2025

Community Health Needs Assessment

OSF SAINT ANTHONY'S HEALTH CENTER

Madison County

EXECUTIVE SUMMARY

The Madison County Community Health Needs Assessment is a collaborative undertaking by OSF Saint Anthony's Health Center to highlight the health needs and well-being of Madison County residents. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Madison 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 Madison 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 and Substance Use**
- **Cancer Screening**

I. INTRODUCTION

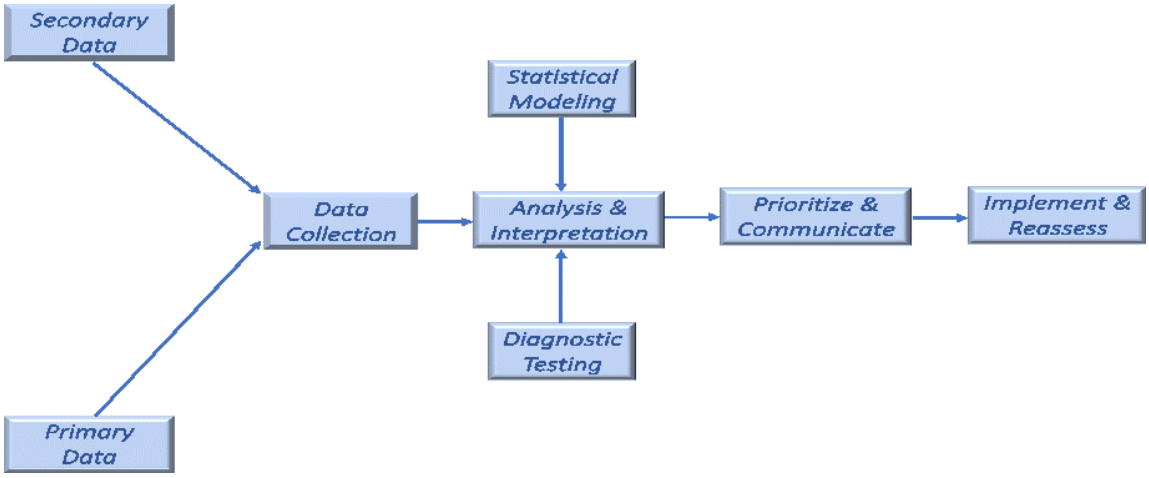
Background

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 Anthony's Health Center, including those with special knowledge of or expertise in public health. For this study, a community health needs assessment is defined as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize

these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 28, 2025.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Form 990, Schedule H–Hospitals, 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 Anthony's Health Center, the Madison 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 first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

To determine the geographic boundaries for OSF Saint Anthony's Health Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Madison County. Data show that Madison County alone represents 80% of all patients for the hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community. The at-risk population was

defined as those individuals eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

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

The results of this study will enable healthcare organizations to efficiently allocate limited resources and better manage high-priority challenges. By working together, hospitals, clinics, agencies and health departments will leverage this CHNA to enhance healthcare quality in Madison County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results of the 2022 CHNA and benchmarking them against the State of Illinois averages.

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow for feedback. OSF Saint Anthony's Health Center posted both a full and summary version on its website. To solicit feedback, a link - CHNAFeedback@osfhealthcare.org – was provided on the hospital's website; however, no feedback was received.

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

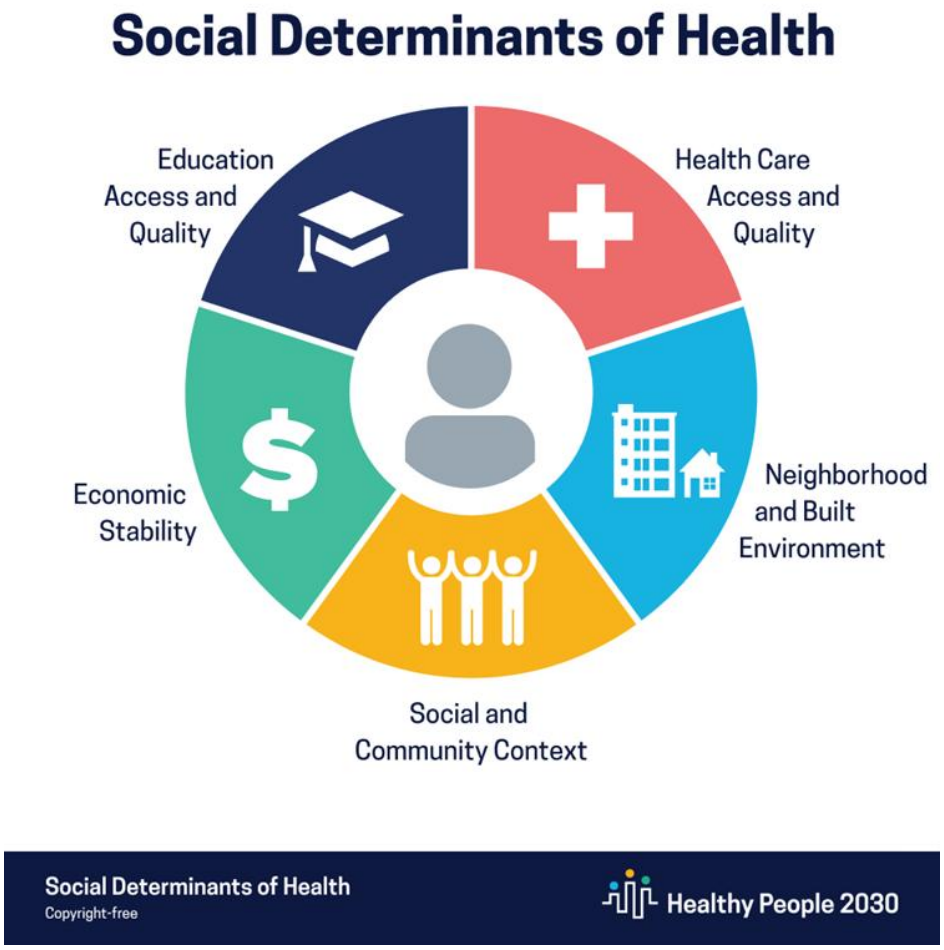
2022 CHNA Health Needs and Implementation Plans

The 2022 CHNA for Madison County identified two significant health needs: Healthy Behaviors, defined as active living and healthy eating and their impact on obesity and Behavioral Health, including mental health and substance use. Specific actions were taken to address these needs. Detailed discussions of goals and strategies can be found in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

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

Figure 2



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.

COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) was used 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 screening.
- **Behavioral health** – To assess community issues related to areas such as anxiety and depression.
- **Food security** – To assess access to healthy food alternatives.
- **Social drivers of health** – To assess the impact that social drivers may have on the above-mentioned areas.

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

Sample Size

To identify the potential population, the percentage of the Madison 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 Madison County is 12.3 percent. The population used for the calculation was 262,752 yielding a total of 32,319 residents living in poverty in the Madison County area.

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

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

For the total Madison County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 384. The data collection effort for this CHNA yielded a total of 505 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 461 respondents. This met the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Madison 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 446 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

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

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

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

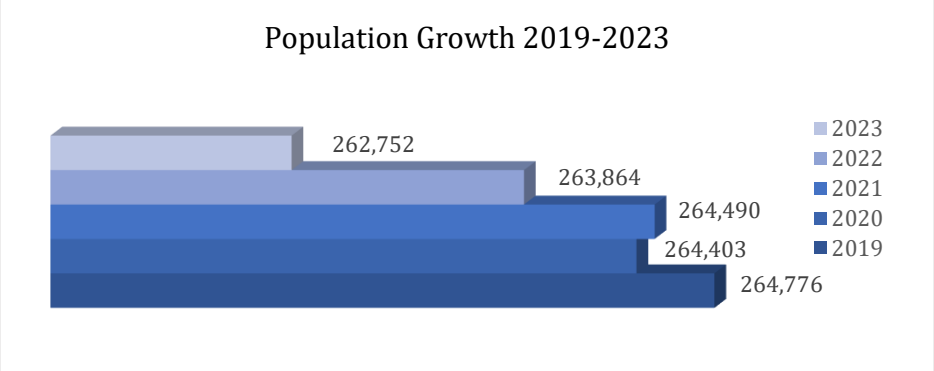
1.1 Population

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

Population Growth

Data from the last census indicate the population of Madison County has decreased (<1%) between 2019 and 2023 (Figure 3).

Figure 3



Source: United States Census Bureau

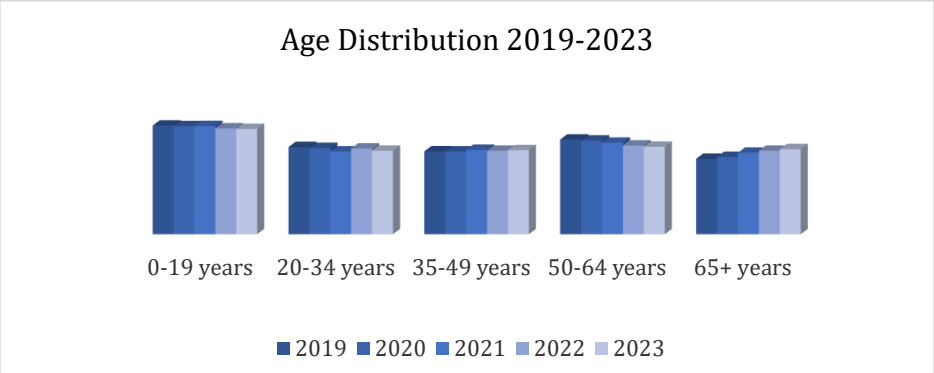
1.2 Age, Gender and Race Distribution

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

Age

As illustrated in Figure 4, the percentage of individuals in Madison County in each age group declined, except for the 35-49 and 65+ age groups over the five-year period from 2019-2023. Most notably, the 50-64 age group decreased 7.65% and the elderly population (residents aged 65+ years), increased 12.83% between 2019 and 2023.

Figure 4

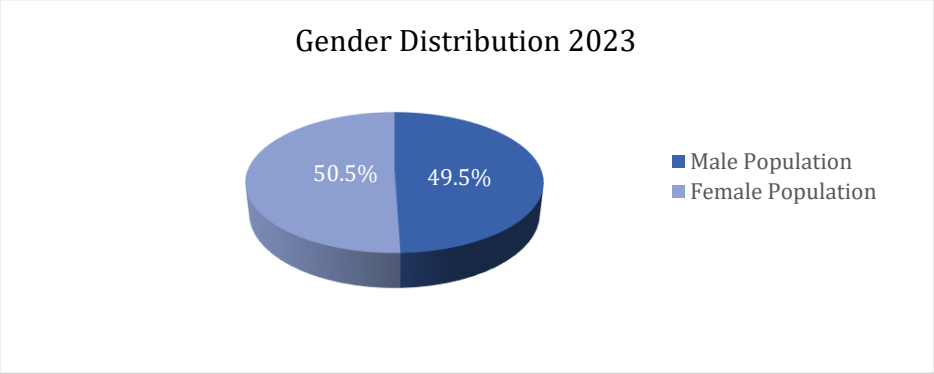


Source: United States Census Bureau

Gender

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

Figure 5



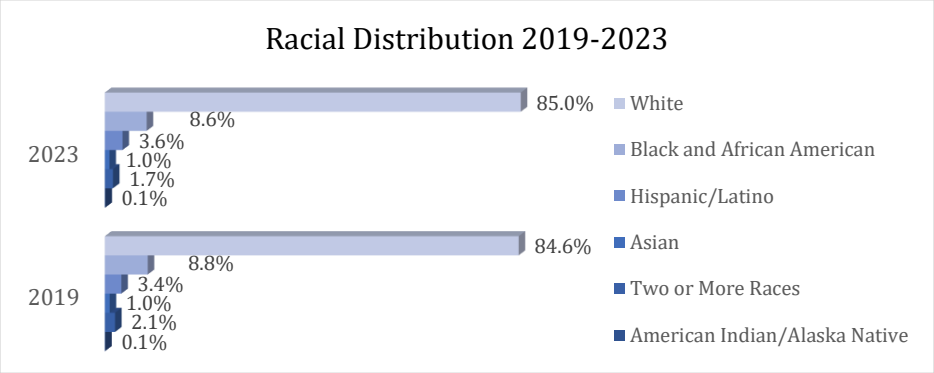
Source: United States Census Bureau

Race

With regard to race and ethnic background, Madison County is largely homogenous. However, in recent years, Madison County is becoming more diverse. Data from 2023 suggest that White ethnicity comprises 85% of the population in Madison County. However, the non-White population of Madison County has been decreased (from 15.4% in 2019 to 15% in 2023), with Black ethnicity comprising 8.6% of the population, Hispanic/Latino (LatinX) ethnicity comprising 3.6% of the population, Asian comprising 1%

of the population, multi-racial ethnicity comprising 1.7% of the population, and American Indian/Alaska Native comprising 0.1% of the population (Figure 6).

Figure 6



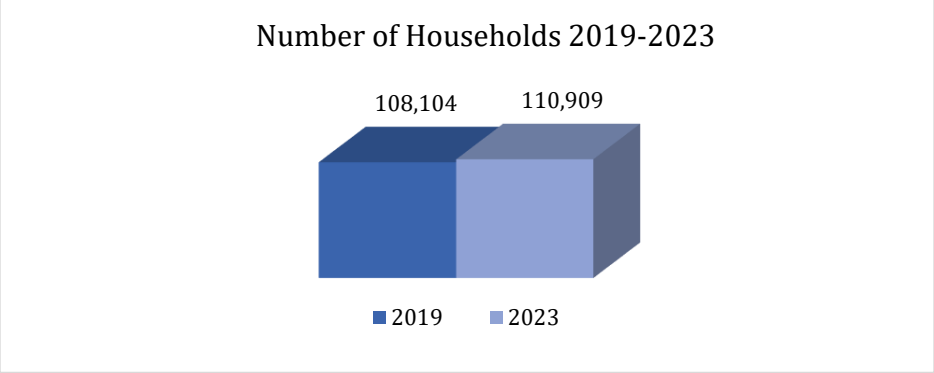
Source: United States Census Bureau

1.3 Household/Family

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

As indicated in Figure 7, the number of family households in Madison County increased from 2019 (108,104) to 2023 (110,909).

Figure 7

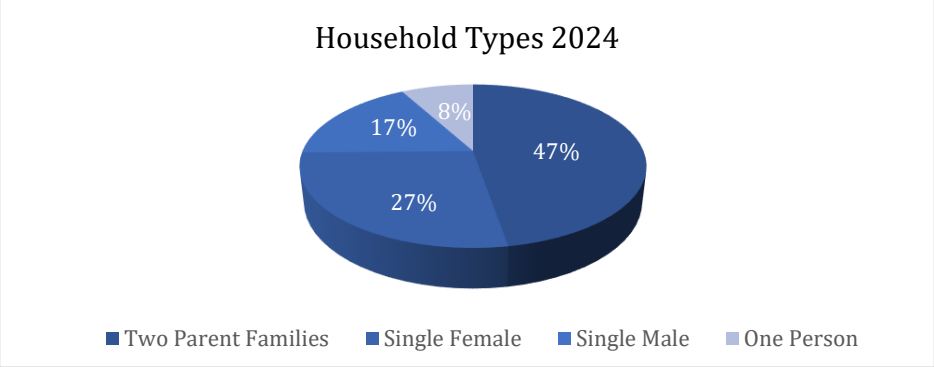


Source: United States Census Bureau

Family Composition

In Madison County, data from 2024 suggest the percentage of two-parent families in Madison County is 47%. One-person households represent 8% of Madison County population, single female represent 27%, and single male households represent 17% (Figure 8).

Figure 8

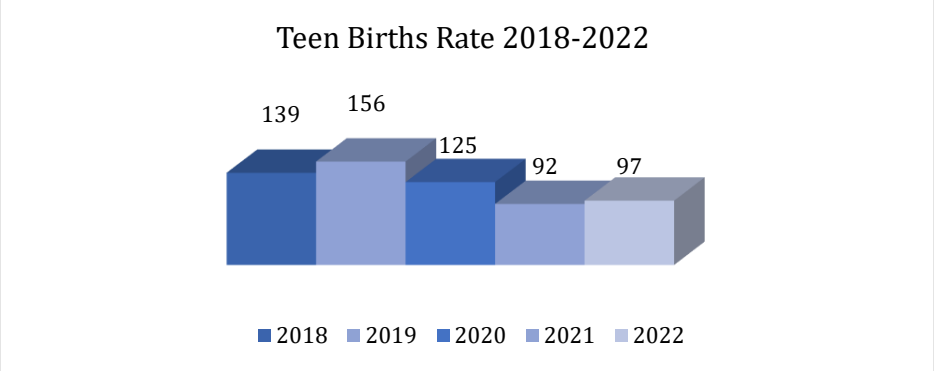


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Madison County has experienced a decline in teenage birth count. The teen birth count showed an overall decrease from 2018 (139) to 2022 (97) (Figure 9).

