

2025

Community Health Needs Assessment

OSF SAINT KATHARINE
MEDICAL CENTER

Lee County



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EXECUTIVE SUMMARY

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

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

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

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

- **Behavioral Health – Mental Health**
- **Access to Healthcare**

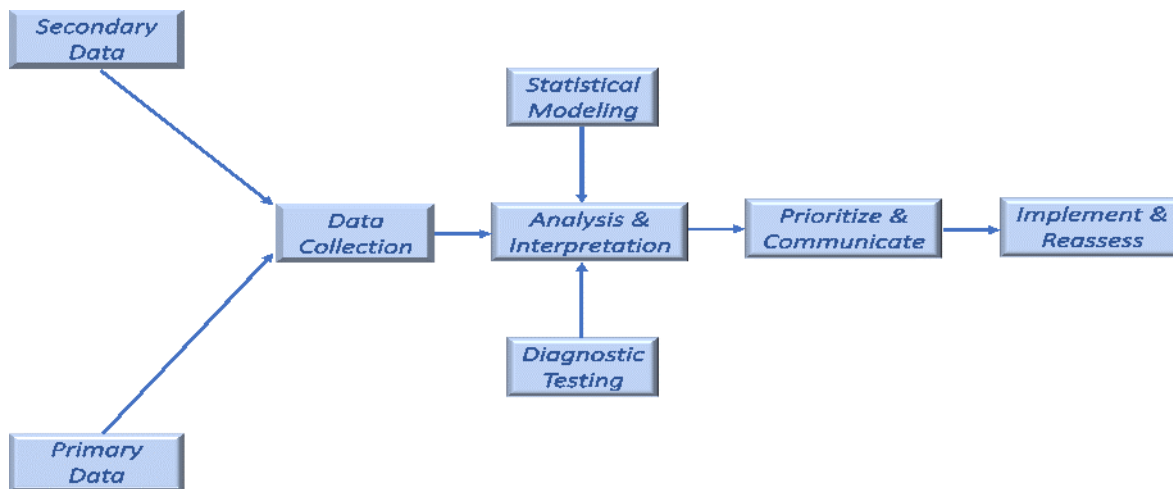
I. INTRODUCTION

Background

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

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

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Katharine Medical Center, the Lee County Health Department, and administrators from key community partner organizations. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles, and expertise can be found in APPENDIX

1. MEMBERS OF COLLABORATIVE TEAM. Engagement occurred throughout the process, resulting in shared ownership of the assessment. The entire collaborative team met in the second and third quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

To determine the geographic boundaries for OSF Saint Katharine Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Lee County. Data show that Lee County alone represents 68% of all patients for the hospital.

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

Purpose of the Community Health Needs Assessment

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

The results of this study will enable healthcare organizations to efficiently allocate limited resources and better manage high-priority challenges. By working together, hospitals, clinics, agencies and health departments will leverage this CHNA to enhance health-care quality in Lee County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing and benchmarking them against State of Illinois averages.

Community Feedback from Previous Assessments

The prior Katherine Shaw Bethea (KSB) Hospital 2022 CHNA was widely shared with the community after the OSF acquisition to allow for feedback. To solicit feedback, a link - CHNAFeedback@osfhealthcare.org - was provided on the hospital's website; however, no feedback was received.

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



Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDOH). SDOH are crucial environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. Research by the U.S. Department of Health and Human Services, as part of *Healthy People 2030*, identifies five SDOH to include when assessing community health (Figure 2). Note this CHNA refers to social "drivers" rather than "determinants."

According to the *Root Cause Coalition*, drivers are malleable, while determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 2



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

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

II. METHODS

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

Secondary Data Collection

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

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

Primary Data Collection

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

Survey Instrument Design

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

- **Ratings of health issues in the community** – To assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes, and obesity.
- **Ratings of unhealthy behaviors in the community** – To assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug use, and smoking.
- **Ratings of issues concerning well-being** – To assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods, and effective public transportation.
- **Accessibility to healthcare** – To assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental, and mental healthcare, as well as access to prescription medication.

- **Healthy behaviors** – To assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits, and cancer screenings.
- **Behavioral health** – To assess community issues related to areas such as anxiety and depression.
- **Food security** – To assess access to healthy food alternatives.
- **Social drivers of health** – To assess the impact that social drivers may have on the above-mentioned areas.

Finally, demographic information was collected to assess the background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 2. SURVEY.

Sample Size

To identify the potential population, the percentage of the Lee County population living in poverty was first identified. Specifically, the county's population was multiplied by its respective poverty rate to determine the minimum sample size needed to study the at-risk population. The poverty rate for Lee County was 10.1%. With a population of 34,058, this yielded a total of 3,440 residents living in poverty in the Lee County area.

A normal approximation to the hypergeometric distribution was assumed, given the targeted sample size. The formula used was:

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

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 the total Lee County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 382. The data collection effort for this CHNA yielded a total of 530 responses. After cleaning the data for “bot” survey respondents, the sample was reduced to 444 respondents. This met the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Lee 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 aligned with population demographics according to U.S. Census data. This

provided a total usable sample of 428 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 3. CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

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

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

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

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

- 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 DRIVERS

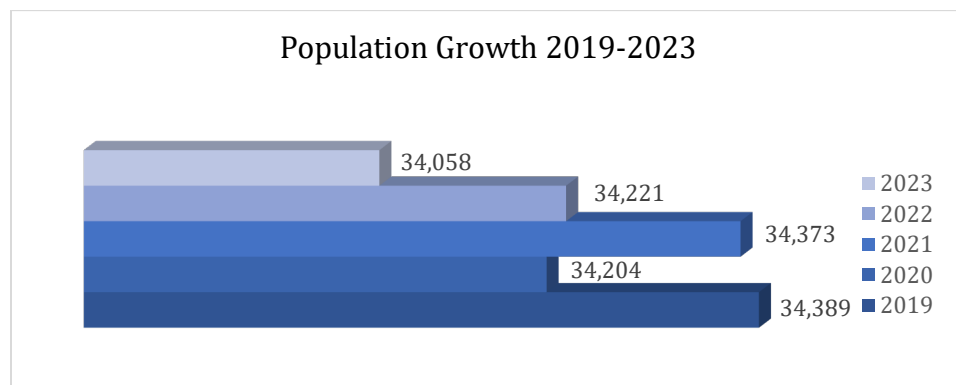
1.1 Population

Importance of the Measure: Population data characterize individuals residing in Lee County. This data provides an overview of population growth trends and builds a foundation for further analysis.

Population Growth

Data from the last census indicates that the population of Lee County slightly decreased (<1%) between 2019 and 2023 (Figure 3).

Figure 3



Source: United States Census Bureau

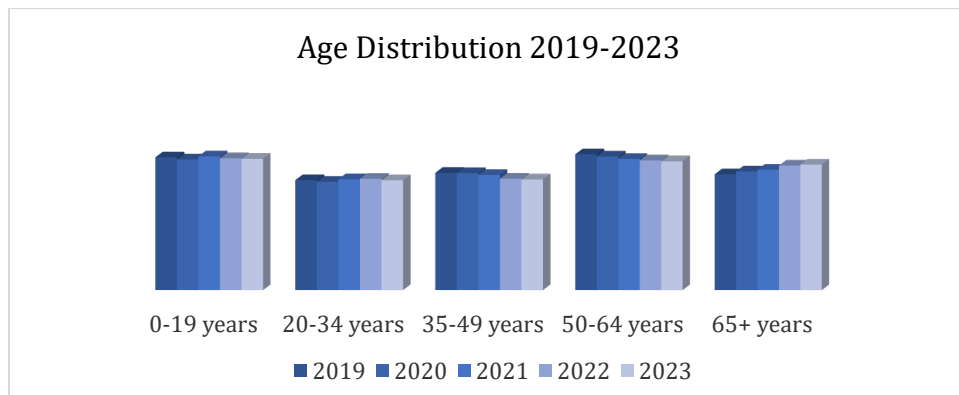
1.2 Age, Gender and Race Distribution

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

Age

As illustrated in Figure 4, the percentage of individuals in Lee County in each age group, except for the 65+ age group, declined over the five-year period from 2019 to 2023. Most notably, those in the 35-49 and 50-64 age groups declined 5.7% and 5.20%, respectively. The 65+ age group increased by 8.32% over the same period.

Figure 4

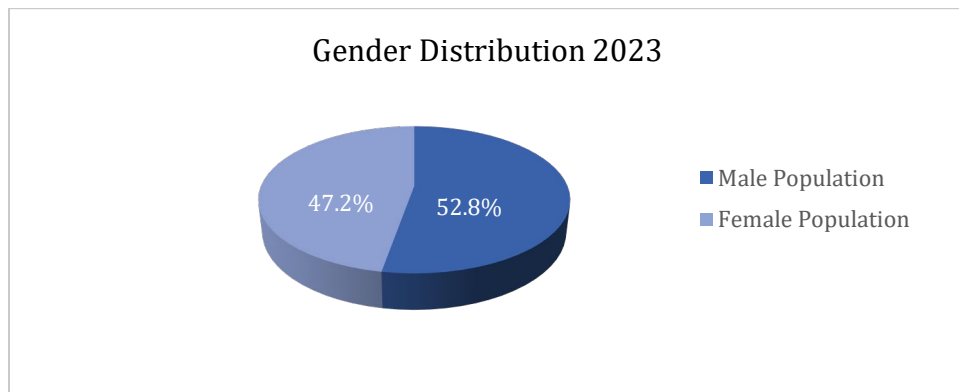


Source: United States Census Bureau

Gender

The gender distribution of Lee County residents is relatively equal among males and females (Figure 5).

Figure 5

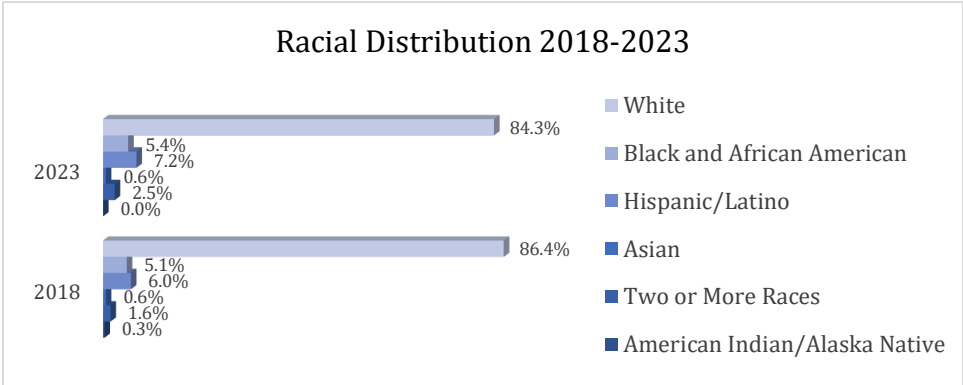


Source: United States Census Bureau

Race

With regard to race and ethnic background, Lee County is largely homogenous. However, in recent years, the county is becoming more diverse. Data from 2023 suggest that White ethnicity comprises 84.3% of the population in Lee County. The non-White population has been increasing, rising from 13.6% in 2018 to 15.7% in 2023. Within this, Hispanic/Latino ethnicity comprises 7.2% of the population and Black and African American ethnicity comprises 5.4% of the population (Figure 6).

Figure 6



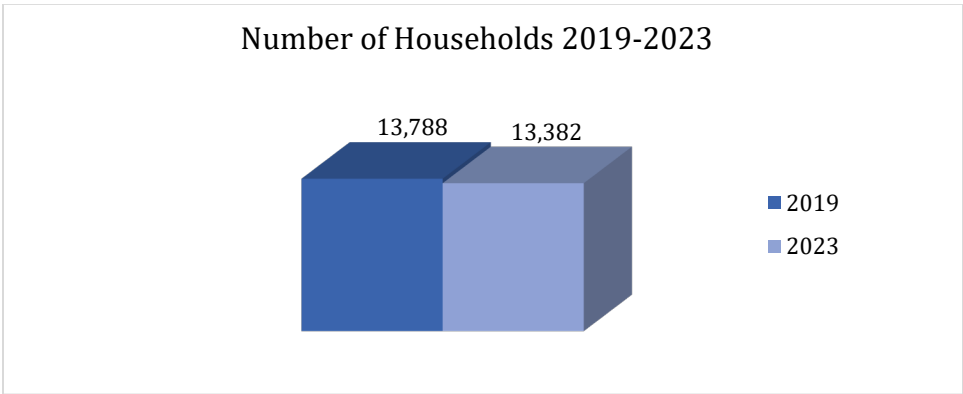
Source: United States Census Bureau

1.3 Household/Family

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

As indicated in the graph below, the number of family households in Lee County decreased from 13,788 in 2019 to 13,382 in 2023 (Figure 7).

Figure 7

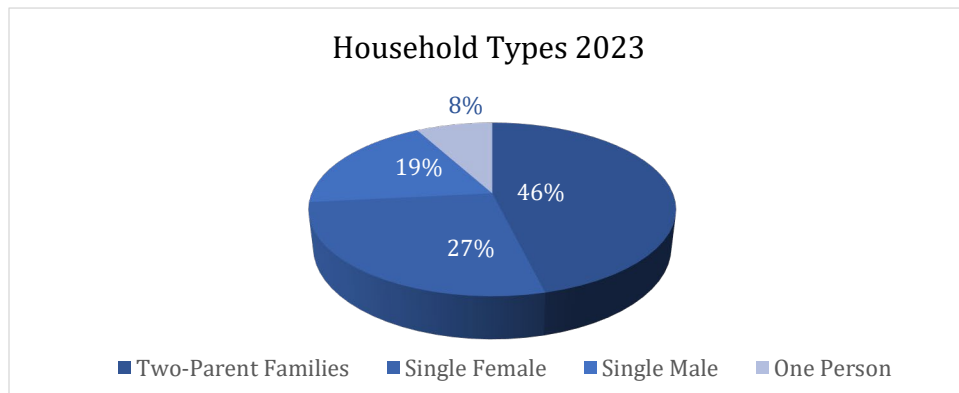


Source: United States Census Bureau

Family Composition

In Lee County, data from 2023 show that two-parent families make up 46% of households. One-person households represent 8% of the county population, single-female households represent 27%, and single-male households account for 19% (Figure 8).

Figure 8

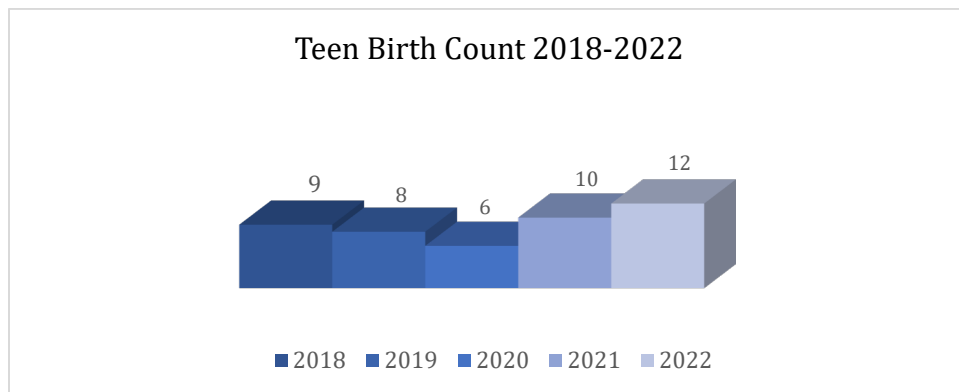


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Lee County has experienced fluctuations in teenage birth count. The count steadily declined from 2018 to 2020, then increased in 2021 and 2022. Over the five-year period from 2018-2022, the overall trend in the teen births has been upward (Figure 9).

