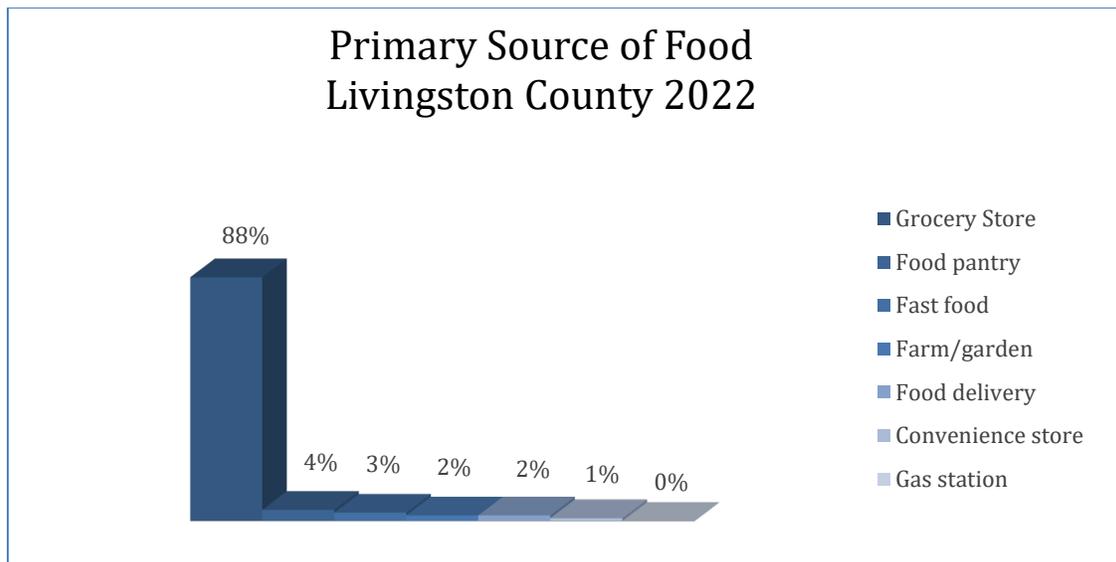
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

- **Prevalence of Hunger** tends to be more likely for those with less education and those with less income.

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (88%) identified a grocery store (Figure 33).

Figure 33



Source: CHNA Survey

Food Landscape

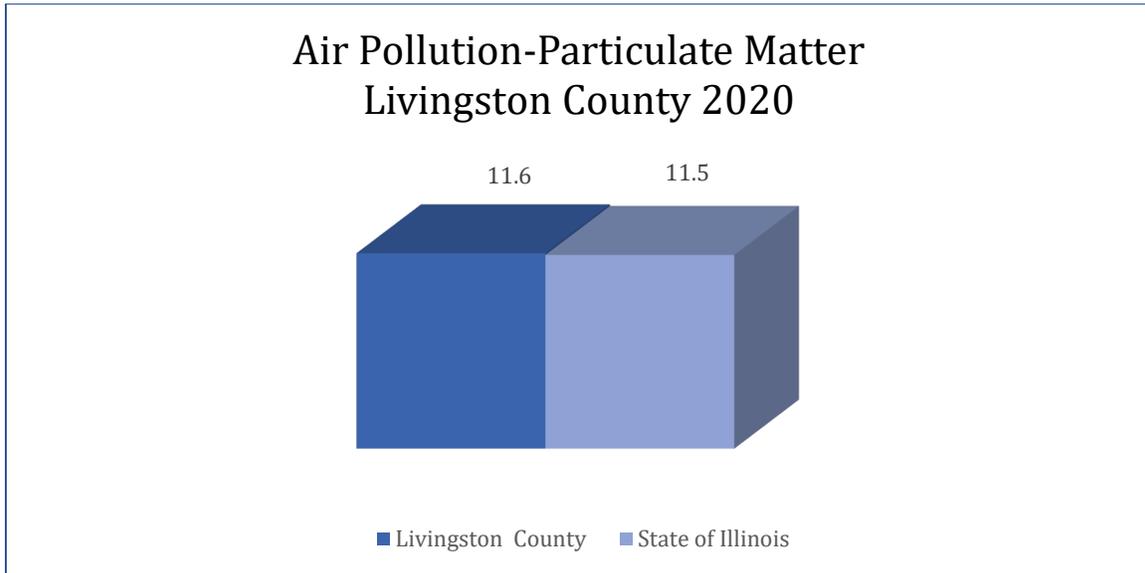
Food landscape is a measure of the conditions that affect the ability of residents to access health, affordable nutrition. Key risk influencers include accessibility, affordability and literacy. For Livingston County, 50% of the population is at elevated risk for food landscape. This is higher than the State of Illinois average of 25% (SocialScape® powered by SociallyDetermined®, 2022).

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Livingston County (11.6) is slightly higher than the State average of 11.5 (Figure 34).

Figure 34



Source: County Health Rankings 2021

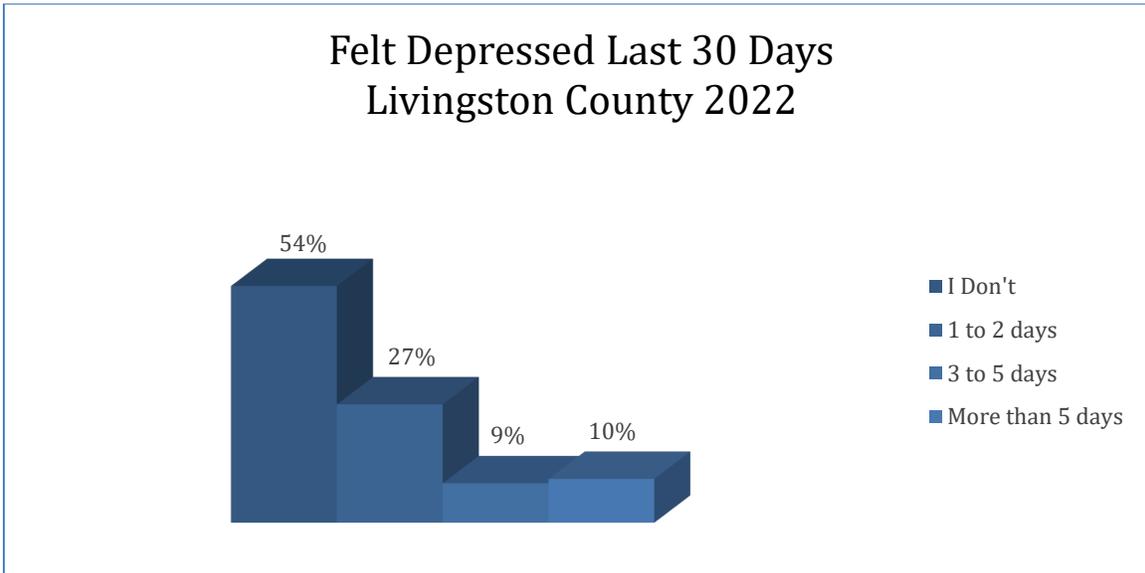
2.5 Health Status

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

Mental Health

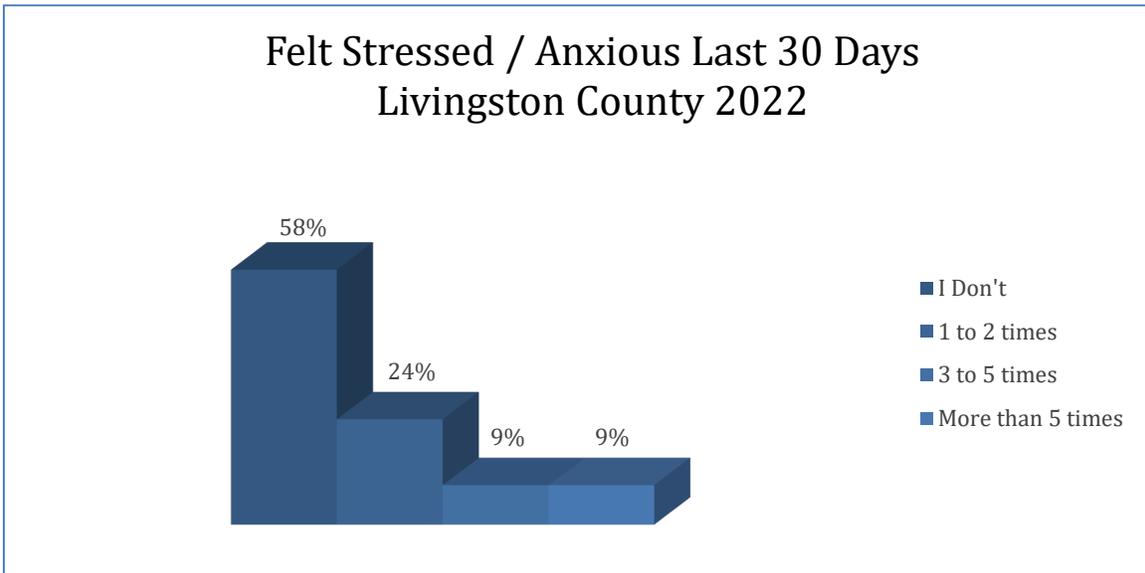
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 54% indicated they did not feel depressed in the last 30 days (Figure 35) and 58% indicated they did not feel anxious or stressed (Figure 36).

Figure 35



Source: CHNA Survey

Figure 36



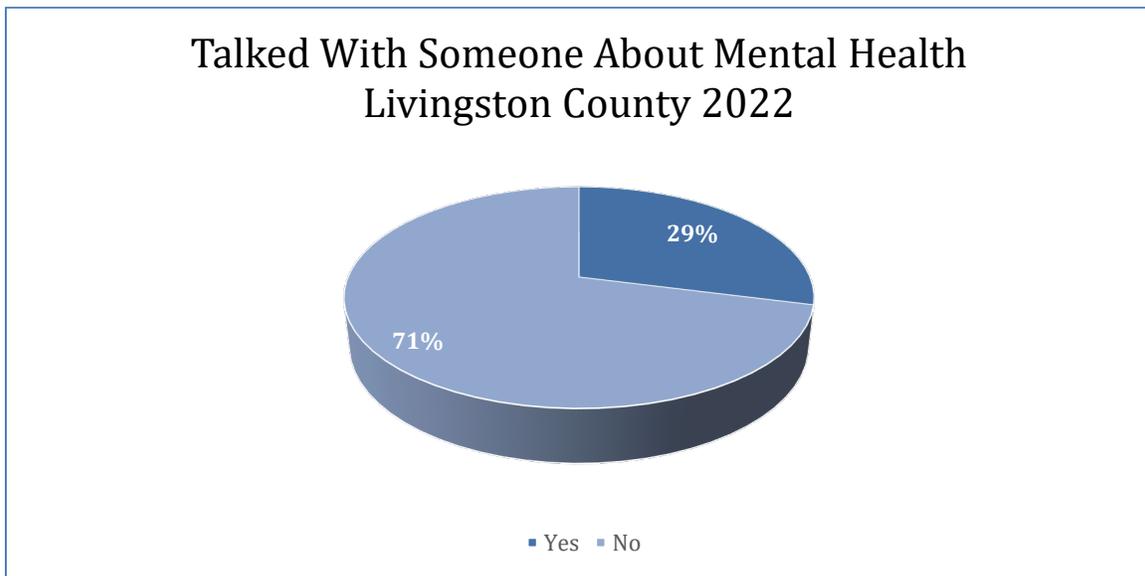
Source: CHNA Survey

Comparison to 2019 CHNA

Results show a decline in mental health. In 2019, 57% of respondents indicated they did not feel depressed in the last 30 days and 68% indicated they did not feel anxious or stressed. In 2022, 54% of respondents indicated they did not feel depressed in the last 30 days and 58% indicated they did not feel anxious or stressed.

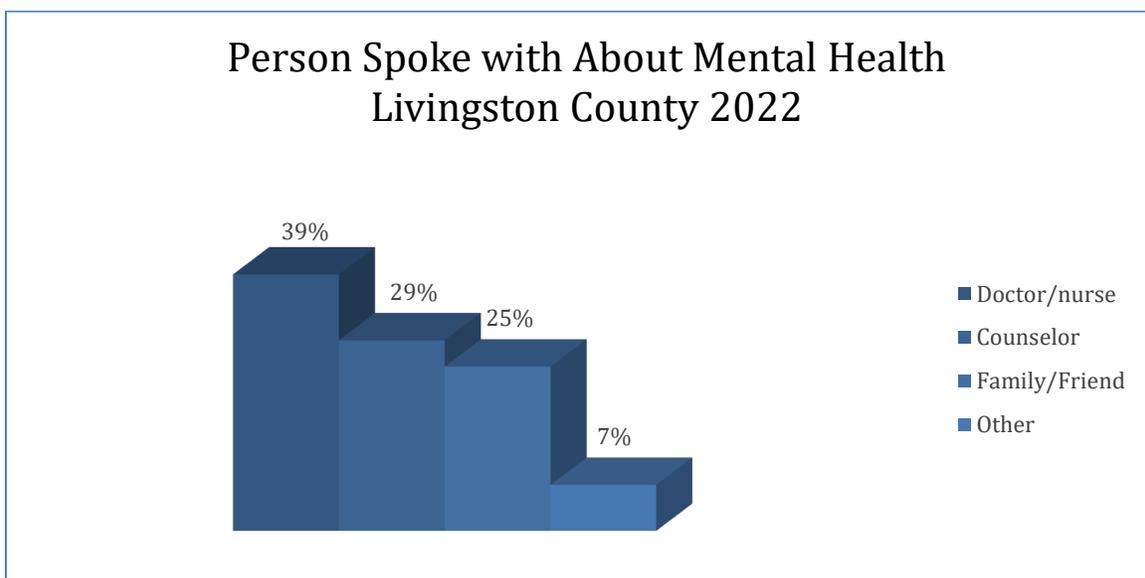
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 29% indicated that they spoke to someone (Figure 37), the most common response was a Counselor (39%) (Figure 38).

Figure 37



Source: CHNA Survey

Figure 38



Source: CHNA Survey



Social Determinants Related to Behavioral Health

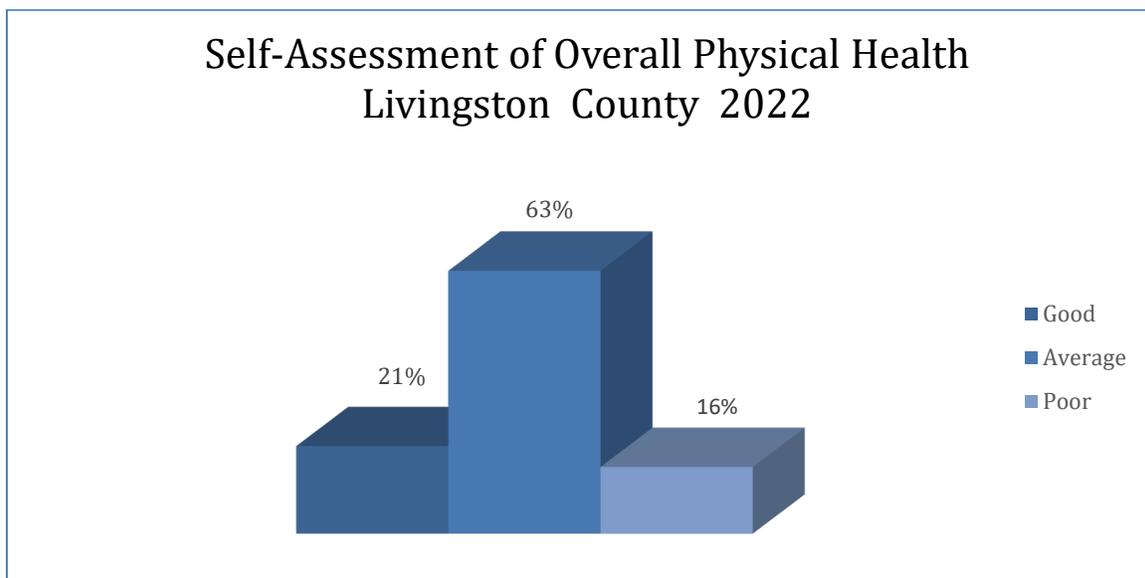
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for women, younger people, LatinX people and those with less income.
- **Stress and anxiety** tends to be rated higher for women, younger people, and those with less income.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents reported having poor overall physical health (Figure 39).

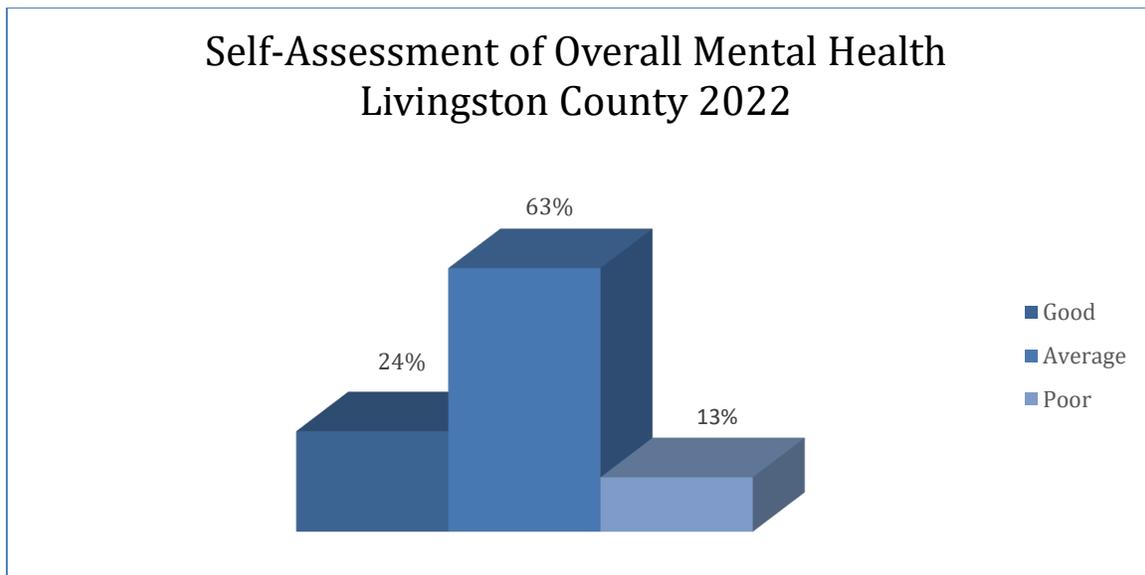
Figure 39



Source: CHNA Survey

In regard to self-assessment of overall mental health, 13% of respondents stated they have poor overall mental health (Figure 40).

