2025

Community Health Needs Assessment

OSF SAINT LUKE MEDICAL CENTER

HENRY COUNTY

EXECUTIVE SUMMARY

The Henry County Community Health Needs Assessment is a collaborative undertaking by OSF Saint Luke Medical Center to highlight the health needs and well-being of Henry County residents. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Henry 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 Henry 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:

- **Mental Health**
- **Healthy Behaviors – Including Nutrition and Exercise**

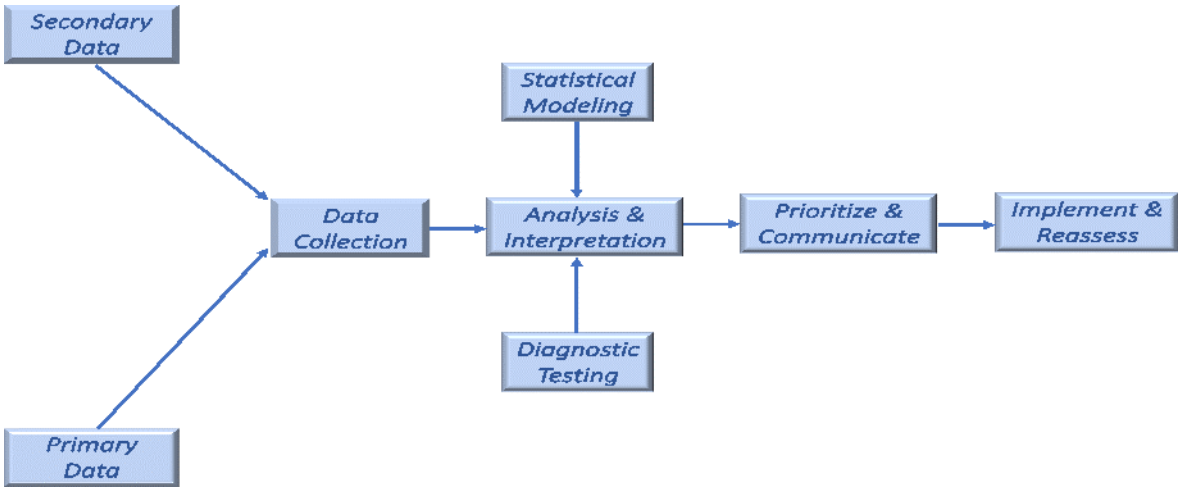
I. INTRODUCTION

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 Luke Medical Center, including those with special knowledge of or expertise in public health. For this study, a community health needs assessment is defined as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 28, 2025.

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

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Luke Medical Center, the Henry 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 Luke Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Henry County. Data show that Henry County alone represents 76% of all patients for the hospital.

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

Purpose of the Community Health Needs Assessment

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

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

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow feedback. The hospital posted both a full and summary version on its website, with a feedback link available. Additionally, feedback could be provided via this email: CHNAFeedback@osfhealthcare.org.

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.