Figure 9



Source: Illinois Department of Public Health

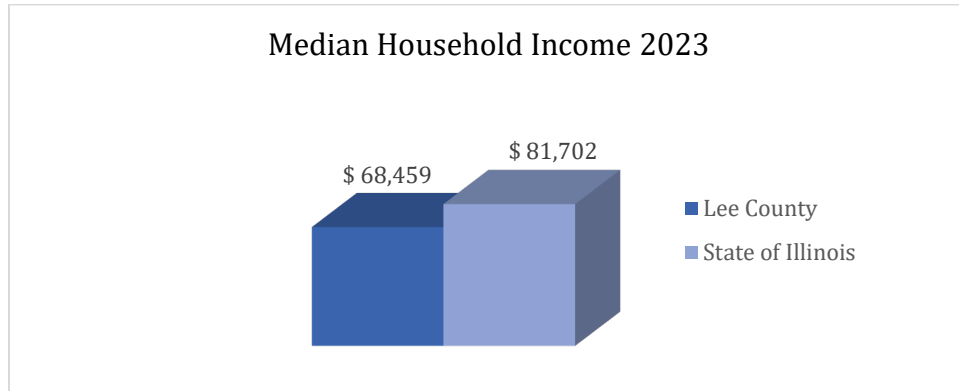
1.4 Economic Information

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. Living in poverty means lacking sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education, and employment conditions.

Median Income Level

For 2023, the median household income in Lee County (\$68,459) was lower than that of the State of Illinois (\$81,702) (Figure 10).

Figure 10

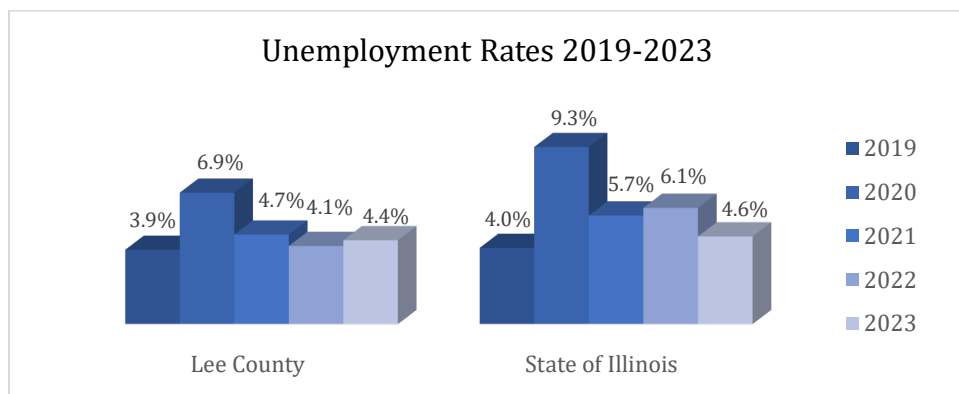


Source: United States Census Bureau

Unemployment

From 2019 through 2023, the Lee County unemployment rate remained lower than the State of Illinois' unemployment rate (Figure 11). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

Figure 11

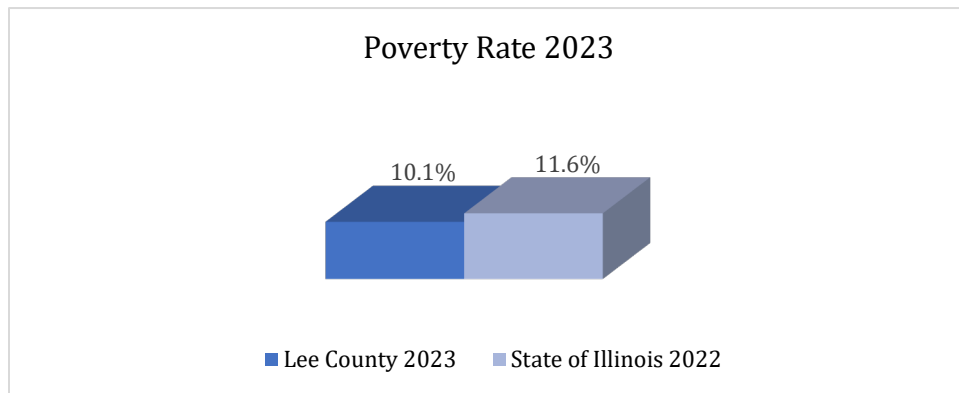


Source: Bureau of Labor Statistics

Individuals in Poverty

In Lee County, the percentage of individuals living in poverty was 10.1%, which is lower than the State of Illinois poverty rate (11.6%). Poverty significantly impacts the development of children and youth (Figure 12). The most recent available poverty rate data for the State of Illinois is from 2022.

Figure 12



Source: United States Census Bureau

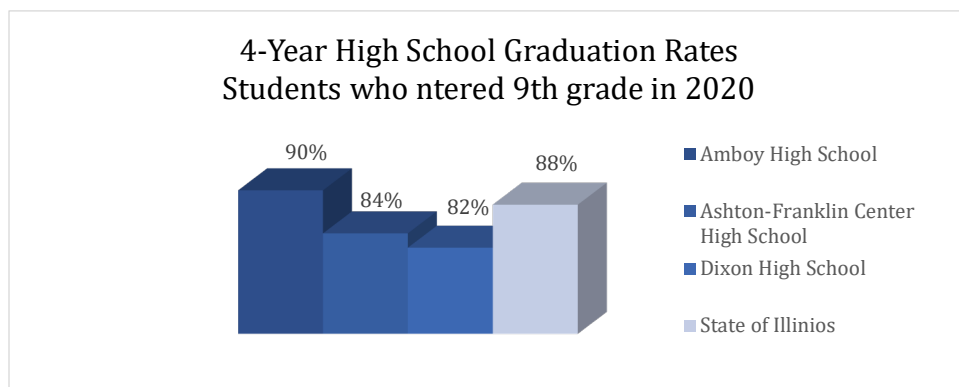
1.5 Education

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

High School Graduation Rates

In 2020, the Amboy High School (90%) district in Lee County reported high school graduation rates exceeding the State of Illinois average of 88%. Meanwhile, Ashton-Franklin Center High School (84%) and Dixon High School (82%) recorded lower graduation rates than the State of Illinois rate (Figure 13).

Figure 13

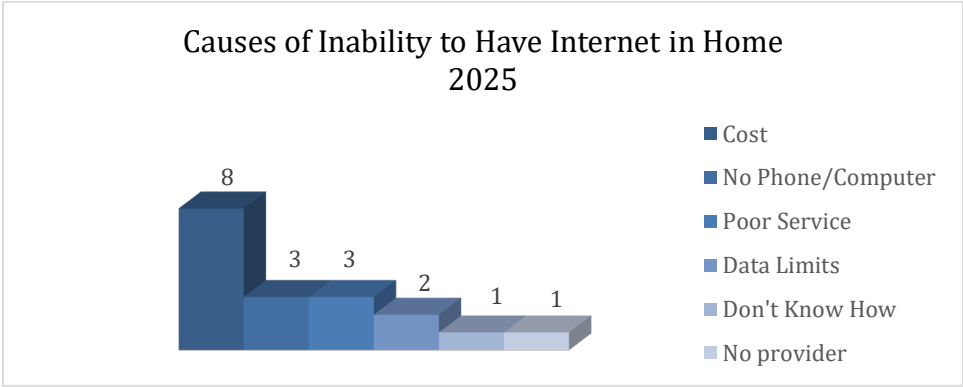


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of the respondents, 96% 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 due to the low number of responses.

Figure 14



Source: CHNA Survey



Social Drivers Related to Internet Access

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

- **Access to Internet** tends to be rated higher for younger people, those with higher education, and those with higher income.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSEHOLD REPRESENTS 27% 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

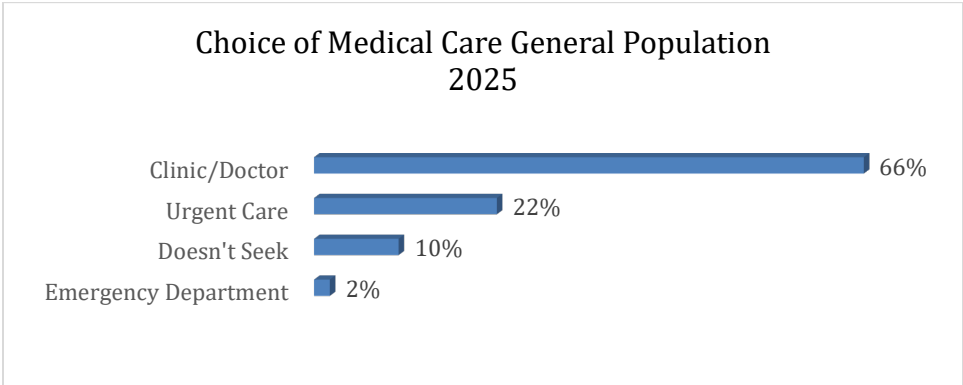
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility they used when sick. Four different options were presented: clinic or doctor’s office, urgent-care facility, did not seek medical treatment, and emergency department. The most common response for source of medical care was clinic/doctor’s office, chosen by 66% of survey respondents. This was followed by urgent care (22%), not seeking medical attention (10%), and the emergency department at a hospital (2%) (Figure 15).

Figure 15



Source: CHNA Survey



Social Drivers Related to Choice of Medical Care

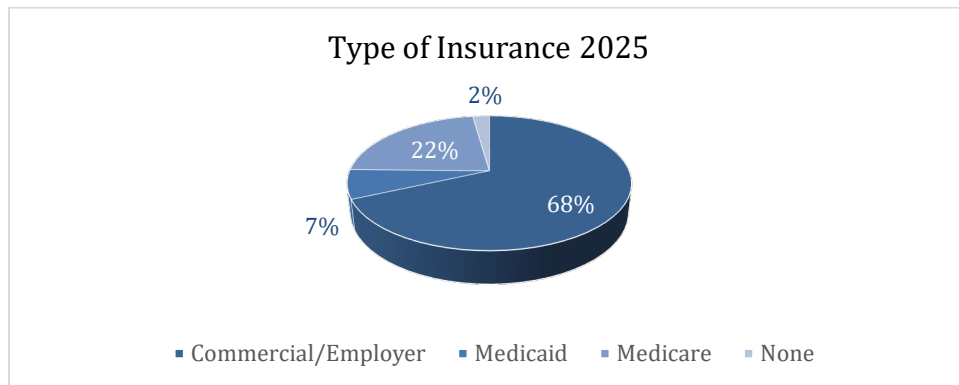
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses.

- **Clinic/Doctor's Office** tends to be used more often by older people.
- **Urgent Care** tends to be used more often by younger people.
- **Emergency Department** does not have any significant correlates.
- **Does Not Seek Medical Care** tends to be chosen more by men.

Insurance Coverage

According to survey data, 68% of the residents are covered by commercial/employer insurance, followed by Medicare (22%) and Medicaid (7%). Only 2% of respondents indicated they did not have any health insurance (Figure 16).

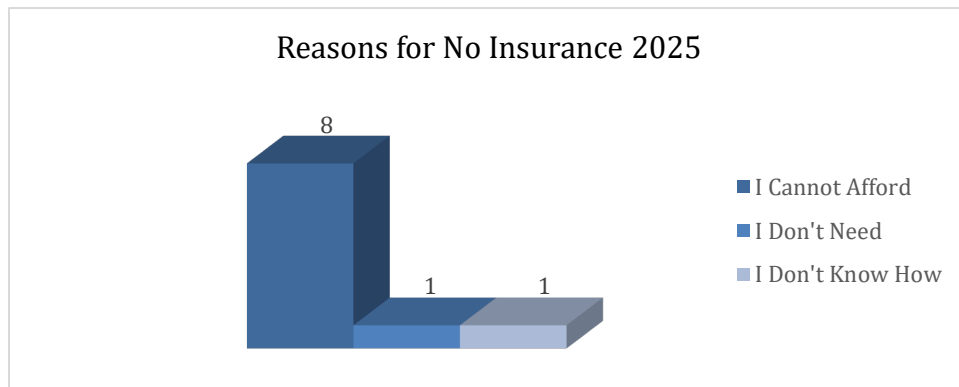
Figure 16



Source: CHNA Survey

Data from the survey show that for those 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



Social Drivers Related to Type of Insurance

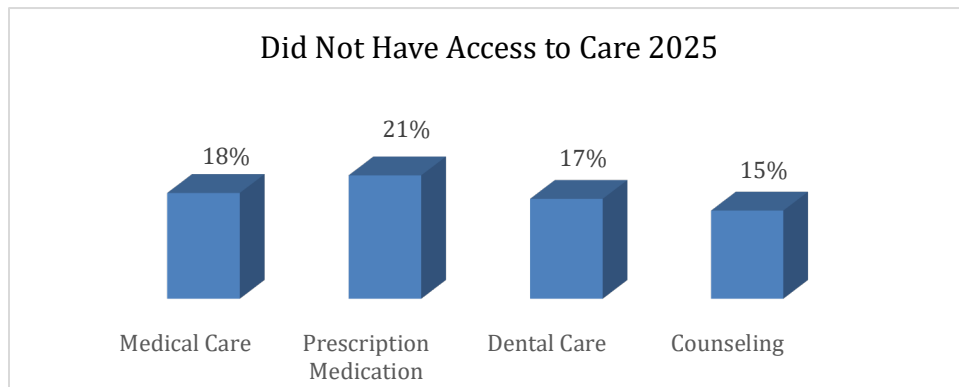
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses.

- **Medicare** tends to be used more frequently by older people, those with lower education, those with lower income, and those in an unstable housing environment.
- **Medicaid** tends to be used more frequently by those with lower education and those with lower income.
- **Private Insurance** is used more often by White people, those with higher education, and those with higher income. Private insurance is less often used by younger people and those in an unstable housing environment.
- **No Insurance** did not have any significant correlates.

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 18% of the population did not have access to medical care when needed; 21% did not have access to prescription medication when needed; 17% did not have access to dental care when needed; and 15% did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey



Social Drivers Related to Access to Care

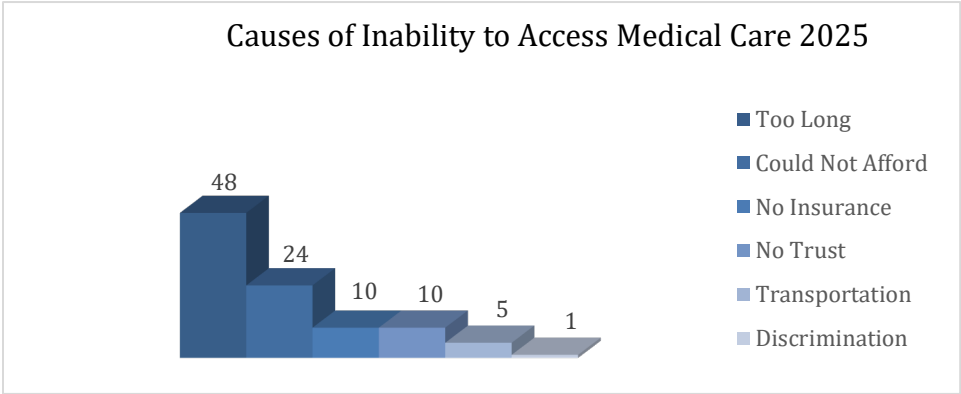
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses.

- **Access to medical care** tends to be rated higher for those with higher income. Access to medical care tends to be rated lower for those with an unstable housing environment.
- **Access to prescription medication** tends to be rated higher for those with higher income. Access to prescription medication tends to be rated lower for those with an unstable housing environment.
- **Access to dental care** tends to be rated higher those with higher education and those with higher income. Access to dental care tends to be rated lower by those with an unstable housing environment.
- **Access to counseling** did not have any signification correlates.

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. Based on frequencies, the leading causes of the inability to gain access to medical care were too long to wait for an appointment (48) and inability to afford the copay (24) (Figure 19).

Figure 19

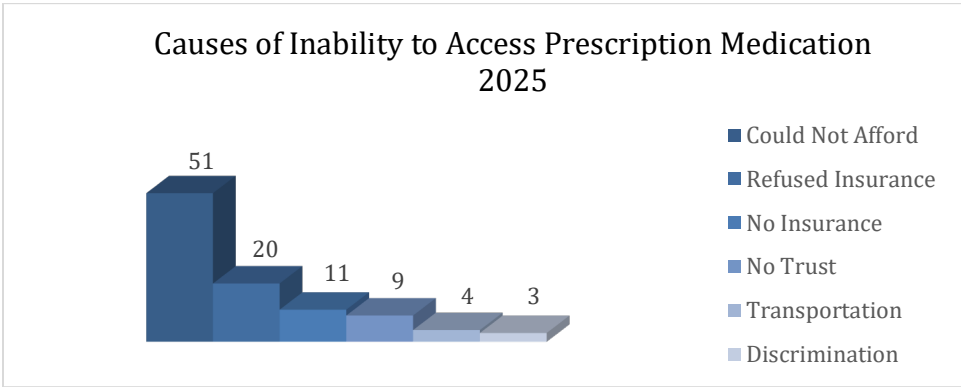


Source: CHNA Survey

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 (51) (Figure 20).