Figure 40



Source: CHNA Survey

Comparison to 2019 CHNA

With regard to physical health, more people see themselves in poor health in 2022 (16%) than 2019 (13%). With regard to mental health, more people see themselves in poor health in 2022 (13%) than 2019 (12%).



Social Determinants Related to Self-Perceptions of Health

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

- **Perceptions of physical health** tend to be higher by LatinX people, those with higher education and those with higher income. Perceptions of physical health were rate lower by people in an unstable (e.g., homeless) housing environment.
- **Perceptions of mental health** tend to be higher for older people, men, LatinX people, those with higher education and those with higher income. Perceptions of mental health were rate lower by people in an unstable (e.g., homeless) housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ DECREASE ACCESS TO HEALTHCARE.
- ✓ COVID-19 VACCINATION RATES.
- ✓ PROSTATE SCREENINGS HAVE DECLINED AND ARE RELATIVELY LOWER THAN OTHER CANCER SCREENINGS.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY. NOTE THERE WAS A SIGNIFICANT INCREASE IN THOSE WITH LOW CONSUMPTION OF FRUITS OR VEGETABLES PER DAY.
- ✓ HEALTH LITERACY IS AT AN ELEVATED RISK.
- ✓ ALMOST HALF OF RESPONDENTS EXPERIENCED DEPRESSION AND/OR ANXIETY/STRESS IN THE LAST 30 DAYS.

Chapter 3 Outline

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

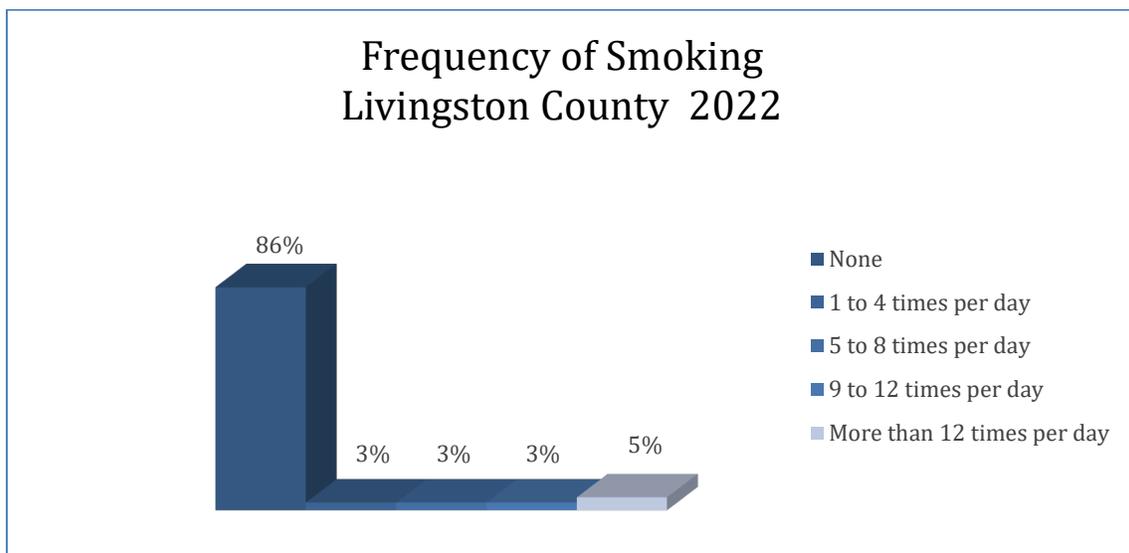
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

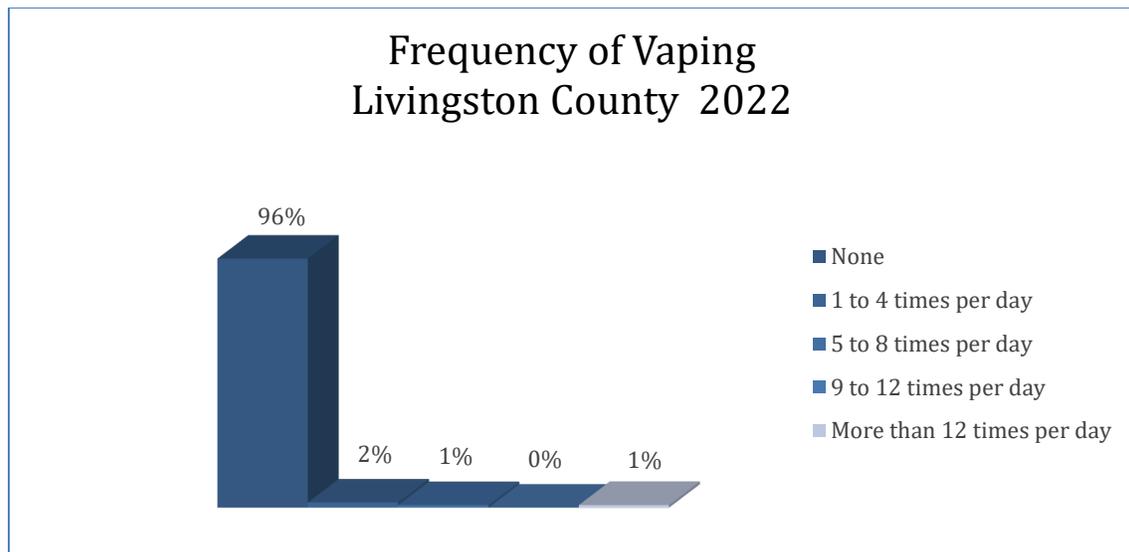
CHNA survey data show 86% of respondents do not smoke (Figure 41) and 96% of respondents do not vape (Figure 42). Only 5% smoke more than 12 times per day.

Figure 41



Source: CHNA Survey

Figure 42



Source: CHNA Survey

Comparison to 2019 CHNA

Results improved between 2019 and 2022, where 83% of people did not smoke in 2019 and 86% do not smoke in 2022.

Social Determinants Related to Smoking or Vaping

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

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

3.2 Drug and Alcohol Abuse

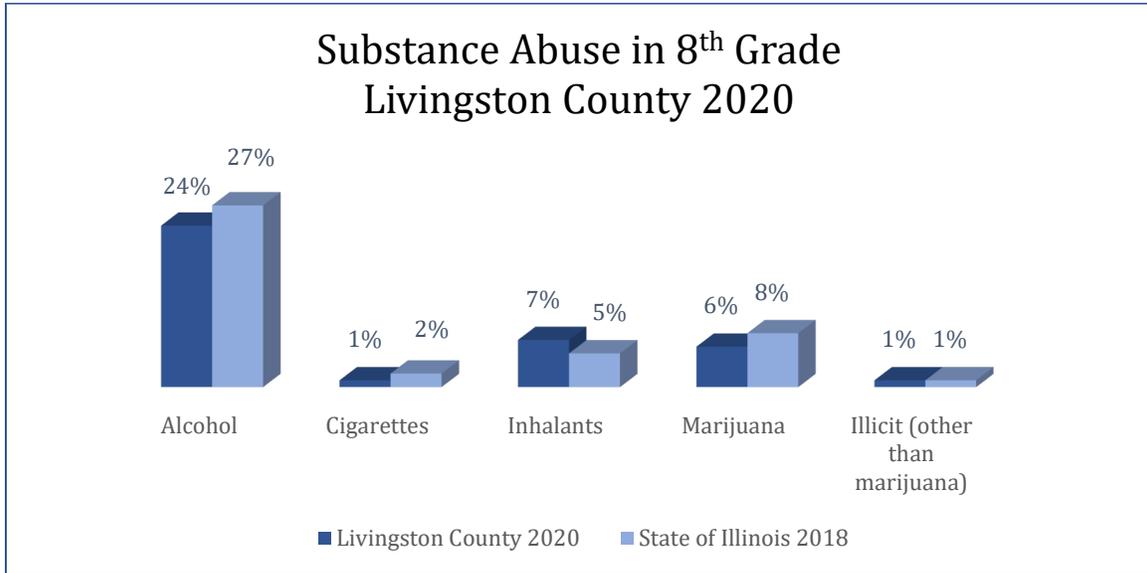
Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors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

Youth Substance Abuse

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

reporting 2018 data. As Figure 43 illustrates, Livingston County came in below State of Illinois averages for alcohol, cigarettes and marijuana. Livingston County rated higher than State averages for inhalants among 8th graders.

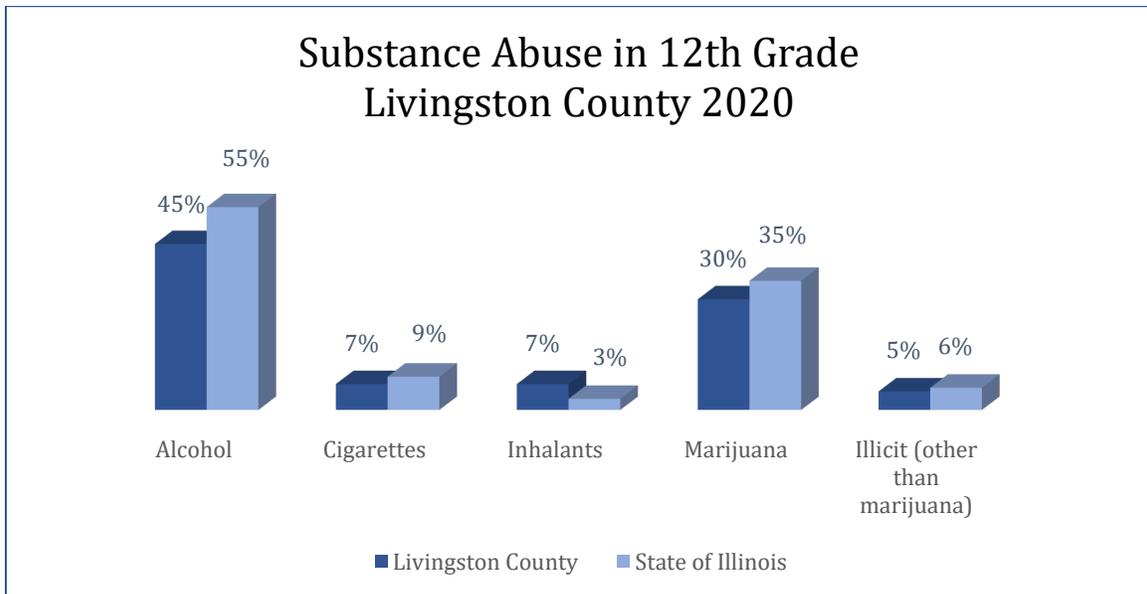
Figure 43



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, the most recent data available Livingston County is 2020 and State of Illinois data is 2018. This data shows Livingston County levels remain lower in all categories except inhalants (Figure 44).

Figure 44

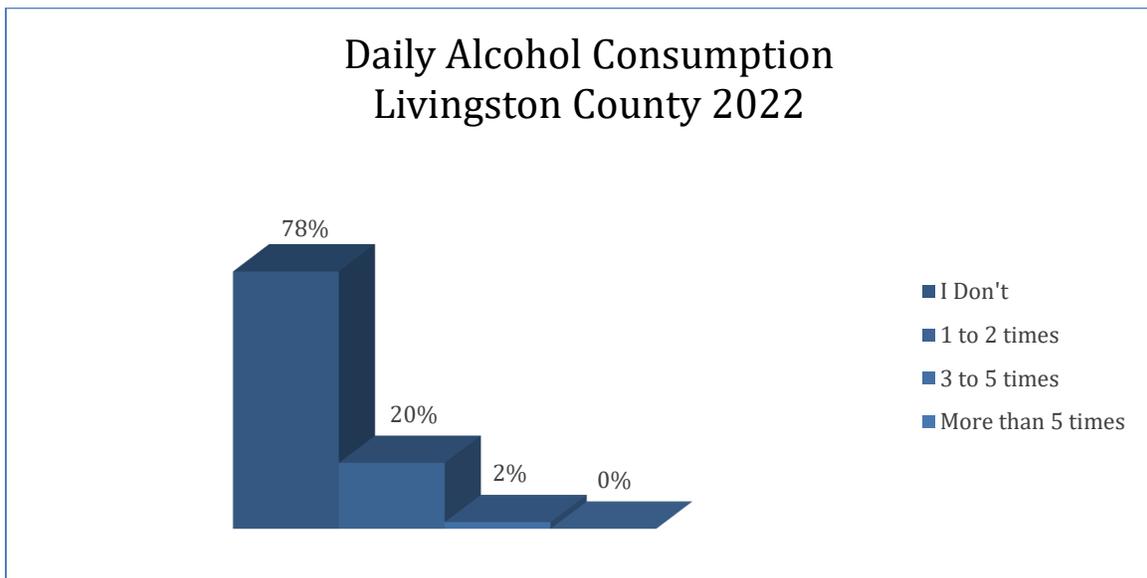


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

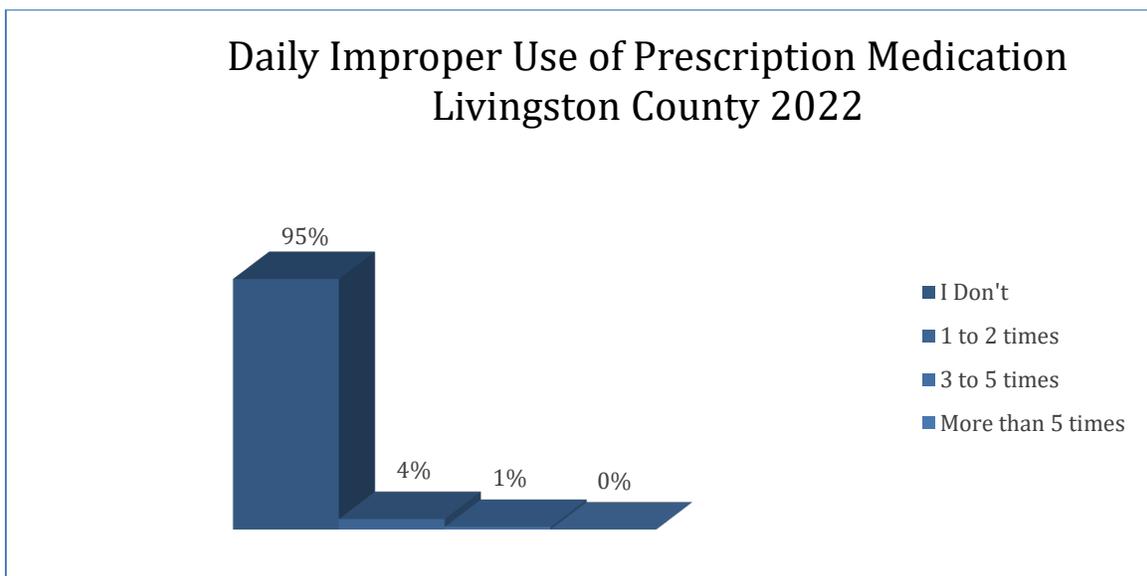
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 78% indicated they did not consume alcohol on a typical day, 95% indicated they do not take prescription medication improperly including opioids on a typical day, 91% indicated they do not use marijuana on a typical day and 99% indicated they do not use illegal substances on a typical day. Note this is the first year that the CHNA has measured separated categories of substance use, so there is no comparison to the 2019 CHNA.

Figure 45



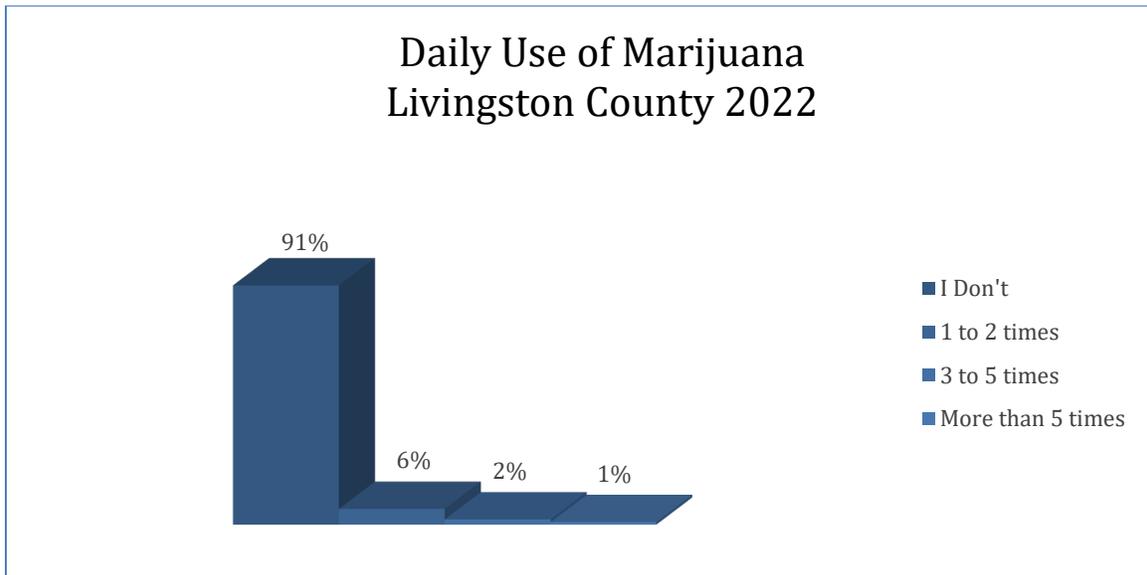
Source: CHNA Survey

Figure 46



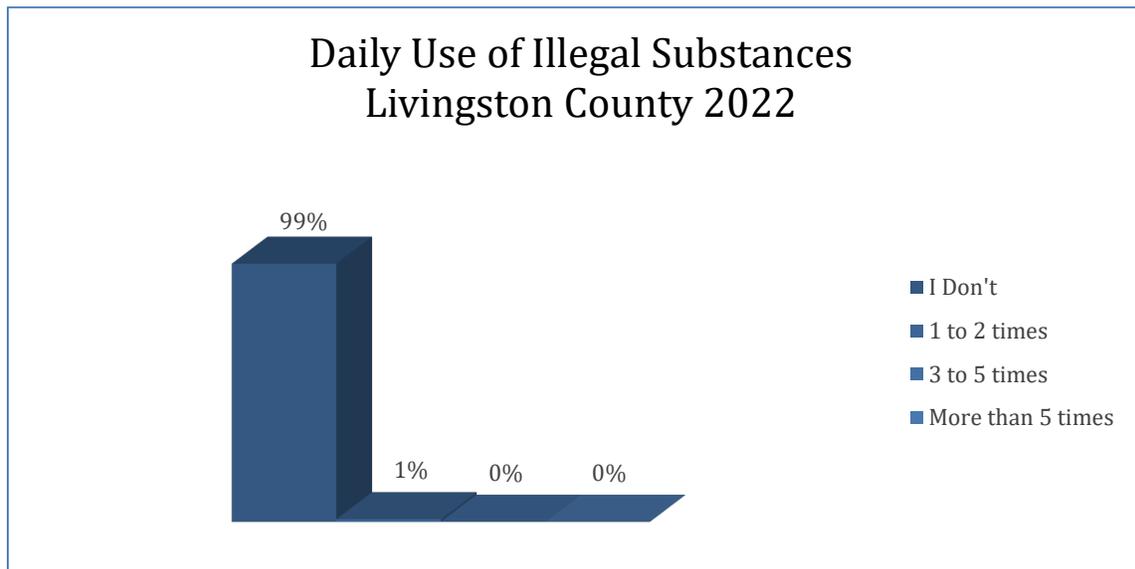
Source: CHNA Survey

Figure 47



Source: CHNA Survey

Figure 48



Source: CHNA Survey



Social Determinants Related to Substance Use

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

- **Alcohol consumption** has no significant correlates.
- **Misuse of prescription medication including opioids** tends to be rated higher by those with less education and a lower income, and those in an unstable (e.g., homeless) housing environment.