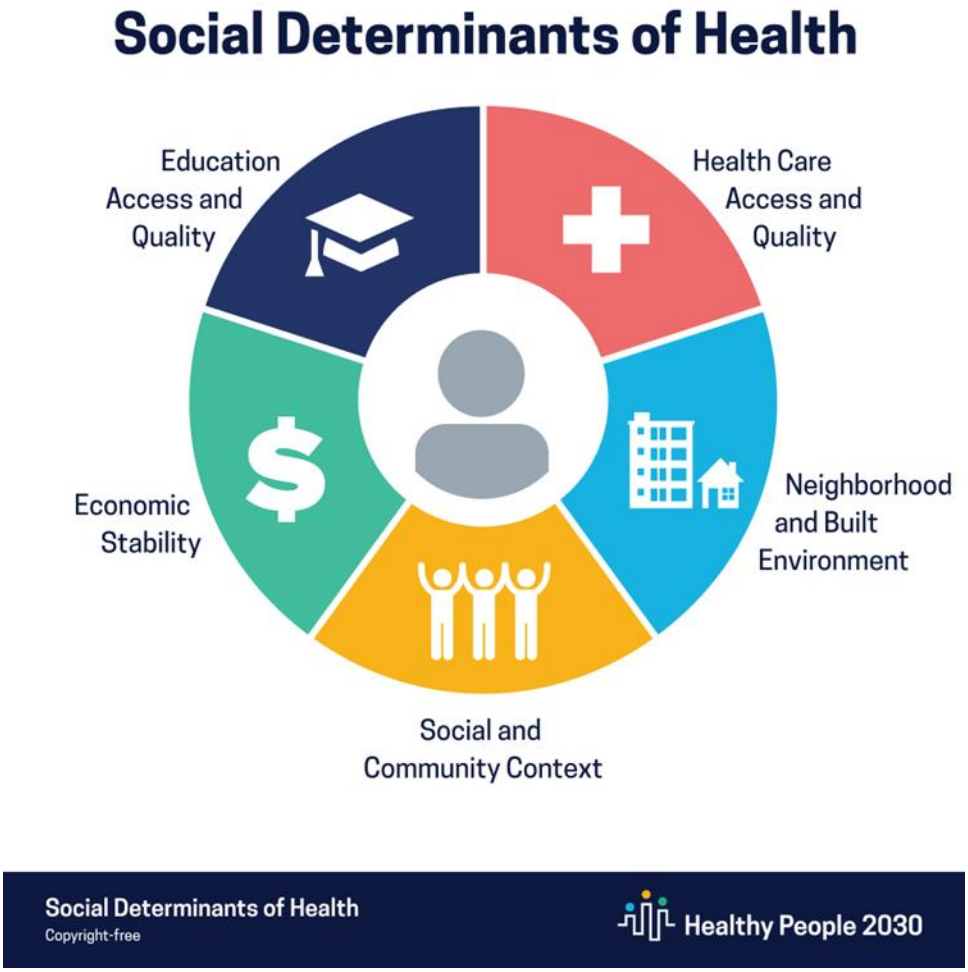
2022 CHNA Health Needs and Implementation Plans

The 2022 CHNA for Henry County identified two significant health needs: Healthy Behaviors, (healthy eating and active living, and their impact on obesity); and Behavioral Health (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 crucial environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. Research by the U.S. Department of Health and Human Services, as part of *Healthy People 2030,* identifies five SDOH to include when assessing community health (Figure 2). Note this CHNA refers to social "drivers" rather than "determinants." According to the *Root Cause Coalition*, drivers are malleable, while determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 2



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

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

II. METHODS

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

Secondary Data Collection

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

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

Primary Data Collection

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

Survey Instrument Design

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

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

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

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

Sample Size

To identify the potential population, the percentage of the Henry 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 Henry County was 8.7%. With a population of 49,157, this yielded a total of 4,277 residents living in poverty in the Henry County area.

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

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

For the total Henry County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 382. The data collection effort for this CHNA yielded a total 421 responses.

After cleaning the data for "bot" survey respondents, the sample was reduced to 391 respondents. This met the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Henry 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 391 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.

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

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

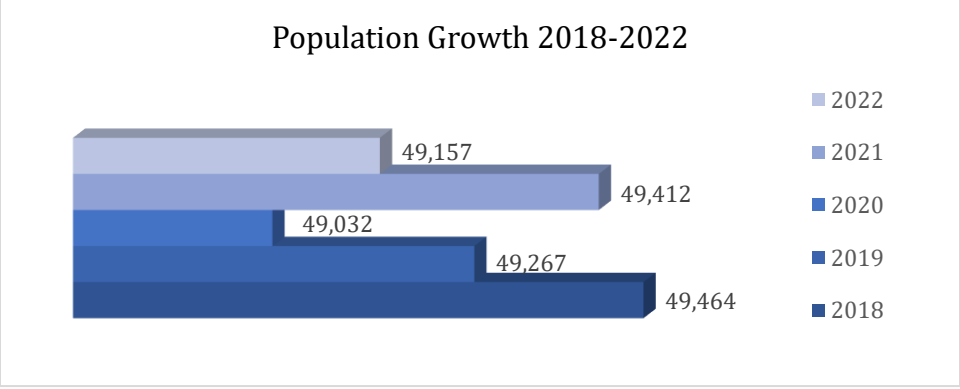
1.1 Population

Importance of the Measure: Population data characterize individuals residing in Henry 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 that the population of Henry County slightly decreased (<1%) between 2018 and 2022 (Figure 3).