Figure 9



Source: Illinois Department of Public Health

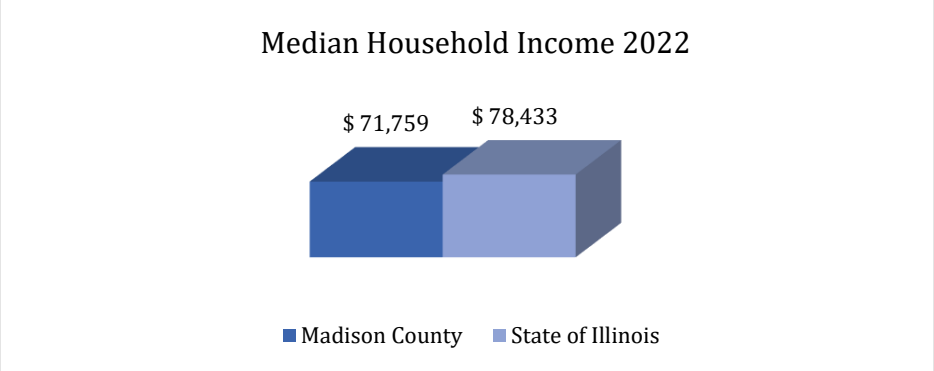
1.4 Economic Information

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 2022, the median household income in Madison County ($71,759) was lower than the State of Illinois ($78,433) (Figure 10).

Figure 10

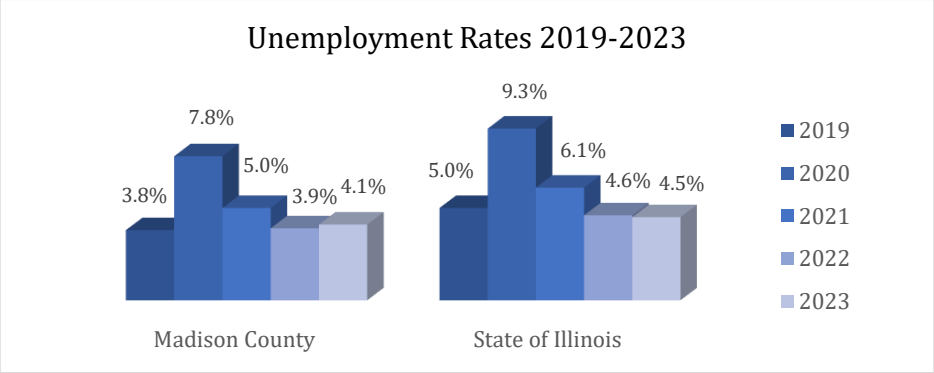


Source: United States Census Bureau

Unemployment

For the years 2019 to 2023, the Madison County unemployment rate was lower than the State of Illinois unemployment rate. Overall, between 2019 and 2023, unemployment in Madison County increased by 0.3%. However, in 2020 the rate significantly increased but was lower than the State of Illinois rate. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 11).

Figure 11

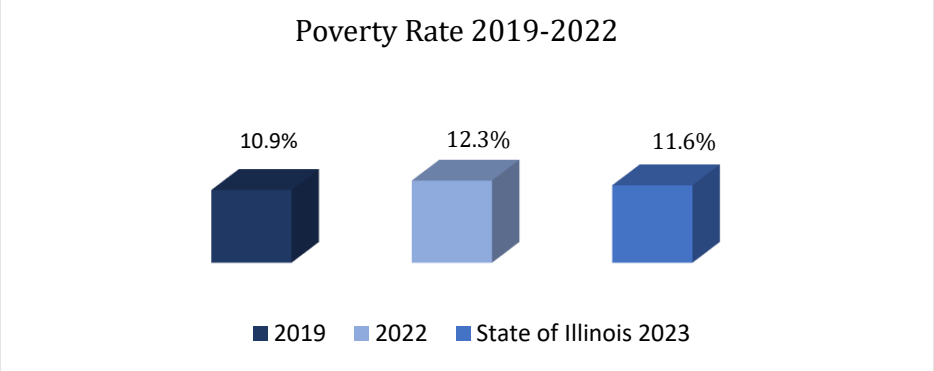


Source: Bureau of Labor Statistics

Individuals in Poverty

In Madison County, the percentage of individuals living in poverty between 2019 and 2022 increased by 1.4%. The poverty rate for individuals is 12.3%, which is slightly higher than the State of Illinois individual poverty rate of 11.6%. Poverty has a significant impact on the development of children and youth. (Figure 12).

Figure 12



Source: US Census

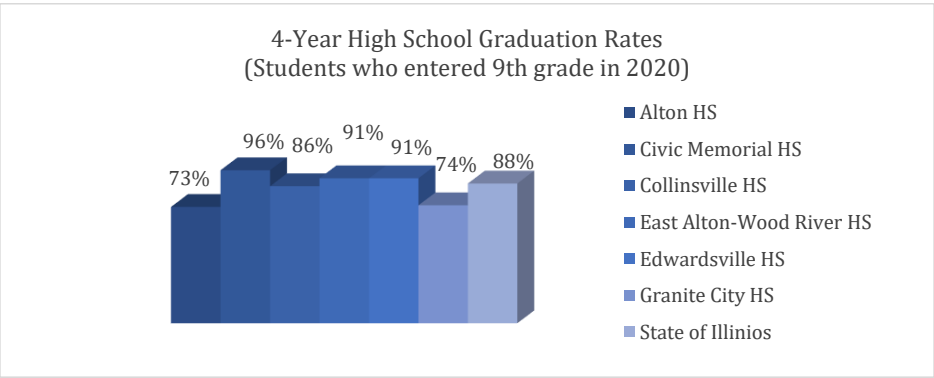
1.5 Education

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 is 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, Alton High School, Collinsville HS, and Granite City High School in Madison County reported high school graduation rates that were below the State of Illinois average of 88% (Figure 13).

Figure 13



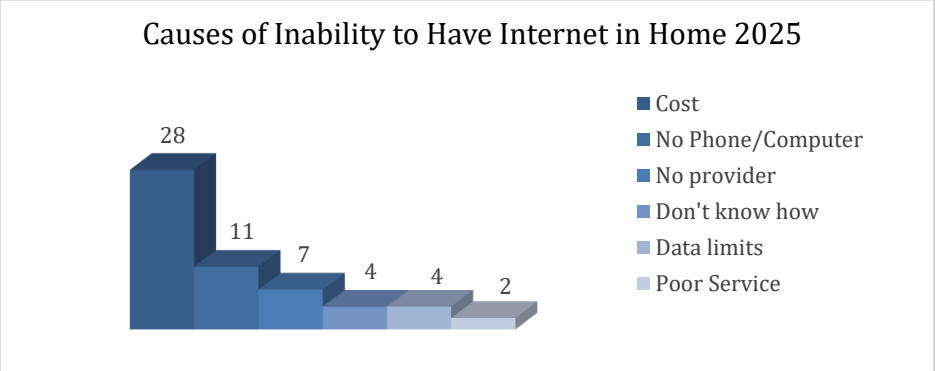
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 89% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently

cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

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 higher for younger people, White people, those with higher education, those with higher income. Internet access tends to be lower for people in an unstable housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 27% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

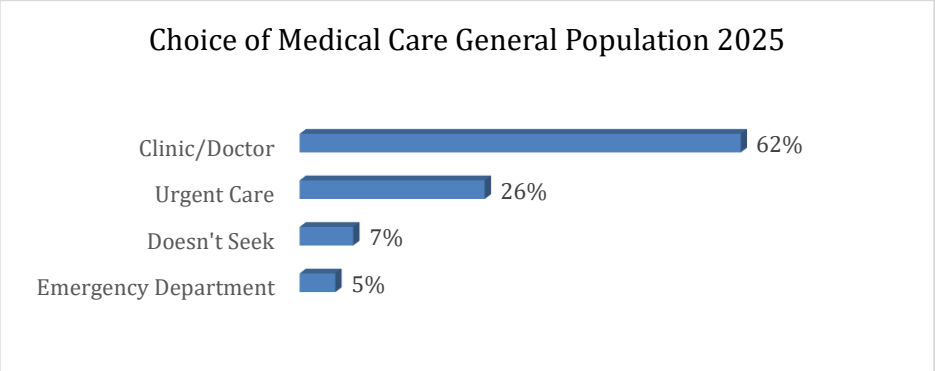
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, and did not seek medical treatment. The most common response for source of medical care was clinic/doctor's office, chosen by 62% of survey respondents. This was followed by urgent care (26%), not seeking medical attention (7%), and the emergency department (5%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office decreased from75% in 2022 to 62% in 2025. Much of this can be attributed to the increase in use of urgent care facilities (15% in 2022 to 26% in 2025) and lack of seeking medical care (5% in 2022 and 7% in 2025).

Social Drivers Related to Choice of Medical Care

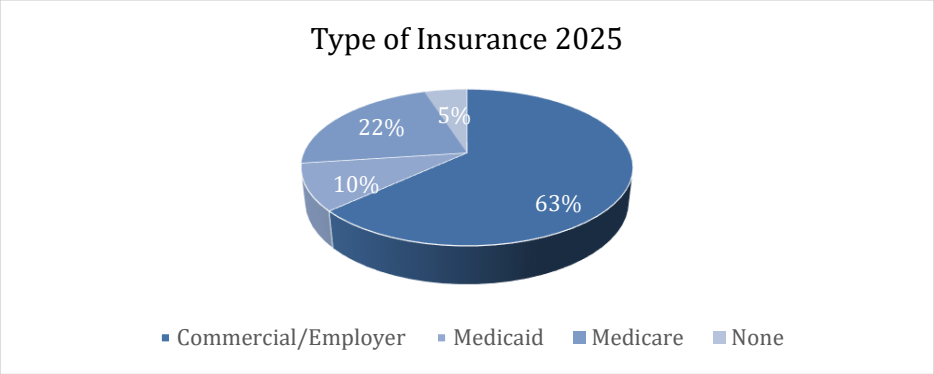
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** there were no significant correlates.
- **Urgent Care** tends to be used more by younger people and LatinX people.
- **Emergency Department** tends to be used more often by Black people, people with lower education, those with lower income, and those in an unstable housing environment. Emergency departments tend to be used less by White people as a primary source of healthcare.
- **Does Not Seek Medical Care** tend to be higher for men.

Insurance Coverage

According to survey data, 63% of the residents are covered by commercial/employer insurance, followed by Medicare (22%), and Medicaid (10%). Five percent of respondents indicated they did not have any health insurance (Figure 16).

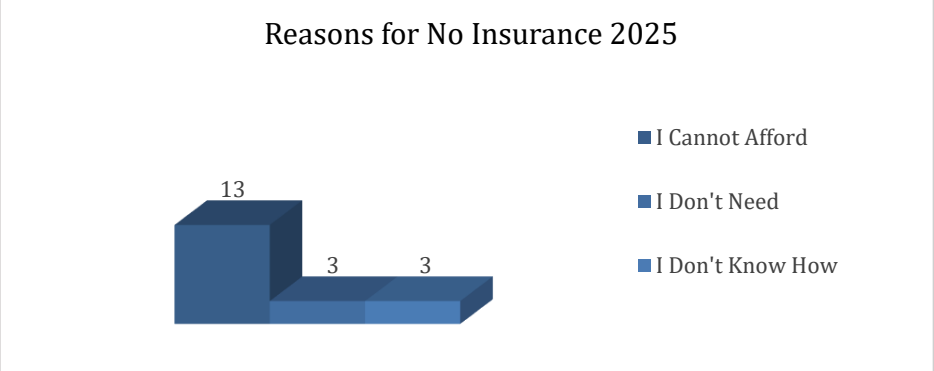
Figure 16



Source: CHNA Survey

Data from the survey show that for the 5% of individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Comparison to 2022 CHNA

Commercial/employer insurance decreased from 74% in 2022 to 63% in 2025. In 2022, 17% of respondents used Medicaid, which increased to 22% in 2025. Those reporting Medicare was 8% in 2022, and 19% in 2025 and individuals with no insurance increased from 1% in 2022 to 5% in 2025.

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:

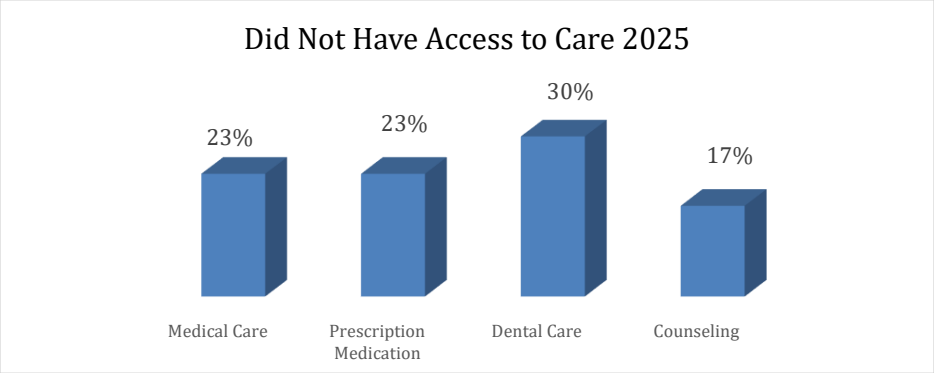
- **Medicare** tends to be used more frequently by older people, those with lower education, and those with lower income.
- **Medicaid** tends to be used more frequently by younger people, Black people, those with lower education, those with lower income, and those in an unstable housing environment.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

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care, and counseling. Survey results show that 23% of the population did not have access to medical care when needed; 23% of the population did not have access to prescription medication when needed; 30% of the

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

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

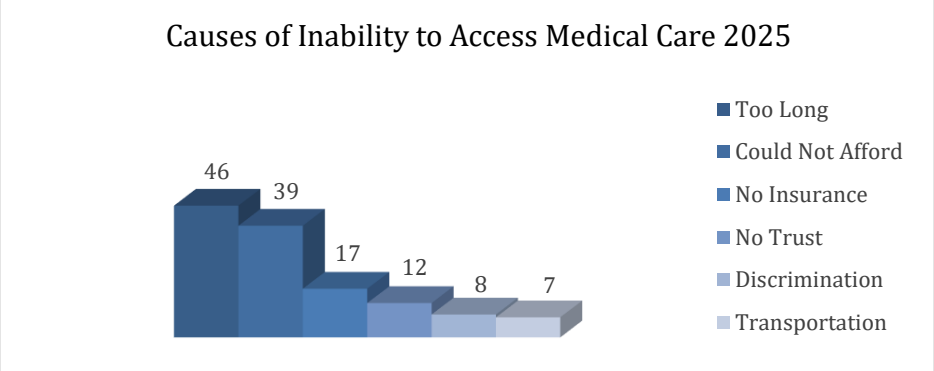
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

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

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to medical care were too long to wait for an appointment (46) and could not afford (39) (Figure 19). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 19

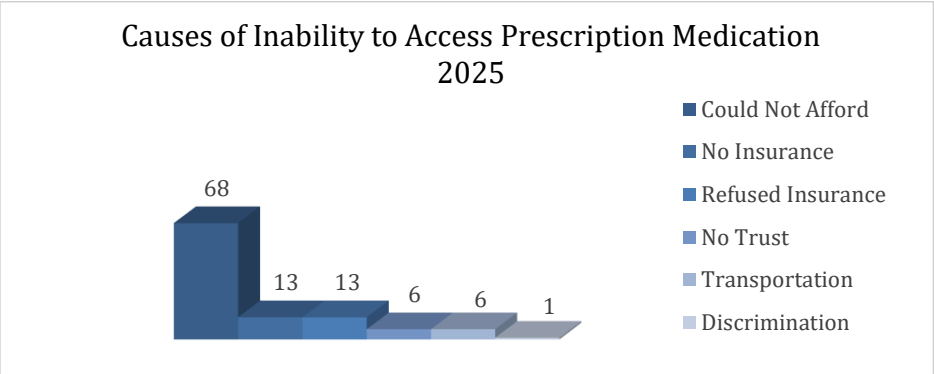


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (68) (Figure 20).