- **Marijuana use** tends to be rated higher by younger people, non-White people, those with less education and a lower income, and those in an unstable (e.g., homeless) housing environment.
- **Illegal substance** use had no significant correlates.

3.3 Overweight and Obesity

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

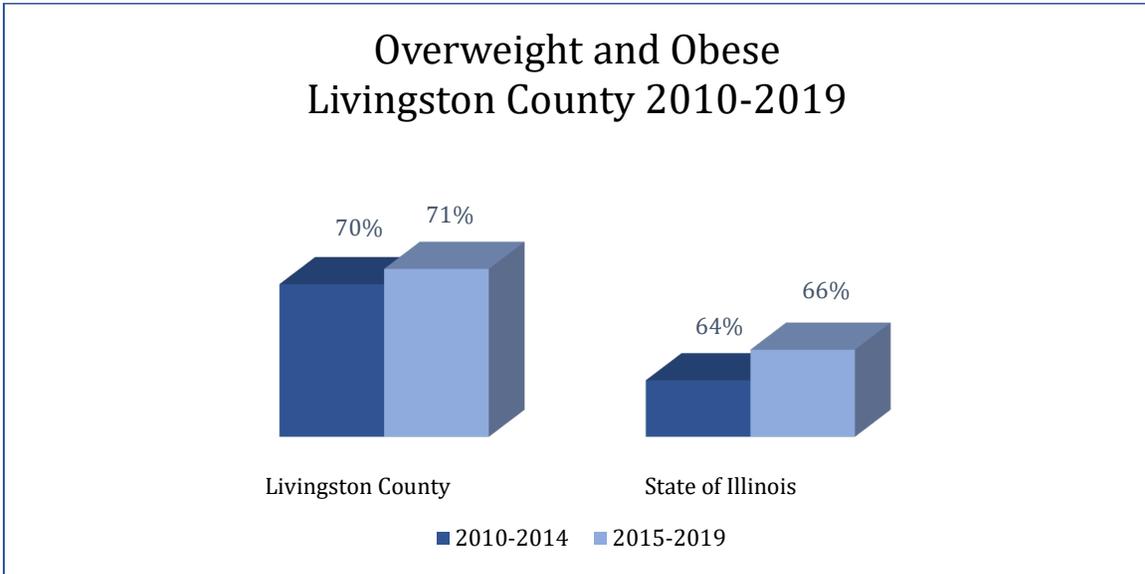
With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side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

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

In Livingston County, the number of people diagnosed with obesity and being overweight has increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 70.0% to 71.0% (Figure 49).

Overweight and obesity rates in Illinois have increased from 2015 (63.7%) to 2019 (65.7%). Note that data have not been updated by the Illinois Department of Public Health.

However, note in the 2019 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

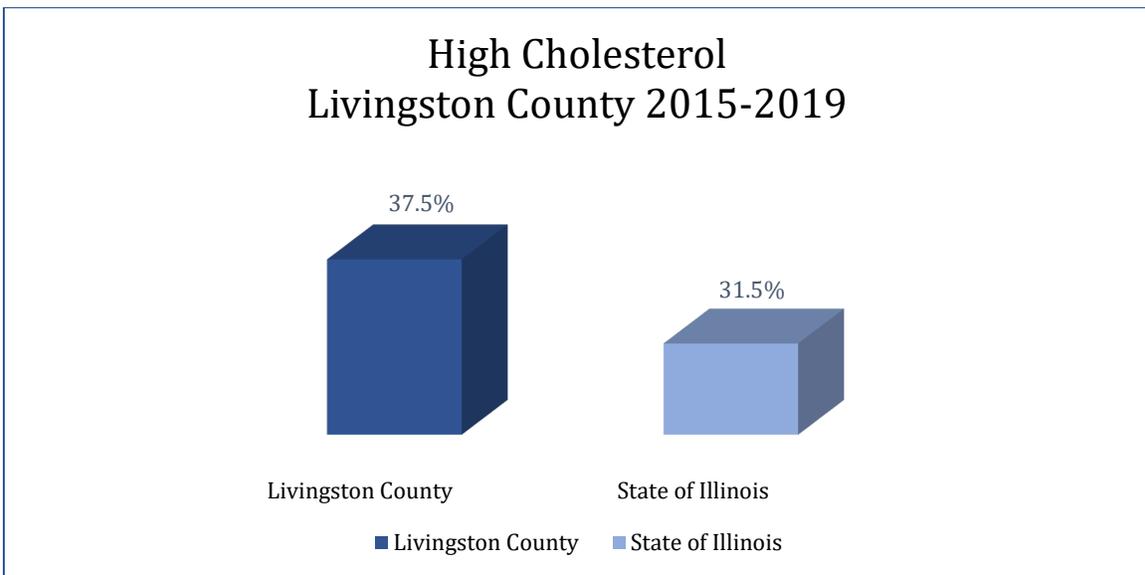


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in Livingston County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Livingston County (37.5%) than the State of Illinois average of 31.5%. Note that data have not been updated by the Illinois Department of Public Health (Figure 50).

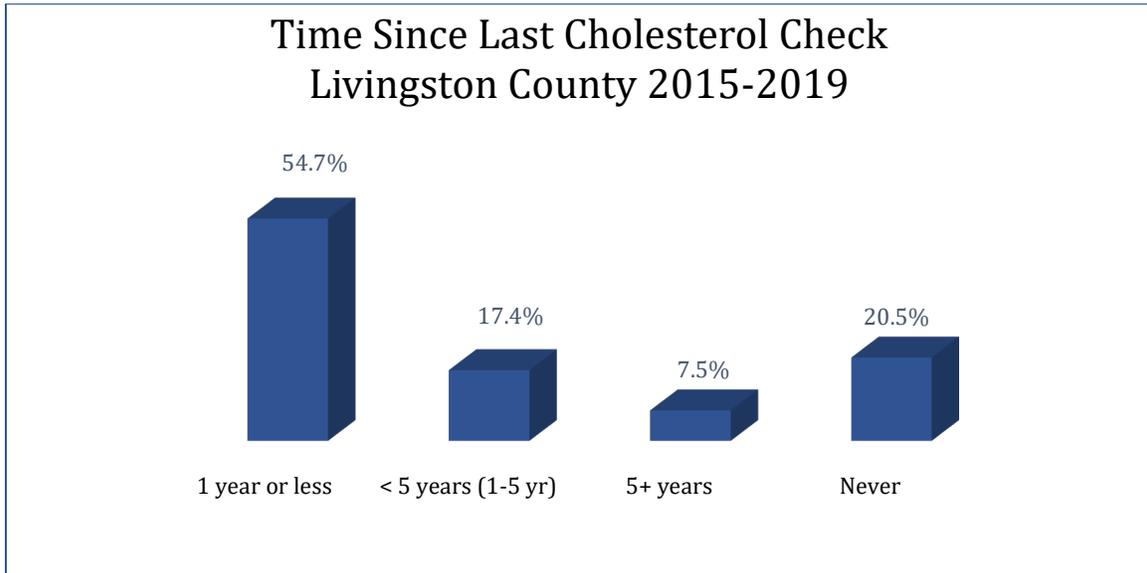
Figure 50



Source: Illinois Behavioral Risk Factor Surveillance System

Most (54.7%) residents of Livingston County report having their cholesterol checked recently, whereas 20.5% report never having their cholesterol checked (Figure 51). Note that data have not been updated by the Illinois Department of Public Health.

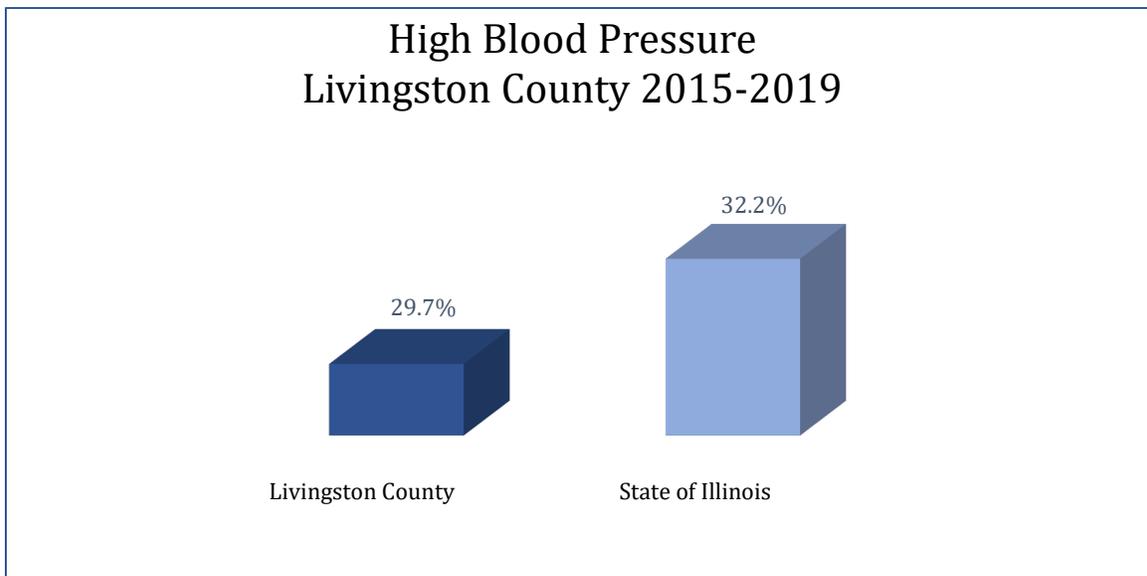
Figure 51



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Livingston County has a lower percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Livingston County residents (29.7) reporting they have high blood pressure from 2015-2019 is lower than the State of Illinois average of 32.2% (Figure 52).

Figure 52



Source: Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE ABUSE AMONG 8TH AND 12TH GRADERS FOR MOST CATEGORIES IS LOWER THAN STATE AVERAGES. HOWEVER, INHALANTS WERE HIGHER THAN STATE AVERAGES FOR 8TH AND 12TH GRADERS.
- ✓ 5% OF RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION INCLUDING OPIOIDS.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED.

Chapter 4 Outline

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

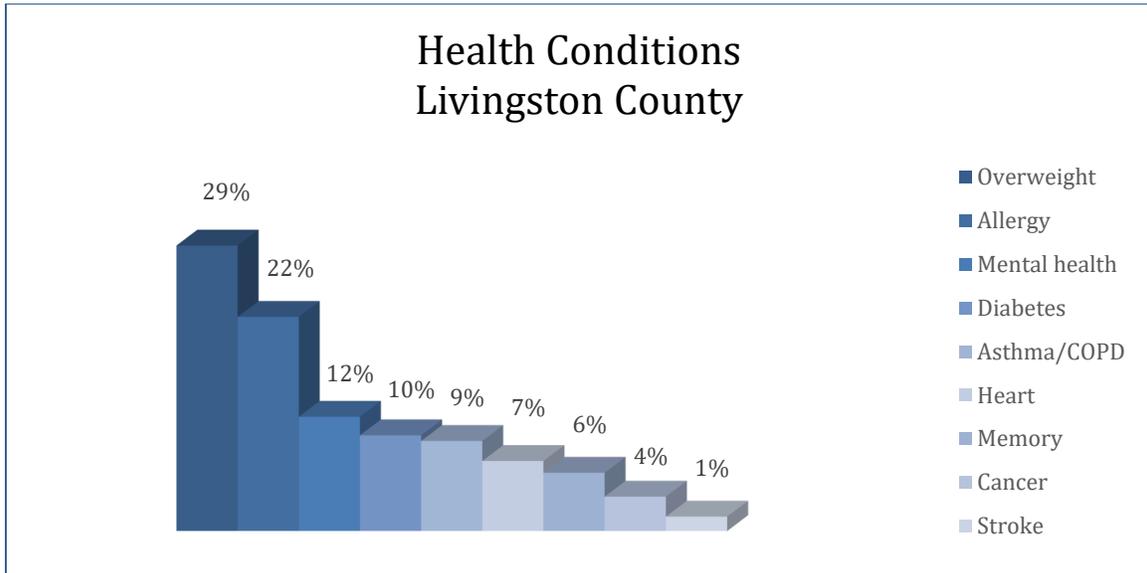
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (29%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that over two-thirds of the population is overweight or obese (Figure 53). Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., diabetes 10%).

Figure 53



Source: CHNA Survey

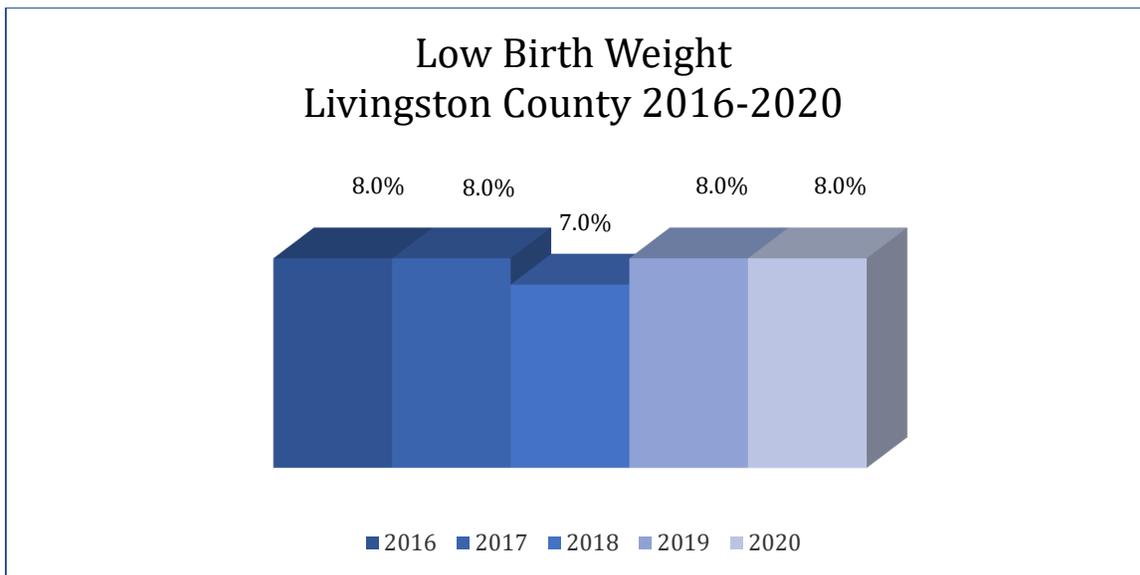
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Livingston County has remained constant with a slight decrease in 2018 (7.0%) (Figure 54).

Figure 54



Source: County Health Rankings

4.3 Cardiovascular Disease

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

Coronary Atherosclerosis

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

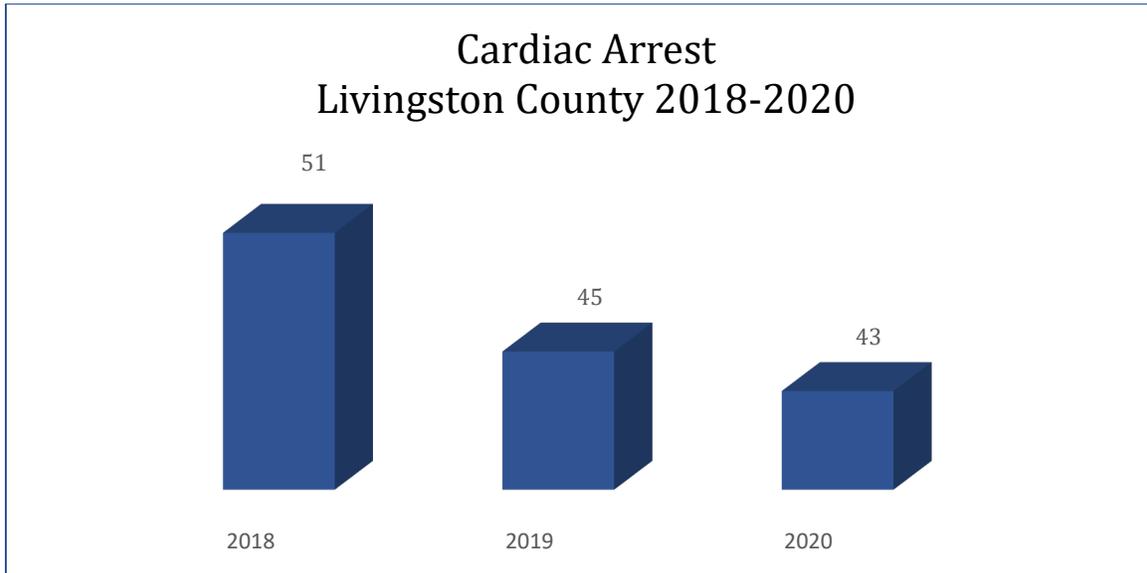
Coronary artery disease is a leading cause of death for Americans. Most of these deaths are from heart attacks caused by sudden blood clots in the heart’s arteries.