Figure 20

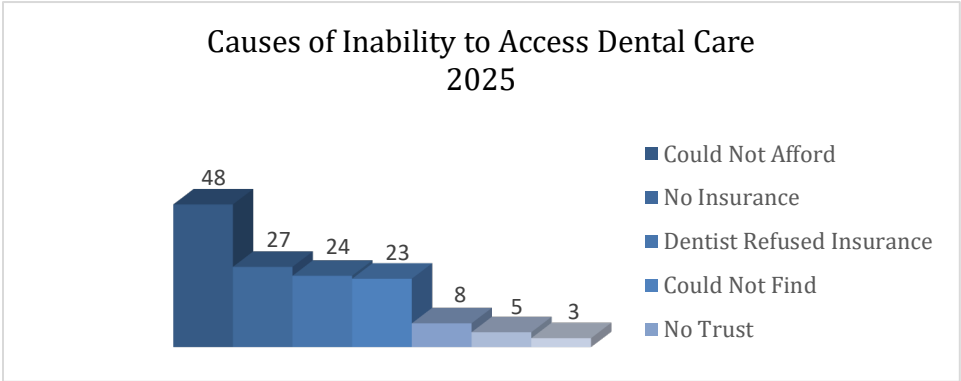


Source: CHNA Survey

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. Based on frequencies, the leading cause of the inability to gain access to dental care was the inability to afford copayments or deductibles (48) (Figure 21).

Figure 21

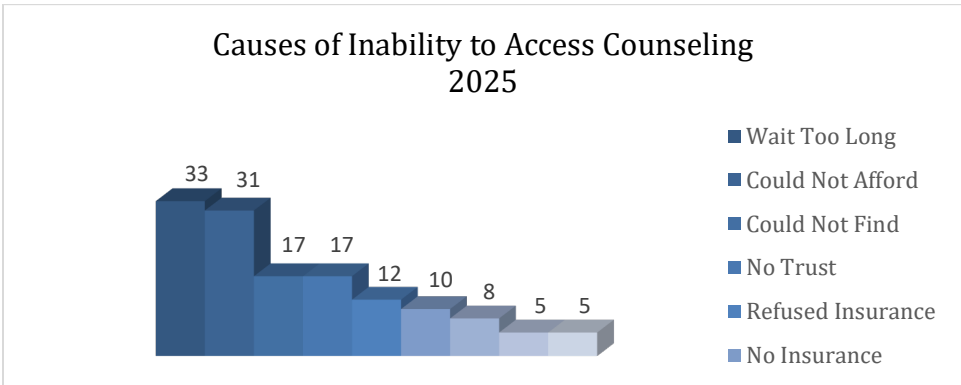


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to counseling were long waiting times (33) and the inability to afford copay or deductible (31) (Figure 22).

Figure 22



Source: CHNA Survey

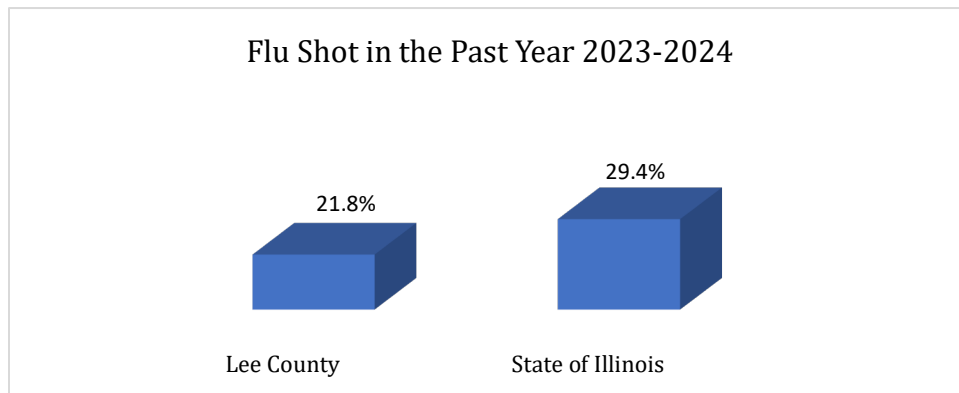
2.2 Wellness

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

Frequency of Flu Shots

Figure 23 shows that, from the period 2023 to 2024, 21.8% of people in Lee County received a flu shot. This vaccination percentage was lower than the State of Illinois average, standing at 29.4% (Figure 23).

Figure 23

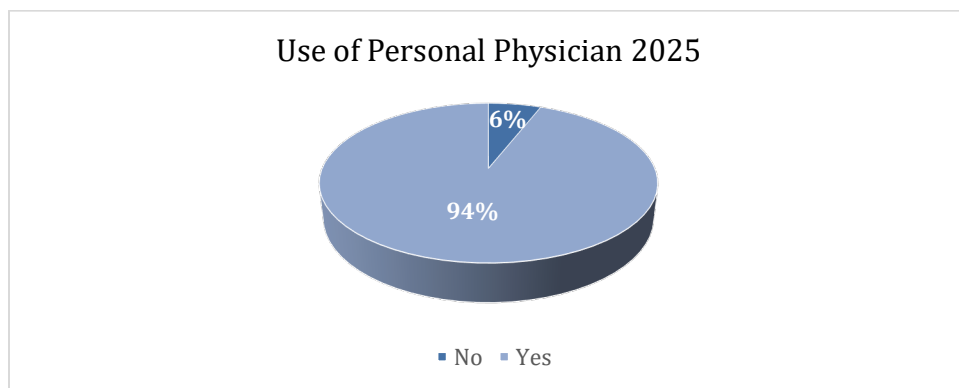


Source: Illinois Department of Public Health (IDPH)

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, 94% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey



Social Drivers Related to Having a Personal Physician

One characteristic shows a significant relationship with having a personal physician. The following relationship was found using correlational analyses.

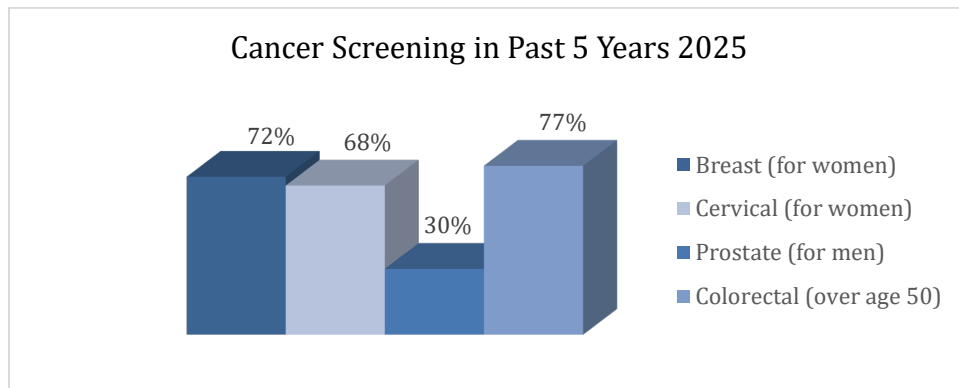
- **Having a personal physician** tends to be more likely for those with higher education.

Cancer Screening

Early detection of cancer can 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 and 68% had a cervical screening in the past five years. For men, 30% had a prostate screening in the past five years. For women and men over the age of 50, 77% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey



Social Drivers Related to Cancer Screenings

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

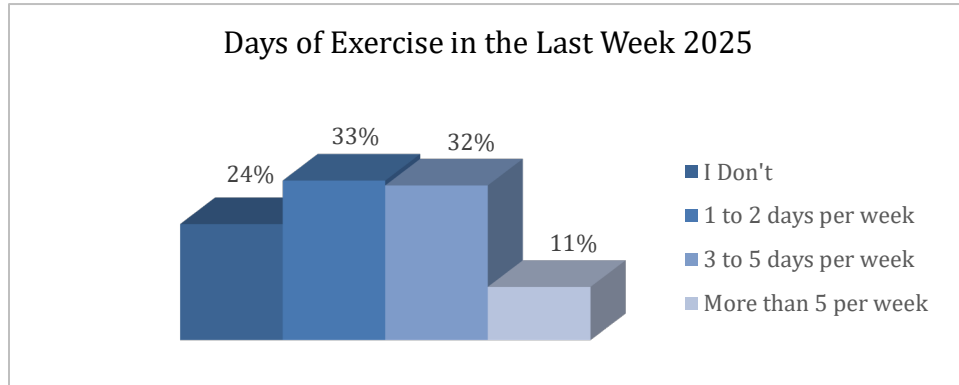
- **Breast screening** tends to be more likely for older women. Those women who are not White and women in an unstable housing environment are less likely to have a breast screening.
- **Cervical screening** tends to be less likely for older women.
- **Prostate screening** tends to be more likely for older men and White men.
- **Colorectal screening** tends to be more likely for older people. Those in an unstable housing environment are less likely to have a colorectal screening.

Physical Exercise

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

Specifically, 24% of respondents indicated that they do not exercise at all, while the majority (65%) of residents exercise 1-5 times per week (Figure 26).

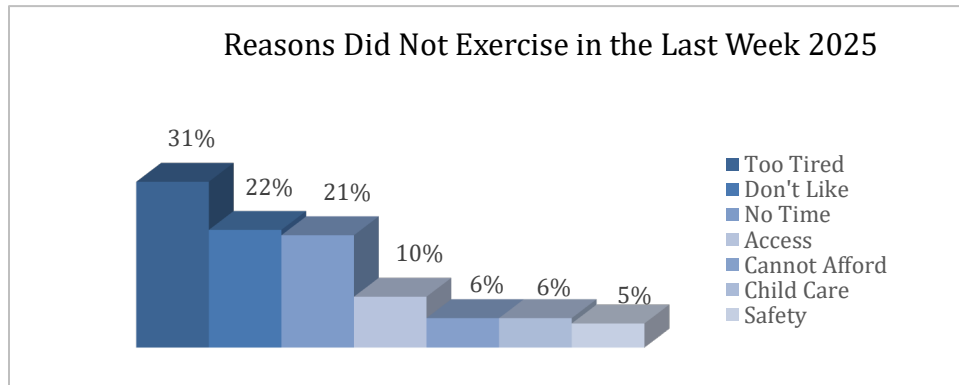
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are not having enough energy (31%), a dislike of exercise (22%), and not having enough time (21%) (Figure 27).

Figure 27



Source: CHNA Survey



Social Drivers Related to Exercise

There were not any characteristics that show significant relationships with the frequency of exercise.

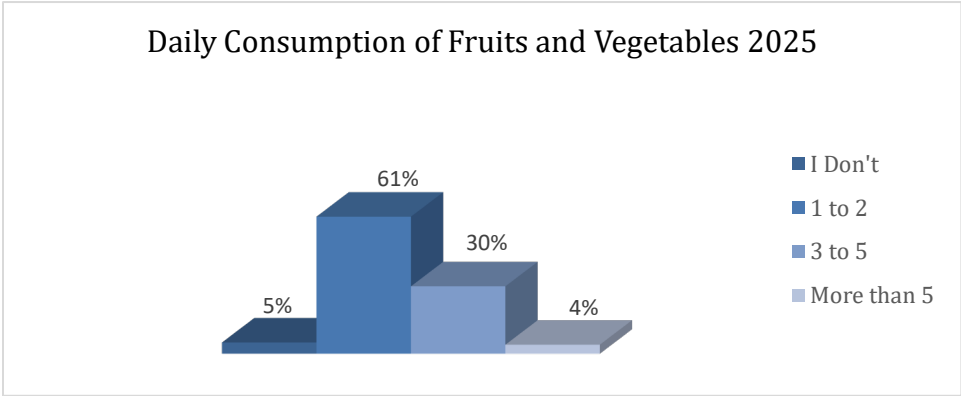
- **Frequency of exercise** did not have any significant correlates.

Healthy Eating

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

Almost two-thirds (66%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables. Notably, only 4% of residents consume five or more servings per day (Figure 28).

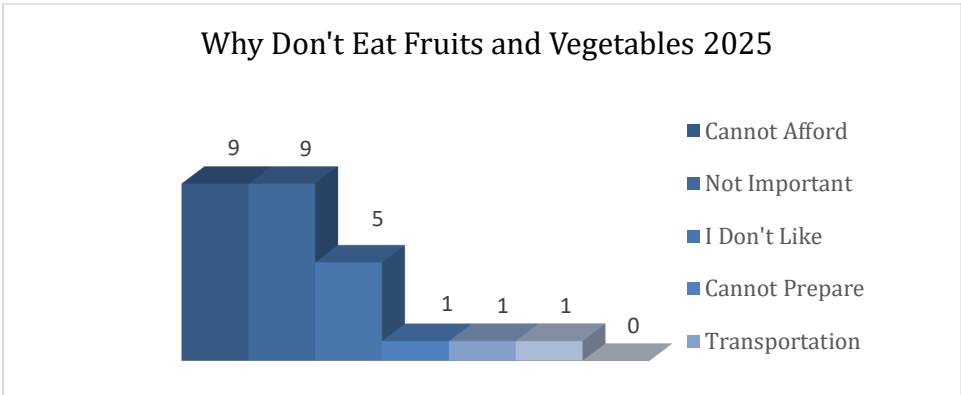
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The most frequently given reasons for failing to eat more fruits and vegetables were cannot afford (9), a lack of perceived importance (9), and dislike of fruits and vegetables (5) (Figure 29). Note that these data are displayed in frequencies rather than percentages due to the low number of responses.

Figure 29



Source: CHNA Survey

Social Drivers Related to Healthy Eating

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

- **Consumption of fruits and vegetables** tends to be more likely for women and older people.

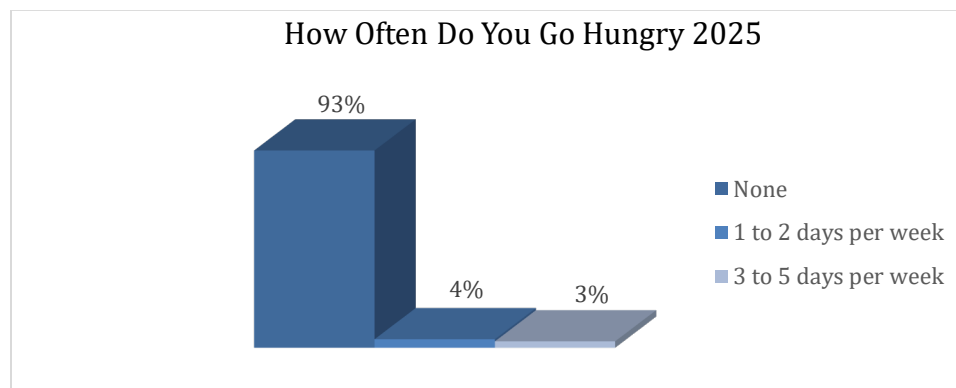
2.3 Understanding Food Insecurity

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, 4% indicated they go hungry 1-2 days per week and 3% indicated they go hungry 3 to 5 days per week (Figure 30).

Figure 30



Source: CHNA Survey



Social Drivers Related to Prevalence of Hunger

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

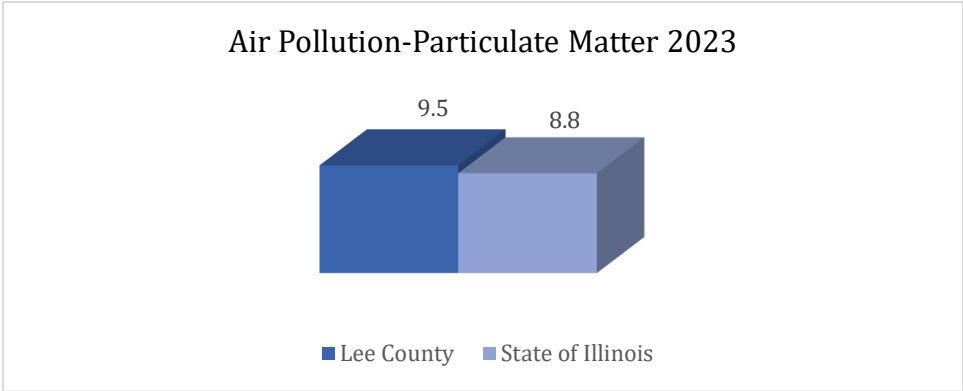
- **Prevalence of hunger** tends to be more likely for those in an unstable housing environment. It is less likely for women, White people, those with higher education, and those with higher income.