Figure 20

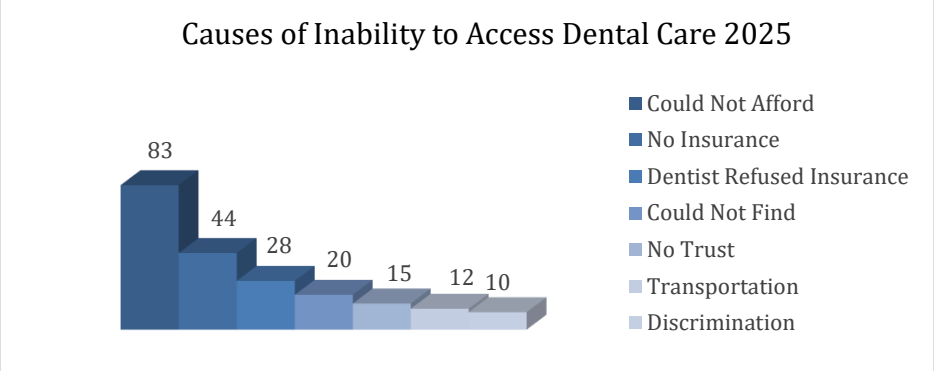


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes were inability to afford copay or deductible (83) and no insurance (44) (Figure 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21

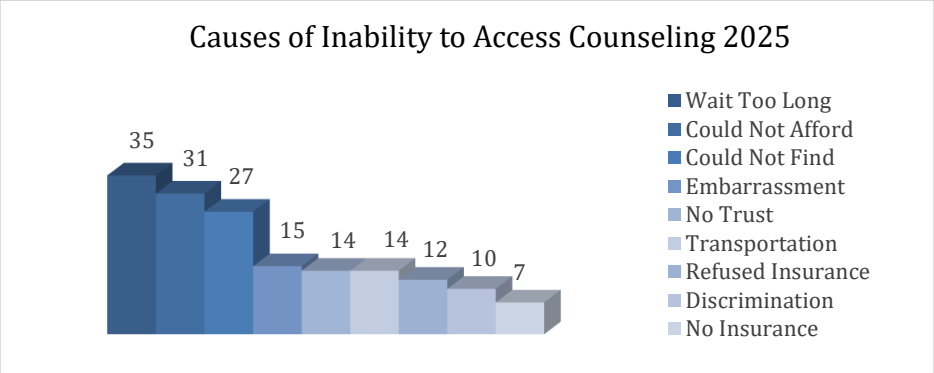


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The causes of the inability to gain access to counseling were too long of a wait (35) inability to afford co-pay (31), and could not find (27) (Figure 22). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show a significant decrease. In 2025, 23% reported the inability to access medical care, compared to 12% in 2022.

Access to Prescription Medication – results show a significant decrease. In 2025, 23% reported they were not able to get prescription medication, compared to 9% in 2022.

Access to Dental Care – results show a significant decrease. In 2025, 30% reported the inability to access dental care, compared to 13% in 2022.

Access to Counseling – results show a significant decrease. In 2025, 17% were not able to get counseling when needed, compared to 9% in 2022.

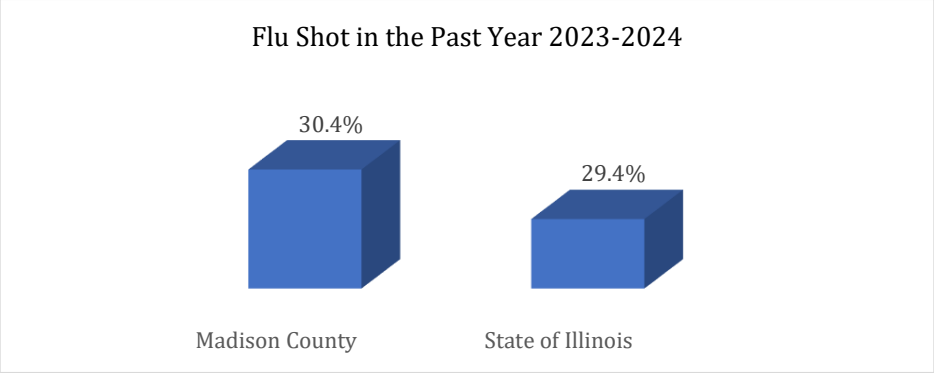
2.2 Wellness

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 the percentage of people who have had a flu shot in the past year is 30.4% for Madison County, compared to the State of Illinois average (29.4%). Note that data have not been updated by the Illinois Department of Public Health.

Figure 23

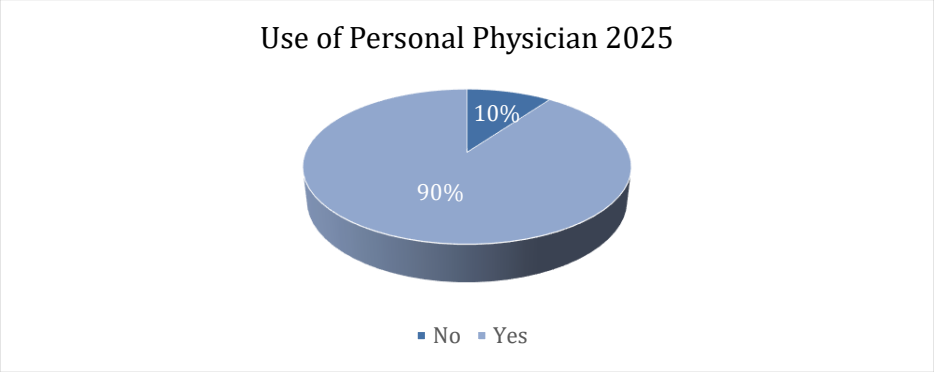


Source: Illinois Department of Public Health

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, 90% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

Survey results for having a personal physician declined from 94% in 2022, to 90% in 2025.

Social Drivers Related to Having a Personal Physician

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

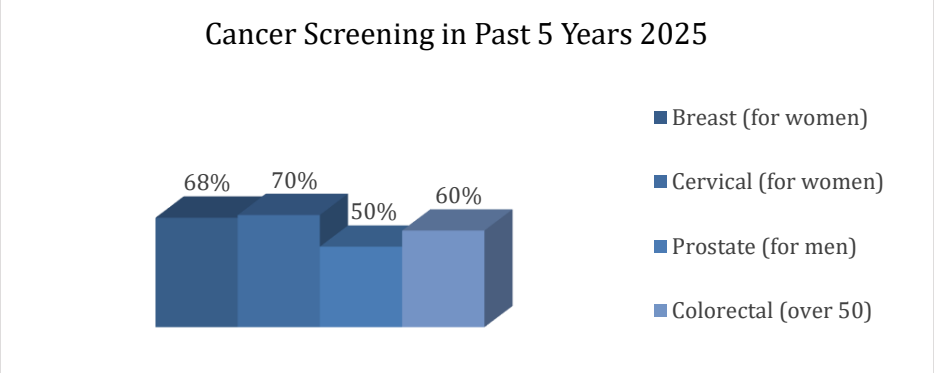
- **Having a personal physician** tends to be more likely for older people, White people, and those with a higher income. Having a personal physician is less likely for those in an unstable housing environment.

Cancer Screening

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

Results from the CHNA survey show that 68% of women had a breast screening in the past five years and 70% of women had a cervical screening. For men, 50% had a prostate screening in the past five years. For women and men over the age of 50, 60% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Cervical cancer screening and prostate cancer screening increased over the past five years, while breast and colorectal cancer screening decreased. Specifically, in 2022, 69% of women had cervical cancer screening, compared to 70% in 2025. Additionally, in 2022, 41% of men reported they had a prostate screening, compared to 50% in 2025. In contrast, in 2022, 73% of women had a breast screening, compared to 68% in 2025. For women and men over the age of 50, 67% had a colorectal screening in 2022, compared to 60% in 2025.

Social Drivers Related to Cancer Screenings

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

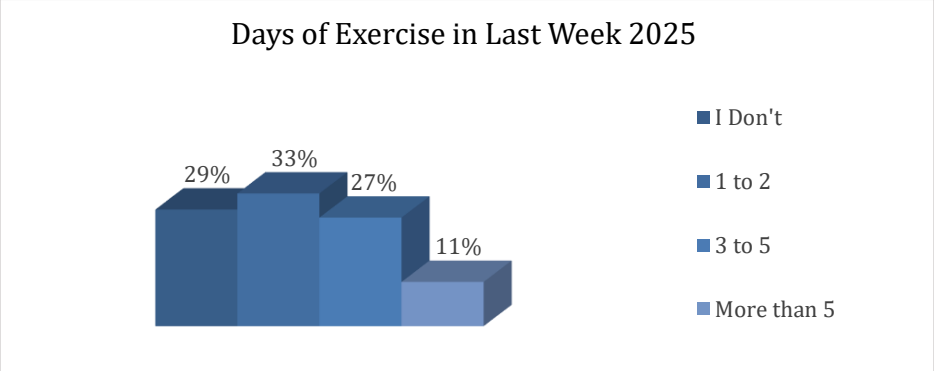
- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education, and those with higher income. Breast screening is lower for women in an unstable housing environment.
- **Cervical screening** tends to be more likely for White women, those with a higher level of education, and those with higher income. Cervical cancer screening tends to be less likely for Black women and women in an unstable housing environment.
- **Prostate screening** tends to be more likely for older men and those with a higher income. Prostate screening is less likely for men in an unstable housing environment.
- **Colorectal screening** tends to be more likely for older people, those with a higher level of education, and those with higher income. Colorectal screening is less likely for Black people and those in an unstable housing environment.

Physical Exercise

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

Specifically, 29% of respondents indicated that they do not exercise at all, while the majority (60%) of residents, exercise 1-5 times per week (Figure 26).

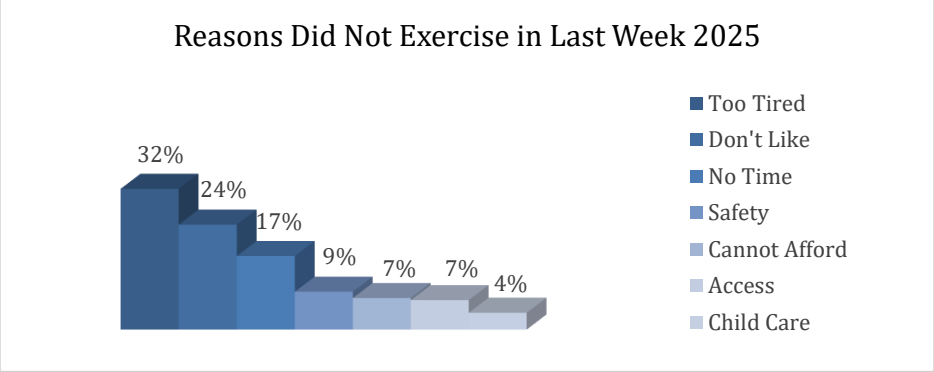
Figure 26



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 (32%), a dislike of exercise (24%), and not enough time (17%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decrease in the number of people who exercise. In 2022, 76% of residents indicated they exercise, compared to 71% in 2025.

Social Drivers Related to Exercise

There were not any characteristics showing significant relationships with exercise.

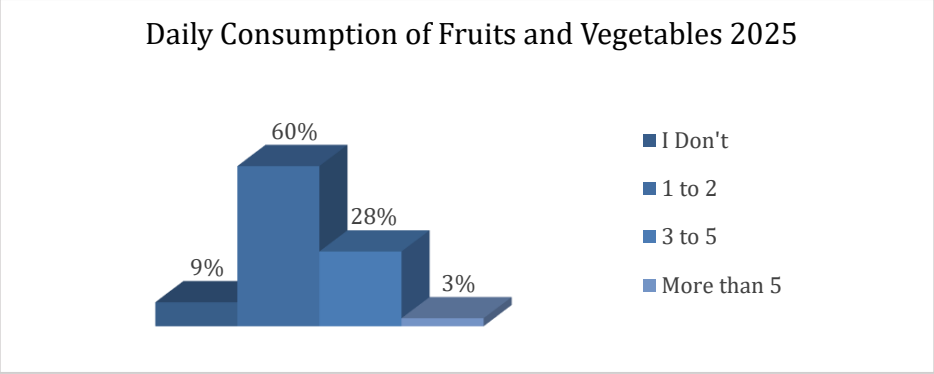
- **Frequency of exercise** – no significant correlates.

Healthy Eating

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

Two-thirds (69%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 3% (Figure 28).

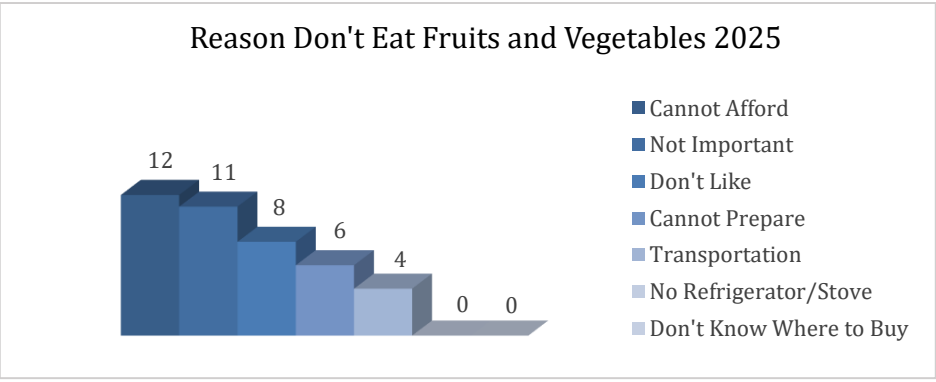
Figure 28



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 reason for failing to eat more fruits and vegetables was unable to afford (12), followed by not important (11) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decline in the frequency of healthy eating. In 2022, 33% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to only 31% in 2025.

Social Drivers Related to Healthy Eating

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

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

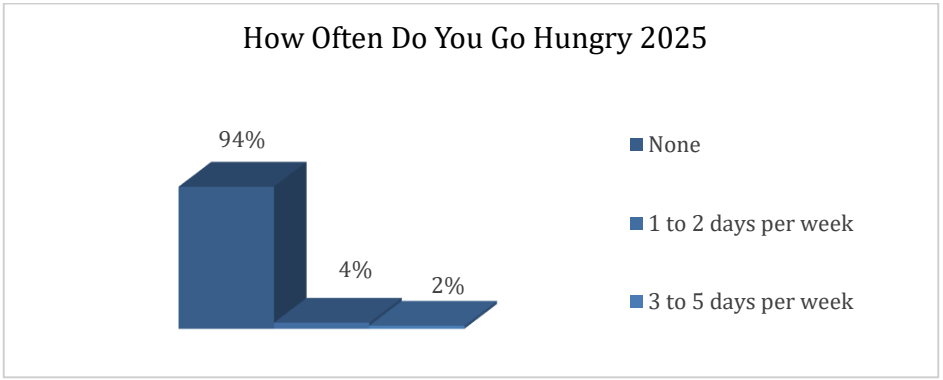
2.3 Understanding Food Insecurity

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 majority of respondents indicated they do not go hungry (94%) (Figure 30).

Figure 30



Source: CHNA Survey

Comparison to 2022 CHNA

Results indicate an increase in those who go hungry. In 2022, 1% of respondents reported going hungry, compared to 6% in 2025.

Social Drivers Related to Prevalence of Hunger

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

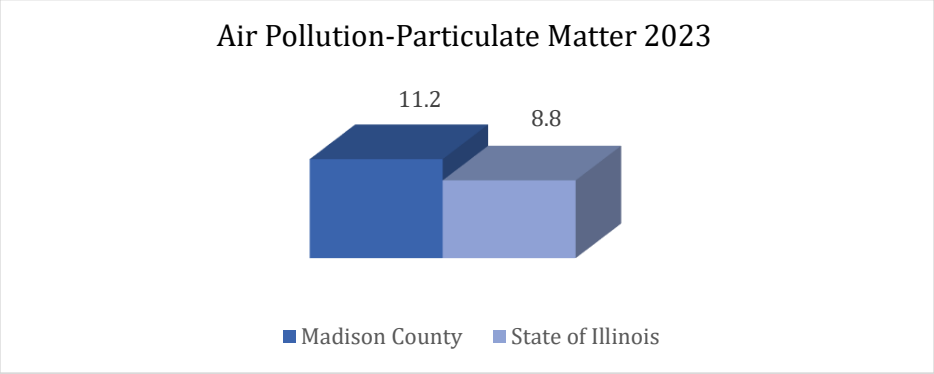
- **Prevalence of Hunger** tends to be more likely for men, those with lower education, those with lower income, and those in an unstable housing environment.