Figure 3



Source: United States Census Bureau

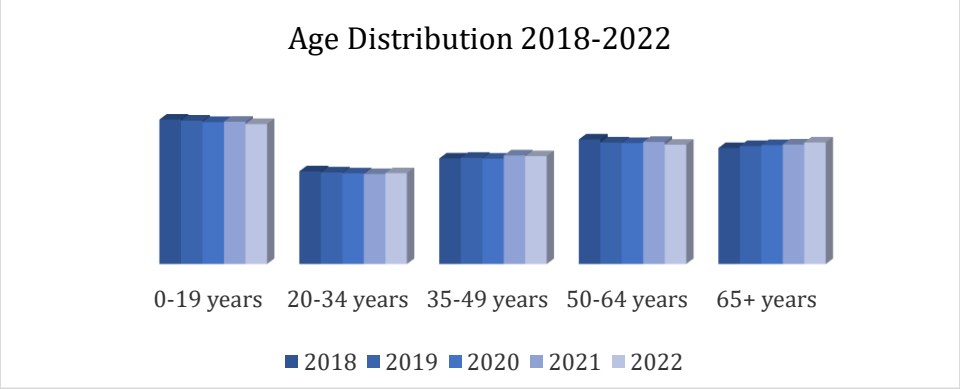
1.2 Age, Gender and Race Distribution

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

Age

As illustrated in Figure 4, the percentage of individuals in Henry County in each age group, except for the 35 – 49 and 65+ age groups, declined over the five-year period from 2018 to 2022. Most notably, those in the 50-64 age group declined 4.2%, followed by 0-19 age group which declined by 3.1%. The 35-49 age group increased by 2.2%, and residents aged 65+ years saw an increase of about 4.8% over the same period.

Figure 4

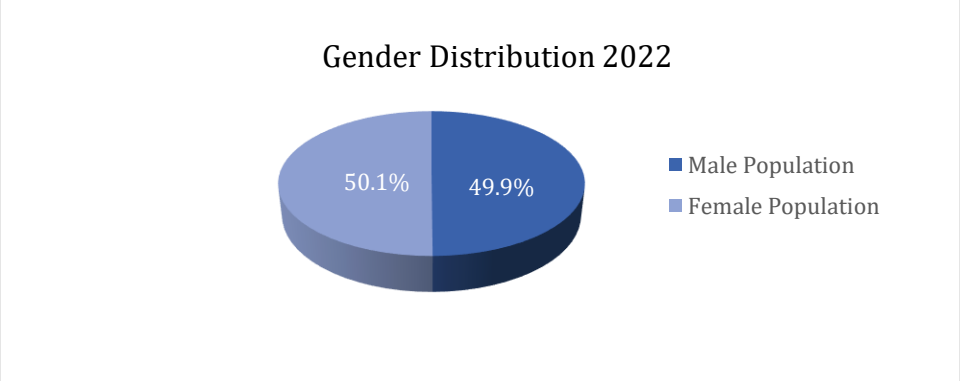


Source: United States Census Bureau

Gender

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

Figure 5



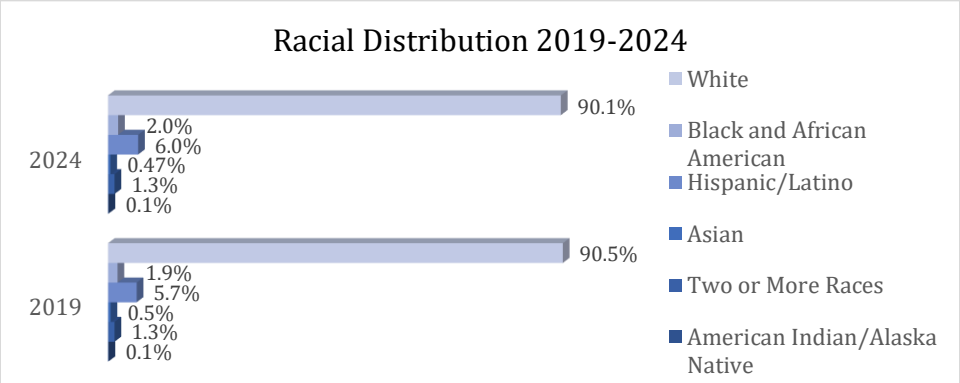
Source: United States Census Bureau

Race

With regard to race and ethnic background, Henry County is largely homogenous. However, in recent years, the county is becoming more diverse. Data from 2024 suggest that White ethnicity comprises 90.1% of the population in Henry County. The non-White population has been increasing, rising from

9.5% in 2019 to 9.9% in 2024. Within this, Hispanic/Latino ethnicity comprises 6.0% of the population and Black ethnicity comprises 2.0% of the population (Figure 6).