The number of cases of coronary atherosclerosis complication at Livingston County area hospitals has been low, with 1 case reported in 2019 and 3 cases reported in 2020. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Livingston County area hospitals decreased by 2 cases between 2019 and 2020 (Figure 55). Note that hospital-level data only show hospital admissions.

Figure 55

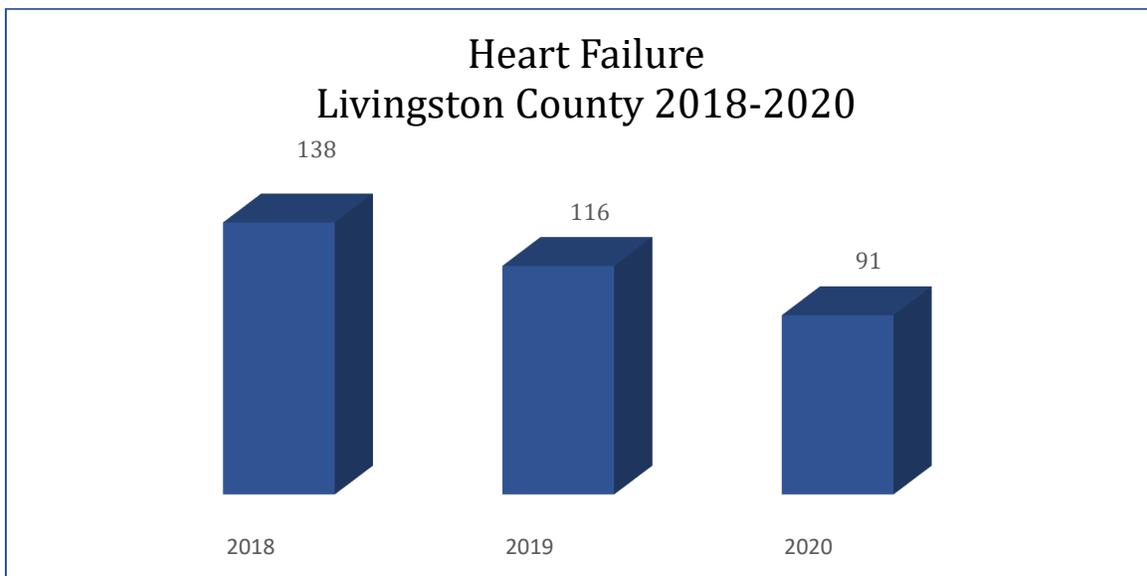


Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at Livingston County area hospitals decreased in 2020. In 2018, 138 cases were reported, and in 2020, there were 91 cases reported (Figure 56). Note that hospital-level data only show hospital admissions.

Figure 56

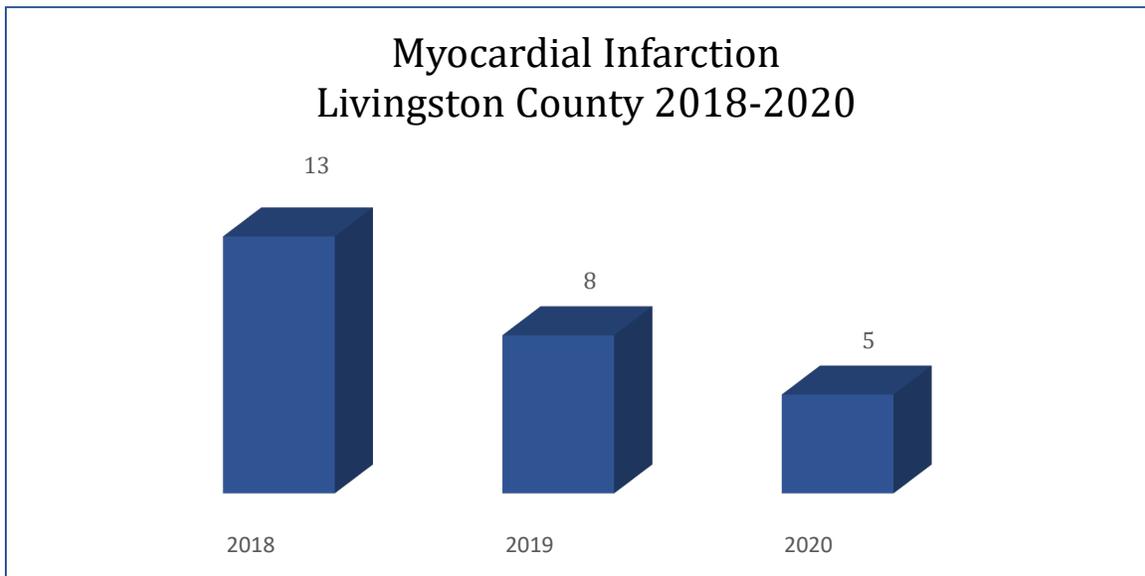


Source: COMPdata Informatics 2021

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Livingston County have decreased year over year from 13 in 2019 to 5 in 2020. (Figure 57). Note that hospital-level data only show hospital admissions.

Figure 57



Source: COMPdata Informatics 2021

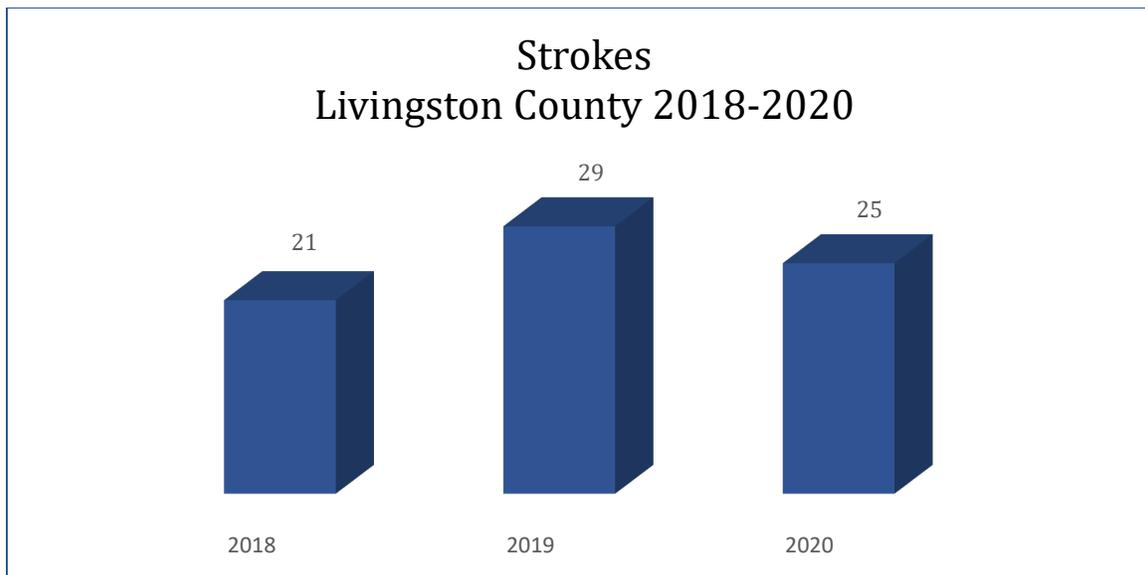
Arterial Embolism

There were no treated cases of arterial embolism at Livingston County area hospitals between 2018 and 2020. Note that hospital-level data only show hospital admissions.

Strokes

The number of treated cases of stroke at Livingston County area hospitals increased between 2018 and 2020 with a significant increase in 2019 with 29 cases reported (Figure 58). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 58



Source: COMPdata Informatics 2021

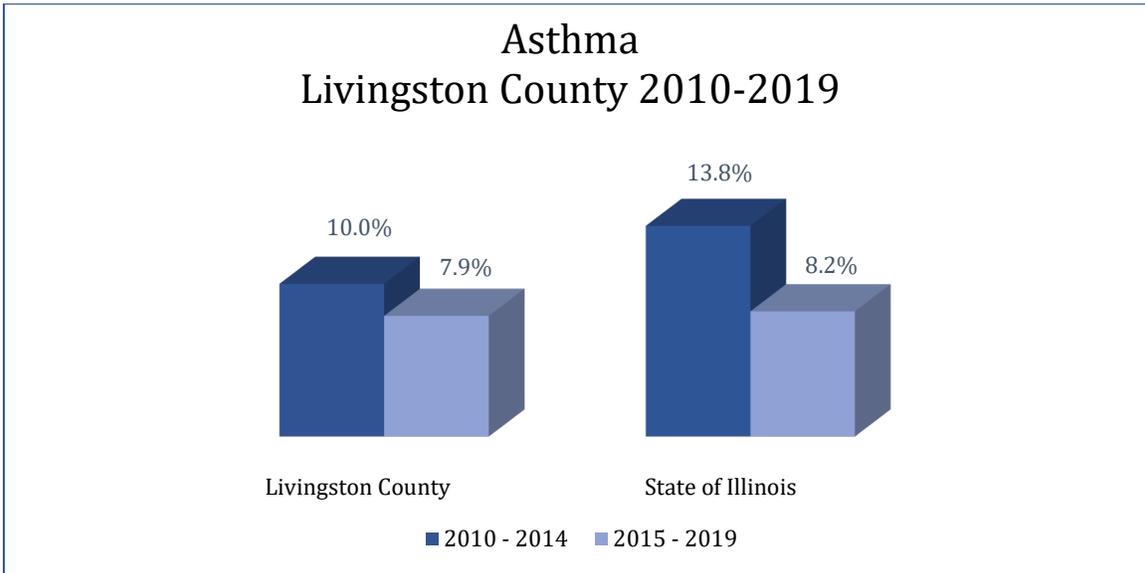
4.4 Respiratory

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

Asthma

The percentage of residents who have been diagnosed with asthma increased in Livingston County has decreased between 2010-2014 and 2015-2019, while State averages also decreased. According to the Illinois BRFSS, asthma rates in Livingston County (7.9%) are lower than the State of Illinois (8.2%) (Figure 59). Note that data have not been updated past 2019 by the Illinois Department of Public Health.

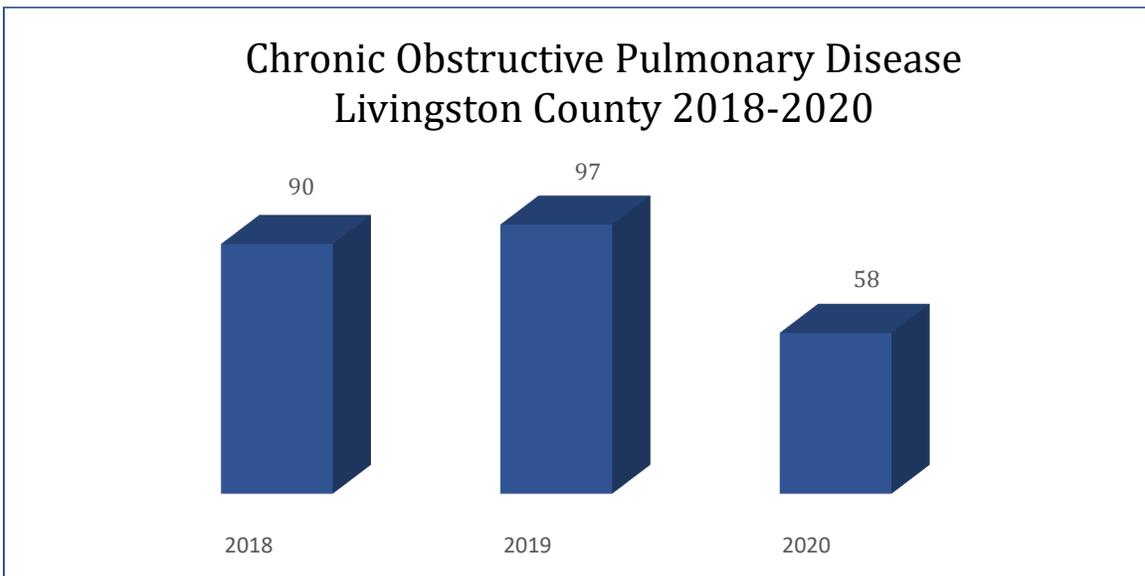
Figure 59



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Livingston County area hospitals fluctuated between 2018 and 2020, with a significant decline in 2020 (Figure 60). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 60



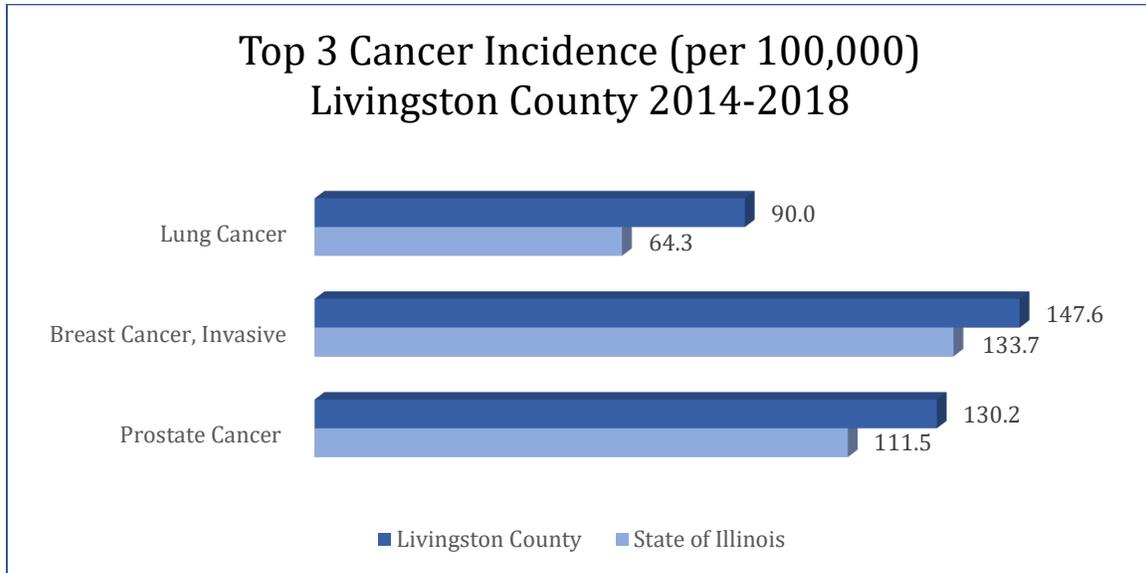
Source: COMPdata Informatics 2021

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 Livingston County.

The top three prevalent cancers in Livingston County are illustrated in Figure 61. Specifically, all three cancer rates are higher than the State of Illinois. Note that 2018 is the most recent year of data.

Figure 61



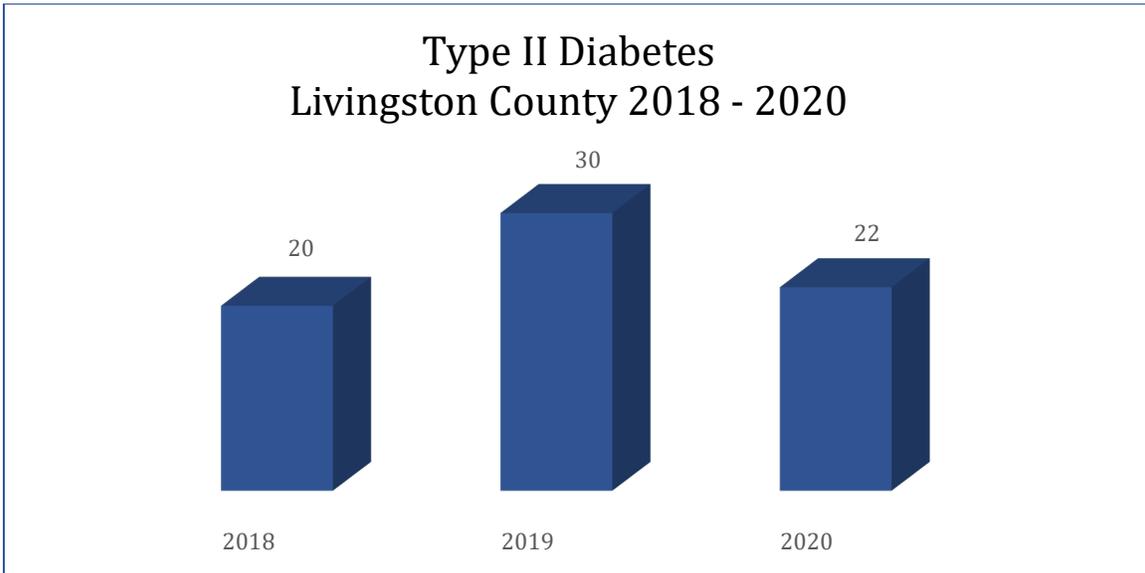
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Livingston County decreased between 2019 (30 cases) and 2020 (22 cases) (Figure 62). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