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for Lee County (9.5) is slightly higher than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

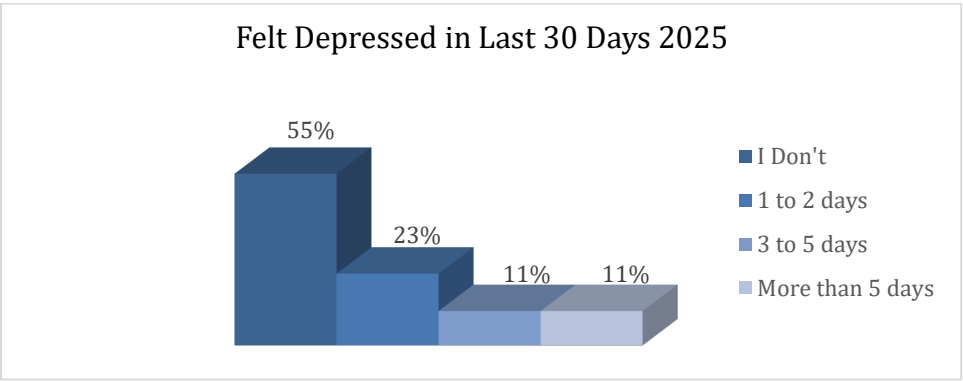
2.5 Health Status

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

Mental Health

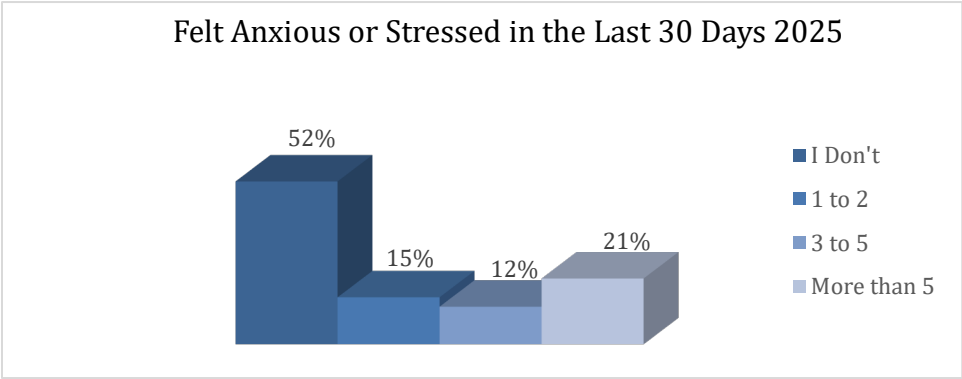
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of the respondents, 55% indicated they did not feel depressed in the last 30 days (Figure 32) and 52% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

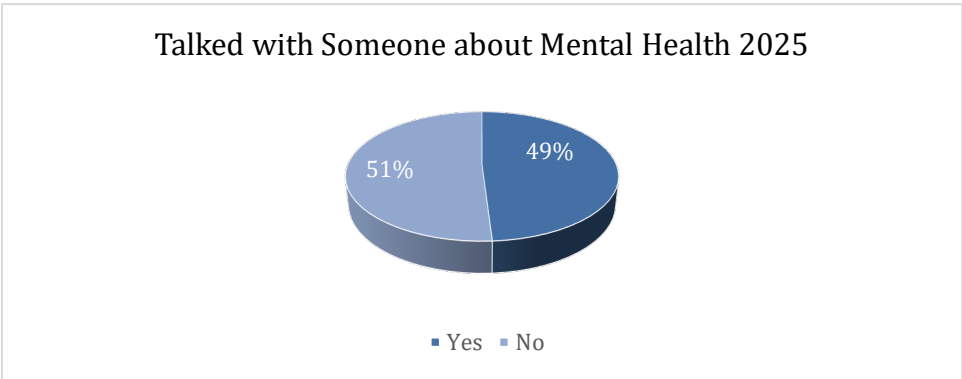
Figure 33



Source: CHNA Survey

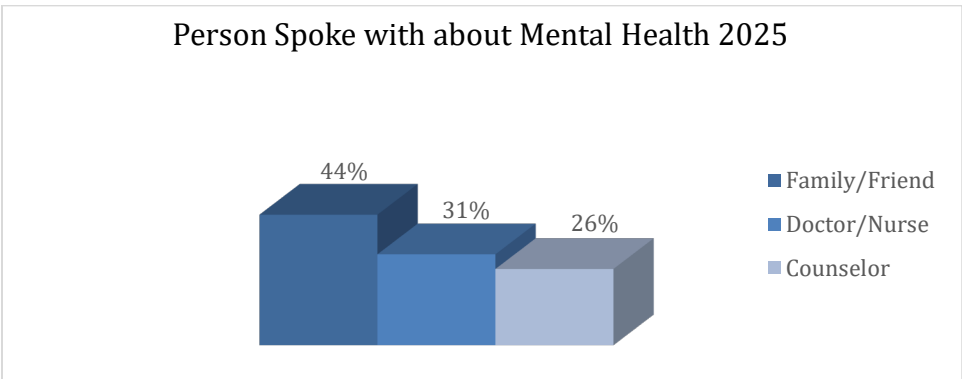
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of the respondents, 49% indicated that they spoke to someone (Figure 34), with the most common response was a family member or friend (44%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

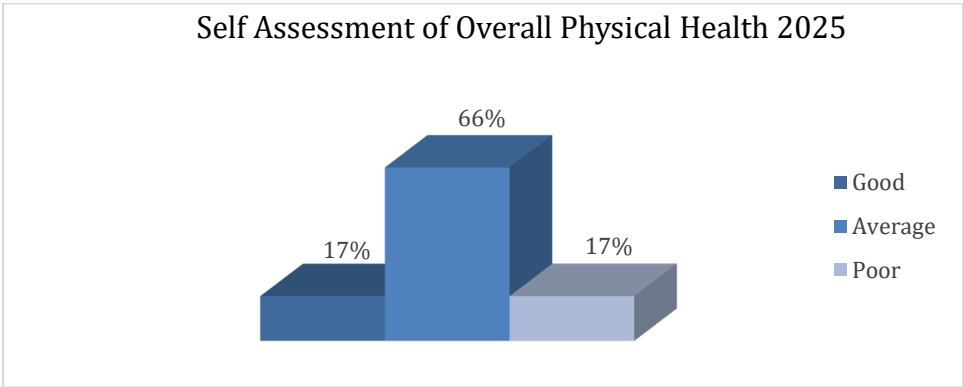
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses.

- **Depression** tends to be rated higher for those in an unstable housing environment. Depression tends to be rated lower for those with higher income.
- **Stress and anxiety** tend to be rated higher for women and those in an unstable housing environment. Stress and anxiety tend to be rated lower by those who are older.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 17% of respondents reported having poor overall physical health (Figure 36).

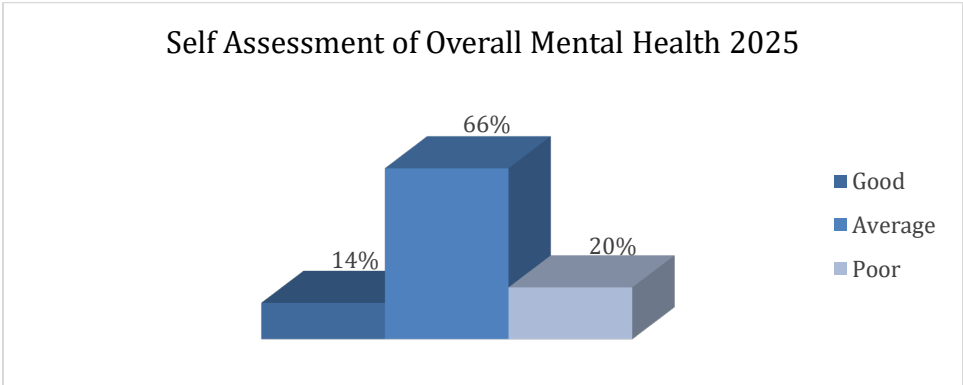
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 20% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey



Social Drivers Related to Self-Perceptions of Health

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

- **Perceptions of physical health** tend to be lower for those with an unstable housing environment.
- **Perceptions of mental health** tend to be higher for those who are older. Perceptions of mental health tend to be lower for those with an unstable housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ LACK OF ACCESS TO MEDICAL CARE (18%), PRESCRIPTION MEDICATION (21%), DENTAL CARE (17%) AND COUNSELING (15%) WHEN NEEDED IS RELATIVELY HIGH.
- ✓ UTILIZATION OF URGENT CARE (22%) AND PEOPLE NOT SEEKING MEDICAL CARE (10%) IS COMPARATIVELY HIGH.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST, CERVICAL, AND COLORECTAL SCREENING.
- ✓ EXERCISE AND HEALTHY EATING RATES IN THE PAST THREE YEARS HAVE BEEN LOW.
- ✓ 7% OF RESPONDENTS HAVE GONE HUNGRY AT LEAST ONE DAY A WEEK.
- ✓ ALMOST HALF OF THE POPULATION FELT DEPRESSED IN THE PAST 30 DAYS.
- ✓ 20% OF RESONDENTS INDICATE THEY HAVE POOR OVERALL MENTAL HEALTH.

CHAPTER 3 OUTLINE

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

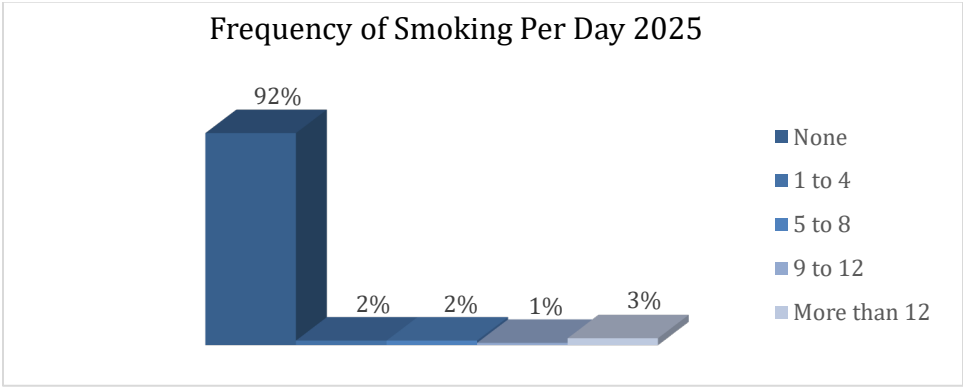
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

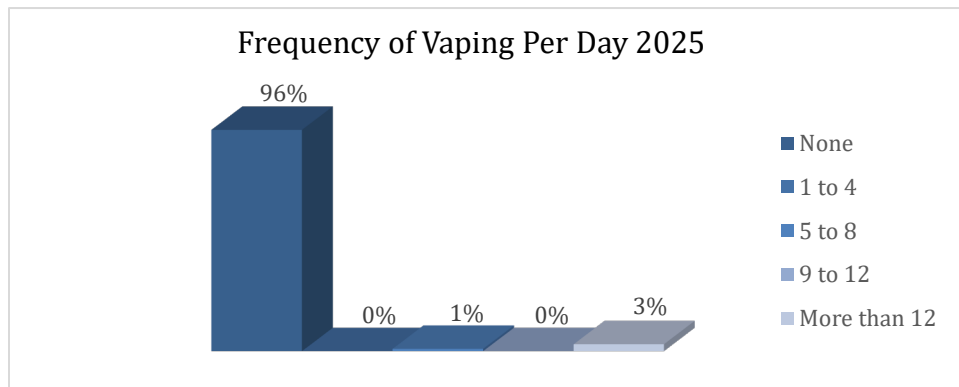
CHNA survey data show 92% of respondents do not smoke, and only 3% state they smoke more than 12 times per day (Figure 38). The percentage of those who state they vape on a daily basis is 4% and 3% vape more than 12 times per day (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey



Social Drivers Related to Smoking or Vaping

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

- **Smoking** tends to be rated higher by those in an unstable housing environment. Smoking is rated lower by those with higher education.
- **Vaping** tends to be rated higher by those in an unstable housing environment. Vaping tends to be rated lower by those who are older.

3.2 Drug and Alcohol Use

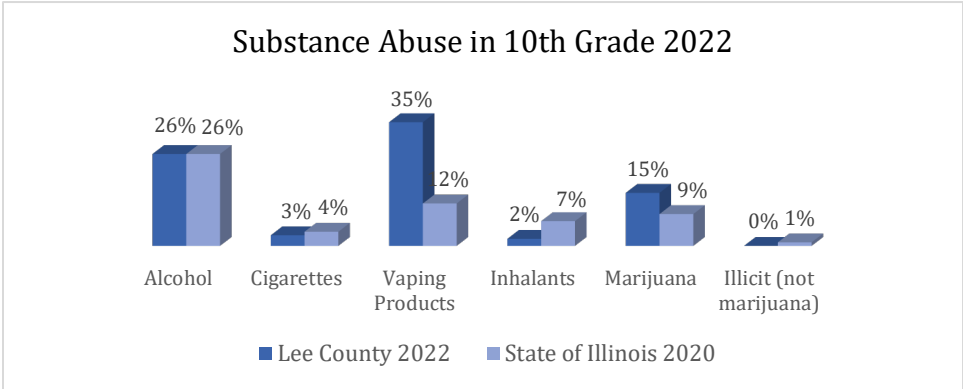
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – including inhalants) among adolescents. Lee County data is reported for 2022, while State of Illinois data is reported for 2020. From the chart below, Lee County falls below or at the State of Illinois averages for alcohol, cigarettes, inhalants, and illicit drugs. However, Lee County reported significantly higher than State of Illinois averages for vaping products and marijuana among 10th graders (Figure 40).

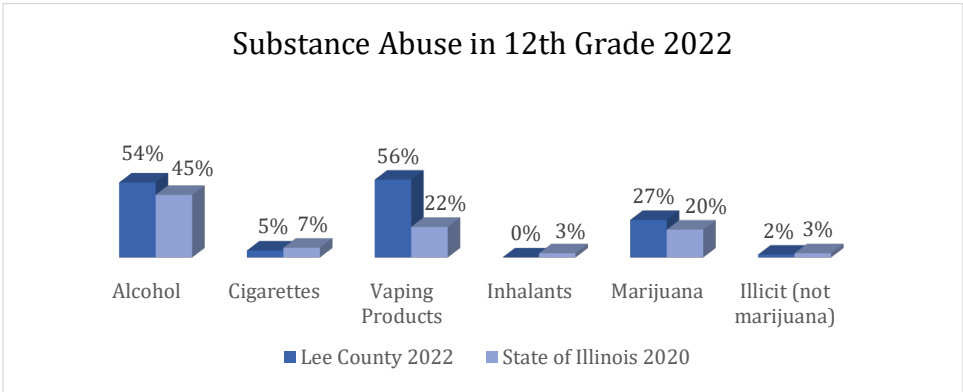
Among 12th graders, the most recent data available for Lee County is 2022 and the State of Illinois data is from 2020. These data show Lee County levels are significantly higher than State of Illinois averages in alcohol, vaping products, and marijuana. Lee County levels are lower for cigarettes, inhalants, and illicit drugs (Figure 41).