Figure 6



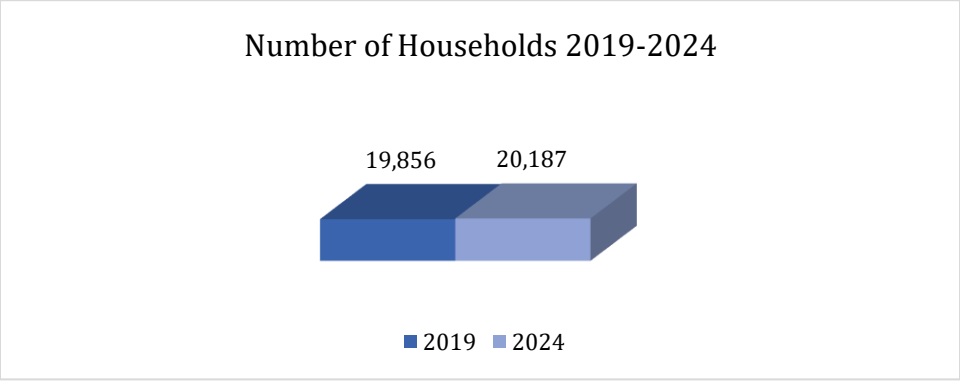
Source: United States Census Bureau

1.3 Household/Family

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

As indicated in the graph below, the number of family households in Henry County increased from 2019 to 2024 (Figure 7).

Figure 7

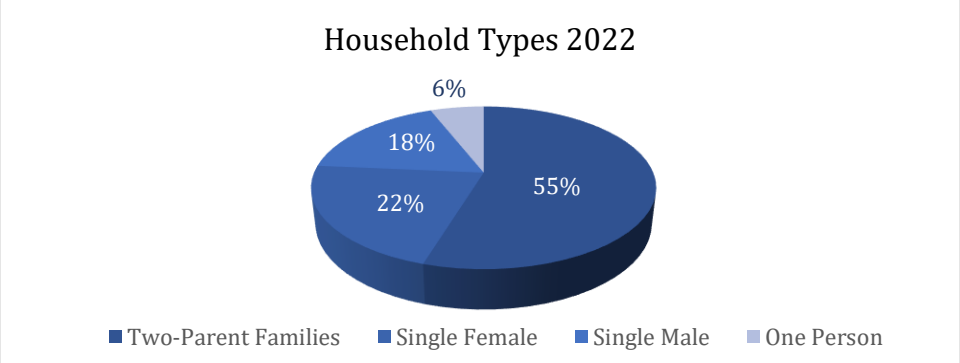


Source: United States Census Bureau

Family Composition

In Henry County, data from 2022 show that two-parent families make up 55% of households. One-person households represent 6% of the county population, single-female households represent 22%, and single-male households account for 18% (Figure 8).

Figure 8

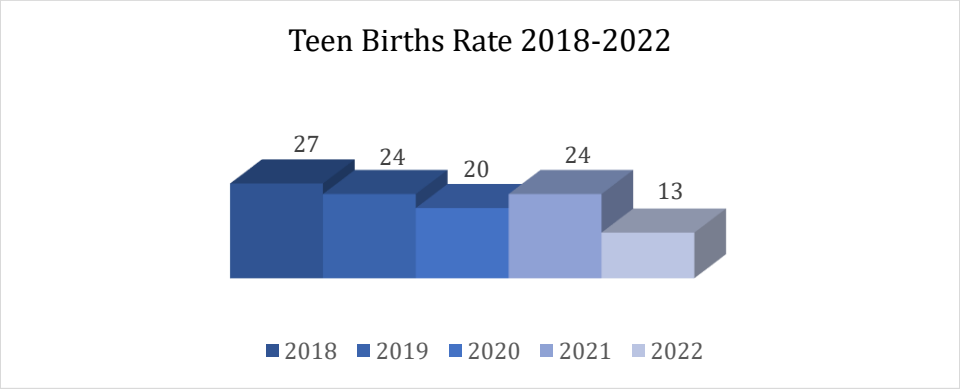


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Henry County has experienced fluctuations in teenage birth count. The count steadily declined from 2018 to 2020, then increased in 2021 before dropping significantly in 2022. Over the five-year period from 2018-2022, the overall trend in the teen birth count has been downward (Figure 9).