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 Madison County (11.2) is higher than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

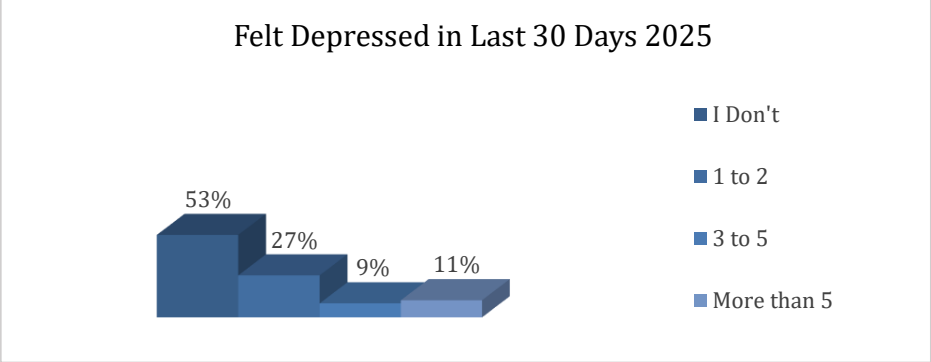
2.5 Health Status

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

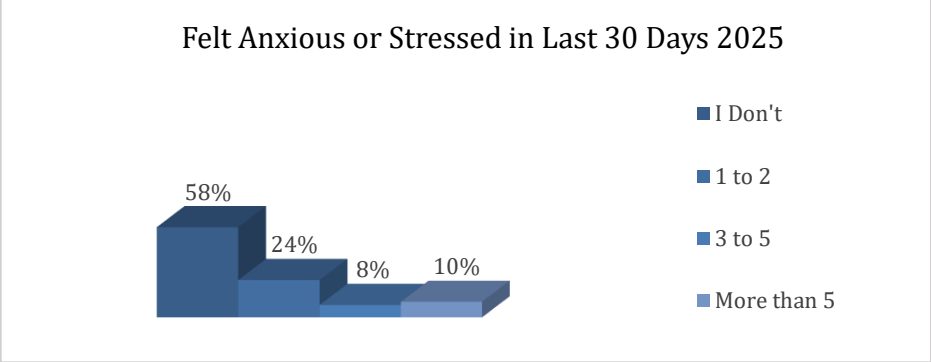
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 53% indicated they did not feel depressed in the last 30 days (Figure 32) and 58% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



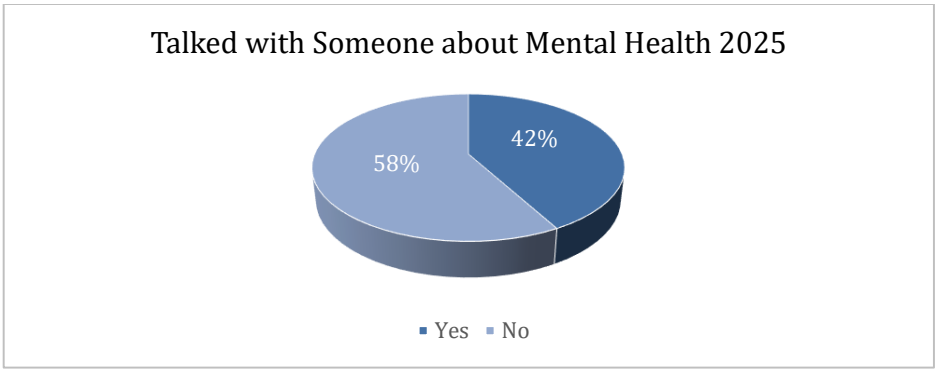
Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show a slight decline in mental health. In 2022 and 2025, 47% of respondents indicated they felt depressed in the last 30 days. In 2022, 39% of respondents indicated they felt anxious or stressed in the last 30 days, compared to 42% in 2025.

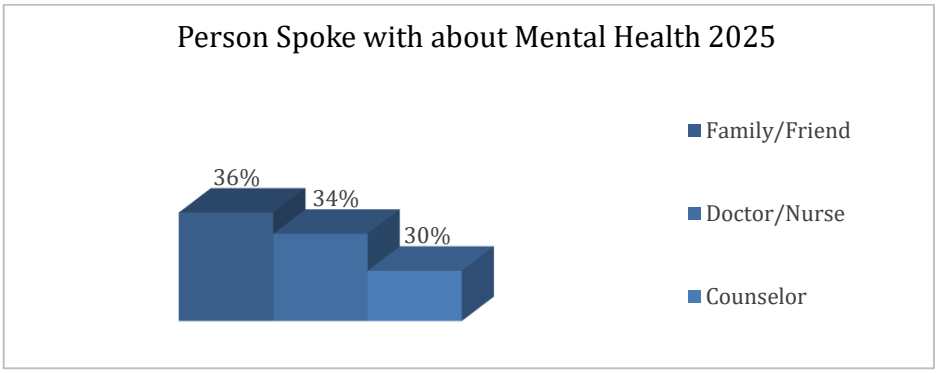
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of the respondents, 42% indicated that they spoke to someone (Figure 34). The most common response was a family member or friend (36%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

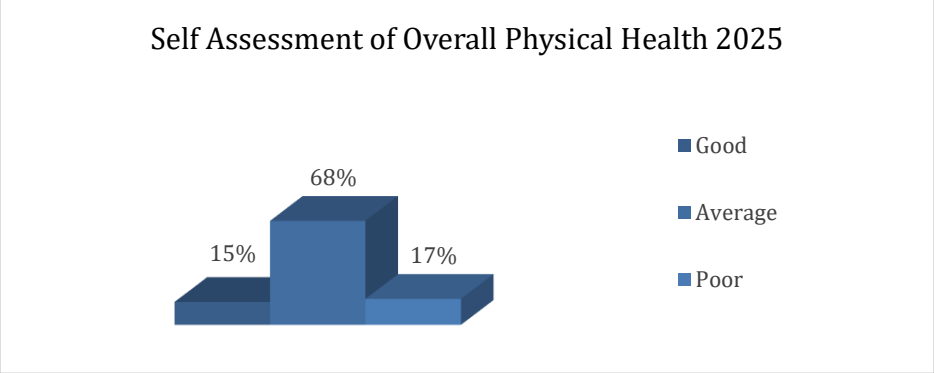
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

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

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).

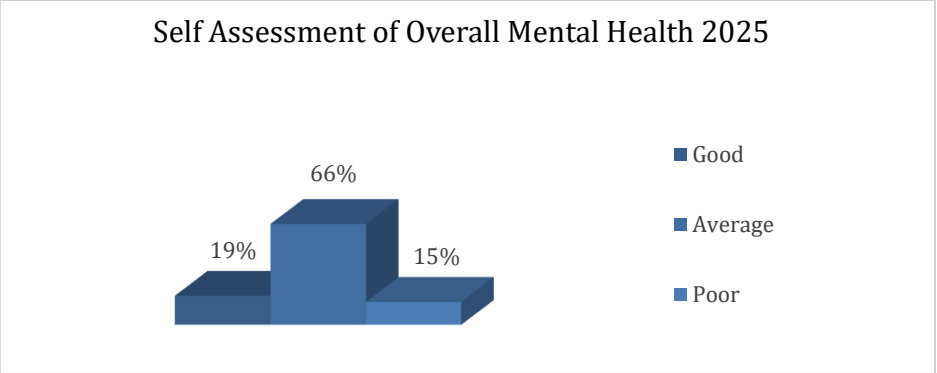
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 15% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2022 CHNA

With regard to physical health, more people see themselves in poor health in 2025 (17%), than 2022 (11%). Regarding mental health, more people see themselves in poor health in 2025 (15%), than 2022 (9%).

Social Drivers Related to Self-Perceptions of Health

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

- **Perceptions of physical health** tend to be higher for White people, those with higher education, and those with higher income. Perceptions of physical health are lower for those in an unstable housing environment.

- **Perceptions of mental health** tend to be higher for older people and those with higher income. Perceptions of mental health tend to be lower for those in an unstable housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATION, DENTAL CARE, AND COUNSELING HAVE ALL SIGNIFICANTLY DESCREASED.
- ✓ BREAST AND COLORECTAL SCREENINGS HAVE DECLINED. ONLY HALF OF MEN ARE SCREENED FOR PROSTATE.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY AND THE NUMBERS ARE DECLINING.
- ✓ ALMOST HALF OF RESPONDENTS EXPERIENCED DEPRESSION AND/OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

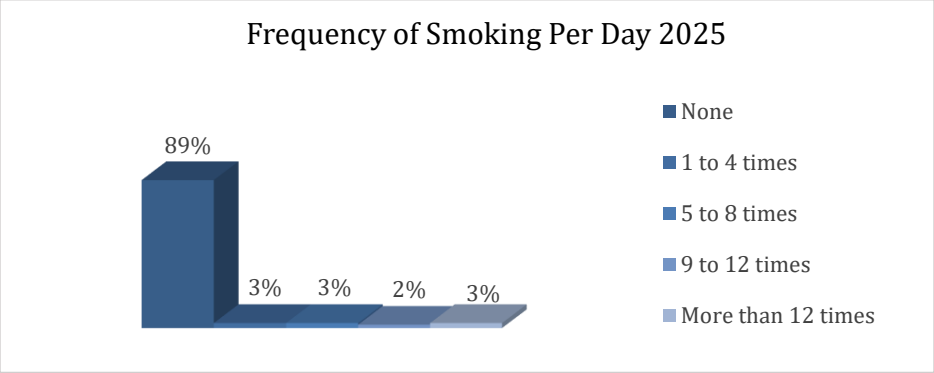
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

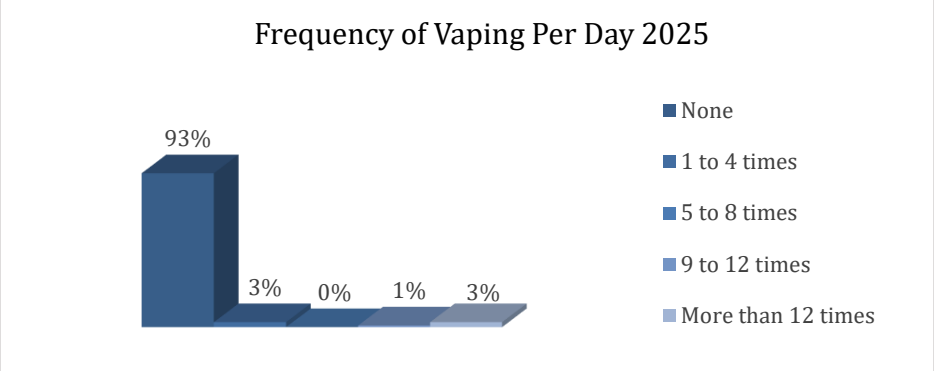
CHNA survey data show 89% of respondents do not smoke (Figure 38) and 93% of respondents do not vape (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show an increase in smoking and vaping rates. Specifically, in 2022, 10% of people reported they smoke, compared to 11% in 2025. In 2022, 4% of respondents reported they vape, compared to 7% in 2025.

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

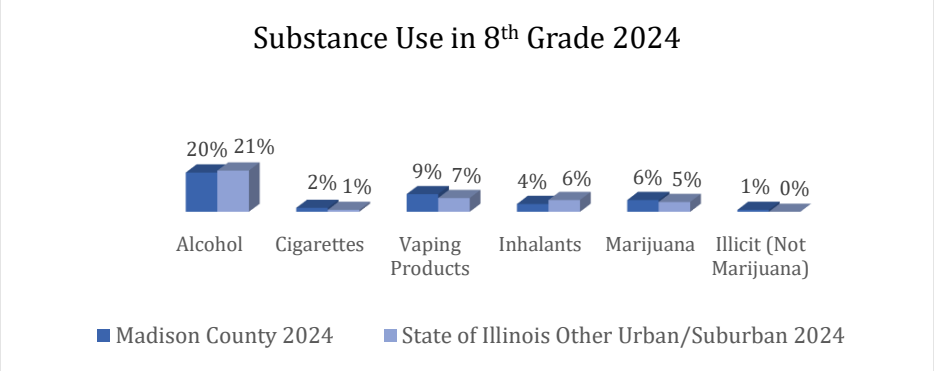
3.2 Drug and Alcohol Use

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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Madison County is above the State of Illinois averages in all categories except for alcohol and inhalants. (Figure 40).

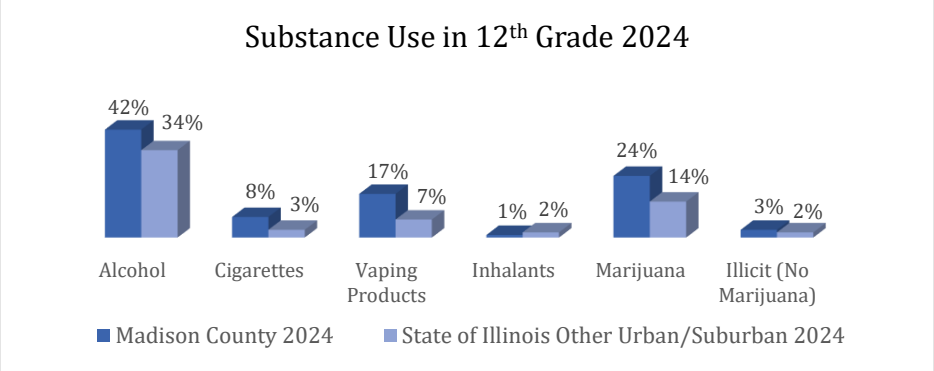
Figure 40



Source: Illinois Youth Survey

Among 12th graders, Madison County is above all categories for the State of Illinois averages except for inhalants, which Madison County (1%) is lower than the State of Illinois average (2%) (Figure 41).

Figure 41

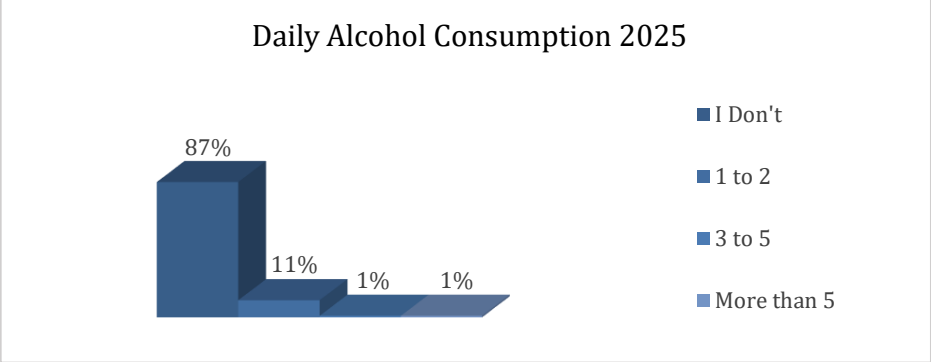


Source: Illinois Youth Survey

Adult Substance Use

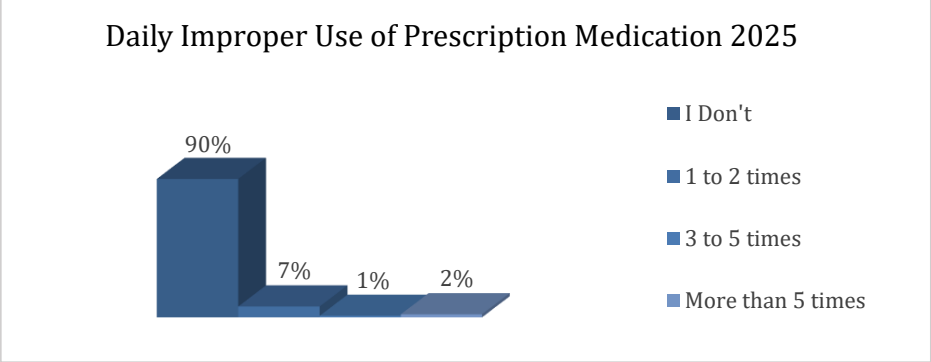
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 87% indicated they did not consume alcohol on a typical day (Figure 42); 90% indicated they do not take prescription medication improperly, including opioids on a typical day (Figure 43); 91% indicated they do not use marijuana on a typical day (Figure 44); and 98% indicated they do not use illegal substances on a typical day (Figure 45).

Figure 42



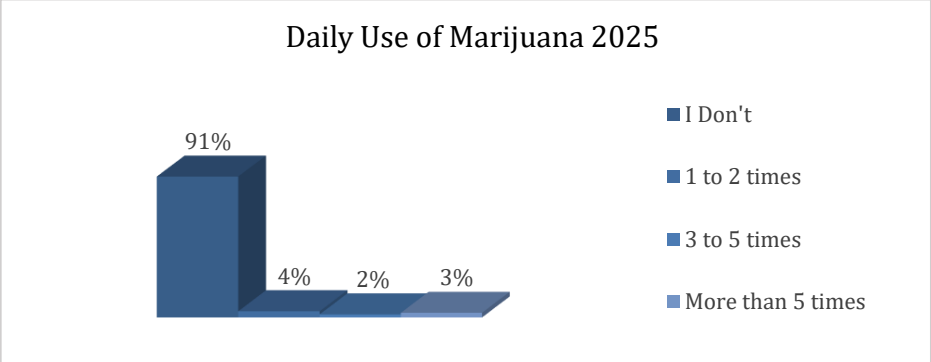
Source: CHNA Survey

Figure 43



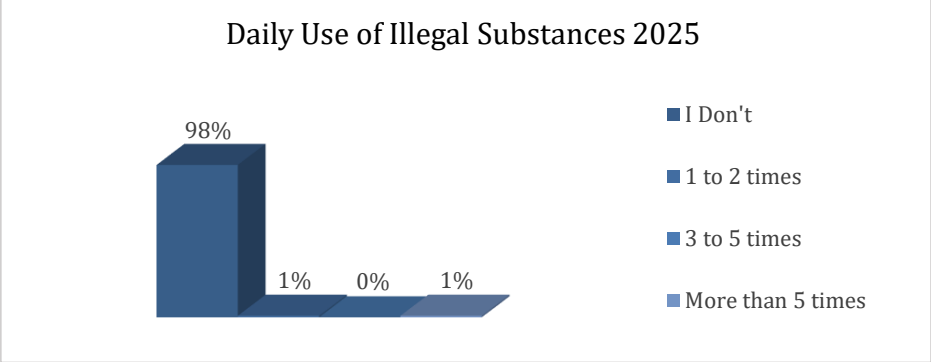
Source: CHNA Survey

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 higher for men.
- **Misuse of prescription medication including opioids** tends to be rated higher for those with lower income, those with lower education, and people in an unstable housing environment. Misuse of prescription medication tends to be rated lower by White people.
- **Marijuana use** tends to be rated higher by younger people, men, Black people, those with lower education, those with a lower income, and those in an unstable housing environment. Marijuana tends to be rated lower by White people.
- **Use of Illegal substances** had no significant correlates.