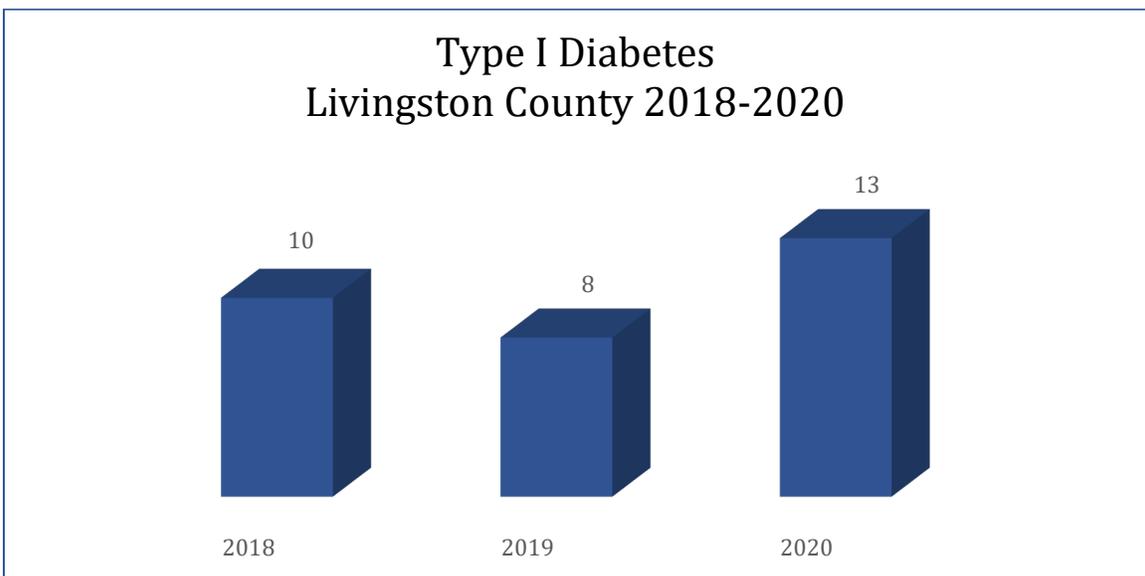
Figure 62



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2018 (10) to 2019 (8) followed by an increase in 2020 (13) for Livingston County (Figure 63). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

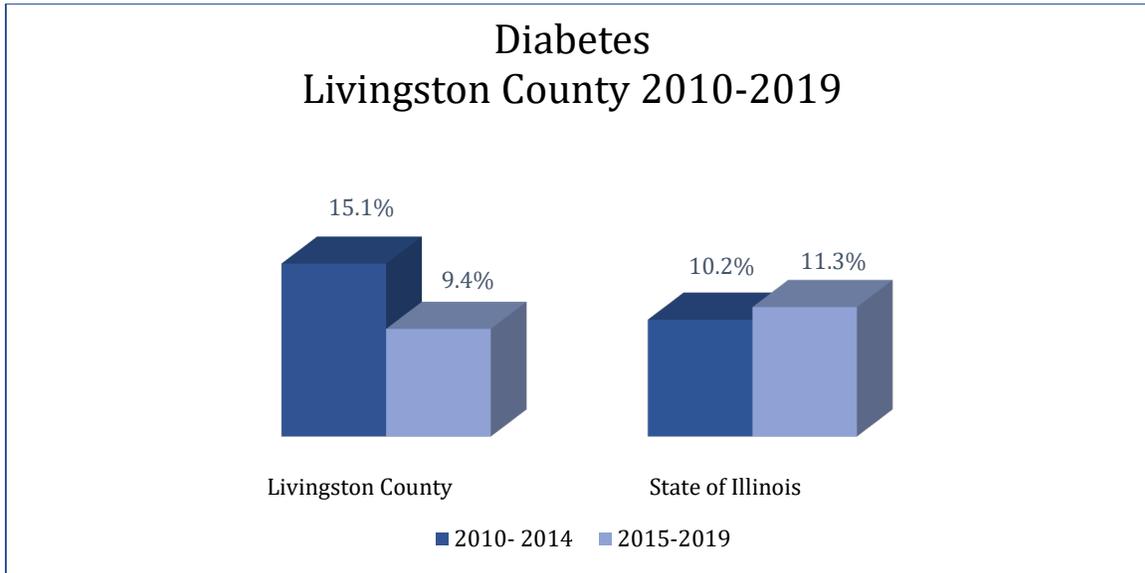
Figure 63



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 9.4% of Livingston County residents have diabetes (Figure 64). The prevalence of diabetes is decreasing and lower in Livingston County compared to data from the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.

Figure 64



Source: Illinois Behavioral Risk Factor Surveillance System

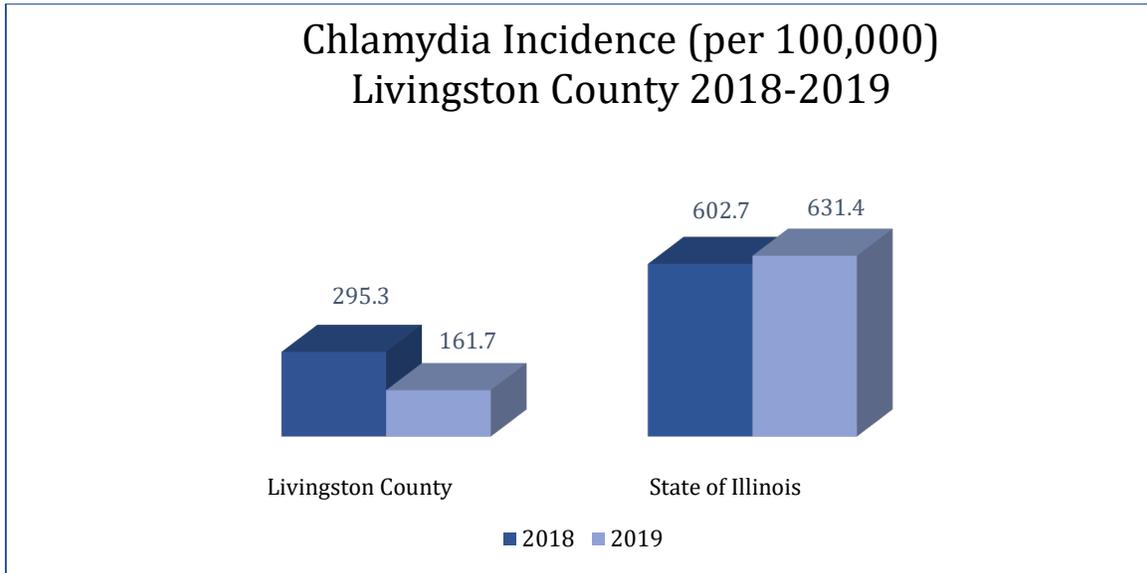
4.7 Infectious Diseases

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

Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Livingston County from 2018-2019 indicate a significant decrease. There is also an increase of incidence of chlamydia across the State of Illinois. (Figure 65). Rates of chlamydia in Livingston County are lower than State averages.

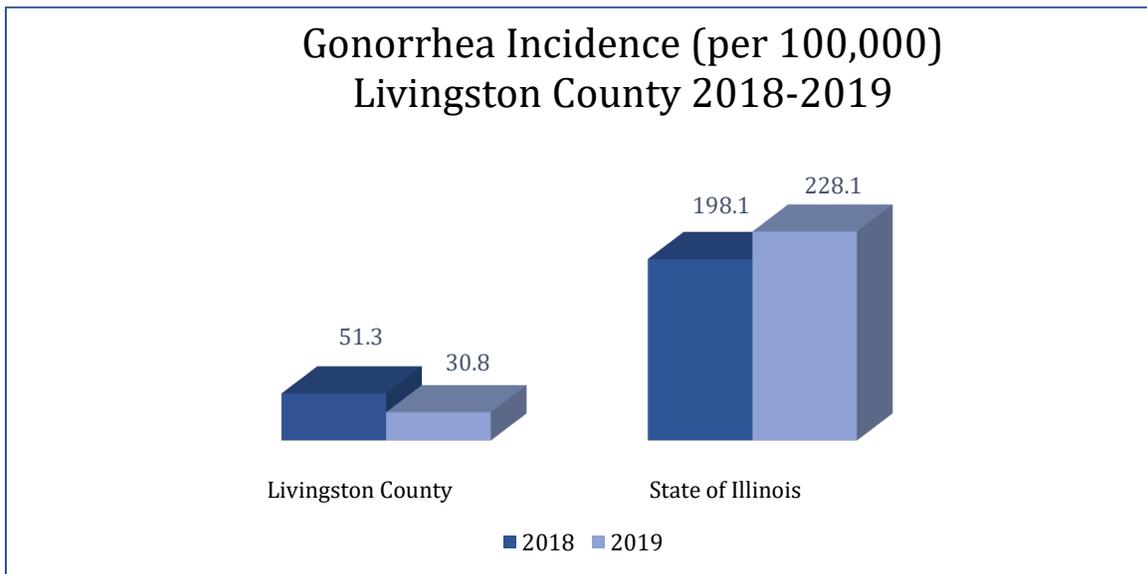
Figure 65



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Livingston County shows a decrease while the State of Illinois indicates an increase from 2018-2019. Rates of gonorrhea in Livingston County are significantly lower than State averages (Figure 66). Note, 2019 is the most recent data.

Figure 66



Source: Illinois Department of Public Health

Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable

death. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubeola), Mumps, Rubella (German measles), Diphtheria, Hepatitis B and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. Livingston County has shown no significant outbreaks compared to state statistics, but there are limited data available (Table 1 and Table 2). Note data has not been updated by the State beyond years displayed in tables. Also note that COVID-19 vaccine rates are presented in Chapter 2.

*Table 1
Vaccine Preventable Diseases 2013-2016 Livingston County Region*

Mumps	2013	2014	2015	2016
Livingston County	0	0	1	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
Livingston County	0	1	0	5
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Livingston County	8	1	4	4
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

*Table 2
Tuberculosis 2002-2012 Livingston County Region*

Tuberculosis	2006	2008	2012
Livingston County	1	1	1
State of Illinois	131	101	137

Source: Illinois Department of Public Health

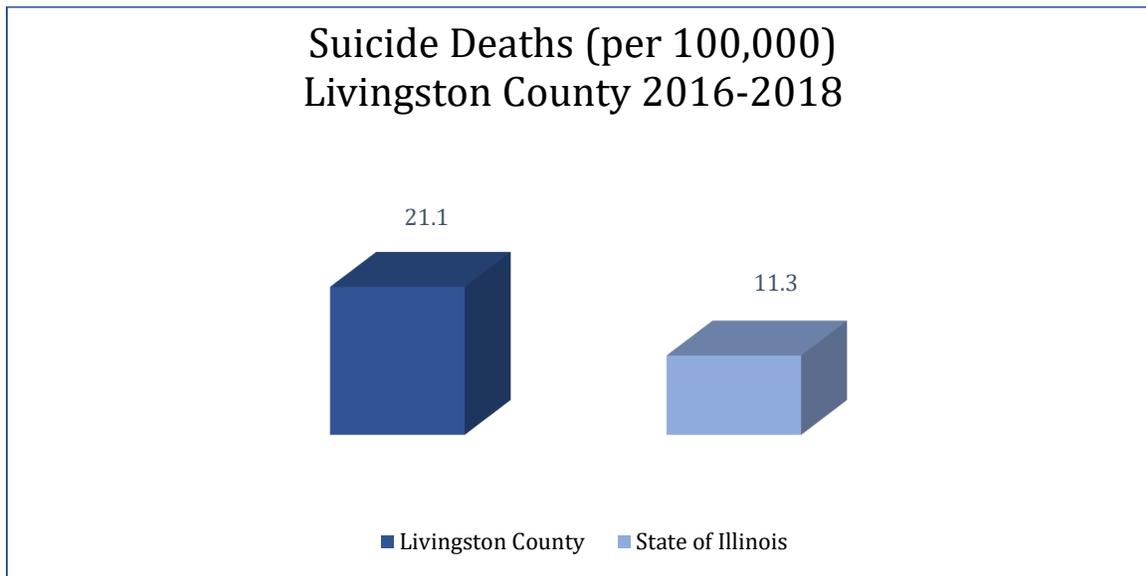
4.8 Injuries

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

Suicide

The number of suicides in Livingston County indicate higher incidence than State of Illinois averages, as there were approximately 21.1 suicides per 100,000 people in Livingston County from 2016-2018, compared to the State average of 11.3 suicides per 100,000 people (Figure 67).

Figure 67

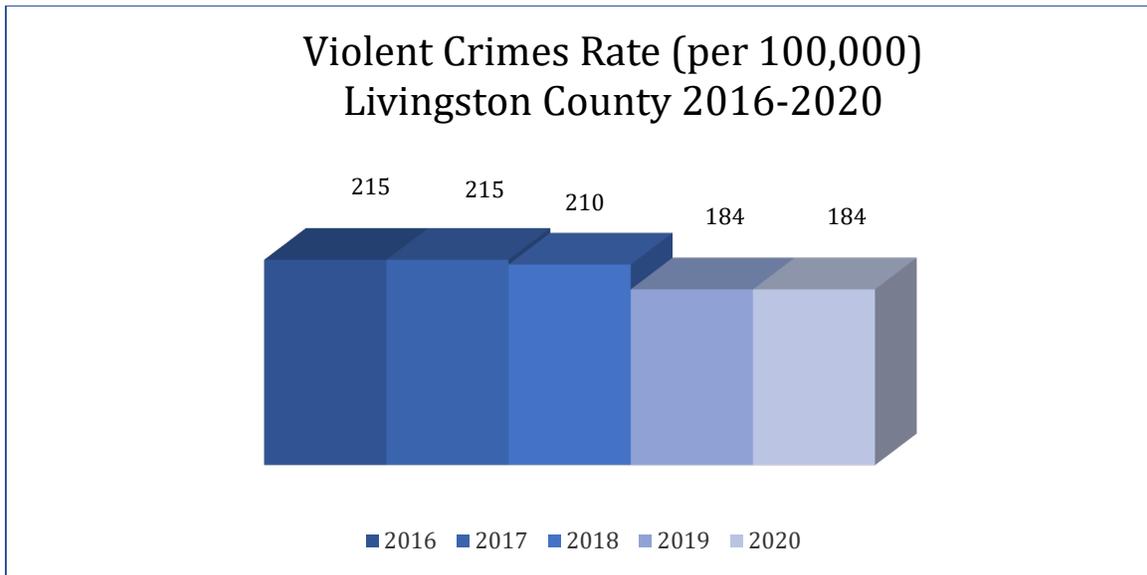


Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes decreased 2016-2020 in Livingston County (Figure 68).

Figure 68



Source: Illinois County Health Rankings and Roadmaps

4.9 Mortality

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

The top three leading causes of death in the State of Illinois and Livingston County are similar as a percentage of total deaths in 2020. Diseases of the Heart are the cause of 21.8% of deaths, cancer is the cause of 18.1% of deaths, and COVID-19 is the cause of 11.8% of deaths in Livingston County (Table 3).

Table 3

Top 5 Leading Causes of Death for all Races by County & State 2020		
Rank	Livingston County	State of Illinois
1	Diseases of Heart (21.8%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (18.1%)	Malignant Neoplasm (18.1%)
3	COVID-19 (11.8%)	COVID-19 (11.8%)
4	Cerebrovascular Disease (5.4%)	Cerebrovascular Disease (5.1%)
5	Accidents (5.1%)	Accidents (5.4%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ PROSTATE, LUNG AND BREAST CANCER RATES IN LIVINGSTON COUNTY ARE ALL HIGHER THAN STATE AVERAGES.
- ✓ ASTHMA RATES AND DIABETES RATES ARE BOTH TRENDING DOWNWARD COMPARED TO STATE AVERAGES.
- ✓ SUICIDE RATES ARE ALMOST TWICE THE RATES OF THE STATE.
- ✓ CANCER, HEART DISEASE AND COVID-19 ARE THE LEADING CAUSES OF MORTALITY IN LIVINGSTON COUNTY.

CHAPTER 5 OUTLINE

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

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

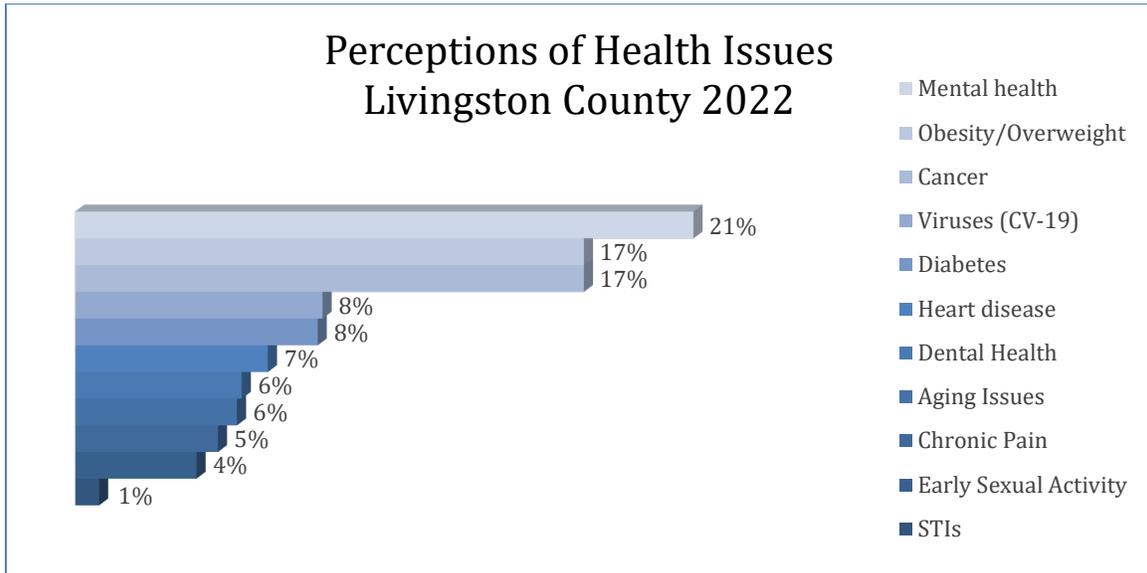
5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 11 different options. Note that respondents could choose up to three health issues, so total percentages can be greater than 100.

The health issue that rated highest was mental health (21%), followed by obesity (17%) and cancer (17%). The three factors were significantly higher than other categories based on t-tests between sample means (Figure 69).