Figure 9



Source: Illinois Department of Public Health

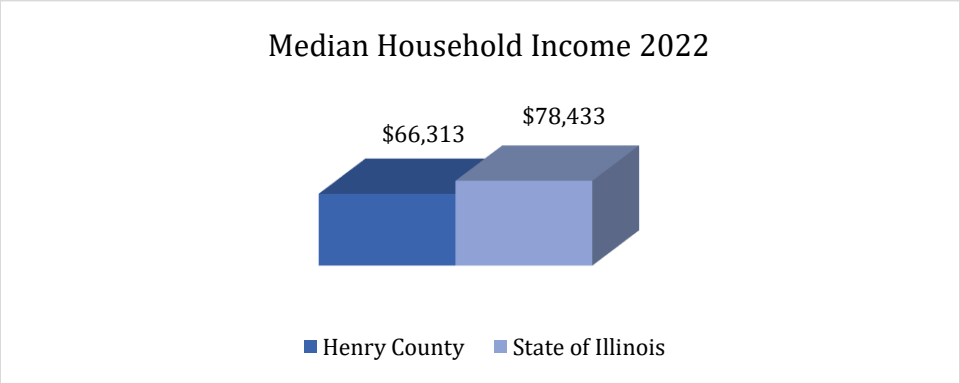
1.4 Economic Information

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 Henry County ($66,313) was lower than that of the State of Illinois ($78,433) (Figure 10).

Figure 10

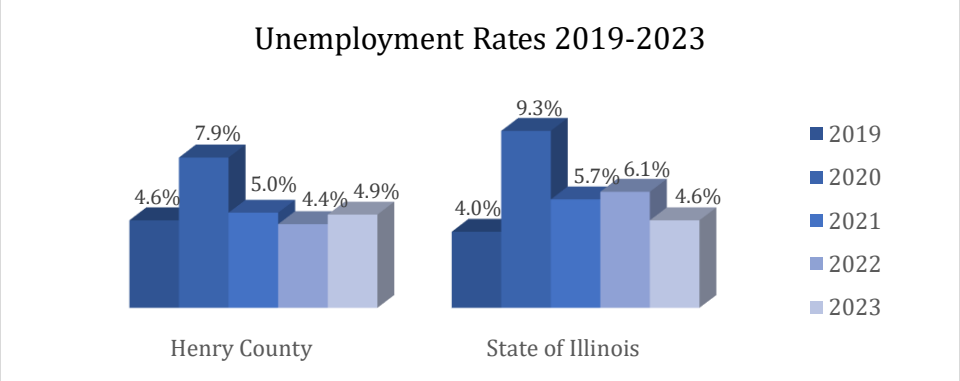


Source: United States Census Bureau

Unemployment

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

Figure 11

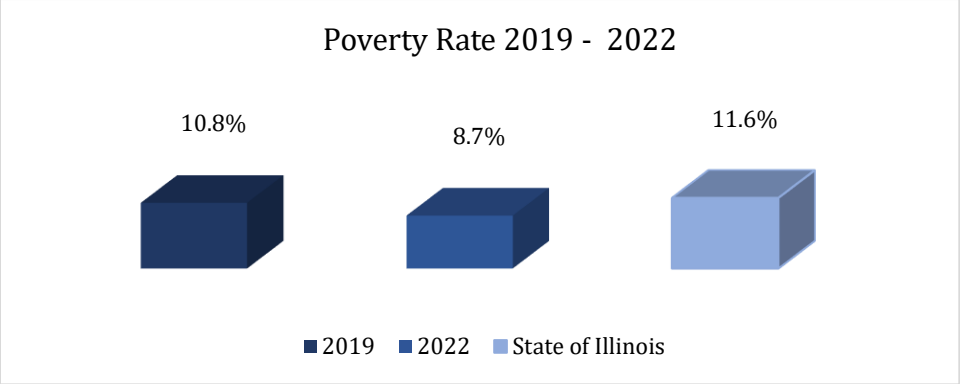


Source: Bureau of Labor Statistics

Individuals in Poverty

In Henry County, the percentage of individuals living in poverty decreased 2.1% between 2019 and 2022. Poverty significantly impacts the development of children and youth. In 2022, the poverty rate for families living in Henry County (8.7%) was lower than the State of Illinois poverty rate (11.6%) (Figure 12).