3.3 Obesity

Importance of the Measure: Individuals who are obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Madison 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.

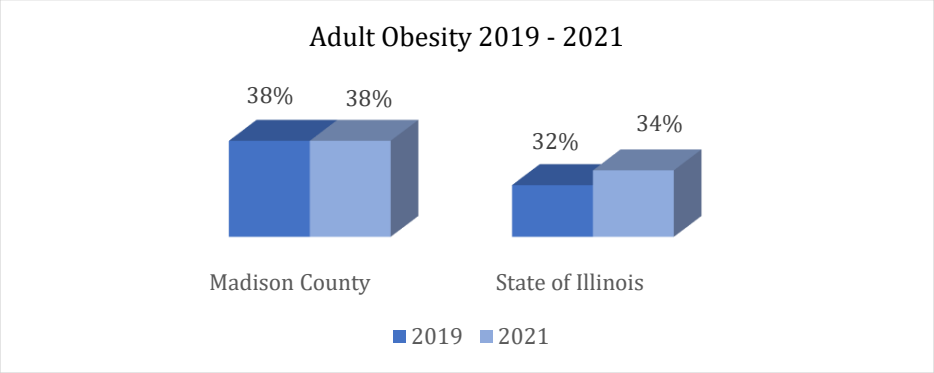
With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side 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 Madison County, the number of people diagnosed with obesity has remained constant between 2019 and 2021. Note specifically that the percentage of obese people is 38% in Madison County, which is higher than the State of Illinois average (34%) (Figure 46).

Additionally, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 46

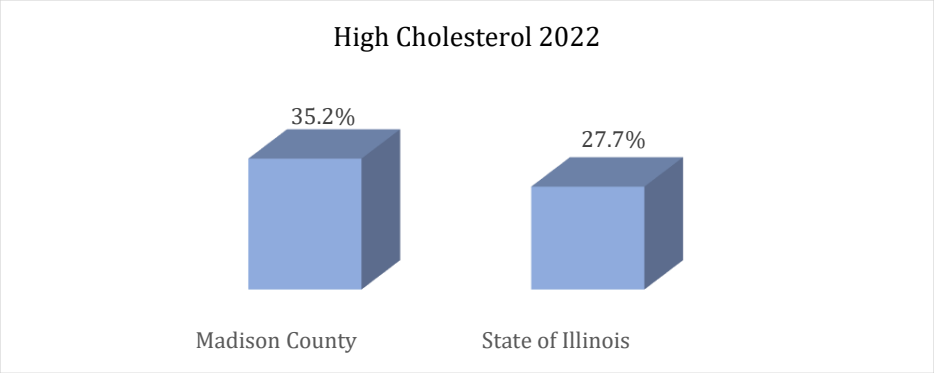


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Madison County report a higher than State of Illinois average prevalence of high cholesterol. Specifically, the percentage of residents who report they have high cholesterol is higher in Madison County (35.2%) than the State of Illinois average (27.7%). Note that data have not been updated by the Illinois Department of Public Health (Figure 47).

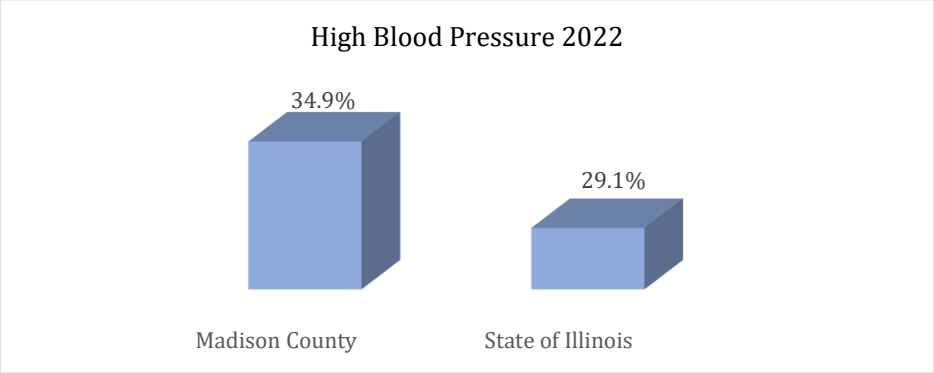
Figure 47



Source: Stanford Data Commons

With regard to high blood pressure, Madison County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Madison County residents reporting they have high blood pressure is 34.9%, compared to 29.1% in the State of Illinois as a whole (Figure 48).

Figure 48



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ VAPING IS INCREASING.
- ✓ SUBSTANCE USE AMONG 8TH AND 12TH GRADERS IS ABOVE STATE OF ILLINOIS AVERAGES ACROSS ALL CATEGORIES, EXCEPT INHALANTS AND FOR 8TH GRADERS, ALCOHOL USE.
- ✓ PRESCRIPTION MEDICATION INCLUDING OPIOIDS IS MISUSED BY 10% OF THE ADULT POPULATION.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE IS ABOVE THE STATE OF ILLINOIS AVERAGE.
- ✓ PREDICTORS OF HEART DISEASE ARE HIGHER THAN THE STATE OF ILLINOIS AVERAGES.

CHAPTER 4 OUTLINE

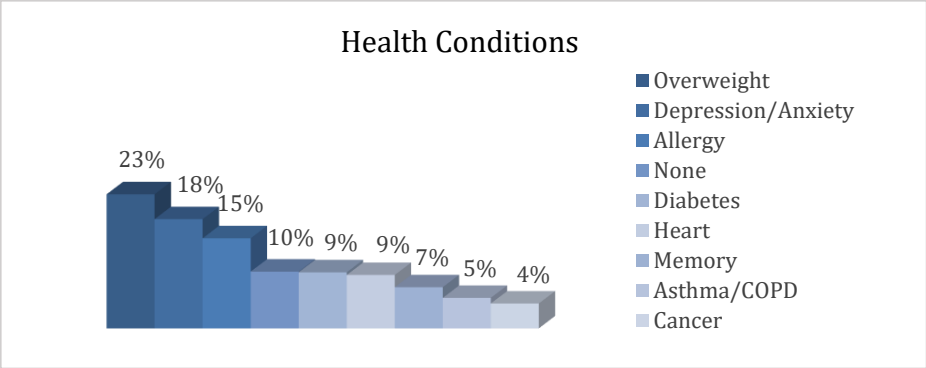
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (23%) was significantly higher than any other health conditions. Additionally, depression (18%) is identified as a leading health concern among respondents. Often percentages for self-identified data are lower than secondary data sources (Figure 49).

Figure 49



Source: CHNA Survey

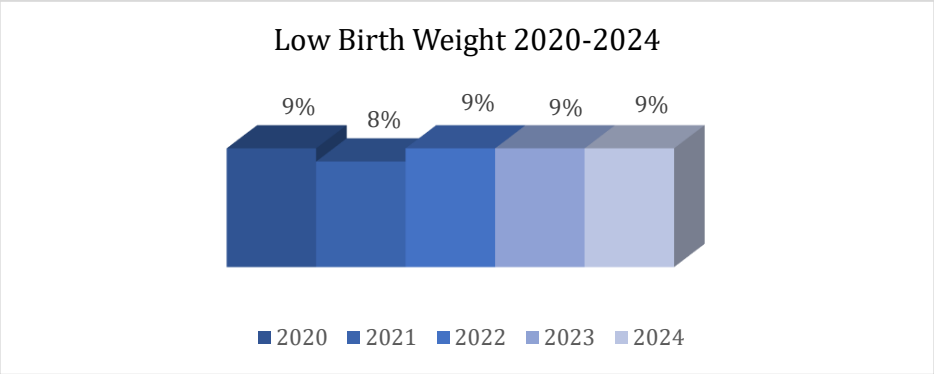
4.2 Healthy Babies

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 for behavioral risk factors associated with poor birth outcomes are crucial. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal-weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Madison County remained relatively constant at 9% from 2020 to 2024 with a decrease to 8% in 2021 (Figure 50).

Figure 50



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

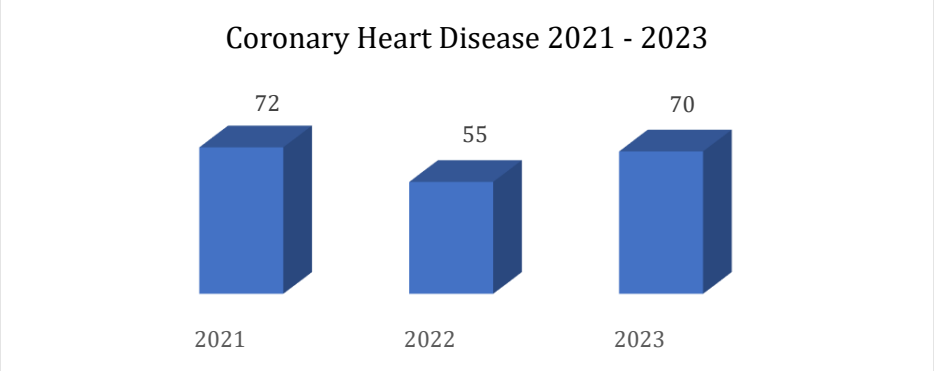
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary Heart Disease

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

The number of cases of coronary atherosclerosis complication at Madison County area hospitals has decreased between 2021 (72) and 2023 (70) (Figure 51).

Figure 51

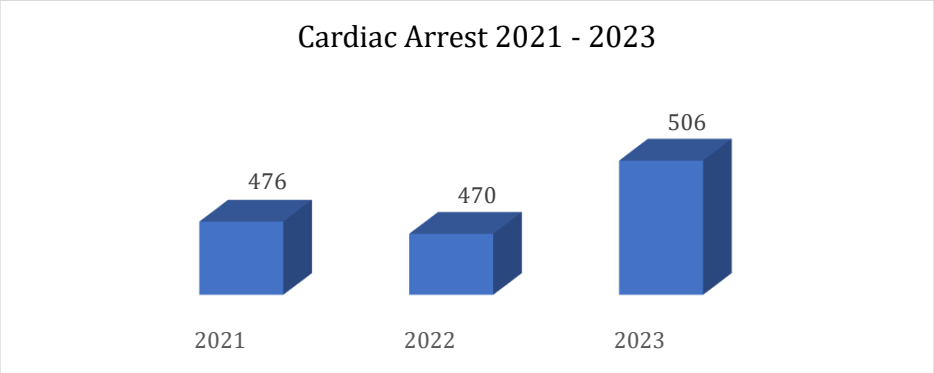


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Madison County area hospitals had an overall increase in cases between 2021 (476) and 2023 (506) (Figure 52).

Figure 52

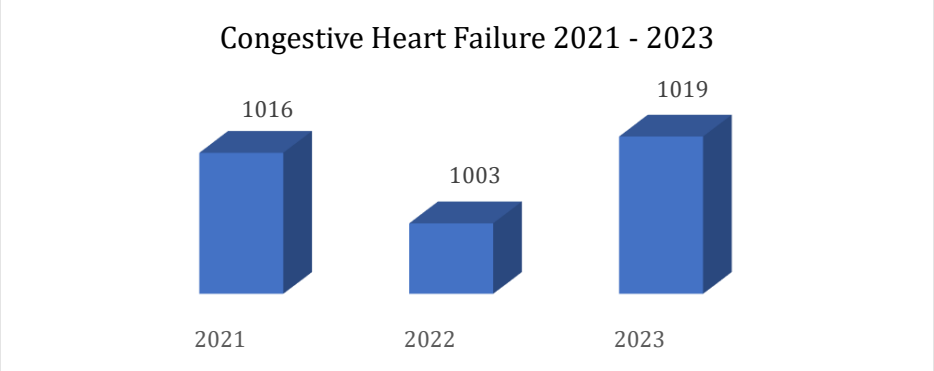


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Madison County area hospitals had an overall increase from 2021 (1016) to 2023 (1019) (Figure 53).

Figure 53

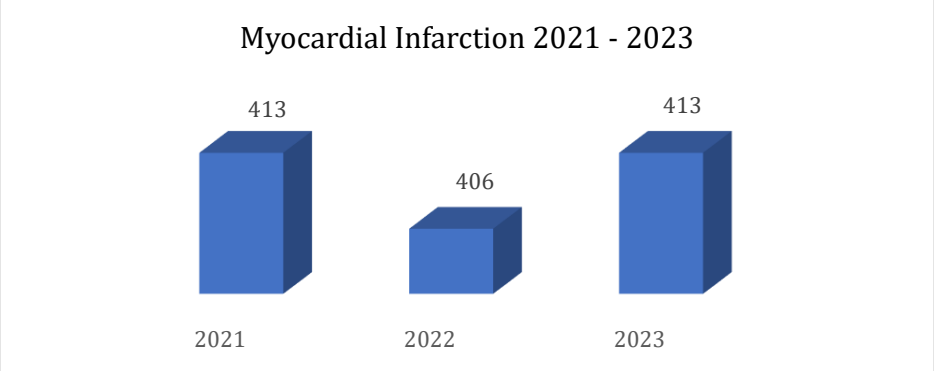


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Madison County saw a slight decrease from 413 in 2021 to 406 in 2022 before returning to 413 in 2023 (Figure 54).

Figure 54

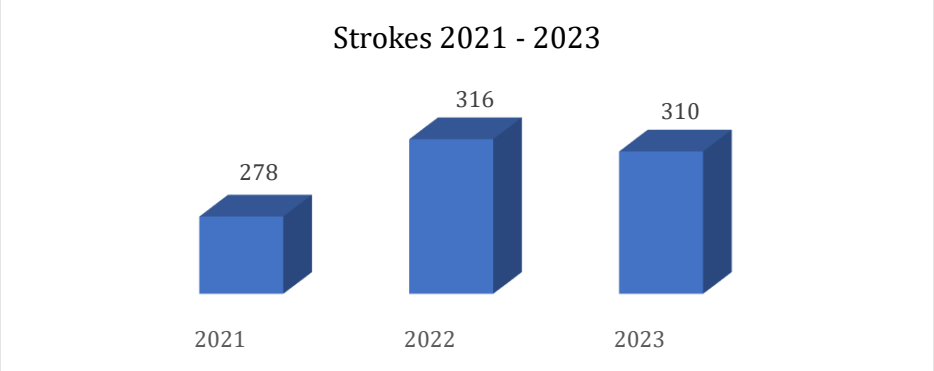


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Madison County area hospitals had an overall increase from 2021 (278) to 2023 (310) (Figure 55).

Figure 55



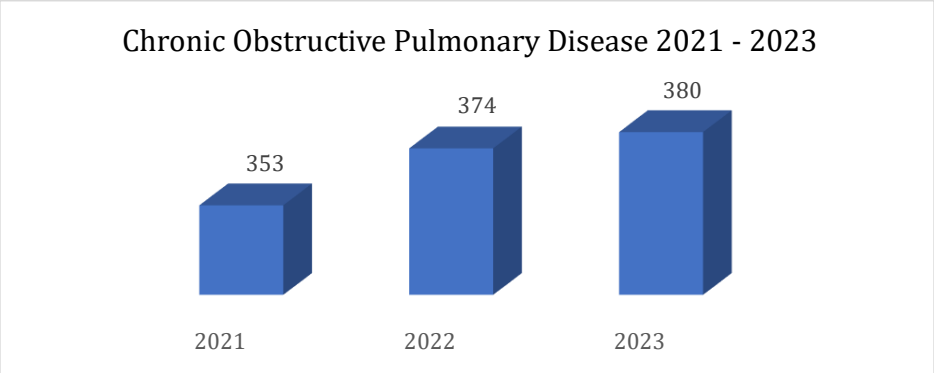
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Madison County area hospitals increased between 2021 (353) and 2023 (380) (Figure 56).