Figure 40



Source: University of Illinois Center for Prevention Research and Development

Figure 41

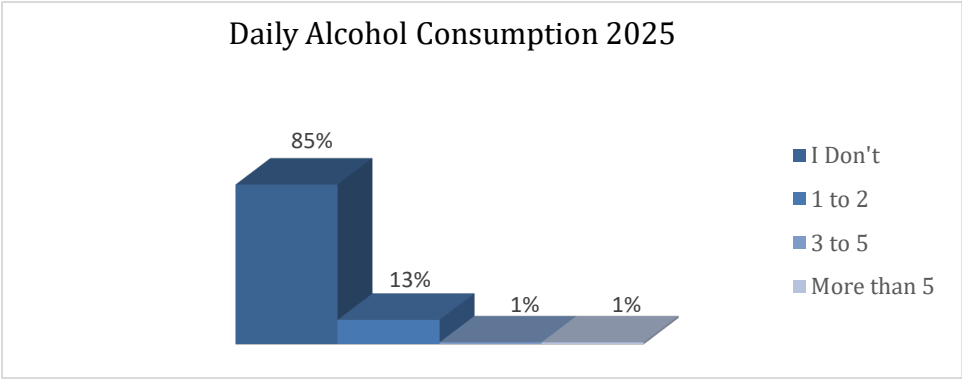


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

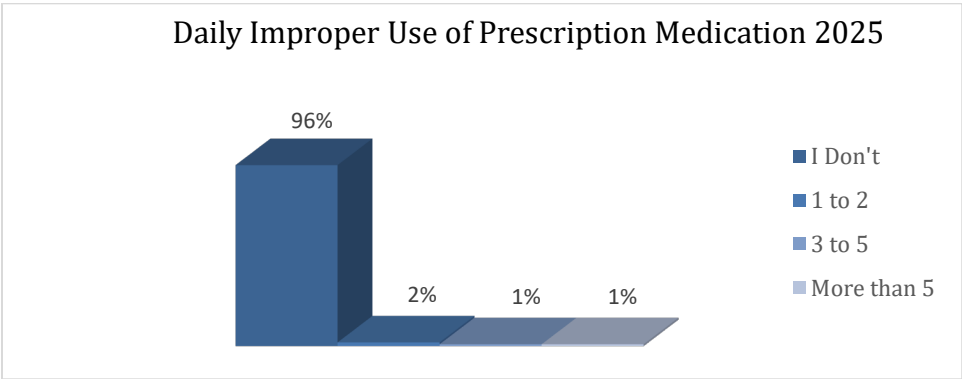
The CHNA survey asked respondents to indicate their usage of several substances. Of respondents, 85% indicated they did not consume alcohol on a typical day (Figure 42). Additionally, 96% indicated they do not take prescription medication improperly, including opioids, on a typical day (Figure 43). Furthermore 94% indicated they do not use marijuana on a typical day (Figure 44), and 99% indicated they do not use illegal substances on a typical day (Figure 45).

Figure 42



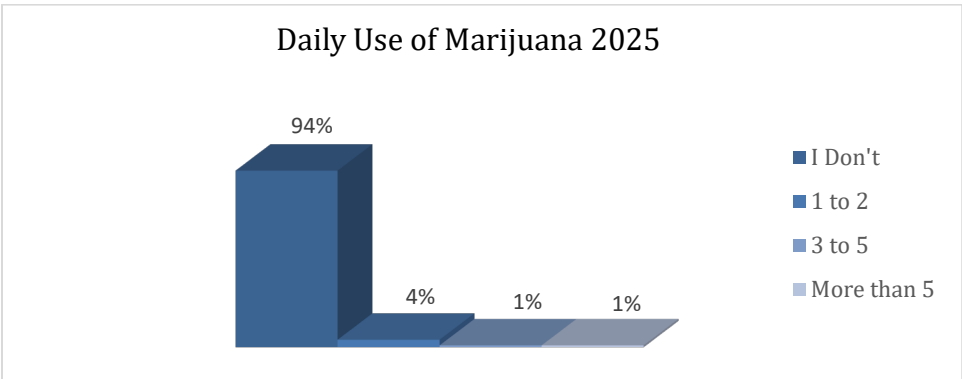
Source: CHNA Survey

Figure 43



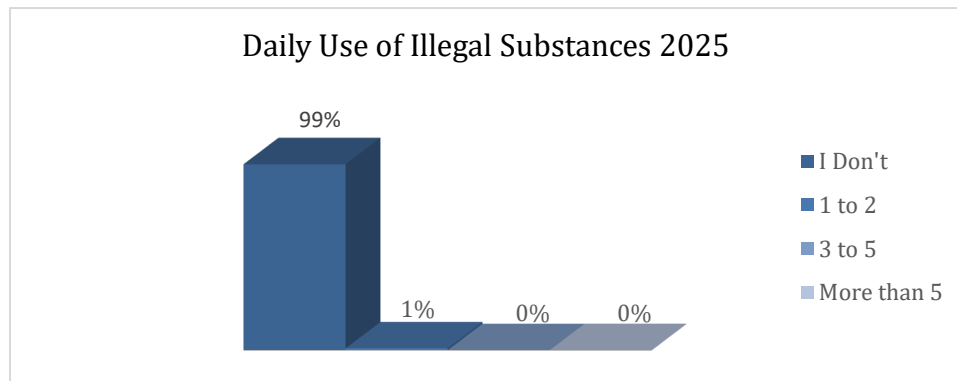
Source: CHNA Survey

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey



Social Drivers Related to Substance Use

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

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

3.3 Obesity

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

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

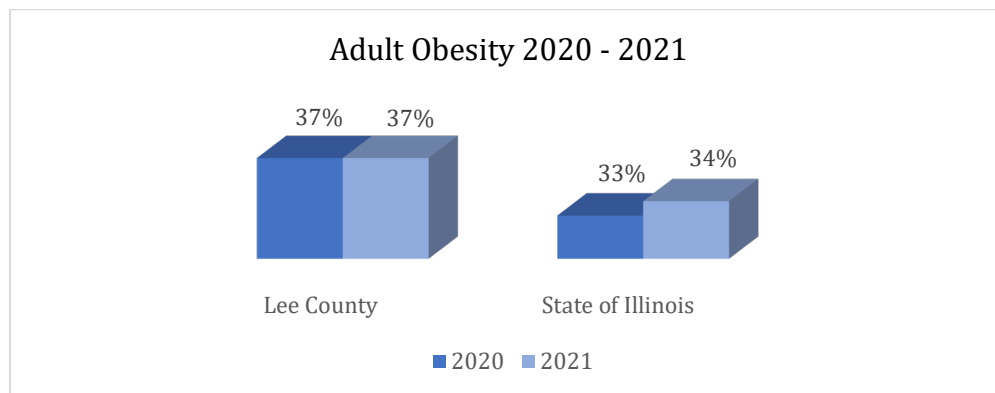
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times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

In Lee County, the number of people diagnosed with obesity has remained steady from 2020 to 2021. Note specifically that the percentage of obese people is 37%.

Obesity rates in Illinois slightly increased over the years from 2020 to 2021. Note specifically that the percentage of obese people has increased from 33% to 34% (Figure 46). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m² (age-adjusted).

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

Figure 46

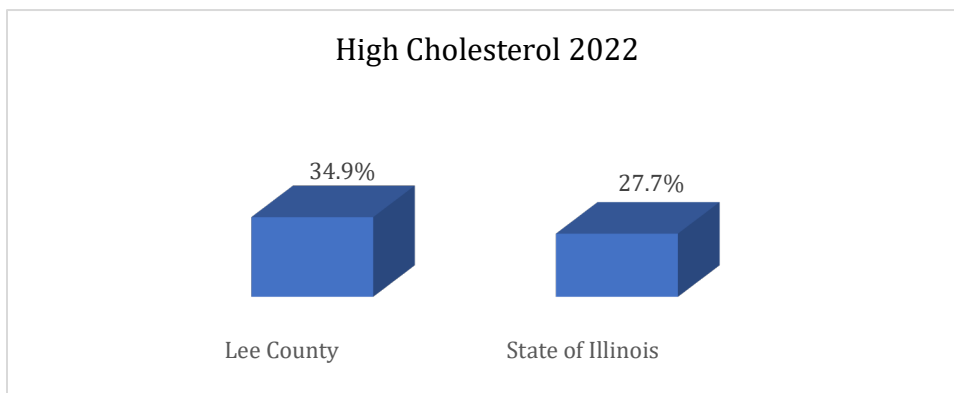


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Lee County report a higher prevalence of high cholesterol compared to the State of Illinois average. The percentage of residents who report they have high cholesterol in Lee County (34.9%) compared to the State of Illinois average of 27.7% (Figure 47).

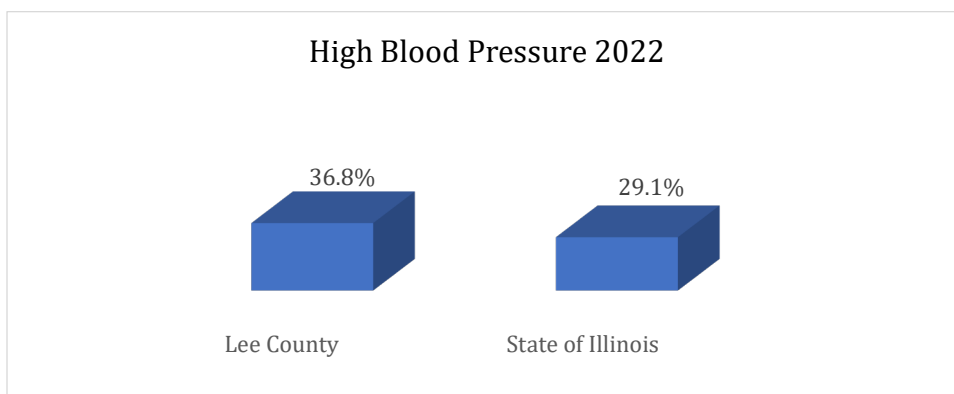
Figure 47



Source: Stanford Data Commons

With regard to high blood pressure, Lee County has a higher percentage of residents with high blood pressure (36.8%) compared to the State of Illinois average (29.1%) (Figure 48).

Figure 48



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ VAPING PRODUCTS AND MARIJUANA USE AMONG 10TH GRADERS IS SIGNIFICANTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ ALCOHOL, VAPING PRODUCTS, AND MARIJUANA USE AMONG 12TH GRADERS IS SIGNIFICANTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE IS HIGHER THAN THE STATE OF ILLINOIS AVERAGES.
- ✓ RISK FACTORS FOR HEART DISEASE ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ 4% OF SURVEY RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION, INCLUDING OPIOIDS, ON A DAILY BASIS.

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 Injuries
- 4.8 Mortality
- 4.9 Key Takeaways from Chapter 4

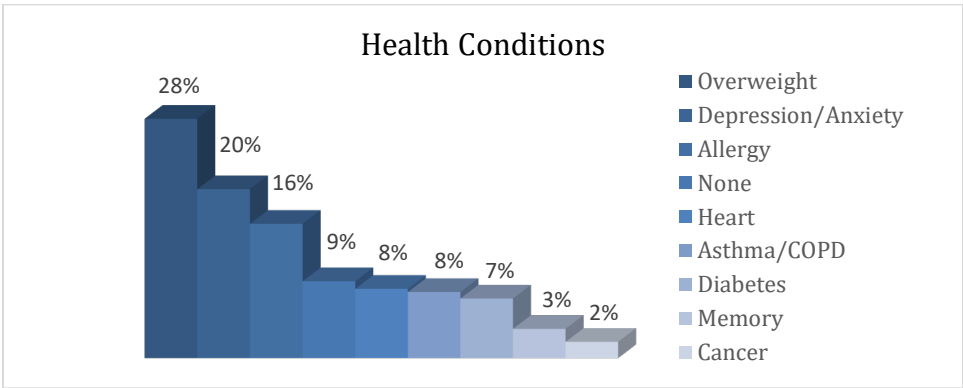
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Notably, being overweight (28%) was significantly higher than any other reported health condition, followed by depression/anxiety (20%). Often percentages for self-identified data are lower than secondary data sources (Figure 49).

Figure 49



Source: CHNA Survey

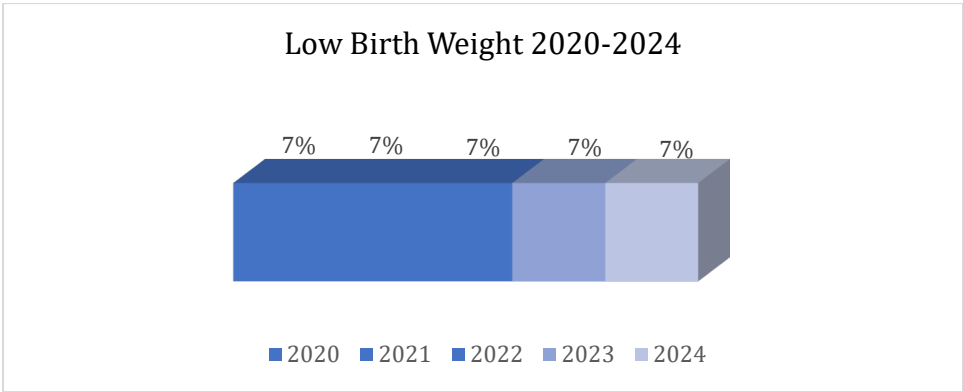
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams (5.5 pounds). Very low birth weight rate is defined as the percentage of infants born below 1,500 grams (3.3 pounds). In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Lee County has remained relatively constant at 7% over the period from 2020 to 2024 (Figure 50).

Figure 50



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

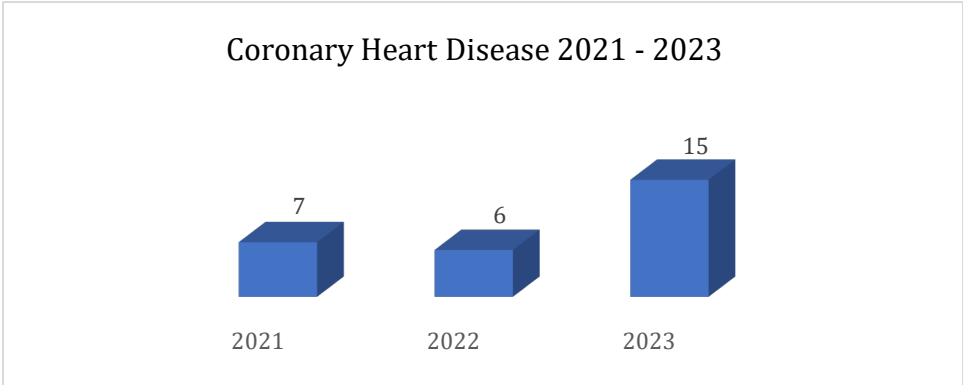
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Heart Disease

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

The number of cases of coronary atherosclerosis complications at Lee County area hospitals have had an overall increase from 7 in 2021 to 15 in 2023 (Figure 51).

Figure 51

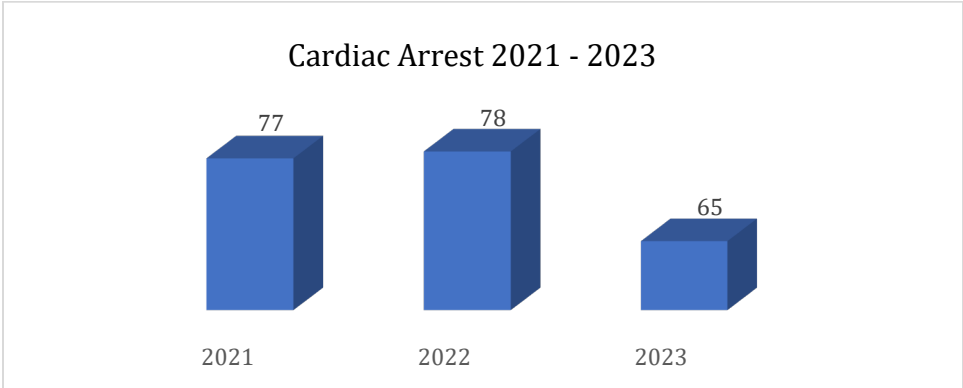


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Lee County area hospitals increased from 77 in 2021 to 78 in 2022, then decreased to 65 in 2023 (Figure 52).

Figure 52

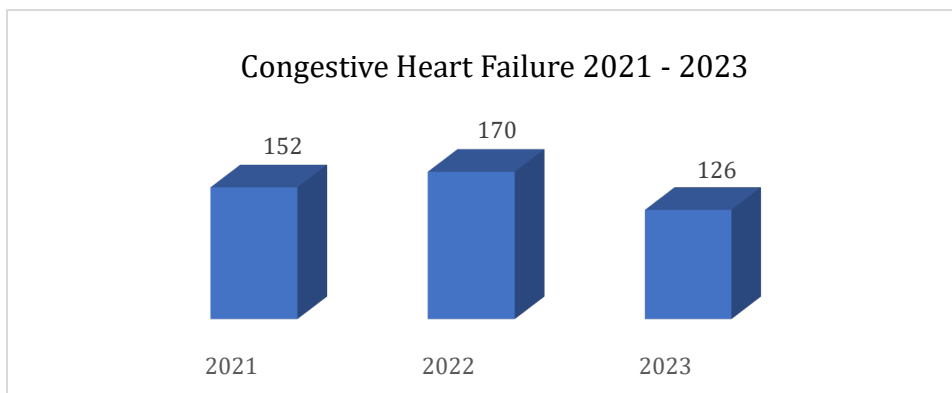


Source: COMPdata Informatics

Heart Failure

The number of heart failure treated patients at Lee County area hospitals increased from 152 in 2021 to 170 in 2022, then decreased to 126 in 2023 (Figure 53).