Figure 12



Source: United States Census Bureau

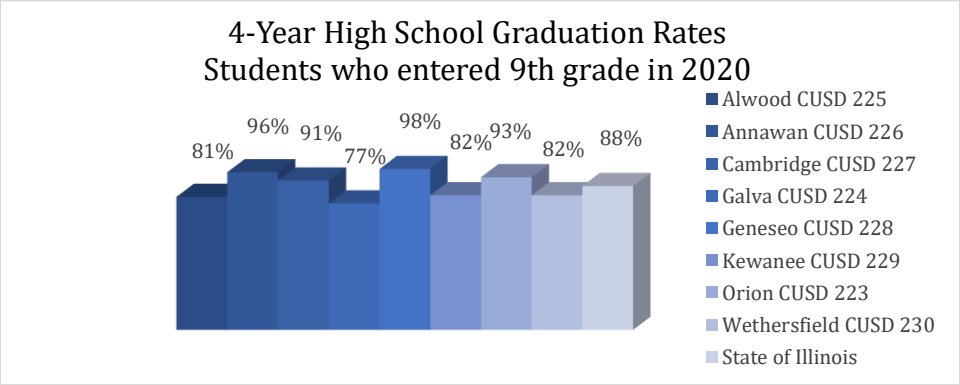
1.5 Education

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

High School Graduation Rates

In 2020, half of the school districts in Henry County reported high school graduation rates that were higher than the State of Illinois average of 88%. The other school districts reported high school graduation rates that were lower than the State of Illinois average. Galva CUSD 224 had the lowest at 77%, while Geneseo CUSD 228 had the highest at 98% (Figure 13).

Figure 13

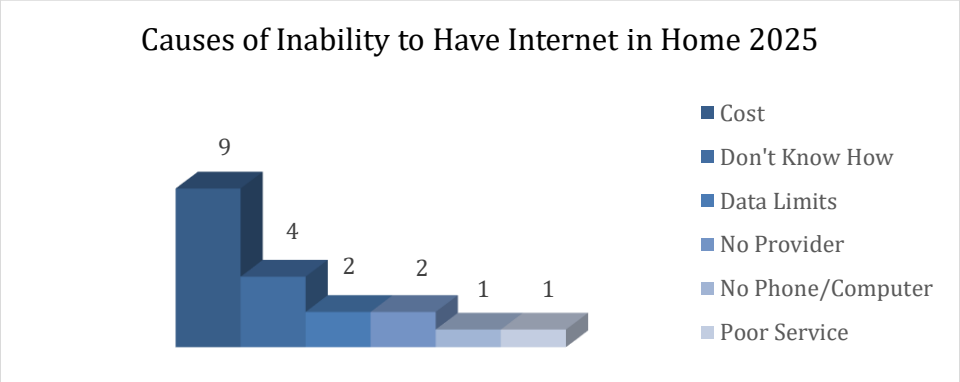


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of the respondents, 96% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages due to the low number of responses.

Figure 14



Source: CHNA Survey

Social Drivers Related to Internet Access

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

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

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSEHOLD REPRESENTS 22% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