Figure 56



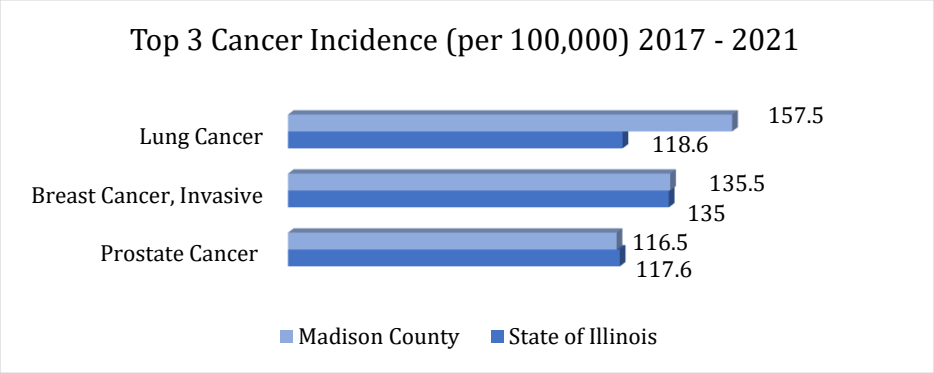
Source: COMPdata Informatics

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 Madison County.

The top three prevalent cancers in Madison County are illustrated in Figure 57. Specifically, the lung cancer rate for Madison County is significantly higher than the rate for the State of Illinois.

Figure 57



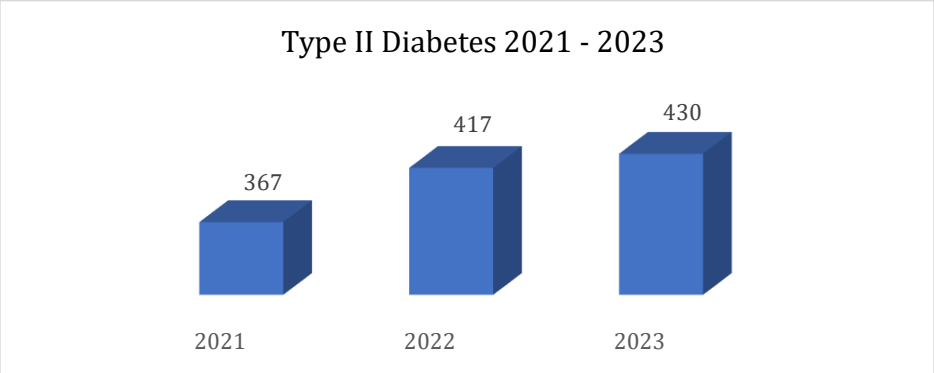
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Madison County increased between 2021 (367) and 2023 (430) (Figure 58).

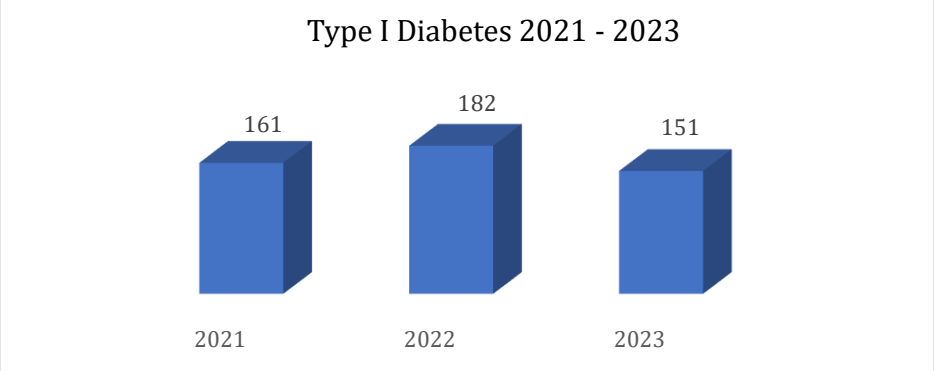
Figure 58



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show an increase from 2021 (161) to 2022 (182), and then decreased in 2023 (151) (Figure 59). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

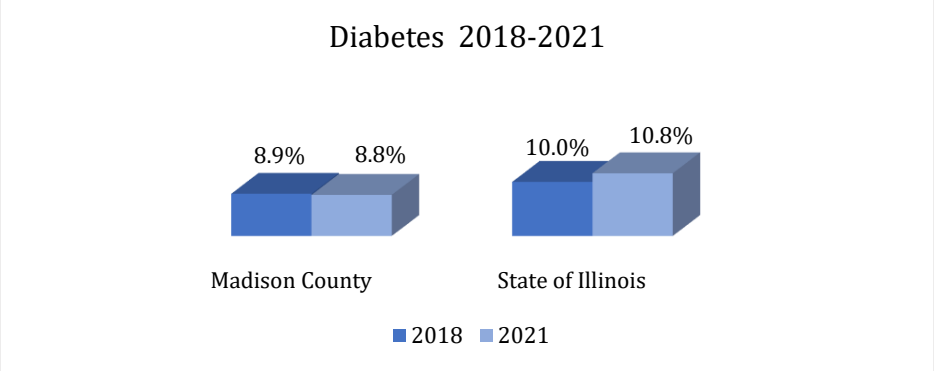
Figure 59



Source: COMPdata Informatics

Data from the Center for Disease Control (CDC) indicate that 8.8% of Madison County residents have diabetes, which is lower the State of Illinois average of 10.8% (Figure 60).

Figure 60



Source: Center for Disease Control (CDC)

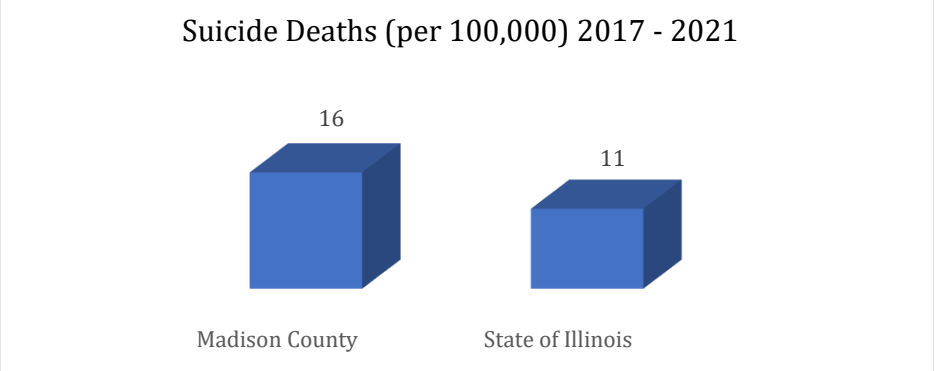
4.7 Injuries

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

Suicide

The number of suicides in Madison County indicate higher incidence than State of Illinois averages, as there were approximately 16 per 100,000 people in Madison County in 2021 compared to 11 per 100,000 people in the State of Illinois (Figure 61).

Figure 61



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 Madison County are similar as a percentage of total deaths in 2022. Diseases of the heart are the cause of 22.1% of deaths, cancer is the cause of 19.8% of deaths, and accidents are the cause of 6.8% of deaths in Madison County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois 2022		
Rank	Madison County	State of Illinois
1	Diseases of Heart (22.1%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (19.8%)	Malignant Neoplasm (19.2%)
3	Accidents (6.8%)	Accidents (6.1%)
4	COVID-19 (6.2%)	COVID-19 (5.8%)
5	Cerebrovascular Disease (6.1%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN MADISON COUNTY ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ RATE OF DIABETES IS INCREASING.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ HEART DISEASE, CANCER, AND ACCIDENTS ARE THE LEADING CAUSES OF MORTALITY IN MADISON COUNTY.

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

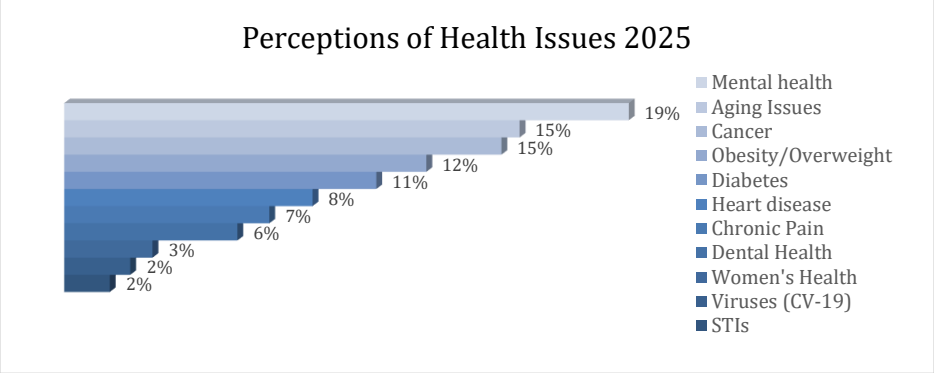
5.1 Perceptions of Health Issues

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

The health issue that rated highest was mental health (19%), followed by aging issues (15%), and cancer (15%) (Figure 62).

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

Figure 62

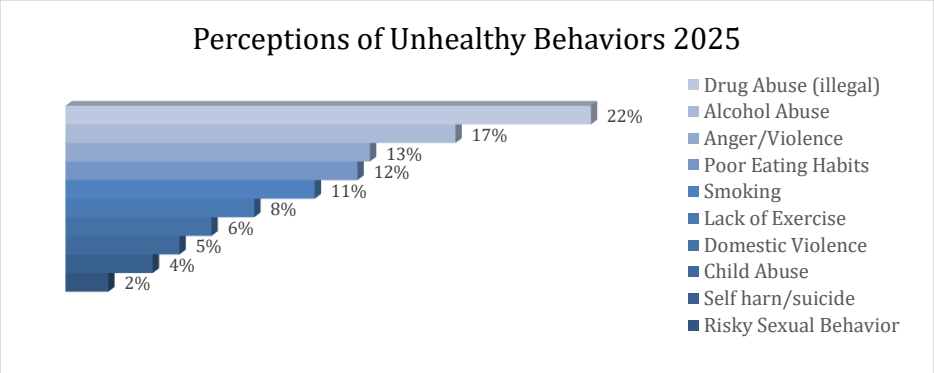


Source: CHNA Survey

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 two unhealthy behaviors that rated highest were drug abuse (illegal) at 22% and alcohol abuse at 17% (Figure 63).

Figure 63



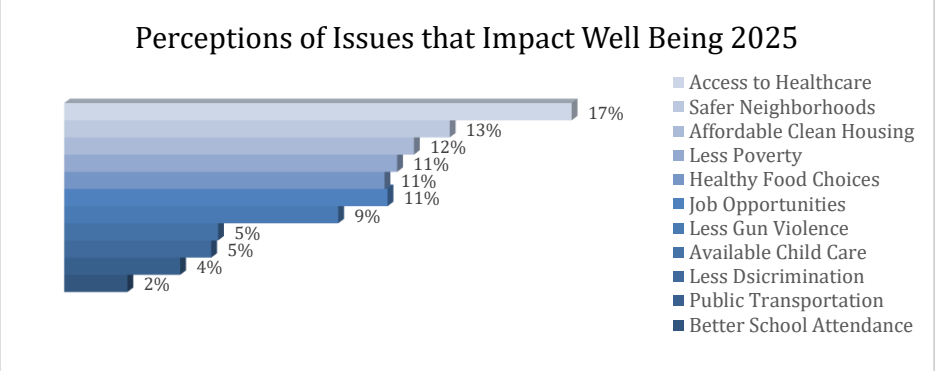
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issues impacting well-being that rated highest were access to healthcare (17%), safer neighborhoods (13%), and affordable clean housing (12%) (Figure 64).

Figure 64



Source: CHNA Survey

5.4 Summary of Community Health Issues

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

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

- Population over age 65 increased
- Single female head-of-house-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:

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

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

- Vaping
- Substance use – cigarettes, among youth
- Opioid abuse among adults
- Obesity
- Risk factors for heart disease

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

- Lung cancer
- Diabetes
- Suicide rates
- Heart disease, cancer and accidents 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**
- **Obesity**
- **Substance Use**
- **Cancer – Lung and Screening**

5.5 Community Resources

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

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

5.6 Significant Needs Identified and Prioritized

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

APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified two significant health needs and considered them equal priorities:

- **Behavioral Health – Mental Health and Substance Use**
- **Cancer Screening**

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE USE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 47% indicated they felt depressed in the last 30 days and 42% indicated they felt anxious or stressed. Depression tends to be rated higher by younger people, those with less income, and those living in an unstable housing environment. Similarly, stress and anxiety tend to be rated higher for younger people, those with less income, and those in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of the respondents, 42% indicated that they spoke to someone, the most common response was a family member or friend (36%)

In regard to self-assessment of overall mental health, 15% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 13% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men. Of survey respondents, 10% indicated they improperly use prescription medications each day to feel better and 9% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher for those with lower income, those with lower education, and people in an unstable housing environment. Marijuana use tends to be rated higher by younger people, men, Black people, those with lower education, those with a lower income, and those in an unstable housing environment. Finally, of survey respondents, 2% indicated they use illegal drugs on a daily basis.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the most prevalent unhealthy behavior (22%) in Madison County, followed by alcohol use (17%).

CANCER SCREENING

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer.

SCREENING RATES. Four types of cancer screening were measured: breast, cervical, prostate, and colorectal. Results from the CHNA survey show that 68% of women had a breast screening in the past five years and 70% of women had a cervical screening. For men, 50% had a prostate screening in the past five years. For women and men over the age of 50, 60% had a colorectal screening in the last five years.

Compared to results of the 2022 CHNA survey, cervical cancer screening and prostate cancer screening increased, while breast and colorectal cancer screening decreased. Specifically, in 2022, 69% of women had cervical cancer screening, compared to 70% in 2025. Additionally, in 2022, 41% of men reported they had a prostate screening, compared to 50% in 2025. In contrast, in 2022, 73% of women had a breast screening, compared to 68% in 2025. For women and men over the age of 50, 67% had a colorectal screening in 2022, compared to 60% in 2025.

SOCIAL DRIVERS OF HEALTH. Breast screening tends to be more likely for older women, White women, those with a higher level of education, and those with higher income. Breast screening is lower for women in an unstable housing environment.

Cervical screening tends to be more likely for White women, those with a higher level of education, and those with higher income. Cervical cancer screening tends to be less likely for Black women and women in an unstable housing environment.

Prostate screening tends to be more likely for older men and those with a higher income. Prostate screening is less likely for men in an unstable housing environment.

Colorectal screening tends to be more likely for older people, those with a higher level of education, and those with higher income. Colorectal screening is less likely for Black people and those in an unstable housing environment.

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:

Internal Stakeholders

Sister M. Beata entered the Sisters of St. Francis of the Martyr St. George in 1997. Currently, she is the Vice President of Operations and Special Projects at OSF HealthCare Saint Anthony's Health Center where she leads non-clinical support departments as well as ancillary services. She also serves on the OSF HealthCare Board of Directors. Sister has a Master's in Business Administration and a Master's in Philosophy from the University of Mary in Bismark, North Dakota, and a Bachelor of Arts in Sociology; Youth Ministry and Religious Studies from Benedictine College in Atchison, KS. Before coming to OSF HealthCare in 2020, Sister spent over 11 years at the Mother of Good Counsel Home in St. Louis in various capacities including Director of Support Services where she was responsible for Human Resources, Business Office and IT.

Trudy Bodenbach is the Business Development Specialist at OSF HealthCare Saint Anthony's Health Center. Trudy has a Bachelor of Science in Organizational Leadership and a Master of Business Administration. She has over 30 years of experience in multiple areas of focus, including business development, community development, economic development, physician recruiting and nonprofit leadership. Outside of work, Trudy enjoys drawing, cooking and entertaining guests.

Traci Bromaghim, MHA, BSN, RN is the Director of Emergency Services for OSF HealthCare Saint Anthony's Health Center, a position she has held since 2016. Prior to her current management role she was an Emergency Room Case Manager. Past work experience includes emergency room staff nurse, house supervisor and float pool nurse. After receiving her Associate's Degree in Nursing from Lewis & Clark Community College, she went on to complete her undergraduate work at Goldfarb School of Nursing, graduating with her Bachelor's Degree in Nursing. Most recently, Traci completed her Masters in Health Administration at Webster University.

Staci M. Knox, LCSW, is the Manager of Psychological Services at OSF HealthCare Saint Anthony's Health Center. She earned both a Bachelor's and Masters of Social Work degree Summa Cum Laude from the State University of New York, Stony Brook. In 2015, after a cross-country move she began work as a child and adolescent psychotherapist at OSF Saint Anthony's Psychological Services while maintaining a small private practice. In 2019 she became the Lead Psychotherapist and in December of 2021 accepted the position as the department manager. In addition to her responsibilities in psychological services, and health center committees, she is a certified Mental Health First Aid Instructor, and Field Practicum Supervisor for Bachelor and Masters level social work students at SIU Edwardsville, Washington University, Saint Louis University, and UMSIL Staci additionally holds the position of the Southern District Chair for the National Association of Social Workers, Illinois Chapter, also serving on the Illinois Chapter NASW ethics committee and Board of Directors.