Figure 53

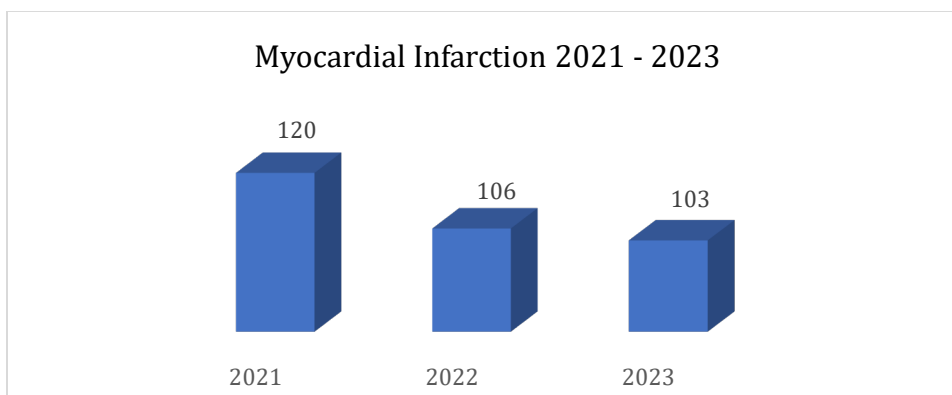


Source: COMPdata Informatics

Myocardial Infarction

The number of cases treated for myocardial infarction at area hospitals in Lee County decreased from 120 in 2021 to 103 in 2023 (Figure 54).

Figure 54

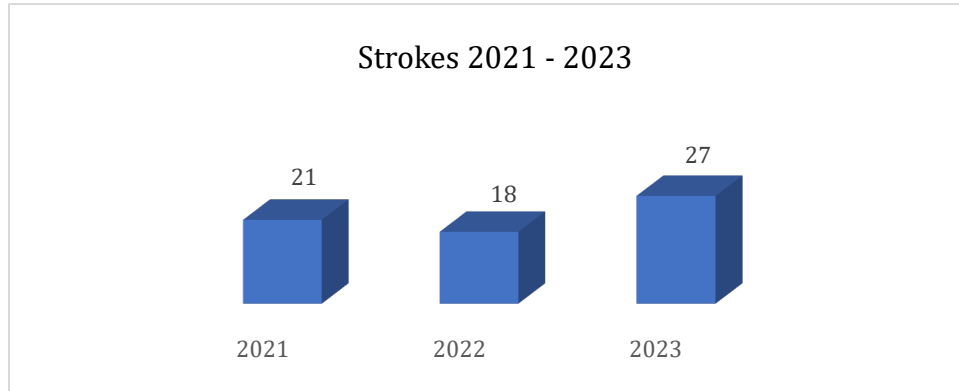


Source: COMPdata Informatics

Strokes

The number of stroke cases treated at Lee County area hospitals fluctuated between 2021 and 2023. Cases decreased from 21 in 2021 to 18 in 2022. The number of cases then increased to 27 in 2023 (Figure 55).

Figure 55



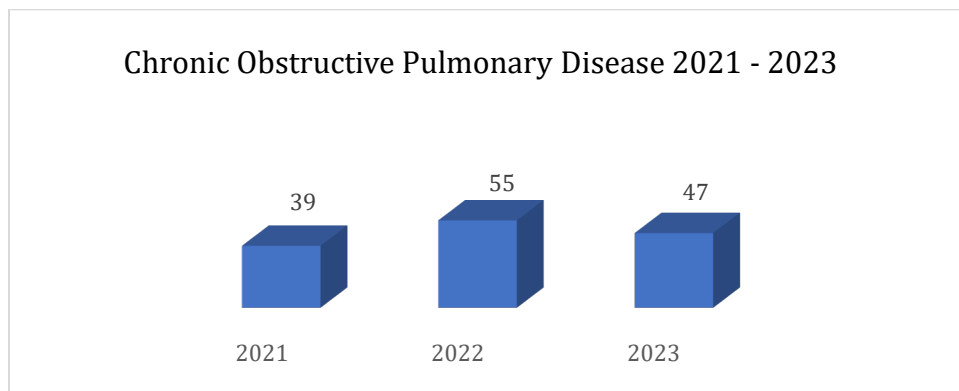
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Lee County area hospitals increased from 39 in 2021 to 55 in 2022, then decreased to 47 in 2023 (Figure 56).

Figure 56



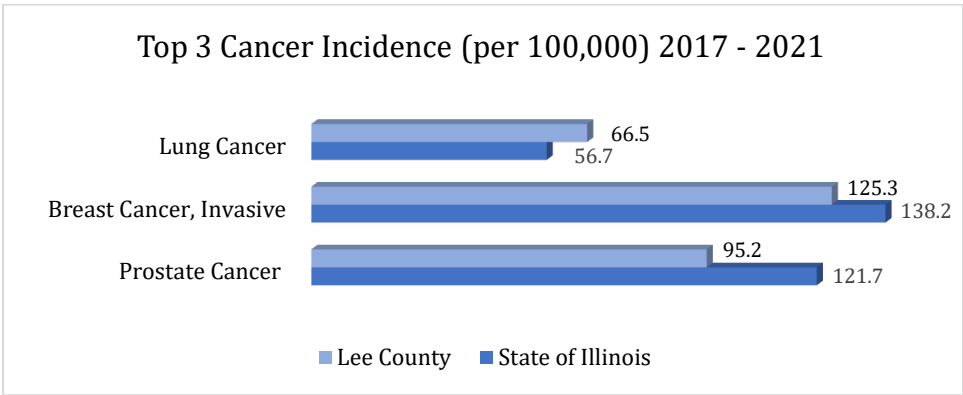
Source: COMPdata Informatics

4.5 Cancer

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

For the top three prevalent cancers in Lee County, comparisons are illustrated in the graph that follows (Figure 57). Specifically, lung cancer rates are higher than the State of Illinois average, while breast cancer and prostate cancer rates are lower than the State of Illinois average. Note that 2021 is the most recent year of data.

Figure 57



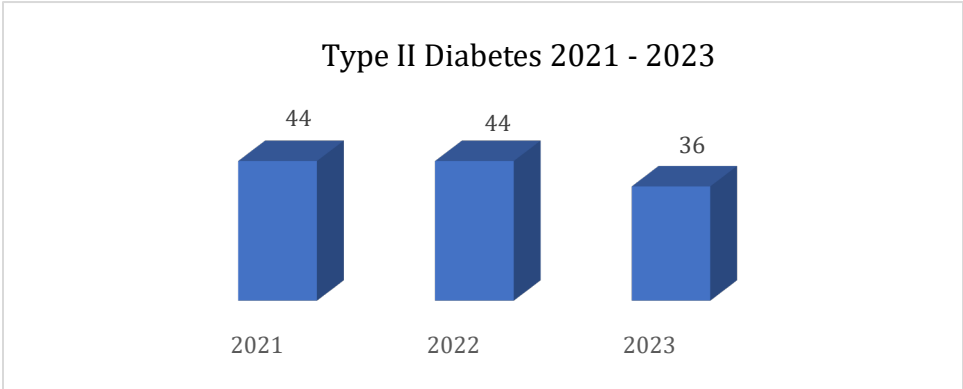
Source: Illinois Department of Public Health

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Lee County have decreased between 2021 (44 cases) and 2023 (36 cases) (Figure 58).

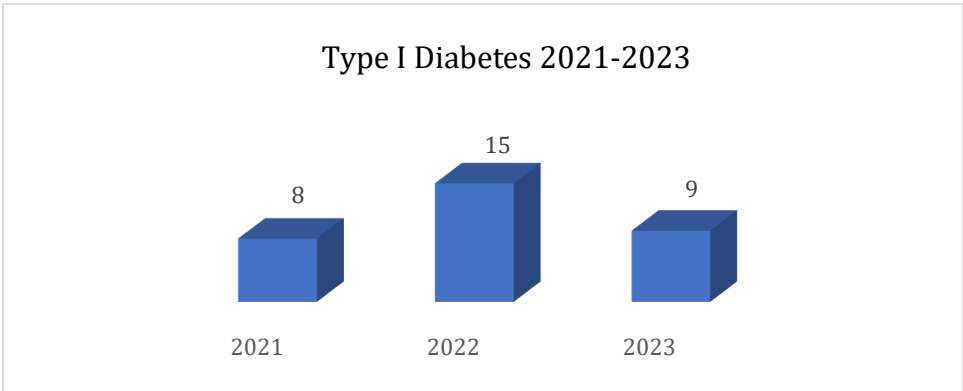
Figure 58



Source: COMPdata Informatics

Inpatient cases of Type I diabetes in Lee County show a slight overall increase from 2021 to 2023 with a spike in 2022 (Figure 59). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 59



Source: COMPdata Informatics

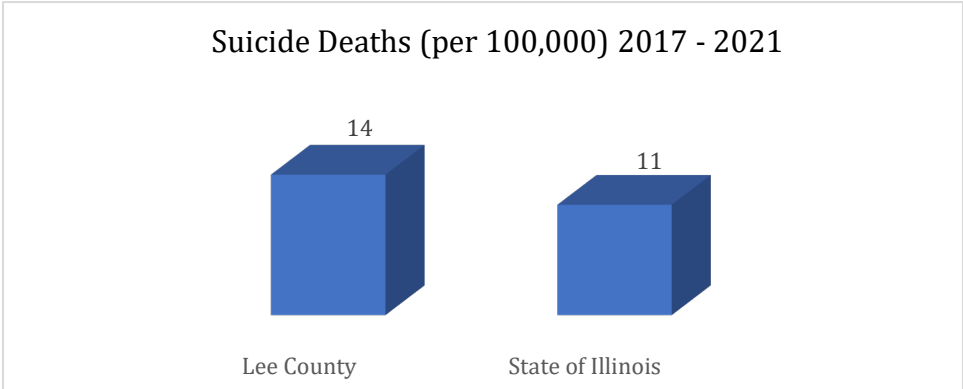
4.7 Injuries

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

Suicide

The number of suicides in Lee County indicates a higher incidence compared to the State of Illinois averages, with approximately 14 per 100,000 people in Lee County from 2017 to 2021 (Figure 60).

Figure 60



Source: Illinois Department of Public Health

4.8 Mortality

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

The leading causes of death in the State of Illinois and Lee County are similar as a percentage of total deaths in 2022. Diseases of the heart are the cause of 25.1% of deaths, cancer is the cause of 20.2% of deaths, and COVID-19 is the cause of 4.1% of deaths in Lee County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois, 2022		
Rank	Lee County	State of Illinois
1	Diseases of Heart (25.1%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (20.2%)	Malignant Neoplasm (19.2%)
3	COVID-19 (4.1%)	Accidents (6.1%)
4	Stroke (4.1%)	COVID-19 (5.8%)
5	Cerebrovascular Disease (4.1%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ OVERWEIGHT TOPS THE LIST OF SELF-IDENTIFIED HEALTH ISSUES, FOLLOWED BY DEPRESSION/ANXIETY.
- ✓ LUNG CANCER RATES ARE SLIGHTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY.

CHAPTER 5 OUTLINE

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

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

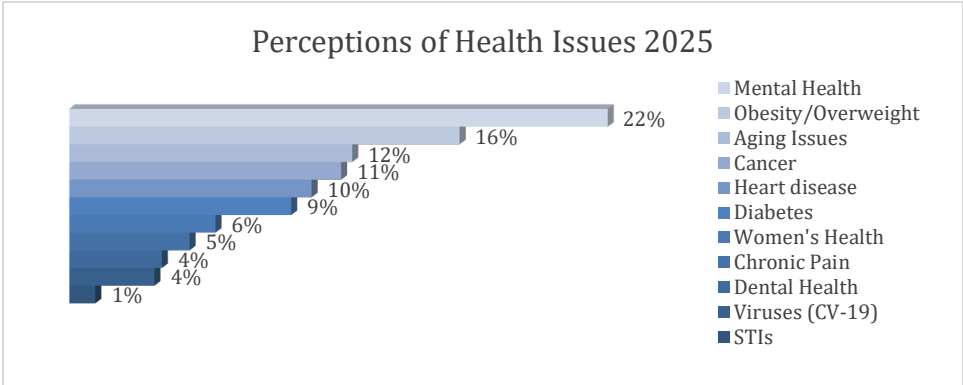
5.1 Perceptions of Health Issues

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

The highest-rated health issues were mental health (22%) and obesity (16%) (Figure 61).

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

Figure 61

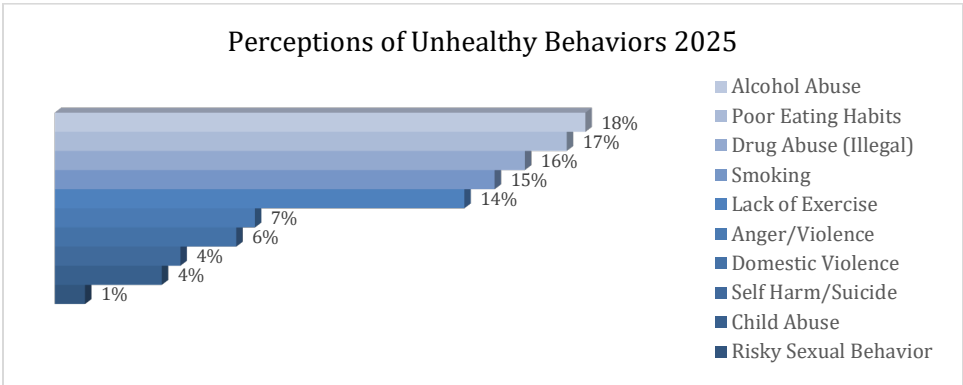


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behaviors are alcohol abuse (18%), poor eating habits (17%), drug abuse (illegal) (16%), smoking (15%), and lack of exercise (14%) (Figure 62).

Figure 62



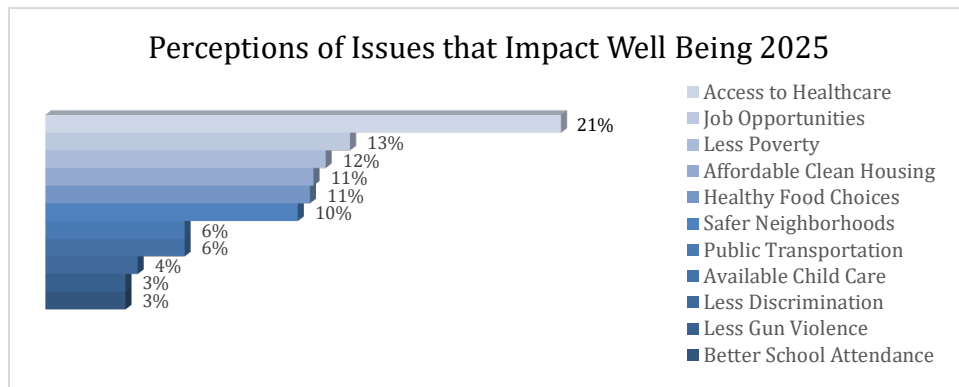
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The highest-rated issue impacting well-being was access to healthcare (21%) (Figure 63). Access to healthcare was significantly higher than other categories based on t-tests between sample means.

Figure 63



Source: CHNA Survey

5.4 Summary of Community Health Issues

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

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

- Population decreased
- Population over age 65 increased
- Single female head-of-household represents 27% of the population

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

- Not seeking medical care
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

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

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

- Overweight and depression/anxiety
- Lung cancer
- Suicide
- Heart disease and cancer are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

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

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

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 7 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 4. RESOURCE MATRIX relating to the 7 health-related issues.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies, and area hospitals/clinics. A detailed list of community resources and descriptions appears in APPENDIX 5. 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 6: PRIORITIZATION METHODOLOGY), the collaborative team identified two significant health needs and considered them equal priorities:

- **Behavioral Health – Mental Health**
- **Access to Healthcare**

BEHAVIORIAL HEALTH – MENTAL HEALTH

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 45% indicated they felt depressed in the last 30 days and 48% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by those with lower income and those living in an unstable housing environment. Stress and anxiety tend to be rated higher for younger people, women, and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents, 49% indicated that they spoke to someone, the most common response was to family/friends (44%). In regard to self-assessment of overall mental health, 20% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue (22%).