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

Figure 69

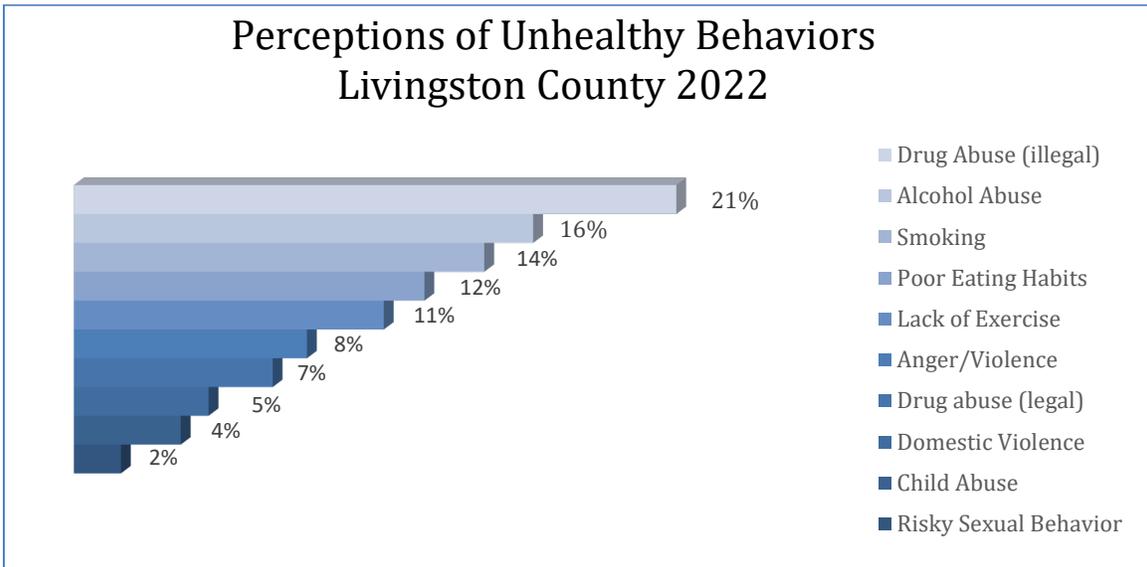


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behavior is drug abuse (illegal) at 21% (Figure 70).

Figure 70



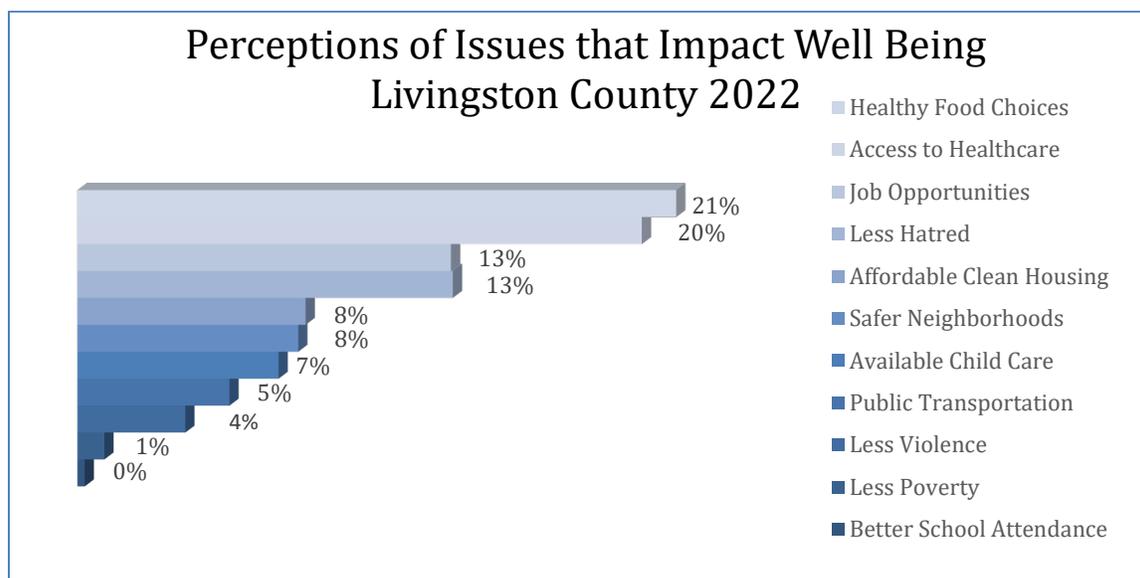
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issue impacting well-being that rated highest was healthy food choices (21%), followed by access to healthcare (20%) (Figure 71). These two factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 71



Source: CHNA Survey

5.4 Summary of Community Health Issues

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

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

- Population decreased
- Population over age 50 increased
- Single female head-of-household represents 12% of the population

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

- Access to healthcare
- COVID-19 vaccination rates
- Prostate cancer screening is very low
- Exercise and healthy eating behaviors

- Health literacy
- Depression and stress/anxiety

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

- Substance abuse among youth
- Opioid abuse
- Overweight and obesity

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

- Cancer rates – breast, prostate, lung
- Suicide rates
- Cancer, heart disease and COVID-19 are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 8 potential categories. Based on similarities and duplication, the 8 potential areas considered are:

- **Aging issues**
- **Healthy behaviors – nutrition & exercise**
- **Behavioral health**
- **Overweight/Obesity**
- **Opioid abuse**
- **COVID-19**
- **Cancer screening and rates**
- **Health Literacy**

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 8 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 8 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:

- **Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity**
- **Healthy Aging**

Healthy Behaviors

ACTIVE LIVING. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 28% of respondents indicated that they do not exercise at all, while the majority (57%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (25%), dislike of exercise (21%), or no time (21%).

HEALTHY EATING. Almost two-thirds (66%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 4%. The most prevalent reason for failing to eat more fruits and vegetables was a perceived lack of importance.

OBESITY. In Livingston County, almost three-quarters (71%) of residents were diagnosed with obesity and being overweight. In the 2022 CHNA survey, respondents indicated that being overweight was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Livingston County. The U.S. Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

Healthy Aging

In the CHNA survey, respondents rated aging issues (6%) as the eighth most important health issue. The percentage of individuals aged 50 to 64 increased by 51.5% and the percentage of individuals 65 and older increased by 7.0% between 2015 and 2019. In Livingston County, 6% of survey respondents indicated being diagnosed with memory problems. Alzheimer's disease was the 8th leading cause of death in Livingston County in 2020. Illinois is projected to see an 18.2% increase in Alzheimer's disease incidence between 2018 and 2025. Alzheimer's and dementia care in the U.S. will cost an estimated \$277 billion. According to a 2015 study, the average cost of dementia care (over a five-year period) was \$287,038, compared to \$175,136 (heart disease) and \$173,383 (cancer).

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:

Brad Solberg was appointed president of OSF Saint James-John W. Albrecht Medical Center in January, 2015. He most recently served as CEO of Hammond-Henry Hospital in Geneseo, Illinois for nearly 14 years. He has served on numerous boards of community organizations in addition to various committees of the Illinois Hospital Association and the Illinois Critical Access Hospital Network. He currently serves as board chairman of the Greater Livingston County Economic Development Council. Brad has a Bachelor's degree from Concordia College, Moorhead, Minnesota and earned his Masters of Healthcare Administration from the University of Minnesota, Minneapolis, Minnesota.

Liz Davidson, DNP, RN is OSF Saint James-John W. Albrecht Medical Center's Vice President Patient Care Services-Chief Nursing Officer, serving in this role since 2008. Liz has a Master of Science in Nursing from Walden University and a Doctorate in Nursing Practice from Wilkes University. She serves on many OSF HealthCare Saint James and OSF HealthCare System Committees and projects.

Matt Burton is the vice president of Support Services at OSF Saint James-John W. Albrecht Medical Center. Matt has served the Ministry since 2005, most recently as the manager of Medical Imaging at OSF Saint James. He has led numerous improvement initiatives on behalf of the hospital. Matt earned a Bachelor of Arts in business administration from Illinois State University. He went on to receive a Master of Science in health administration from the University of Saint Francis in Joliet, and he's in the process of earning a Master of Business Administration, also from the University of Saint Francis.

Angie Stiner, MSN, RN has been with OSF HealthCare since 2006. She has served in various roles within OSF, with her most current role as Manager of Professional Practice and Education at OSF Saint James-John W. Albrecht Medical Center since April, 2022. Angie has a Bachelor of Science in Nursing from Olivet Nazarene University and a Master of Science in Nursing from Illinois State University. She serves on many OSF HealthCare Saint James and OSF HealthCare System committees and projects.

Tasha Eggleston, RN, MSN a graduate of Saint Francis College of Nursing, Tasha has a Master's degree in Nurse Management and Leadership. She is certified in case management with twelve years case management experience including UMR, Patient Care Facilitator, Case Manager, and Supervisor of Case Management. She has served as the Eastern Region Director of Care Management since February, 2018. In her role as Director of Care Management she is responsible for the strategic and operational direction, development and implementation for entity Case Management functions across the Eastern region which includes OSF HealthCare St. Joseph Medical Center, OSF HealthCare Saint James-John W. Albrecht Medical Center, OSF HealthCare Heart of Mary Medical Center, and OSF HealthCare Sacred Heart Medical Center.

Junior Elling, OTR/L, MHA has been with OSF Saint James –John W. Albrecht Medical Center for 24 years during which he has served the Sister's Mission in many different roles. For the last 2 years he has served as the OSF Strategic Program Manager (Performance Improvement) – Eastern Region. Prior to, that he served 14 years as a 6 Sigma Black Belt leading performance Improvement initiatives locally and at the Ministry level. During the previous 8 years he served as Director of Complementary Medicine/Occupational Rehab as well as manager of the Occupational Therapy department. In 2001, JR earned a Master's Degree in HealthCare Administration from St. Francis University, Joliet IL, and a Bachelor of Science degree with a specialty in Occupational Therapy (Cleveland State University 1991). Additional community activities includes a current Trustee for the Village of Campus and previously the Secretary for Livingston Family Care Center (2007- 2013).

Erin Fogarty, MPH, MCHES is currently the Health Education & Marketing Director at the Livingston County Health Department. Credentialed as a Master Certified Health Education Specialist and holding an Illinois Initial Level Teaching certificate, Erin completed her Bachelor of Science in Education degree at Illinois State University in school health and physical education, and her Master of Public Health degree at Southern Illinois University in Carbondale with a concentration in Community Health. Erin is currently doctoral candidate working to complete her PhD in Health Behavior, with a minor in Gender Studies, at Indiana University. Erin has taught a variety of health-related curriculums to a wide range of populations, serves as the Public Information Officer for the LCHD, and is active in supporting and maintaining many of the grants and programs at the health department.

Jackie Dever RN, BSN is currently the Administrator at the Livingston County Health Department. Jackie completed her Bachelor of Science in nursing degree at Northern Illinois University. Responsibilities at the Health Dept. include directing and coordinating administrative, fiscal, program and personnel operations. Jackie has been in this position since 2019. Previously she held the position of Director of Health Services at the LCHD since 1995. Programs include the following: WIC; Family Case Management; Better Birth Outcomes; Family Planning/Women's Clinic; School Based Health Clinic; School Nursing; Community Health; TB/STD and Communicable Disease; Breast and Cervical Cancer; Public Health Preparedness; Immunization clinic; Wellness clinic; Senior Services; Health Family America; Environmental Health Programs. Jackie has been active in the Livingston Family Care Center Board of Directors; Fellow and Mentor for the Illinois Institute on Maternal & Child Health Leadership Program; Member of the IL Public Health Nursing Administrators (IPHNA); Member of IL Association of Public Health Administrators.

Deb Howard has been the Executive Director of the United Way of Livingston County for the last 7 years. She was educated in the Catholic school system in Chicago. She went to Wilbur Wright College. She has been on the board at Livingston County Family Care Center, and Good Samaritan Home. She volunteered with Cub Scouts, Girl Scouts, PTA, Pontiac Chamber events, Saunemin Days, EFSP, and Homeless Coalition. She has a great passion for the community.

Matt Janus is an Exercise Physiologist for Cardiopulmonary Rehabilitation as well as the Wellness Coordinator for OSF HealthCare Saint James – John W. Albrecht Medical Center. Matt obtained his Bachelor of Arts in Psychology and his Bachelor of Science in Exercise Science from Illinois State University. In his 5+ years with OSF HealthCare, Matt has served on numerous OSF HealthCare committees, as well as spearheading several Mission Partner and Community Wellness Projects.

Michelle Masching is the Manager of Cardiology and Volunteer Services at OSF Saint James. An Associate's Degree in Applied Science and is a Radiologic Technologist and Diagnostic Sonographer. She has worked in the fields of Cardiology and Radiology for 28 years. Michelle lead's the Mission Culture Team at Saint James for the last 5+ years. This Mission Culture Team creates service projects to support initiatives throughout Livingston county in the spirit of OSF's Mission to serve those most in need.

Nancy Kuster is the Eastern Region Manager of Cardiopulmonary Rehab Services. She has a Bachelor's degree from University of Iowa, and Master's degrees from both Illinois State University and Benedictine University. She has been working in Cardiac and Pulmonary Rehabilitation the past 30+ years as an Exercise Physiologist. Her role has also included many employee and community wellness initiatives over the years. She currently is involved on many OSF committees and initiatives, along with community boards and groups.

Andrew Larsen is the EMS System Manager for OSF Saint James - John W. Albrecht Medical Center. He is responsible for all operations within the EMS System and providing oversight and assistance to system agencies and providers. He also coordinates Emergency/Disaster Operations for OSF Saint James by conducting drills and exercises as well as ensuring proper policies are in place. Andrew has been in EMS for over 28 years with both rural and urban agencies. Andrew is an EMT-P, Illinois Lead Instructor and an instructor for ACLS, PALS, BLS/CPR

and ITLS. Andrew has an associate degree in business and a bachelor's degree in health care/EMS Management. He has been with OSF HealthCare since 2015.

Kathy McMillan is the Director of OSF Medical Group Primary and Specialty care offices for the Pontiac area. As such she provides direction and oversight to 10 primary care and 4 specialty care offices located in seven communities in Livingston and surrounding counties. Kathy has a Bachelor of Science in Health Information Management from Illinois State University and a Masters of Health Administration from the University of St. Francis. She serves on OSF Saint James and OSF Medical Group committees and projects including implementing Social Determinants of Health implementation. Kathy served on the Executive Board of the Livingston County Children's Network. She is a past Chairman of the Pontiac Area United Way and has served on the Board of Directors of the Pontiac Area Chamber of Commerce.

Curt Squires is the public relations and communications coordinator at OSF Saint James-John W. Albrecht Medical Center. Curt has served OSF in this capacity since 2020. He has a bachelor's degree in journalism and public relations from the University of Memphis and is pursuing a Master's degree in Business Administration from Southern Illinois University.

Christine Myers is the Executive Director of the Livingston County Mental Health Board and the Livingston County Commission on Children and Youth and has been in that position for almost 6 1/2 years. Prior to that, she worked as an Independent Service Coordinator with the Mental Health Board for 11 1/2 years, which provided advocacy and case management for people with developmental disabilities through funding from the IL Dept. of Human Services/Developmental Disabilities. Chris obtained her Bachelor's degree in Social Work/Therapeutic Recreation from the University of St. Francis in Joliet, IL. Chris serves on the board of the Livingston County Homeless Coalition.

Erin Nimbler, RN, BSN is the manager of OSF St. James John W. Albrecht Medical Center Emergency Department. She graduated from the University of Illinois, and has been working for OSF since 1999. In addition to her past bedside nursing role, she served as a clinical preceptor, six sigma green belt, and unit charge nurse. In her role as manager, she serves on various councils and initiatives, both local and within the OSF ministry. Erin is a life-long Livingston County resident and enjoys being a part of the decisions that affect not only the hospital she works for, but the community she lives in.

Heather Dameron Schweizer MD, CPE is the Director of Physician Practice for the OSF Medical Group in the Pontiac area. Heather has been a practicing physician with the OSF Medical Group since 1998, with a family medicine practice in Fairbury. She is a board certified family physician with a bachelor's degree from the University of Illinois and a doctorate degree from SIU School of Medicine. She completed her residency in Family Medicine at SIU Decatur Family Medicine in 1998. She earned board certification as a Certified Physician Executive (CPE) from the American Association for Physician Leadership in 2019. She has held several community positions as well including currently serving on the board of directors of Futures Unlimited.

Dona Tharp has been a Mission Partner at OSF HealthCare Saint James-John W. Albrecht Medical Center for 32 years. She is the Senior Financial Analyst and responsible for the Community Benefit reporting for the Medical Center. In her role as a Financial Analyst, she works with Leadership at both the local and ministry level, serving on various committees. Dona is involved with the United Way committee at OSF Saint James and was a past board member for United Way of Livingston County.

Joe Vaughan is the Executive Director of the Institute for Human Resources (IHR Counseling Services). Joe in his 31st year at IHR. Joe was named IHR's Executive Director in 2010. Joe serves as a Custody Mediator at IHR. Joe received a psychology degree from Eastern Illinois University and a Master's Degree from the University of Illinois. Joe has been a Licensed Clinical Social Worker since 1998. Joe currently sits on the Livingston County Housing Board and the Truancy Review Board.

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

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

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

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

APPENDIX 2: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in the Livingston County 2019 CHNA. Below are examples of these activities, measures and impact during the last three years to address these needs.

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

Goal 1: *Reduce prevalence of obesity in Livingston County.*

1. Provide monthly program on healthy eating and physical activity at the Pontiac Recreation Center.
 - a. In 2021 -Provided monthly educational program at the Pontiac Recreational center with approximately 5-6 people in attendance. As of November 2021, we have been partnering with the Rec Center on virtual programming, providing online health and wellness videos and virtual wellness newsletters on a monthly basis.
2. Provide educational healthy lifestyle programs to women in Livingston County through Women Empowered – We Live.
 - a. Last event held by “We Live” was on November 2019 with more than 50 participants. Due to the Pandemic, no other event has been held.
3. Distribute wellness newsletter to local businesses and organizations
 - a. As of January 2022, the newsletter is still being shared monthly with 7 businesses. In November 2021, online community wellness videos were recorded and shared with 7 local businesses as well, with the plan to record and share new videos once per month.
4. Provide healthy and easy to replicate meal kits to community members on a monthly basis through Smart Meals Program. St. James provides space, marketing and trains volunteers to support this program, OSF HealthCare Foundation and WE live provide additional financial support.
 - a. 50/month Smart Meals were ordered and delivered. We continue to utilize volunteers to help package these meals. In 2020, the pandemic affected the distribution process and growth of the program. Internal OSF Marketing continues by offering flyers and cards within the lobby of the hospital.