Angie Halliday, MBA, BSN, RN, OCN, is the Director of Oncology Services at OSF HealthCare Saint Anthony's Health Center. She earned her Bachelor of Science in nursing from the Goldfarb School of Nursing at Barnes-Jewish College in St. Louis, her Master of Business Administration from Missouri Baptist University in St. Louis, and her Master of Science in Nursing from WGU. Before joining OSF HealthCare, Angie served as a pediatric nurse – hematology, oncology, bone marrow transplants and home infusions. In 2011, she started as an infusion and chemotherapy nurse at OSF HealthCare Saint Anthony's Health Center. After serving as the department's charge nurse, Angie became the Manager of Oncology Services in September of 2017. In addition to her responsibilities in the cancer center, she is a certified smoking cessation facilitator for the American Cancer Society and is actively involved in various community outreach activities, including "OSF Team Hope" for the American Cancer Society Relay for Life. She also serves on the Board for the American Cancer Society. She lives in Godfrey, Illinois, with her husband and 4 children.

Lisa Schepers, DNP, MBA, BSN, RN, NE-BC is the Vice President Chief Nursing Officer for OSF HealthCare Saint Anthony's Health Center. She has been with OSF HealthCare since March 2021. Lisa previously served as Chief Nursing Officer at Mercy Rehab Hospital in St. Louis and also held various nursing director positions at Missouri Baptist. Lisa and her husband, Jeff, love watching the St. Louis Blues, traveling and spending time with their family.

Randy Schorfheide has served as the Public Relations & Communications Coordinator for OSF HealthCare Saint Anthony's Health Center since November 2024. As a Marketing & Communications Mission Partner, Randy is accountable for helping OSF Saint Anthony's align marketing and communication needs with OSF HealthCare Ministry's strategic goals and key results. During his more than 21 years of health care marketing and communications experience, Randy has served in managerial and senior leadership positions at local, regional, national and corporate levels. He has a demonstrated history of achievement in marketing, media and public relations, internal communications, non-profit and fundraising management, community relations and sales.

Lori Vadnal is the Director of Finance at OSF HealthCare Saint Anthony's Health Center where she has held various positions within the Finance department since 2008. Lori earned both her Bachelor and Master of Science in Accountancy from Southern Illinois University Edwardsville. Before coming to OSF HealthCare, Lori worked as an Auditor at KEB in St. Louis. She attained her CPA license in 2006, and became a Certified Healthcare Financial Professional (CHFP) through Healthcare Financial Management Association in 2020.

Holly Woulfe, COTA/L, is the Supervisor of the Alton Digital Health Navigator Team with OnCall Connect at OSF Healthcare. She has worked at OSF Saint Anthony's Healthcare for 14 years between the Rehabilitation Services and OnCall Connect departments. Holly and her husband, Chris, love spending time with their family/friends and precious daughters.

Zachary Yoder, MHA, RN, NEA-BC, FACHE, serves as President at OSF HealthCare Saint Anthony's Health Center in directing all internal operations in continuing to ensure that high quality and cost-effective health care is delivered to patients in the Riverbend region. Prior to joining OSF Saint Anthony's, Zach rose through the executive ranks at SIHF Healthcare first serving as Vice President of

Business Development and Strategy, then ascending to the Chief Operating Officer role. His first stint in an executive-level leadership position came during his time as Chief Nursing Officer at HSHS St. Joseph's Hospital (Breese, IL).

Zach believes in taking active community service roles and does so by currently serving on the Board of Directors for Caritas Family Solutions (Belleville, IL), and is an Adjunct Instructor at McKendree University (Lebanon, IL).

Zach earned a Bachelor of Science in Nursing from Southern Illinois University (Edwardsville) and a Master of Health Administration from Webster University in St. Louis. He then went on to earn a Master of Healthcare Operational Excellence from Washington University in St. Louis.

He lives in O'Fallon, IL, with his wife, Lindsi, along with their two sons and two dogs.

Frances Young, Manager of Rehab Services at OSF HealthCare Saint Anthony's Health Center, graduated from St. Louis University with a degree in Physical Therapy. For the last 21 years, she has been practicing at OSF St. Anthony's Health Center. She has worked as the manager of Rehabilitation Services and Sleep Center for 7 of those 21 years. She enjoys time with her family and 3 grandchildren.

Community Health Needs Assessment - Stakeholders in Alton, IL

Mrs. Theresa Collins is the Chief Executive Officer at Senior Services Plus, Inc. where she has worked since 2008 to provide opportunities and resources to individuals as they age. She has over 25 years of professional experience in social services and management and believes that the work of her agency is life changing.

Mrs. Collins serves on many professional boards including the Illinois Association of Community Care Providers Homecare Providers, Energy Assistance Foundation, and the IQ South Committee. She is co-chair of the State of Illinois Community Care Program Advisory Council. She is a member of the Older Adult Services Advisory Council for the state of Illinois and serves as an Executive Council Member for AARP-Illinois. She has a Bachelor of Science degree from Greenville College and a certificate in Business Management for Non-Profit Leaders from Washington University, Olin School of Business.

Andrea Crane has been the Executive Director of Community Hope Center (CHC) since October 2023. She began her journey with CHC in 2012 as the Administrative Assistant to the Executive Director. Over the years, Andrea has worked in every department within the organization, playing a key role in the leadership transition in 2014. She spearheaded the implementation of Donor Management Software and Client Database changes, and successfully transitioned the services to Client Choice in 2020.
Andrea's dedication and expertise led to her promotion to Operations Manager, followed by Director of Operations, before being named Executive Director in October 2023, succeeding the former Executive Director upon their retirement.

Prior to joining CHC, Andrea worked with the Regional Office of Education #40 in the Alternative Education Program. She has been married to her husband, Steve for 31 years, and they have three children and seven grandchildren.

John Keller has served as president of the Riverbend Growth Association since 2017. The RBGA is the chamber of commerce and economic development agency for 11 communities in Madison County. John is responsible for overseeing all business functions and the staff of the Growth Association, as well as facilitating the Legislative and Public Affairs Committee, the Transportation Committee and the Business Retention and Expansion Committees. Prior to joining the Growth Association as its leader, John served 34 years in banking, most recently serving as Regional President of Carrollton Bank in Alton from 1996 to 2016. During that time, he was an RBGA board member for a total of 16 years, as well as a past board chairman and a two-time winner of the Chairman's Award. John earned a bachelor's degree in Business Administration from Benedictine College in Atchison, Kansas. Throughout his career, he has served in many volunteer leadership roles including OSF HealthCare Saint Anthony's Foundation, East End Improvement Association, Alton/Godfrey Rotary Club, Greater Alton Community Development Corporation, American Cancer Society Mardi Gras Ball, Marquette High School Board and Foundation Board, Southern Illinois Employers Association, Alton Knights of Columbus, and North Alton/Godfrey Business Council.

Damian Jones is the Founder and Executive Director of SALT (Student Athletes Leading Tomorrow), a sports-based youth development nonprofit. Through SALT, Damian's hope is to leverage the power of sports/physical activity to help each child in our community achieve their fullest potential, developing active, healthy lifestyles while ensuring personal growth in areas of life beyond sports. SALT secured donor funding and completed the construction of a $120,000 futsal mini-pitch, in collaboration with the US Soccer Foundation's national court-building initiative. The Alton Mini-Pitch was the first facility of its kind in the St. Louis metropolitan region. SALT is also collaborating with the Southern Illinois University-Edwardsville Center for STEM Research, Education & Outreach, to implement a pilot program at Alton Middle School called "Cougar KickBots". The subject program will introduce students to the fundamentals of soccer, as well as computer science, coding and robotics. Student-athletes from the SIUE Men's and Women's Soccer program will serve as coach-mentors, teaching the fundamentals of soccer to the students as part of a service-learning initiative.

Damian graduated from Louisiana State University in Baton Rouge with a Bachelor of Architecture degree. From there, he went on to attend Tulane Law School where he received his J.D. He spent over a decade working as a construction lawyer, specializing in construction claims/construction management. He is married to Dr. D'Andrienne Jones with whom he shares a son, Ian, and two daughters, Adrianna and Anya. In his spare time, he enjoys golf, tennis and fly fishing.

Ameera Nauman, M.D., FAAP is a Board-Certified Pediatrician with OSF Medical Group in Alton, Illinois. She attended the American University of the Caribbean in St. Maarten before completing her residency at Nassau University Medical Center in East Meadow, NY. She is involved in various community organizations including the Riverbend Health Services Advisory Committee and Refuge. Her areas of interest include community health, mental health, development, and preventive health and wellness. She is committed to using her community's resources along with dedicated professionals, organizations, and parents to attain accessibility and quality of services for all children, and fully believes in advocating for those who lack access to care because of their socioeconomic status.

K. Margarette Trushel is a founding member of Oasis Women's Center and has served as Executive Director since 1979. She holds a Bachelor's of Arts in Human Services, a Bachelor's of Science in Special Education, and a Master's of Science in Counseling/Human Services Administration. In addition, she has attended Post Graduate Workshops at Harvard Medical School on Victimization and Abuse; she is a Certified Domestic Violence Professional. For the last 40 years, Margarette has participated in the Illinois Coalition Against Domestic Violence. Until recently, she also served as chair of the Intervention, Prevention and Education Committee of the Third Judicial Circuit Family Violence Prevention Council. She is active in many community organizations as well: the Eva A. McDonald Women's History Coalition, and Alton Area Church Women United.

Anne Tyree, MPA, CFRE is Regional Chief Executive Officer for Centerstone, a multi-state nonprofit health system specializing in mental health and substance use disorder treatments for people of all ages. She is responsible for the organization's operations across multiple Illinois counties. Anne has worked for nonprofit organizations nearly 30 years, including organizations serving the unhoused, children with disabilities, a public university, and community behavioral healthcare organizations. Anne received her BA from UIC and her MPA with an emphasis on health care from APU, both magna cum laude. She currently leads the State of Illinois Region 5 advisory committee to implement 988 protocols for mental health crisis response, is past President for the Community Behavioral Healthcare Association of Illinois, and served on the Governor's Task Force for Supportive Housing, and the Madison County Illinois Continuum of Care. Born and raised in Chicago, Anne now lives in Southwestern Illinois.

Al Womack, Jr. has served as Executive Director of Boys & Girls Club of Alton for over 25 years. He graduated with a Bachelor of Science degree in Business Administration from Central State University in Ohio. His community involvement includes: City of Alton Human Relations Commission, ROAR Volunteer, OSF HealthCare Saint Anthony's Health Center Community Assessment Team, Alton Community School District Wall of Fame Committee, Alton Memorial Hospital Community Benefit Committee, Illinois Alliance of Boys & Girls Clubs Board of Directors and Government Relations Committee Member, Alton Education Foundation Board member, Former Madison –Bond County Workforce Investment Board, and Catholic Children's Home Advisory Board. Al is the recipient of the 2007 Elijah P. Lovejoy Human Rights Award, 2002 Southern Illinois University at Edwardsville Dr. Martin Luther King Jr. Humanitarian Award, 2001 Illinois Association of Club Women Inc. (Southern District) Mentoring Award.

Emily Won started her public health career as an AmeriCorps member in Kansas City, KS, where she promoted healthy living in underserved communities. She later worked as a Graduate Assistant at Eastern Illinois University, helping students in recovery from substance use disorders while earning her Master's in Biological Sciences. Emily has continued to work with vulnerable populations through clinical and prevention programs. She now serves as the Community Health Director for Madison County Health Department, managing public health initiatives and community partnerships. Emily is married to her husband Yeongcheol and has two beagles, Toby and Henry.

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

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

experience. Michelle obtained both a Bachelor of Science Degree and Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

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

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

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

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

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

The following actions by OSF Saint Anthony's Health Center contributed to an increased awareness in the importance of exercise for overall health and well-being within Madison County:

1) Hosted the Mall Walker Program at Alton Square Mall
    a) The program was discontinued due to lack of interest
2) Sponsored events encouraging active living, such as races and 5Ks
    a) Coordinated a five-year pledge of $3,000 per year with the City of Wood River for the Wood River Recreation Center, beginning in FY24
3) Participated in health fairs and community events to promote active lifestyles
    a) 800 attendees at OSF SAHC's Back to School event, which featured education on healthy living and physical activity

The following actions by OSF Saint Anthony's Health Center contributed to an increased awareness of the importance of proper nutrition for overall health and wellness:

1) Distributed and promoted articles and educational content on healthy eating habits through social media
    a) Social media posts on healthy living topics reached 16,516 people
2) Sponsored a community educational event promoting healthy eating
    a) Planning for the event was put on hold due to the COVID pandemic, but resumed in fall 2022
3) Provided educational materials on healthy eating habits to the community
    a) Donated a television to the Crisis Food Pantry to support outreach efforts

2. Mental Health - Defined as Mental Health and Substance Use

The following actions by OSF Saint Anthony's Health Center contributed to an increased number of residents in Madison County who report that they spoke to someone about their mental health:

1) Facilitate Community Crisis Response Workgroup
    a) Consolidated resource list is updated and is posted on the city of Alton's website. Quarterly meetings were held in FY24
2) Sponsor community mental health educational seminars and events
    a) 337 participants in mental health seminars, events, and support groups
3) Offer free mental health screenings
    a) Nine free mental health and anxiety screenings provided to the community

The following actions by OSF Saint Anthony's Health Center contributed to a decreased number of Madison County residents who report daily alcohol consumption, improper prescription medication use, or marijuana use:

1) Initiated an Inpatient Medical Detox program to support recovery efforts
    a) 295 patients received treatment in FY24
2) Sponsored a drug takeback day to promote safe medication disposal
    a) A total of 329.5 pounds of medication were collected in FY24.
3) Implemented a new tactic by hosting weekly Al-Anon support group meetings and NAMI meetings to provide additional community support
    a) Attendance reached up to 15 participants per week

The following actions by OSF Saint Anthony's Health Center contributed to a decreased number of Madison County residents who reported smoking and vaping, as well as the number of 12th graders who reported inhalant use:

1) Provided vaping education to middle and high school students
    a) Information on the dangers of vaping and e-cigarettes was presented to 1,667 people
2) Offered smoking cessation education and classes to encourage quitting

a) Four participants enrolled in Courage to Quit Smoking Cessation classes

b) The program continued to be promoted in the community, including offering one-on-one sessions, but many individuals struggled to commit to quitting

3) Participated in the UNICEF Child Friendly Program to support youth well-being

a) OSF SAHC remained actively engaged in the program

APPENDIX 3: SURVEY

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

COMMUNITY PERCEPTIONS

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

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

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

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

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

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

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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

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

Prescription Medicine

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

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

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

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

Dental Care

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

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

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

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

Mental-Health Counseling

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

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

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

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

HEALTHY BEHAVIORS

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

Exercise

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

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

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

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

Healthy Eating

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

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

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

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

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

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

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Overall Health Ratings

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

INTERNET

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

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

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

BACKGROUND INFORMATION

1. What county do you live in?

☐ Madison ☐ Other

2. What is your Zip Code? _____

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

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer

☐ Don't have (Please answer #4)

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

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

☐ Don't know how to get health insurance

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

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

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

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

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

☐ Pacific Islander ☐ Native American ☐ Asian/South Asian

☐ Multiracial

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

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

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

☐ Bachelor's degree ☐ Graduate degree

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

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

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

11. What is your housing status?

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

12. How many people live with you? _____

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

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse

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

☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member

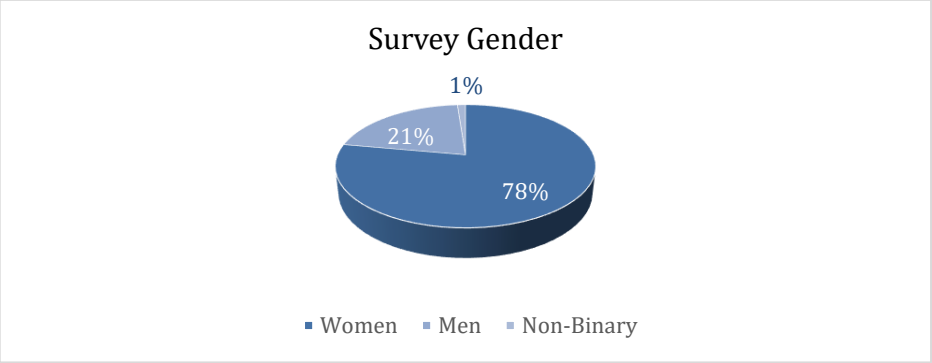
☐ Mother treated violently

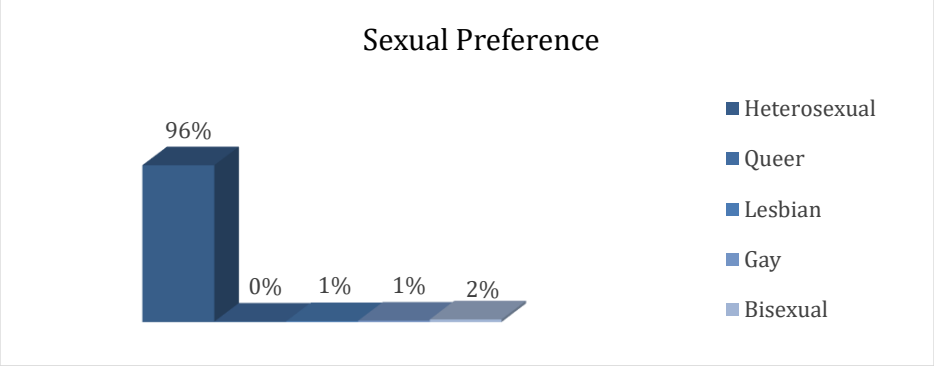
Is there anything else you'd like to share about your own health goals or health issues in our community?