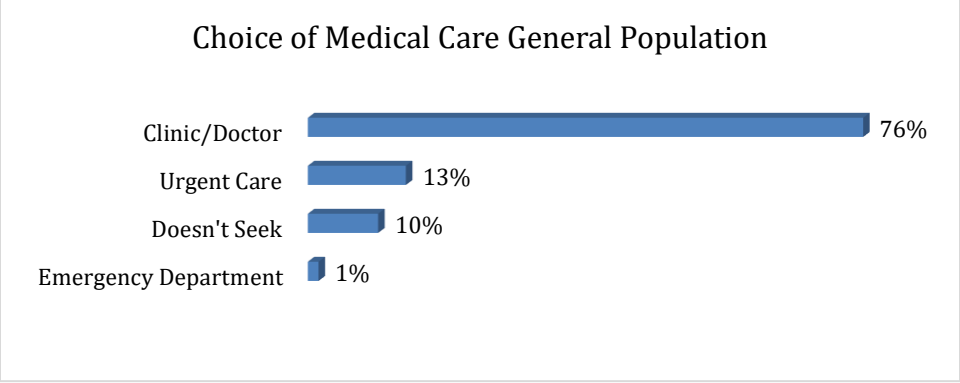
2.1 Accessibility

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 they used when sick. Four different options were presented: clinic or doctor's office, urgent-care facility, did not seek medical treatment, and emergency department. The most common response for source of medical care was clinic/doctor's office, chosen by 76% of survey respondents. This was followed by urgent care (13%), not seeking medical attention (10%), and the emergency department at a hospital (1%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office decreased from 79% in 2022 to 76% in 2025. Much of this can be attributed to the increase in use of urgent care facilities (8% in 2022 to 13% in 2025) and lack of seeking medical care (7% in 2022 and 10% in 2025).

Social Drivers Related to Choice of Medical Care

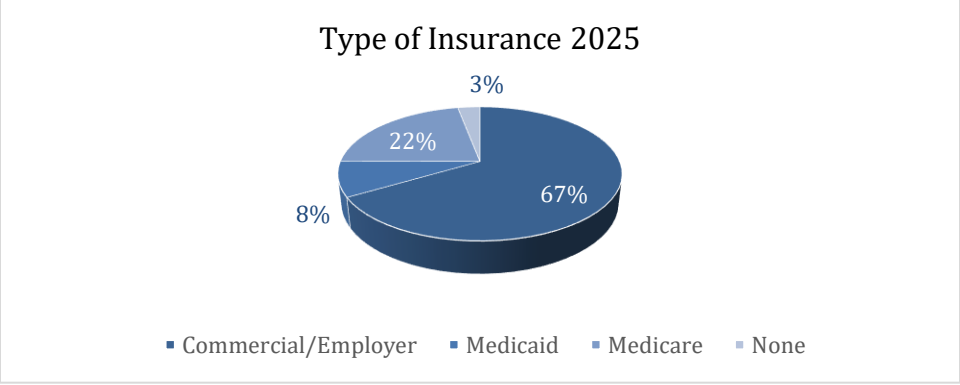
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low, given the demographics of Henry County.

- **Clinic/Doctor's Office** tends to be used more often by White people, and those with higher incomes. It is used less often by LatinX people.
- **Urgent Care** tends to be used more by Black people. It is used less often by White people.
- **Emergency Department** tends to be used more often by the older population as a primary source of healthcare.
- **Does Not Seek Medical Care** tends to be chosen more by LatinX people, men, and those with those with lower income.

Insurance Coverage

According to survey data, 67% of the residents are covered by commercial/employer insurance, followed by Medicare (22%) and Medicaid (8%). Only 3% of respondents indicated they did not have any health insurance (Figure 16).