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

Goal 1: *Increase access to mental health care and resources in Livingston County.*

1. Provide free access to digital Behavioral Health solution – Silvercloud.
 - a. 2020 - 46 patient signup for the behavior health solution, Silvercloud in the Pontiac area. 2021 – 102 patient signups. Continue to offer Silver cloud to patients having an identifying behavioral health need for support.
2. Provide free Behavioral Health Navigation Service.
 - a. 22 Patients utilize the navigation services to help provide support and connection to behavioral health services.
3. Partner with IHR to manage and provide services for patients with potential behavioral health care needs that make repeat visits for emergency care. IHR will provide evaluation of OSF patients needing additional psychiatric care and OSF provides transportation for the patient to receive the care.
 - a. IHR and the Emergency Dept. collaborate in providing all available resources to our identified Behavioral Health patients. In 2020, the IHR Crisis team responded to OSF Saint James Hospital 269 times. If this trend continues throughout the calendar year, we will see an 11% increase in referrals to the IHR Crisis team. IHR has received 110 referrals from the OSF offices in calendar year 2020. IHR has received 188 referrals from the OSF offices in calendar year 2021.
4. Educate EMS providers on caring for patients with mental health care needs.
 - a. Due to the pandemic, this particular measure was put on pause. This will be relooked at when the state restrictions for hosting events in person will be resumed.
5. Provide free Mental Health First Aid Courses to the community in partnership with Livingston County Mental Health Board for facilitators.
 - a. Due to the state restrictions related to the pandemic, this measure was put on pause.
6. Partner with IHR to provide on-site counseling services in Livingston County Schools.
 - a. Due to the State’s restrictions with the schools in relation to the pandemic, this measure was put on pause.
7. Coordinate and communicate process for referral by OSF to Comprehensive child psych / PHD assessment through IHR/LCCN.
 - a. There have been 10 referrals made in 2021 for Child psychology services.
8. Collaborate with IHR, Livingston County Mental Health Board, Livingston County Public Health Department and Futures Unlimited to update the “purple book” directory of community services and resources to distribute to providers and community.

-
- a. Due to the pandemic, this measure was put on hold.
9. Partner with OSF Home Care to provide free OSF Living with Loss support group on a bi-monthly basis. SJJWAMC provides space and marketing for the group, Home Care facilitates.
 - a. In May of 2021, the in-person support group resumed with an attendance of 1-4. The loss support group numbers continue to be low due to the continued Pandemic threat.

APPENDIX 3: SURVEY

Livingston County 2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

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

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

Prescription Medicine

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

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

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

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

Dental Care

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

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

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

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

Mental-Health Counseling

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

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

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

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

HEALTHY BEHAVIORS

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

Exercise

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

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

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

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

Healthy Eating

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

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

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

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

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

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

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

If you don’t have any health conditions, please check the first box and go to question #8: Smoking.

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

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

- Never Sometimes Usually Always

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

11. Do you have a personal physician/doctor? Yes No
12. How many days a week do you or your family members go hungry?
 None 1-2 days 3-5 days More than 5 days
13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?
 None 1-2 days 3-5 days More than 5 days
14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
 None 1-2 days 3-5 days More than 5 days
15. In the last YEAR have you talked with anyone about your mental health?
 Yes (please answer #16) No (please go to #17)
16. If you talked to anyone about your mental health, who was it?
 Doctor/nurse Counselor Family/friend Other _____
17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
18. How many alcoholic drinks do you have on a typical DAY?
 None 1-2 drinks 3-5 drinks More than 5 drinks
19. How often do you use marijuana on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
20. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
21. Do you feel safe where you live? Yes No
22. In the past 5 years, have you had a:
- | | | | |
|-----------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| Breast/mammography exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Overall Health Ratings

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

INTERNET

1. Do you have Internet at home? For example, can you watch Youtube at home?
 Yes (please go to next section – BACKGROUND INFORMATION) No (please answer #2)

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

BACKGROUND INFORMATION

1. What county do you live in?

- Livingston Other

2. What is your Zip Code? _____

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

- Medicare Medicaid/State insurance Commercial/Employer
 Don't have (Please answer #4)

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

- Can't afford health insurance Don't need health insurance
 Don't know how to get health insurance Other _____

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

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

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

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

- White/Caucasian Black/African American Hispanic/LatinX
 Pacific Islander Native American Asian/South Asian
 Multiracial Other: _____

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

- Grade/Junior high school Some high school High school degree (or GED)
 Some college (no degree) Associate's degree Certificate/technical degree
 Bachelor's degree Graduate degree Other: _____

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

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

11. What is your housing status?

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

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

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

13. How many people live with you? _____

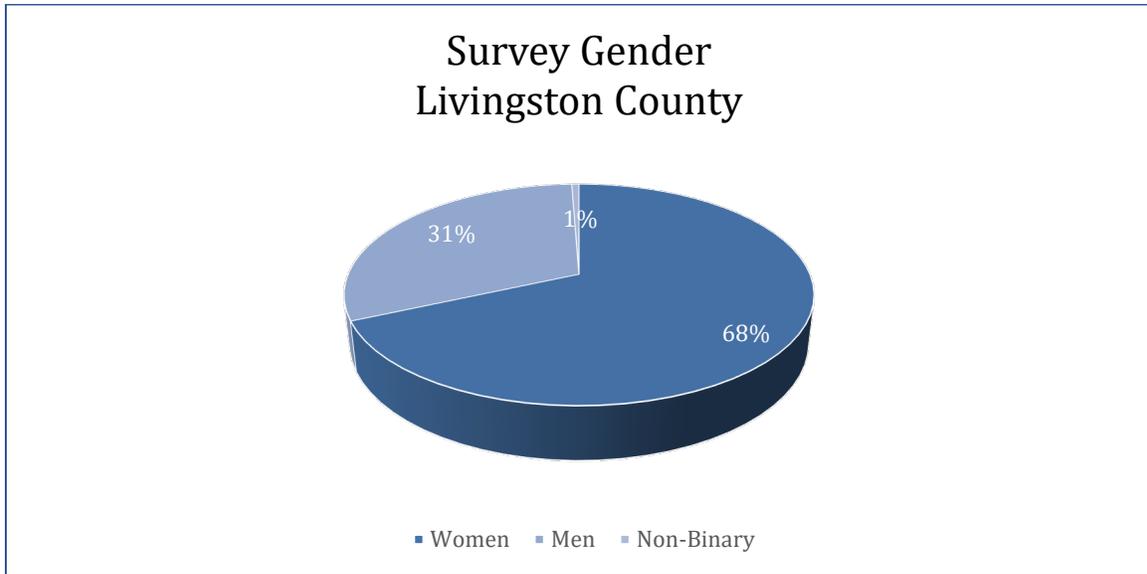
14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

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

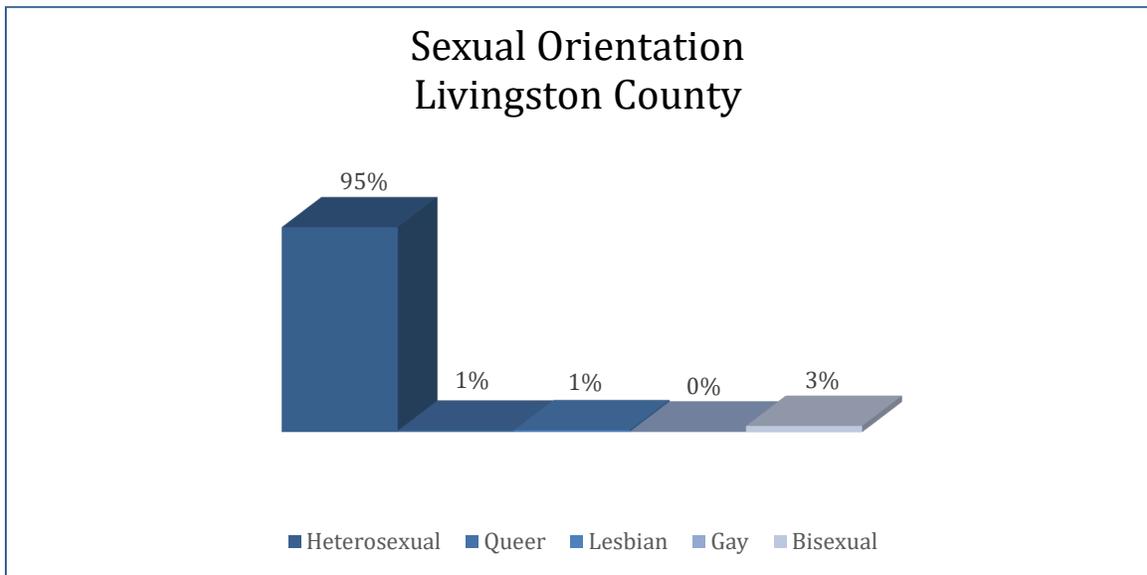
Is there anything else you'd like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

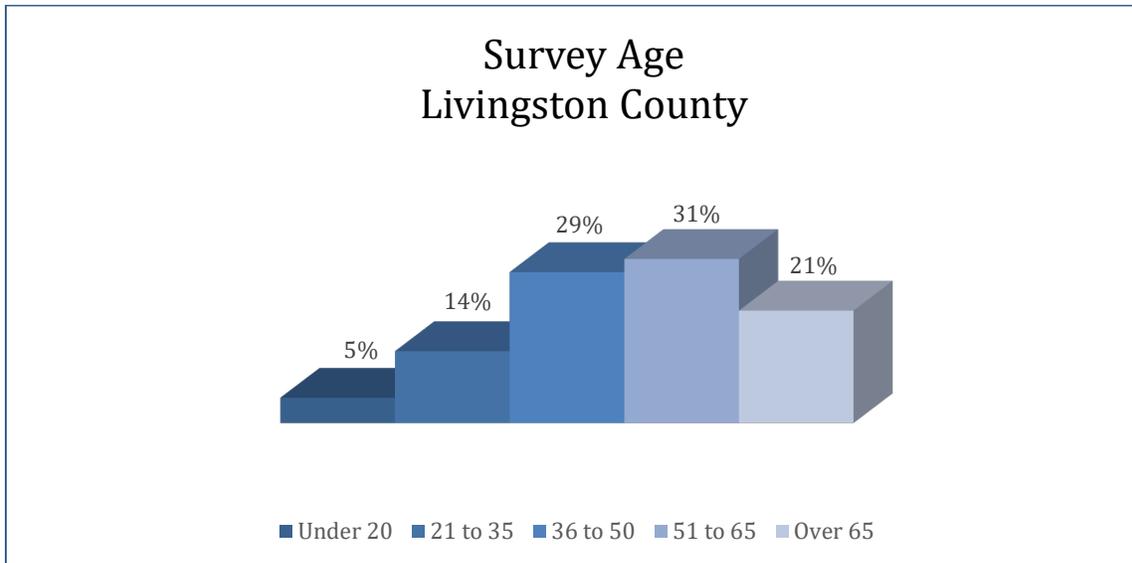
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS



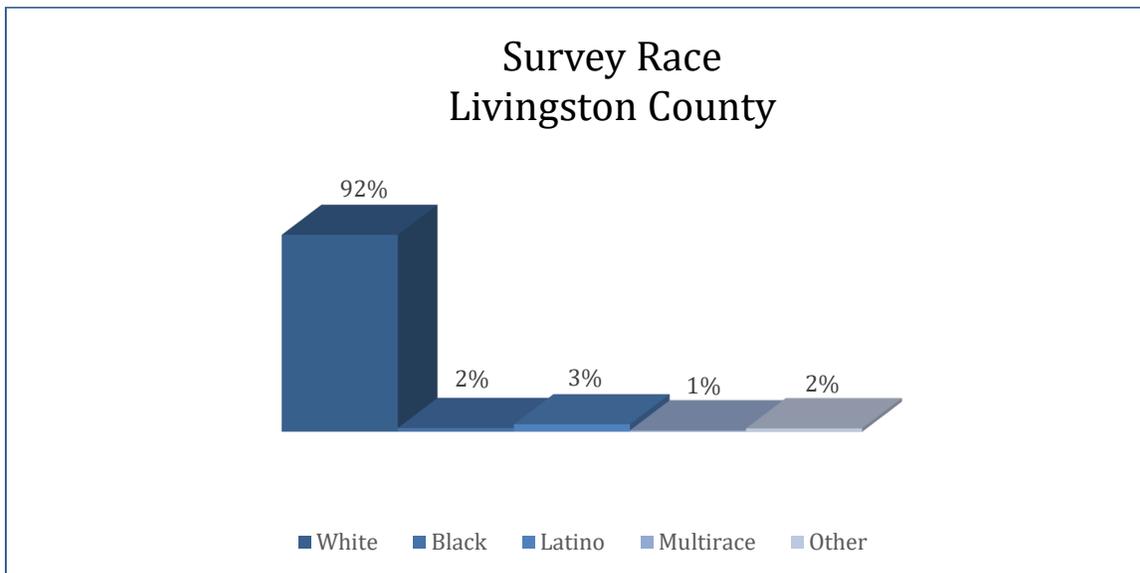
Source: CHNA Survey



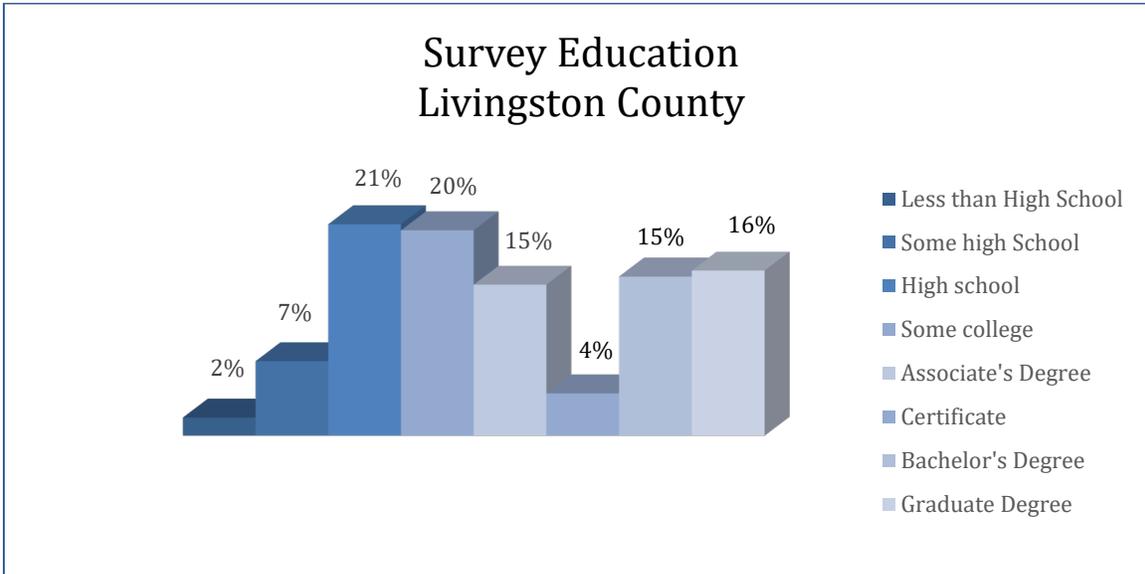
Source: CHNA Survey



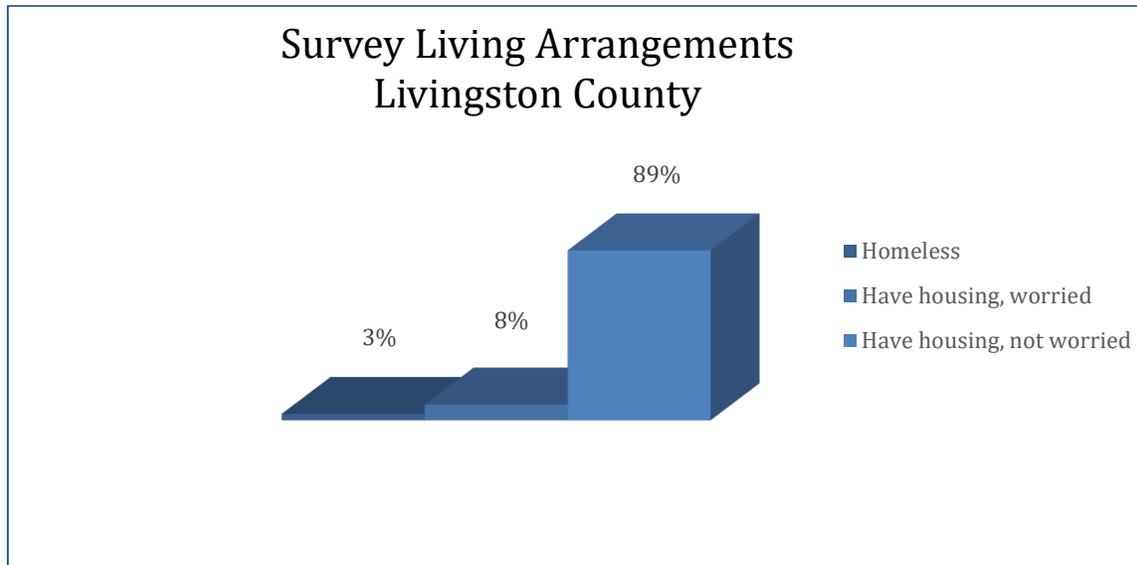
Source: CHNA Survey



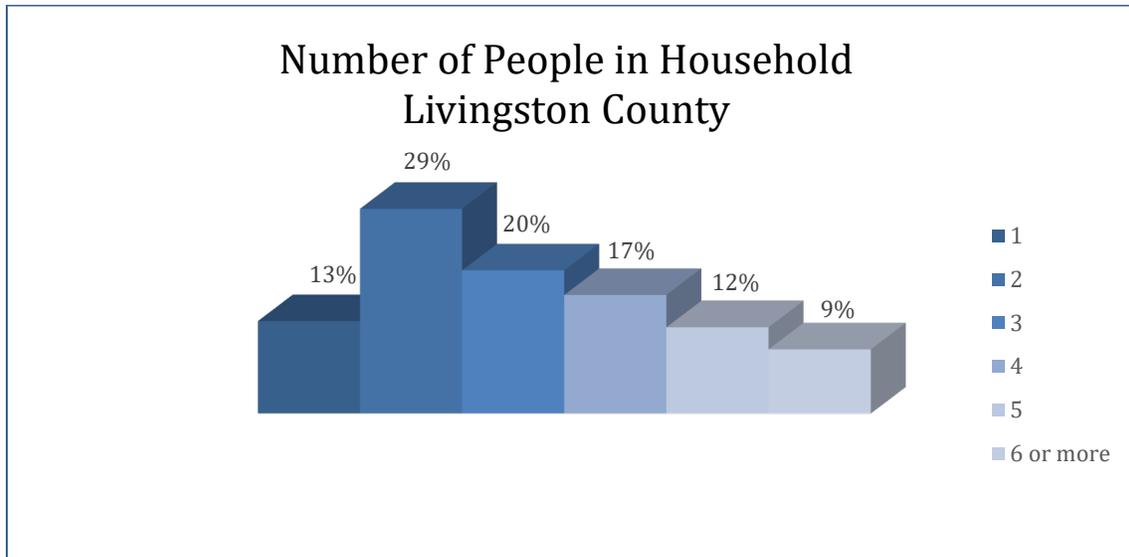
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