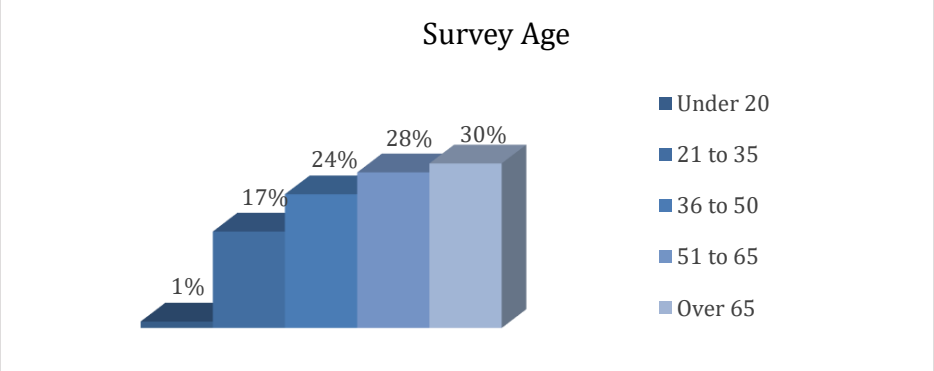
_____

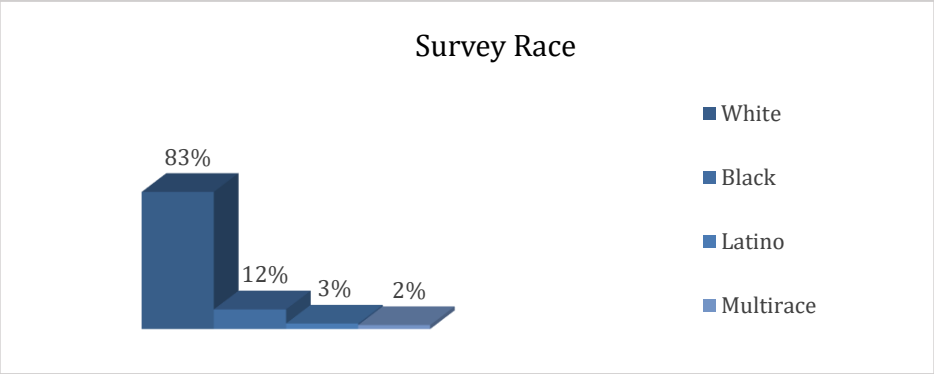
Thank you very much for sharing your views with us!

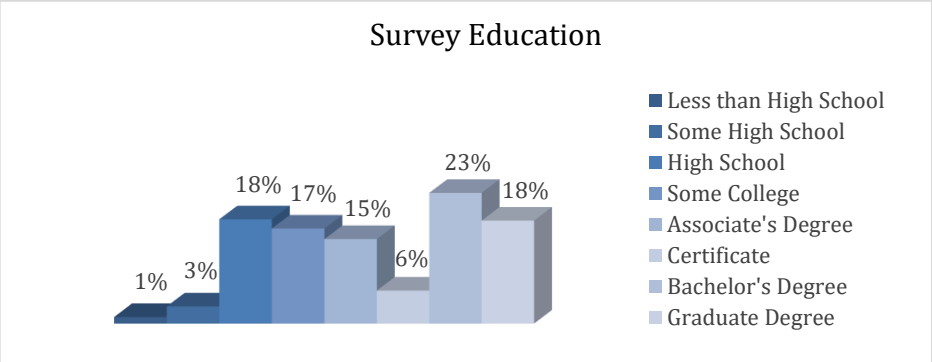
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

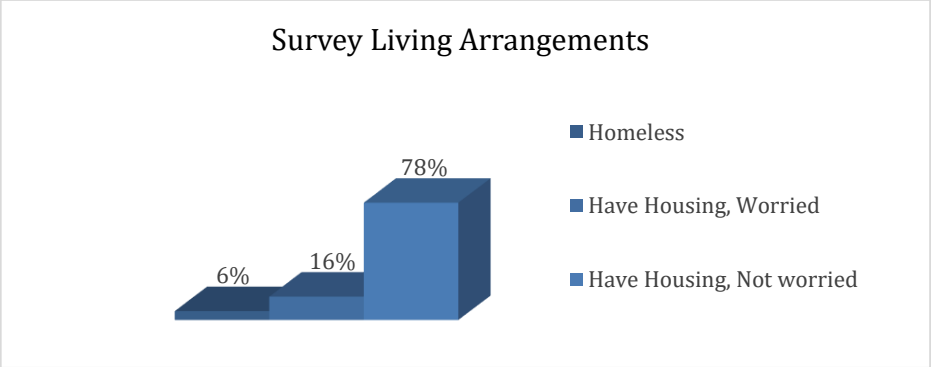


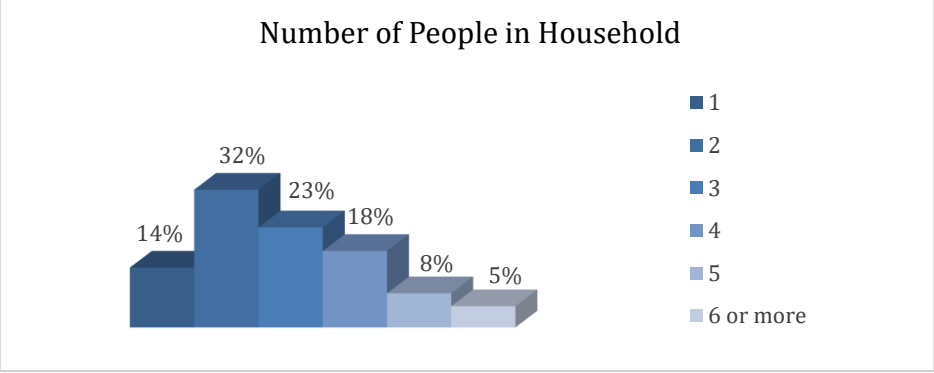


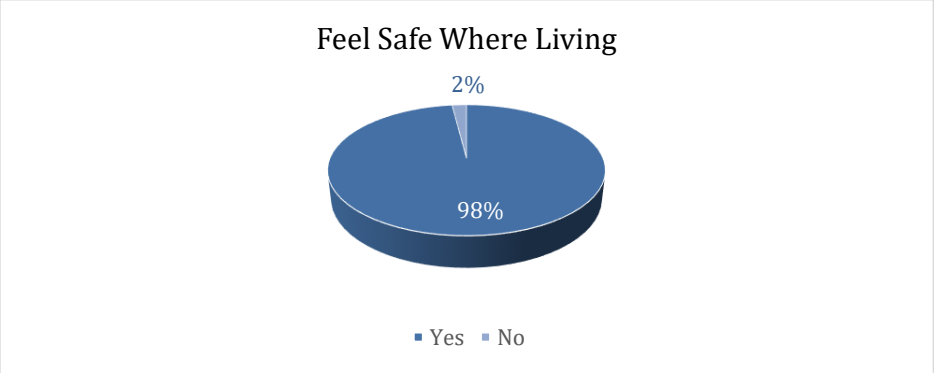


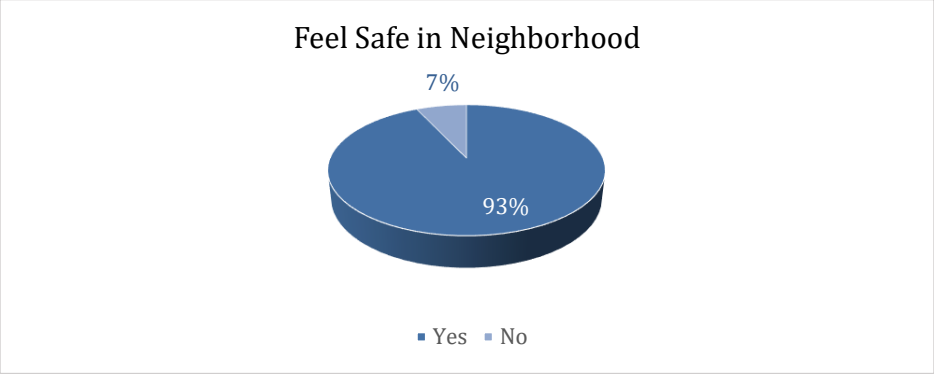

Survey Race
83%
12%
3%
2%
White
Black
Latino
Multirace

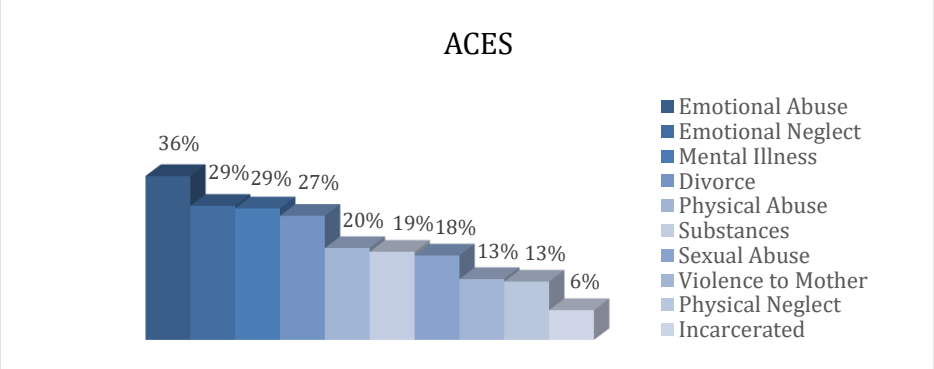

Survey Education
1%
3%
18%
17%
15%
6%
23%
18%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
6%
16%
78%
Homeless
Have Housing, Worried
Have Housing, Not worried


Number of People in Household
14%
32%
23%
18%
8%
5%
1
2
3
4
5
6 or more


Feel Safe Where Living
2%
98%
Yes
No


Feel Safe in Neighborhood
7%
93%
Yes
No


ACES
36%
29%
29%
27%
20%
19%
18%
13%
13%
6%
Emotional Abuse
Emotional Neglect
Mental Illness
Divorce
Physical Abuse
Substances
Sexual Abuse
Violence to Mother
Physical Neglect
Incarcerated

APPENDIX 5: RESOURCE MATRIX

	Aging Population	Access to Healthcare	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Substance Use	Cancer - Lung & Screening
Recreational Facilities							
Nautilus Fitness Center	1		3		3		
Club Fitness	1		3		3		
Planet Fitness	1		3		3		
Senior Services Plus	3		3		3		
Max Sports & Wellness Center	1		3		3		
Leisure World	1		3		3		
Health Departments							
Madison County Health Department	1	1	1	2	1	2	1
Education							
Alton Community School District			2	1	1	2	
Lewis & Clark Community College			2	1	1	1	
Community Agencies							
Alton Main Street - Farmers' Market	1		2		1		
Alton YWCA	3		3	1	2		
American Cancer Society	2	1	2	1	2		3
Boys & Girls Club			3	2	2	2	
Drug Free Alton Coalition				1		3	
Centerstone	1	2		3	1	3	

	Aging Population	Access to Healthcare	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Substance Use	Cancer - Lung & Screening
Community Hope Center	1		2	1			
Oasis Women's Center		1		1		2	
Riverbend Family Ministries	1	1	1	2	1	1	
Salvation Army	1	1	1	1			
The 100 Black Men of Alton	1		1	2			
United Way	3	1	3	1	2	1	
NAACP							
American Diabetes Association	2		3		3		
American Heart Association	2		3		3		
American Lung Association	2		3		2	3	3
Hospitals / Clinics							
OSF HealthCare Saint Anthony's Health Center	2	2	2	3	2	3	3
Alton Memorial Hospital	2	2	2	3	2	3	3
Jersey Community Hospital	2	2	3	3	2	3	2
Anderson Hospital	2	2	2	2	2	2	3

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

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES

Nautilus Fitness Center
Nautilus Fitness Center offers the latest in fitness trends and equipment. The fitness facility offers classes, pool, and boot camp.

Club Fitness
Affordable, friendly, state of the art fitness facility.

Planet Fitness
Offers a welcoming and friendly community where people can feel comfortable regardless of their fitness level, known as the "Judgment Free Zone."

Senior Services Plus
Senior Services Plus is an agency that helps enrich lives of older adults through programs and services that encourage independent living. The agency offers recreation, arts & crafts, and educational classes.

Max Sports & Wellness Center
Fitness facility offering various classes and equipment. (Formerly Metro Sports)

Leisure World
Leisure World is a fitness facility that commits helping members meet their needs with various classes and equipment.

HEALTH DEPARTMENTS

Madison County Health Department
The Madison County Health Department provides a core of services in the areas of portable water supplies, food protection, infectious disease control, and community health education.

EDUCATION

Alton Community School District
Alton Community School District #11 provides students with expanded academic opportunities and/or interventions in order to increase achievement level. The school targets level K – 12.

Lewis & Clark Community College
Lewis & Clark Community College is a two-year higher education institution with multiple campuses, river research center, and community education and training centers located throughout the 220,000+ person college district.

COMMUNITY AGENCIES/PRIVATE PRACTICES

Alton Main Street Farmer's Market
A responsible way for people to shop for healthy food.

Alton YWCA
Because we know that healthy lifestyles are achieved through nurturing mind, body and spirit, well-being at the YWCA of Alton is more than just working out. We offer opportunities to get fit, get educated and connect with others in the community.

American Cancer Society
The American Cancer Society saves lives by helping people stay well and get well by finding cures and by fighting back.

Boys & Girls Club
Boys & Girls Club is a youth development agency. The agency enables young people to reach their full potential as productive, responsible and caring citizens.

Drug Free Alton Coalition (DFA)
Drug Free Alton Coalition commits to prevention of youth from using alcohol, tobacco, and other drugs. DFA serves the Greater Alton area (Alton and Godfrey).

Centerstone
Centerstone is a community based behavioral health care, offering a full range of mental health services, substance abuse treatment and intellectual and developmental disabilities.

Community Hope Center
Community Hope Center offers help and hope to those experiencing hunger and hardship, assisting an average of 550 individuals every week.

Oasis Women's Center
Oasis Women's Center is a shelter for domestic violence and homeless, chemically dependent woman and their dependent children.

Riverbend Family Ministries
Riverbend Family Ministries provides families and individuals, who have experienced trauma, most often due to violence, addiction, poverty and homelessness, the tools they need to be self-sufficient.

Salvation Army
Salvation Army is an integral part of the Christian Church. It brings comfort to the needy and homeless individual.

United Way
United Way improves lives by mobilizing the caring power of communities around the world to advance the common good.

National Association for the Advancement of Colored People (NAACP)
NAACP is to ensure a society in which all individuals have equal rights without discrimination based on race.

The 100 Black Men of Alton
The "100" is concerned about the well-being of the whole community and the whole person: physical, emotional/psychological, and spiritual.

American Diabetes Association
American Diabetes Association is a network of more than one million volunteers. It funds research to prevent, cure and manage diabetes.

American Heart Association
American Heart Association is a voluntary organization dedicating to fight heart disease and stroke.

American Lung Association
The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research.

HOSPITALS/CLINICS

OSF Saint Anthony's Health Center
OSF Saint Anthony's Health Center is established by the Sisters of St. Francis of the Martyr St. George and now sponsored by the Sisters of the Third Order of St. Francis.

Alton Memorial Hospital
Alton Memorial Hospital is a member of BJC Healthcare and a non-profit healthcare organization.

Jersey Community Hospital
Jersey Community Hospital is an independent hospital base of primary care services.

Anderson Hospital
Anderson Hospital is an independent non-profit hospital. The hospital provides personal, convenient, and quality healthcare.

APPENDIX 7: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

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

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

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

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

Resources – Is funding available for a program?

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

Step 4. Use Voting Technique to Narrow Potential Issues

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

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

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

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

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

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

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

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