ACCESS TO HEALTHCARE

PRIMARY SOURCE OF HEALTHCARE. The CHNA survey asked respondents to identify their primary source of healthcare. Four different options were presented: clinic or doctor's office, urgent-care facility, did not seek medical treatment, and emergency department. The most common response for source of medical care was clinic/doctor's office, chosen by 66% of survey respondents. This was followed by urgent care (22%), not seeking medical attention (10%), and the emergency department at a hospital (2%). Note that not seeking healthcare when needed is more likely to be selected by men. Selection of an emergency department as the primary source of healthcare did not have any significant correlates.

ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATION, DENTAL CARE, AND MENTAL-HEALTH COUNSELING. In the CHNA survey, respondents were asked, "In the past year, 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 showed that 18% of the population did not have access to medical care when needed; 21% did not have access to prescription medication when needed; 17% did not have access to dental care when needed; and 15% did not have access to counseling when needed. The leading causes of not getting access to care when needed were cost and too long of a wait.

III. APPENDICES

APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM

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

John Bowser serves as Director of Finance of OSF HealthCare Saint Katharine Medical Center in Dixon and OSF HealthCare Saint Luke Medical Center in Kewanee. He holds a Bachelor of Business in Finance from Western Illinois University and an MBA in business administration from Illinois State University.

Rich Boysen was born and raised in Chicago, IL. Earned Mechanical Engineering degree from University of Illinois (1974). Predominantly worked in the Printing Industry. Retired as General Manager of Dixon Direct in 2017. KSB Hospital Board Member and Finance Committee Chairman.

Pastor Michael Cole began a ministry/church in Dixon, IL. November of 1992. The Worship Center Ministries is still affecting lives for Christ for 33 years. Pastor Cole is also the lead Shepherd at the Dixon Church of the Brethren since 2022. He continued his education for 3 years at Judson University, Elgin, Illinois. He has a Bachelor of Business Degree from St. Martin's College and a Master's of Christian Ministry Degree from St. Martin's Seminary. Pastor Cole is a member of The American College of Counselors.

Rick Curia, President/Owner Ken Nelson Auto Group, Dixon, IL.

Margo Empen is Superintendent of Dixon Unit School District #170. She has 33 years in education with 32 years at Dixon Public Schools. This is her 11th and final year as Superintendent. She previously was the Assistant Superintendent, Jefferson Elementary Principal, and 4th grade teacher. She earned her bachelor's degree at N.I.U., master's degree in administration from W.I.U., and Education Specialist Degree from W.I.U.

Drew Fenner is the Vice President of Operations and Special Projects for OSF Healthcare Saint Katharine Medical Center. Previously, he held the role of Vice President and Chief Quality Officer for Katherine Shaw Bethea Hospital.

Cathy Ferguson has served as the Lee County Health Administrator for 22 years; and has worked in the field of public health for 32 years. Cathy received her bachelor's degree in community health from ISU and Master of Public Health degree from NIU. In addition to the Lee County Health Department, Cathy has worked at the McHenry County Department of Health and Ogle County Health Department.

Aaron Fox is the Community Outreach Coordinator at OSF HealthCare and has worked for KSB/OSF Saint Katharine Medical Center for 28 years. He has a bachelor's degree in Exercise Science from Illinois State University and master's in healthcare administration from St. Francis University in Joliet, IL.

Jim Grot has been the Marketing Manager, videographer and photographer at Sauk Valley Community College since 2022. Previously owned Grot Imaging Studio, a photography and videography studio, in Dixon, IL for 25 years. Grot received his bachelor's degree from Bradley University in Peoria, IL.

David Hellmich began his tenure as the President of SVCC in July of 2015. Prior to coming to SVCC, he served 29 years as an administrator and as an English professor at community colleges in Florida, Minnesota, and Kentucky. Dave has taught graduate courses in ethical leadership in Minnesota and

Kentucky. He is the editor of and contributing author for *Ethical Leadership in Community Colleges: Bridging Theory and Daily Practice*. He earned his B.A. in English from DePauw University, his M.A. in American Literature from Indiana University, and his Ph.D. in Higher Education Administration from the University of Florida. His wife of 42 years, Linda, is a clinical psychologist; he and Linda are parents of three wonderful adult daughters and have four even-more-wonderful grandchildren. Dave is the fourth of eleven children and grew up in a small Indiana town. He is a cyclist and, of course, a life-long Packer fan.

Colleen Henkel is President, CEO, Board Chair at The First National Bank in Amboy, where she has been employed since 1980. Also, serves on the Northern Illinois Cancer Treatment Center Board, The Community Bankers Association of Illinois Board and Community BancService Corporation Board as well as OLP Church Finance Committee Chair. Previously served on the Federal Reserve Bank Advisory Board, KSB Hospital Board and the Lee County Soil and Water Conservation Board.

Laxman Iyer, MD, is a retired Cardiologist from KSB Hospital. Active volunteer with OSF Saint Katharine Medical Center PAWS program. He has 2 Therapy dogs in the program, Chai & Carly.

Jackie Kernan, RN, MSN, serves as president of OSF HealthCare Saint Katharine Medical Center in Dixon and OSF HealthCare Saint Luke Medical Center in Kewanee. She is responsible for directing all internal operations while ensuring access to affordable, high quality health care for communities served by OSF Saint Katharine and OSF Saint Luke. She served as president of OSF Saint Luke Medical Center since January 2018 and OSF Saint Katharine Medical Center since 2025. She holds a Bachelor of Science in nursing from the University of St. Francis and a Master of Science in nursing management leadership from Saint Francis College of Nursing.

Jon Mandrell, Ed.D. serves as the Vice President of Academics and Student Services at Sauk Valley Community College in Dixon, Illinois, where he is the Chief Academic Officer (CAO) and Chief Student Services Officer (CSSO). In this role, he provides leadership to the college's academic departments and Student Services. His previous roles include serving as the Dean of Instructional Services, as a Criminal Justice faculty member at Sauk Valley, and a local police officer.

Joan Melzer is a former KSB Hospital Board Member.

Glenn Milos, DO-MPH, JD-MBA, CPE, is Vice President, Chief Medical Officer for OSF HealthCare St. Katharine Medical Center in Dixon, Illinois. He began his new position on March 31, 2025. In this position, Dr. Milos is accountable for leading the integration and practice of medicine as a member of the executive teams for OSF St. Katharine. He will ensure consistency in practice standards and facilitate an interdisciplinary team approach to the delivery of care. He will develop and share the vision and strategic direction for the practice of medicine while collaborating on the implementation of the strategy. Dr. Milos most recently served as Vice President and Chief Medical Officer at OSF St. Mary and OSF Holy Family for the past two years. Previously, Dr. Milos was a staff physician for Emergency Medicine at OSF HealthCare Saint Anthony Medical Center in Rockford. He also served as chairman of the Medical Emergency Code Blue Committee leading quality initiatives for the Ministry. Moreover, Dr. Milos currently serves on the Quality committee of the Ministry's OSF Board of Directors. Dr. Milos earned his Bachelor of Arts from the University of Arizona and went on to earn a Doctor of Jurisprudence and Master of Business Administration from Northern Illinois University. He is licensed to practice law in the state of Illinois. Dr.

Milos went on to earn a Doctor of Osteopathic Medicine from Midwestern University/Chicago College of Osteopathic Medicine and a Master of Public Health from Benedictine University.

Meagan Rothrock-Magana is an Illinois Registered Nurse and nationally certified Nurse Executive. Current VP of Patient Care Services/Chief Nursing Officer at OSF HealthCare Saint Katharine Medical Center in Dixon, IL, she has over 10 years of acute care nursing leadership experience, with a focus on nursing professional practice and development, including collaborative work with future healthcare degree students. Prior to her leadership roles, she worked as a nurse at OSF HealthCare Saint Francis Medical Center. She received her Bachelor of Science in Biology and Chemistry from Loyola University of Chicago and Master of Science and Doctor of Nursing Practice from Saint Francis Medical Center College of Nursing.

Mark Scholl is a retired partner from Wipfli CPAs and Consulting where he led IT audit teams within the financial institution practice for over 22 years. With a background in cybersecurity, IT risk management, and training, Mark continues to volunteer his time educating groups on how to avoid scams and strengthen digital resilience. Now enjoying a semi-retired lifestyle serving as Mayor of Polo, Illinois and a board member for Sauk Valley Bank. Mark earned his bachelor's degree from Illinois State University.

Sandy Stahler is 30+ years, 'Semi-retired' Wahl Clipper Corporation, Sterling, IL - Director, Wahl Ningbo Factory, China; Business Manager, establishment Wahl India, Sales & Marketing office Mumbai; Project Leader, Wahl Barber 'Flagship' Academy, Chicago; Project Leader, Wahl Remote office, Chicago.

Nancy Varga is a lifelong Dixon resident, a Dixon High School graduate, Sauk Valley College, and National Louis University. She holds degrees in liberal arts and human development. Nancy and her husband owned and operated Varga's Collision Center for over 40 years. When the business sold in 2010, Nancy joined KSB Hospital as manager of Eye & Vision, in 2014, she became the Director of Community Wellness and Marketing, and in 2021 was named Chief of Staff. At OSF Saint Katharine Medical Center, Nancy is the Marketing Communication Account Manager for the Western Region. Nancy has been a member of the Dixon Rotary Club since 1995. She remains actively involved in the community as the Race Director of the Reagan 5K Race for 25 years, as well as a former member of the Board of Trustees of Sauk Valley College and Lee County Board, and the Founding President of Dixon's Main Street program.

Abby Weber is the OSF HealthCare Foundation Gift Officer at Saint Katharine Medical Center. She graduated from Northern Illinois University with a bachelor's degree in English Literature. Before joining OSF, Abby spent 5 years as the Foundation Director for the KSB Hospital Foundation.

Megan White serves as the Public Relations and Communications Coordinator for OSF HealthCare Saint Katharine Medical Center. She is a graduate of Illinois State University with a bachelor's degree in Interior and Environmental Design. Prior to joining OSF, she spent eight years as Marketing Coordinator at KSB Hospital.

FACILITATORS

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Master of Business Administration

Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and earned her Fellow of the Healthcare Financial Management Association Certification (HFMA) 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 Needs 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 of Healthcare Administration from Purdue University and is certified in Community Benefit. Dawn has been a member of the McMahon-Illini Chapter of the Healthcare Financial Management Association (HFMA) 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 Medal of Honor from her work with the McMahon-Illini HFMA Chapter. She is currently serving as a director on the board.

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

APPENDIX 2. SURVEY

2025 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 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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COMMUNITY PERCEPTIONS

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

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

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

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

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

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

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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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. |
| ☐ Cannot afford | ☐ Didn't have a way to get to the doctor |
| ☐ Fear of discrimination | ☐ Lack of trust |

Prescription Medicine

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

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

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

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

Dental Care

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

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

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

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

Mental-Health Counseling

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

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

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

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

HEALTHY BEHAVIORS

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

Exercise

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

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

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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 - 4 servings ☐ 5 servings or more

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

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

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

If you don't have any health conditions, please check the first box and go to question #6: Smoking.

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

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

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

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

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

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

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

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12. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?

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

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

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

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

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

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

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

16. How often do you use marijuana on a typical DAY?

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

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

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

18. Do you feel safe in your home?

☐ Yes ☐ No

19. Do you feel safe in your neighborhood?

☐ Yes ☐ No

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

Breast cancer screening/mammogram

☐ Yes

☐ No

☐ Not applicable

Prostate exam

☐ Yes

☐ No

☐ Not applicable

Colon cancer screening

☐ Yes

☐ No

☐ Not applicable

Cervical cancer screening/pap smear

☐ Yes

☐ No

☐ Not applicable

Overall Health Ratings

21. My overall physical health is:

☐ Below average

☐ Average

☐ Above average

22. My overall mental health is:

☐ Below average

☐ Average

☐ Above average

INTERNET

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

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

2. If don't have Internet, why not?

☐ Cost

☐ No available Internet provider

☐ I don't know how

☐ Data limits

☐ Poor Internet service

☐ No phone or computer

BACKGROUND INFORMATION

1. What county do you live in?

☐ Lee

☐ Other

2. What is your Zip Code? _____

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

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

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

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

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

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

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

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

- ☐ White/Caucasian ☐ Black/African American ☐ Hispanic/LatinX
☐ Pacific Islander ☐ Native American ☐ Asian/South Asian
☐ Multiracial

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

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

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

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

11. What is your housing status?

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

12. How many people live with you? _____

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

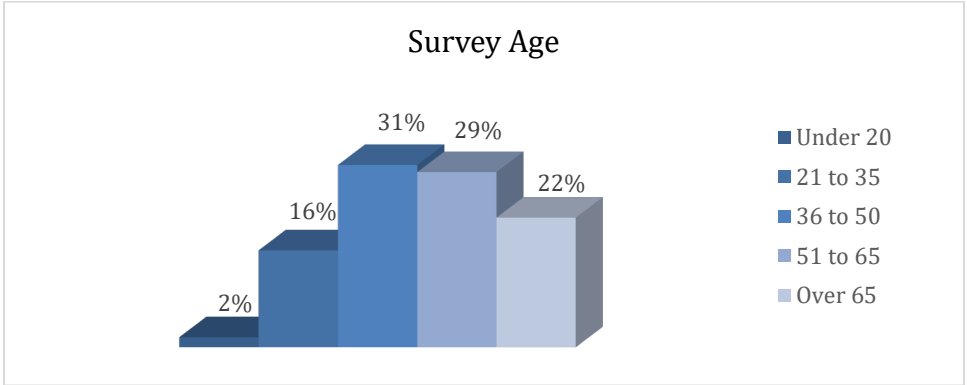
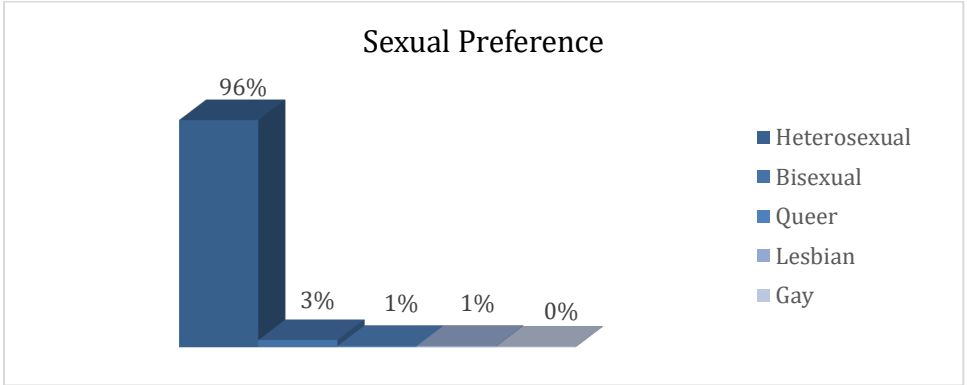
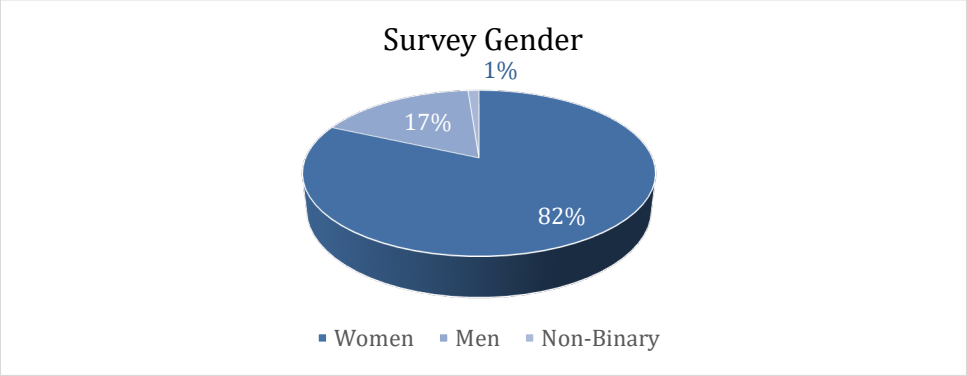
- ☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse
☐ Substance use in household ☐ Mental illness in household ☐ Parental separation or divorce
☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member
☐ Mother treated violently

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

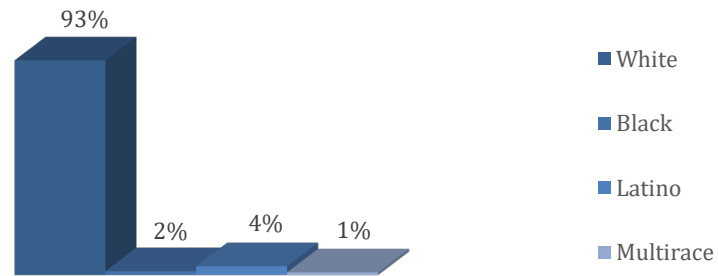
Thank you very much for sharing your views with us!