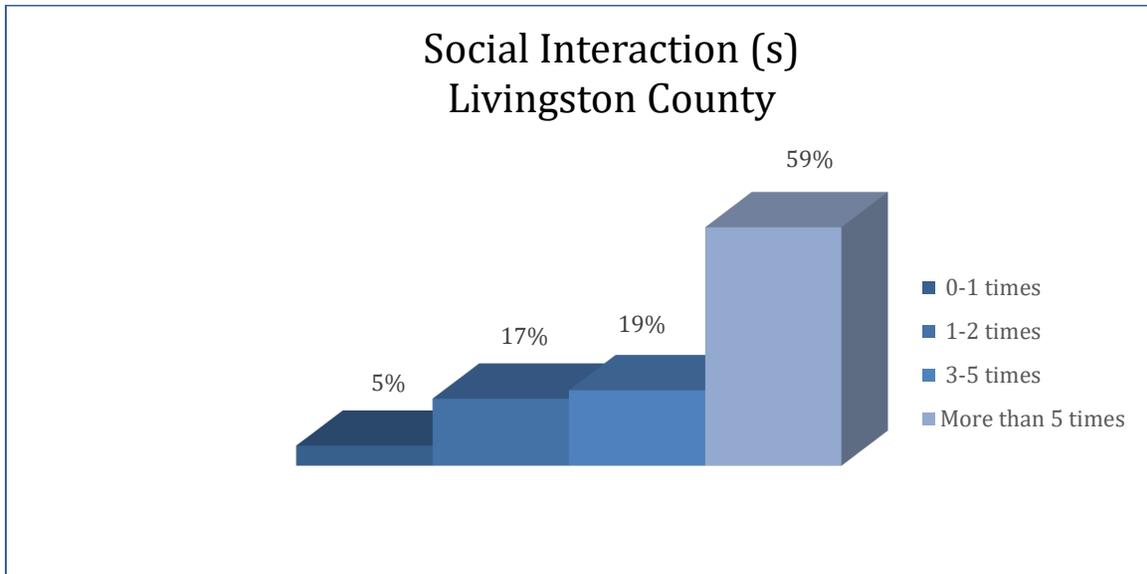
Source: CHNA Survey

Housing Environment

Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For Livingston County, 37% of the population is at elevated risk for Housing environment. This is higher than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5: RESOURCE MATRIX

	Cancer	COVID-19	Healthy Behaviors Nutrition & Exercise	Behavioral Health	Overweight Obesity	Opioid Abuse	Aging Issues	Health Literacy
Recreational Facilities								
Pontiac Parks and Recreation			2		2		1	
Chenoa Recreation			2		2		1	
Chatsworth Recreation			2		2		1	
Dwight Recreation			2		2		1	
Fairbury Recreation			2		2		1	
Flanagan Community Park District			2		2		1	
Odell Recreation			2		2		1	
Fugate Woods Nature Preserve			2		2		1	
Health Departments								
XXX Organization								
Livingston County Health Department	3	3	3	3	3	3	3	
Community Agencies								
ADV/SAS			2	3		3		
The Baby Fold			3	2	3			
Boys and Girls Clubs Livingston County		2	3		3			
The Center for Youth and Family Solutions				2	2			
Child and Family Connections				2	2			
Children's Home & Aid				2	2	1		
Hope Pregnancy Center			2		2			

	Cancer	COVID-19	Healthy Behaviors Nutrition & Exercise	Behavioral Health	Overweight Obesity	Opioid Abuse	Aging Issues	Health Literacy
Futures Unlimited				2				1
Institute for Human Resources			2	3		3		
Livingston County Health Department	3	3	3	3	3	3	3	
Livingston County Children's Network				2	2			
Livingston County Commission on Children and Youth				2	2			
Livingston County Homeless Coalition				1			1	
Livingston County Housing Authority							2	
Livingston County Ramp Project							2	
Livingston County Veterans Assistance Commission				2	2	2	2	
Mid Central Community Action, INC.				2			1	
MOSAIC				2				
Providing Access to Help - PATH, INC.				2				
Pregnancy Planning and Family Services								
Resource Link				2				
SALEM 4 Youth			3	2		2		
Salvation Army Red Shield Service Center - Pontiac			2			2	3	
Show Bus			2				3	
Livingston County United Way			3		3		3	
University of Illinois Livingston County Extension			3		3		3	

	Cancer	COVID-19	Healthy Behaviors Nutrition & Exercise	Behavioral Health	Overweight Obesity	Opioid Abuse	Aging Issues	Health Literacy
Hospitals / Clinics								
Livingston Family Care Center	3		3	3	3	3	3	
Hubert Wellness Clinic	3	3	3	3	3	3	3	
Women's Health Clinic			3	3	3	3	3	
Pontiac Township High School Student Health Center			3	3	3	3	3	
Institute for Human Resources			3	3	3	3	3	
OSF Saint James - John W. Abrecht Medical Center	3	3	3	3	3	3	3	
OSF Multi-Specialty Group	3	3	3	3	3	3	3	
OSF HomeCare and Hospice	3	3	3	3	3	3	3	

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

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES (8)

Pontiac Parks and Recreation

The Pontiac Parks and Recreation Department is proud to offer 11 beautiful parks, state-of-the-art facilities including the Community Recreation Center, access to the Natatorium Pool and splash pad, a variety of programs for all ages and populations, an adaptive recreation program, and much more.

Chatsworth Recreation

Recreation facilities in Chatsworth include: CAPS Recreation Center and Chatsworth Town park.

Chenoa Recreation

Recreation facilities in Chenoa include: Main City Park, Kelleher Park, Red Bird Park, Chenoa Swimming Pool, Silliman Lake Park

Dwight Recreation

Recreation facilities in Dwight include: Dwight Country Club, Lion's Lake, Renfrew Park, Rotary Park, Stevenson Swimming Pool, Victory Lanes, and several organized sports leagues including baseball, softball, basketball, football, and cheerleading.

Fairbury Recreation

Recreation facilities in Fairbury include: Marsh Park, North Park, and the Floyd and Marion Stafford Swimming Pool.

Flanagan Community Park District

The Flanagan Community Park District operates the Flanagan Memorial Pool.

Odell Recreation

Odell Pool Park includes a swimming pool, tennis courts and baseball field.

Fugate Woods Nature Preserve

A 150-acre nature preserve with walking and hiking paths.

HEALTH DEPARTMENTS (1)

Livingston County Public Health Department

The goal of the Livingston County Public Health Department is to assure the conditions in which people can be healthy. Programs offered by the Health Department are designed to provide educational, preventative, and healthcare services for eligible citizens of all ages. Some specific programs and initiatives include:

- Healthy Families Illinois
- Illinois Breast and Cervical Cancer Program
- Livingston/Living Well
- Stanford University Diabetes Self-Management Program

- Women, Infants, and Children's (WIC) Nutrition Program

COMMUNITY AGENCIES/PRIVATE PRACTICES (26)

ADV/SAS

ADV/SAS offers a safe atmosphere where survivors of sexual assault and domestic violence can find support, resources and strength including crisis line, safe shelter, legal and medical advocacy, supportive counseling and prevention education. They also offer a 24-hour hotline and emergency shelter.

The Baby Fold

The Baby Fold is a multi-service non-profit agency serving children and families in Illinois. They specialize in caring for young children and youth who have severe emotional and behavioral disabilities, autism spectrum disorders and children at risk for a variety of reasons.

Boys and Girls Club of Livingston County

Boys and Girls Club of Livingston County works to enable all young people to reach their full potential as productive, caring, responsible citizens. They operate two locations in Pontiac and Fairbury, and offer many activities for young people of the Livingston County area including character and leadership development, arts, education and career development, health and life skills and sports fitness and recreation. As a part of these programs, the clubs encourage and educate on healthy behaviors around nutrition and obesity prevention.

The Center for Youth and Family Solutions

The Center for Youth and Family Solutions engages and serves children and families in need with dignity, compassion, and respect by building upon individual and community strengths to resolve life challenges together.

Child and Family Connections

Child and Family Connections assists families with evaluations and assessments of their child, age birth to three years, to determine eligibility for early intervention services. An Individual Family Service Plan (IFSP) is then developed to help the child learn and grow and link them to services.

Children's Home & Aid

Children's Home & Aid is a leading child and family service agency that helps children recover their health, their hope, and their faith in the people around them.

Hope Pregnancy Center

Hope Pregnancy Center offers support and education for those experiencing an unplanned pregnancy including counseling, medical clinic and baby supplies and assistance.

Futures Unlimited, Inc.

Futures Unlimited, Inc., a sheltered workshop for developmentally disabled clients, also receives funding from the Mental Health Board and services include: job placement in the community, supported employment in the community, developmental training, vocational development, facility-based

employment, community living support services, and respite support services to give support and relief to families and caregivers by providing temporary, time-limited care and assistance for persons with developmental disabilities.

Institute for Human Resources

Institute for Human Resources provides a continuum of quality recovery based mental health and substance abuse services ranging from education and prevention through treatment and aftercare for residents of Livingston County. IHR also provides outpatient counseling, evaluation services, and education and services within our local schools.

Livingston County Mental Health Board

Livingston County Mental Health Board works assure that a comprehensive and coordinated community based system of effective and efficient mental health, developmental disability and substance abuse services is available to all the residents of Livingston County in need of such services.

Livingston County Children's Network

Livingston County Children's Network focuses on mental health issues of children. Positive parenting program offered through OSF Multi-Specialty Group and other providers including educational materials and plans as well as to referrals to IHA and other mental health professionals as needed.

Livingston County Commission on Children and Youth (LCCCY)

The purpose of the Livingston County Commission on Children and Youth is to promote the development of an integrated, comprehensive community system of services for children and youth in Livingston County, particularly those who have special problems of emotional, physical and intellectual development, or who are not functioning successfully within the life of the family and the community.

Livingston County Homeless Coalition

The Coalition is made up of agencies, churches, and individuals that are concerned about homeless issues in Livingston County. They are the county funding agency for the Humiston Homeless Fund and DHS (Homeless Prevention Funds) which are allocated to the Illinois Continuum of Care (CICOC) of which the coalition is a member.

Livingston County Housing Authority

The Livingston County Housing Authority offers low-income public housing for eligible elderly citizens and for eligible families.

Livingston County Ramp Project

A volunteer-based organization established to build ramps for people with mobility disabilities.

Livingston County Veterans Assistance Commission

Provides temporary emergency assistance to qualified indigent veterans and their families. Assists in directing veterans and their families to agencies that they are qualified for, providing rides to VA hospitals, assists in filling out forms to apply for veteran's benefits including admittance to VA nursing

homes, pensions, government markers, VA home loans, applying for medals, medical and service records and copies of DD-214's, upgrading and correction of discharge papers, and appeals.

Mid Central Community Action, Inc.

A non-profit organization dedicated to building community and combating poverty through programs and through cooperation with other agencies to help families and individuals achieve self-sufficiency. Serves Livingston and McLean Counties.

MOSAIC

Mosaic provides residential training, support, and supervision for developmentally disabled persons. All programs provide clients with care and training through an individual habilitation plan developed by an interdisciplinary team of professionals and other concerned persons. The goal of all programs is to enable each client to reach the highest level of independence of which he or she is capable.

Providing Access to Help – PATH, INC.

Provides services to older adults and persons with disabilities who are abused, neglected or exploited. Services include caseworker support, legal, medical, relocation and counseling.

Pregnancy Planning and Family Services

Operated by Catholic Charities in Bloomington, provides counseling, pregnancy planning, adoption counseling, birthmother support for McLean, Livingston, Logan and DeWitt counties.

Resource Link

Resource Link is a program to assist physicians in the management of child and adolescent mental health. Resource Link provides case management to children and families with behavioral health needs by aiding them in the referral process for appropriate services such as counseling, support, groups, etc. Resource Link also provides on-site training to physician offices regarding mental health diagnosis and treatment as well as community resources. Resource Link can also provide physician offices with psychiatric phone consultation with a child psychiatrist to assist with medication management, diagnosis, or possible one-time psychiatric evaluation.

SALEM 4 Youth

A Christian residential/educational facility for boys who are struggling with issues such as substance abuse, family conflicts, or difficulties in school or the community. A relationship centered approach to treatment allowing children to grow intellectually, spiritually, and socially, enabling them to become productive members of society.

Salvation Army Red Shield Service Center – Pontiac

Provides general and emergency assistance to those in need: food, rent, household items, clothing, utilities, transportation, medication and other miscellaneous services. The Salvation Army also has food pantry and clothes closet for low-income families.

Show Bus

Show Bus offers public transportation to anyone in Livingston County and seeks to enhance the access of

people in non-urban areas to health care, employment, education, public services, shopping and recreation.

Livingston County United Way

The United Way is a convener and collaborating partner with many nonprofit, for-profit, governmental and faith-based organizations – all working to address the most critical needs of Livingston County Residents.

University of Illinois Livingston County Extension

Livingston County Extension office works to enhance the quality of life for rural and urban people through teaching, research, and outreach programs focusing on human activity, food, fiber and natural resources systems.

HOSPITALS/CLINICS (8)

Livingston Family Care Center

The Livingston Family Care Center provides medical services to those who are uninsured.

Hubert Wellness Clinic

Hubert Wellness Clinic, conducted by the Livingston County Public Health Department, includes screening for waist measurement and provides low-cost screening for risk factors related to prostate cancer and diabetes. The Clinic also provides clients with information regarding colon cancer screening risk/protective factors and screening guideline and low-cost screening for risk factors related to heart disease. The Clinic is also offered at various worksites in rural communities throughout Livingston County.

Pontiac Township High School Student Health Center

The Pontiac Township High School Student Health Center is a collaborative initiative between the school and the Livingston County Public Health Department working to improve the overall physical and emotional health of students working in cooperation with the existing school health education curriculum and community health care services.

Women's Health Clinic

The Women's Health Clinic, operated by the Livingston County Public Health Department, provides care based on a sliding fee basis for women in the county. In addition, the Clinic provides some cancer screenings to eligible women participating in the programs along with education on cancer prevention.

Institute for Human Resources and Mental Health Board

The Institute for Human Resources provides a continuum of quality recovery based mental health and substance abuse services ranging from education and prevention through treatment and aftercare for residents of Livingston County. IHR also provides outpatient counseling and also provides patient evaluation services for OSF Saint James inpatient and emergency patients at time of discharge; as well as referrals from the Livingston County Health Department. The IHR Prevention Specialist conducts ATOD prevention education in schools, and coordinates the local Snow Ball project.

Services provided by the Mental Health Board through the Institute for Human Resources (IHR) include: outpatient counseling, emergency intervention, medication, and aftercare, with a goal of treating clients before problems become severe and to minimize admissions to state mental hospitals; counseling, outreach, hospitalization visits, and aftercare for severely disturbed children; group counseling, leisure activities, recreation, and survival skills training for seriously mentally ill clients; intensive contact with clients suffering from serious and chronic mental illness and discharges from state hospitals, to deflect unnecessary hospitalization, while improving their quality of life in the community; 24-hour crisis response availability; counseling for alcoholics/substance abusers and their families; prevention services for alcohol/drug abuse, AIDS, child abuse, and stress, as well as parenting classes and support groups for parents of hyperactive children and children with disabilities; and independent living for chronically mentally ill clients, who are assisted with shopping and homemaking skills.

OSF HealthCare Saint James – John W. Albrecht Medical Center

OSF Saint James – John W. Albrecht Medical Center is a 42-bed health care facility. OSF Saint James provides a broad range of acute care and outpatient services including a variety of specialist, emergency, rehabilitation, and diagnostic imaging services. OSF Saint James offers the following services: Acute Inpatient Care, Critical Care, eICU, Emergency Care, Skilled Nursing Swing Beds, Advanced Care Planning, Cardiology, Cardiac Rehabilitation, Pulmonary Rehabilitation, Occupational Medicine, Obstetrics/Gynecology, Pediatrics, Anesthesiology, Medical Diagnostic Services (VCT Scanner, MRI, PET, Mammography, Bone Densitometry, Ultrasound, Radiology & Laboratory), Surgery, Internal Medicine, Orthopedics, Family Medicine, Rehabilitation Services (Physical Therapy, Occupational Therapy, Speech Therapy, Sports Medicine, Audiology, Assistive Technology & Pediatric Development), Occupational Health, Sleep Evaluation, Employee Health Screening, Ergonomic Assessment, Home Health, Hospice, Social Services, Education and Training for area EMS professionals, a diabetes education program and an education center. OSF Saint James is a Tier Two Resource Hospital for disaster and bioterrorism preparedness. Medical Education Residency programs in Emergency and Surgical Medicine through the University of Illinois College of Medicine in Peoria are in place. Public education programs are offered at the medical center and in the community on topics ranging from exercise for good health to joint pain, women's wellness, childbirth education, child development & adolescence, and menopause; regular cholesterol and blood glucose screenings; participation in the education of future health professionals by hosting nursing students, interns and externs, as well as students in radiologic technology, physical therapy, occupational therapy, speech therapy, athletic training, social services and community health education.

Specific centers of interest include: inpatient and outpatient dietician, support groups for grief, gastric bypass and diabetes, community education and outreach sessions, maternity services and an OB Nurse Navigator Program, prescription medication assistance program, pediatric play groups, online health library, OSF Resource Link, OSF Charity Assistance program, Sleep and Lung Center, vaccinations, and through print articles to local media.

OSF HealthCare Multi-Specialty Group

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

OSF HealthCare Home Care and Hospice

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

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 Method²

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

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

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

Resources – Is funding available for a program?

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

Step 4. Use Voting Technique to Narrow Potential Issues

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

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

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

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

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

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

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

² “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)