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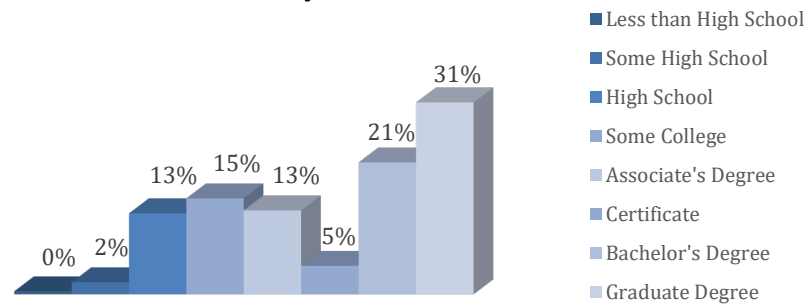
APPENDIX 3. CHARACTERISTICS OF SURVEY RESPONDENTS 2025



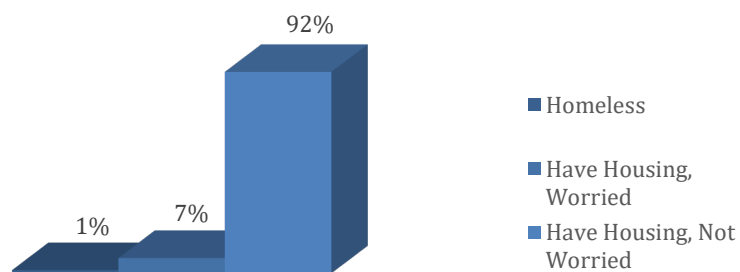
Survey Race



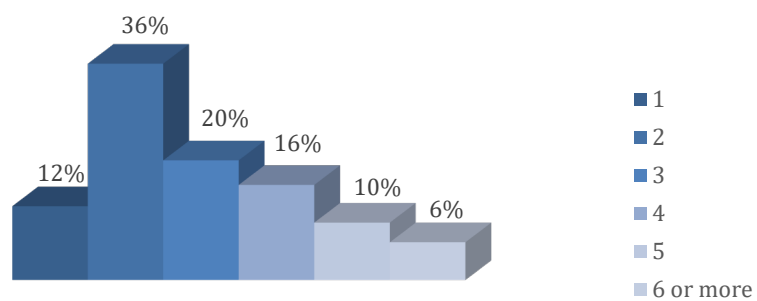
Survey Education

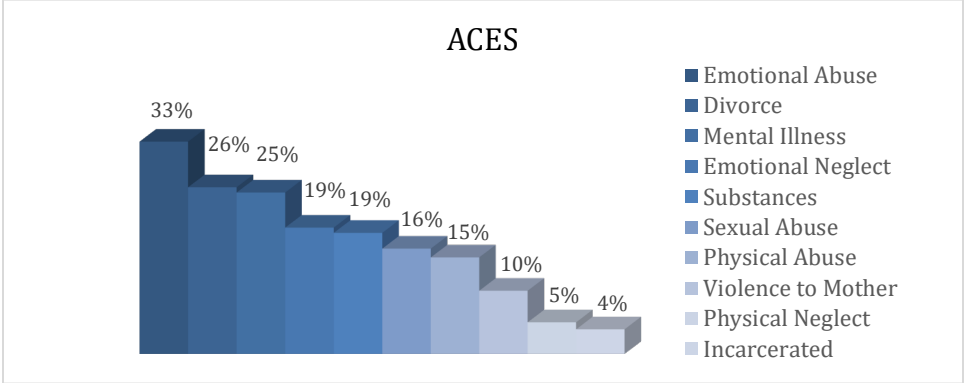
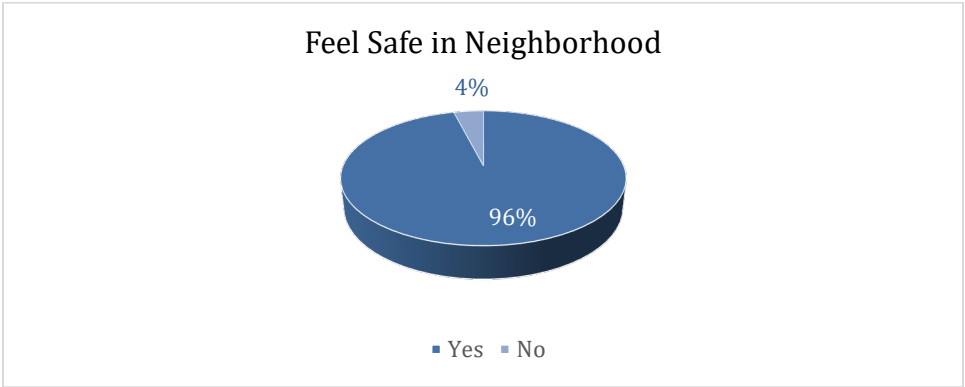
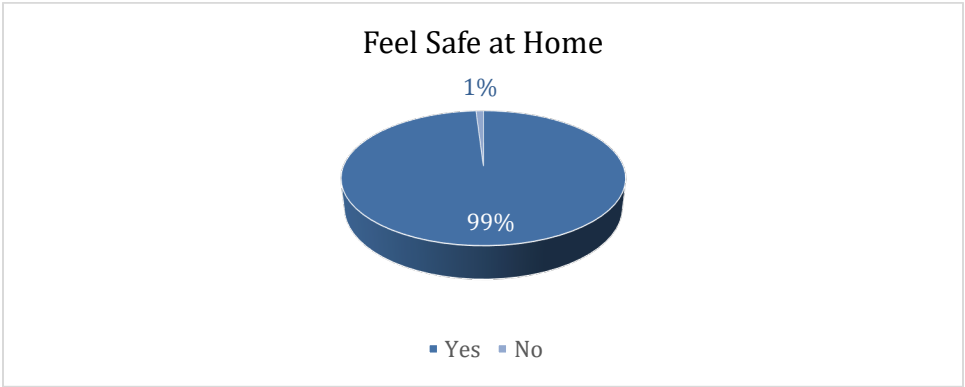


Survey Living Arrangements



Number of People in Household





APPENDIX 4. RESOURCE MATRIX

	Aging Issues	Access to Healthcare	Healthy Behaviors - Nutrition & Exercise	Behavioral Health including Depression, Anxiety/Stress, and Suicide	Obesity	Substance Use, particularly Misuse of Prescription Medication	Cancer - Lung
Recreational Facilities							
Dixon Family YMCA	2	1	3	1	2	1	1
Dixon Park District	1	1	3	1	2	1	1
Health Departments							
Lee County Health Department	3	3	2	3	2	3	2
Community Agencies							
Catholic Charities Long Term Ombudsman Program	3	1	1	1	1	1	1
Dixon Food Pantry	1	1	3	1	1	1	1
Dixon Habitat for Humanity	1	1	1	1	1	1	1
Dixon PADS Shelter	1	1	1	1	1	1	1
Home of Hope Cancer Wellness Center	2	2	2	2	1	1	3
Kreider Services Early Intervention Program	1	3	2	3	1	2	1
Lee County Council on Aging	3	2	3	1	2	1	1
Lee County Housing Authority	1	1	1	1	1	1	1
Lee, Ogle, & Whiteside Regional Office of Education	1	1	3	2	2	2	1
Lutheran Social Services	1	1	2	3	1	2	1
Reagan Mass Transit District	2	2	1	1	1	1	1
Sauk Valley Voices of Recovery	1	2	2	3	1	3	1
Sinnissippi Centers	2	3	2	3	1	3	1
Teen Turf Youth Center	1	1	2	1	1	1	1
Tri-County Opportunities Council	1	2	1	1	1	1	1
University of Illinois Extension	2	1	3	2	2	2	1
YWCA of the Sauk Valley	1	2	2	3	1	2	1
Hospitals / Clinics							
OSF Saint Katharine Medical Center	3	3	3	3	2	3	3
OSF Medical Group (Dixon, Amboy, Ashton, Oregon & Polo)	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 5. DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES

Dixon Family YMCA The Dixon Family YMCA is dedicated to strengthening our community by fostering health, wellness, and connection for all. Our mission is to enhance the quality of life for families and individuals of all ages through programs that promote physical, mental, and spiritual well-being, while also upholding values of respect, honesty, caring, and responsibility. They serve individuals ranging from infants to seniors. Programs ranging from youth sports and fitness classes to childcare services and community events designed to meet the diverse needs of the community.

Dixon Park District The park district includes 25 park sites, encompassing a total of over 1,100 acres, including the 200 -acre Lowell Park and the 567-acre Meadows Park. The park district aims to provide a variety of recreational opportunities, including hiking, biking, water activities, disc golf, sports facilities, and playgrounds, to cater to the needs of the Dixon community and its visitors.

HEALTH DEPARTMENT(S)

Lee County Health Department/WIC

The mission of the Lee County Health Departments is to promote and protect the health of Lee County residents through health education, environmental protection, public health nursing, and support services.

COMMUNITY AGENCIES

Catholic Charities Long Term Care Ombudsman Program

Catholic Charities Long Term Care Ombudsman Program works to preserve and protect the dignity of individuals who reside in long-term care facilities in our communities. Ombudsmen are committed to ensuring residents are treated with respect and advocate for individuals to receive the highest level of care and services to maximize independence.

Dixon Food Pantry

Provides food to meet meal gaps to families residing in Dixon Community. Serves families monthly with donated food.

Dixon Habitat for Humanity

Habitat is a joint effort of Dixon's Christian community that builds decent, affordable homes for families in need

Dixon PADS Shelter

PADS offers shelter and food to homeless individuals and families 24 hours a day, 7 days a week, 365 days a year. They provide individuals assistance, education and counseling to aid in the goal of independent living.

Home of Hope Cancer Wellness Center

Home of Hope supports families touched by cancer. Programs and services include emotional support groups, educational seminars, and stress management programs. All services are free of charge.

Kreider Services Early Intervention Program

Kreider Services assists individuals with disabilities to reach their fullest potential. UWLC funding

supports Kreider's Early Intervention program, which serves Lee County children (ages birth to three) who have developmental delays. Trained staff work with parents to facilitate the child's development in cognition, speech, language, social, and motor skills.

Lee County Council on Aging

The Lee County Council on Aging has served all seniors of the since 1974. LCCOA assesses and meets the needs of Lee County senior citizens. The agency provides transportation, nutrition, a senior citizens center, and is a primary provider of information and assistance for Lee County seniors.

Lee County Housing Authority

The Lee County Housing Authority provides stable, quality affordable housing opportunities for low- and moderate-income families throughout the local community.

Lee, Ogle, & Whiteside Regional Office of Education

The Office of the Regional Superintendent of Schools is designed to serve all segments of the population of Lee, Ogle and Whiteside Counties — teachers, students, administrators, school board members, non-certified personnel, and citizenry in general — in matters relating to education. In addition to the regulatory and administrative duties required by law, the office serves as a consultant and as a coordinator for all school personnel in a variety of areas from providing information on legal matters to developing in-service programs to meet special needs; from assisting in the development of co-operative activities between local schools, business, industry, labor, service, and agricultural groups to helping secure resource personnel for specialized programs.

Lutheran Social Services of Illinois

LSSI provides counseling services to Lee County individuals and groups through intensive work and interaction to chronic delinquent offenders, family issues, youth/adult substance abuse, and youth runaways.

Reagan Mass Transit District

Reagan MTD, formerly LOTS, provides curb-to-curb service for all ages. All vehicles are equipped with lifts for accessibility. They are proud to welcome comfort and service animals on board, ensuring everyone, regardless of age or specific needs, has access to safe and reliable transportation. Rides can be scheduled to community resources – a doctor's appointment, the bank, your favorite restaurant, or your community college!

Sauk Valley Voices of Recovery

At Sauk Valley Voices of Recovery (SVVOR), our mission is to be the collective voice for recovery in Illinois's Lee, Whiteside, DeKalb, and Ogle counties. As a non-profit Recovery Community Organization (RCO), we advocate on behalf of all individuals impacted by alcoholism and substance use disorder throughout the Sauk Valley region. We aim to foster a supportive environment that encourages, promotes, and sustains a healthy and fulfilling recovery journey for everyone.

Sinnissippi Centers - The Living Room

Offers a safe space for individuals experiencing emotional stress or overwhelming symptoms due to living circumstances. Service may include emotional support groups, assistance in applying for Medicaid, Medicare, SNAP, housing applications, and Social Security and a safe place to enjoy a snack, watch TV, make art, or play a game.

Teen Turf Youth Center

Teen Turf offers a safe and wholesome environment for Amboy and the surrounding areas' youth, providing mentoring, role models, and after-school tutoring. Focusing on positive values, Teen Turf teaches youth to be community volunteers and responsible citizens.

Tri-County Opportunities Council:

A Community Action Agency serving low-income households in nine counties-Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside. Our mission is to investigate the impact of poverty through our nine-county area and to work, in partnership with individuals, families, and communities to provide opportunities that support movement toward stability and self-sufficiency. Our organization does this through a variety of programs. All programs are income based and require an application. The following services are available: Community Services Block Grant (CSBG) which provides comprehensive needs assessment, information and referrals and numerous case management programs to eligible customers to obtain self-sufficiency for employment, youth, education, housing, medical and emergency needs. Offers various programs to those facing homelessness or on the verge of becoming homeless. Low-Income Energy Assistance (LIHEAP) provides a one-time utility payment. Repair or replace furnaces to homeowners who are current on their mortgage and taxes. Illinois Home Weatherization Program makes home more energy efficient, provides safe heating equipment, if needed, replaces a furnace and provides clients with safety equipment. Foster Grandparent program providing meaningful volunteer opportunities for those in the lower income range who are 55 years old and older. This program offers supportive person-to-person services to at risk children in reading, math, spelling, and other constructive projects. Head Start/Early Head Start programs are federally funded programs that provide comprehensive early childhood education, health, nutrition, and parent engagement services to children from birth to 5 years of age, expectant mothers and their families.

University of Illinois Extension

As part of the state's land grant institution, the University of Illinois Extension develops research-based educational programs, extends knowledge, and builds partnerships to support people, communities, and their environments. Illinois Extension strives to be a leader in fostering a legacy of sustainable development, lifelong learning, and community resilience regarding environment, food and agriculture, health, community, and economy through technology and discovery, partnerships, and workforce excellence. Extension staff comprises a network of administrators, educators, faculty experts, and staff in all 102 Illinois counties dedicated to the mission.

YWCA of the Sauk Valley

This local YWCA provides safe shelter for domestic violence victims and their children. Counseling is provided for victims of sexual assault/harassment and their families. A 24-hour hotline is available. UWLC funds help generate matching state grants for domestic violence and sexual assault services and also supports the YWCA's TechGYRLS and Career Center programs.

HOSPITALS/CLINICS**OSF Saint Katharine Medical Center (Dixon)****OSF Medical Group (Dixon)****OSF Medical Group (Pololo)**

OSF Medical Group (Oregon)**OSF Medical Group (Amboy)****OSF Medical Group (Ashton)**

OSF operates in the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

APPENDIX 6: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply “PEARL” Test from Hanlon Method¹

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

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

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

Resources – Is funding available for a program?

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

Step 4. Use Voting Technique to Narrow Potential Issues

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

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

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

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

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

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

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

¹ “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)