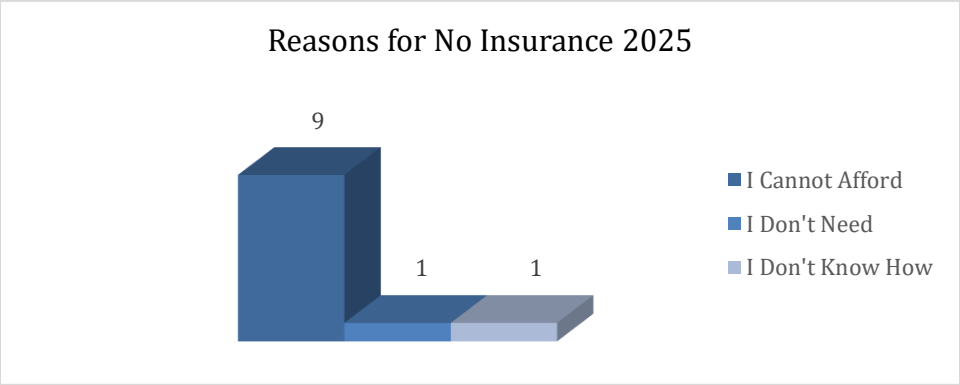
Figure 16



Source: CHNA Survey

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

Figure 17



Source: CHNA Survey

Social Drivers Related to Type of Insurance

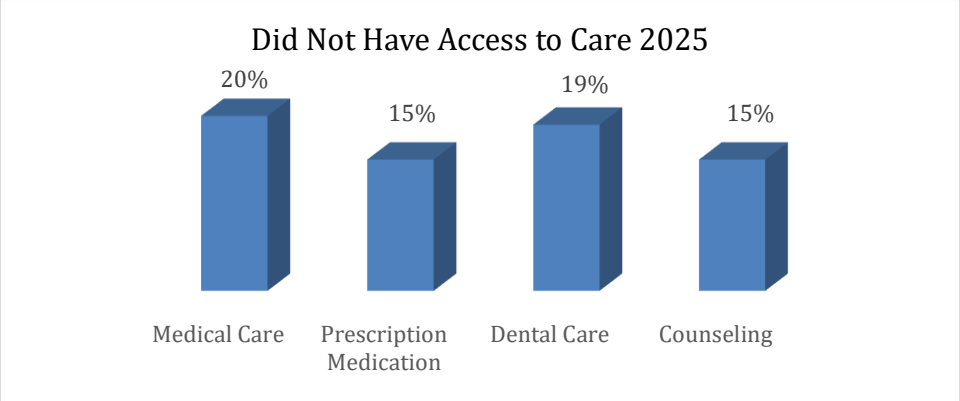
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

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

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care, and counseling. Survey results show that 20% of the population did not have access to medical care when needed; 15% did not have access to prescription medication when needed; 19% did not have access to dental care when needed; and 15% did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

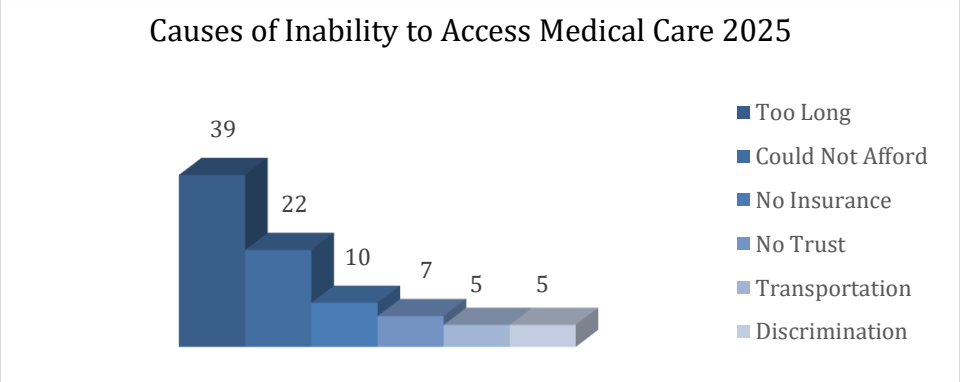
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low, given the demographics of Henry County.

- **Access to medical care** tends to be rated higher for older people, those with higher incomes, and those with a stable housing environment.
- **Access to prescription medication** tends to be rated higher for people with higher income, and those with a stable housing environment.
- **Access to dental care** tends to be rated higher for older people, White people, those with higher education, those with higher income, and those in a stable housing environment.
- **Access to counseling** tends to be rated higher for younger people, White people, and those in a stable housing environment. It tends to be rated lower for Black and LatinX people.

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 (39), inability to afford the copay (22), and no insurance (10) (Figure 19).

Figure 19

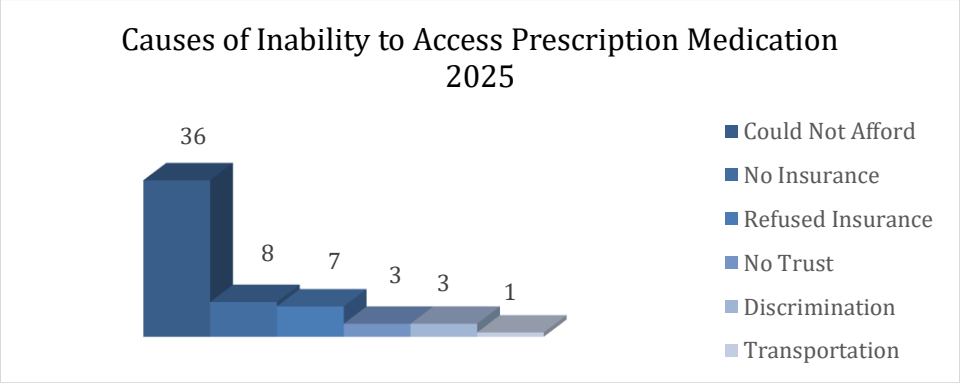


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (36) (Figure 20).

Figure 20

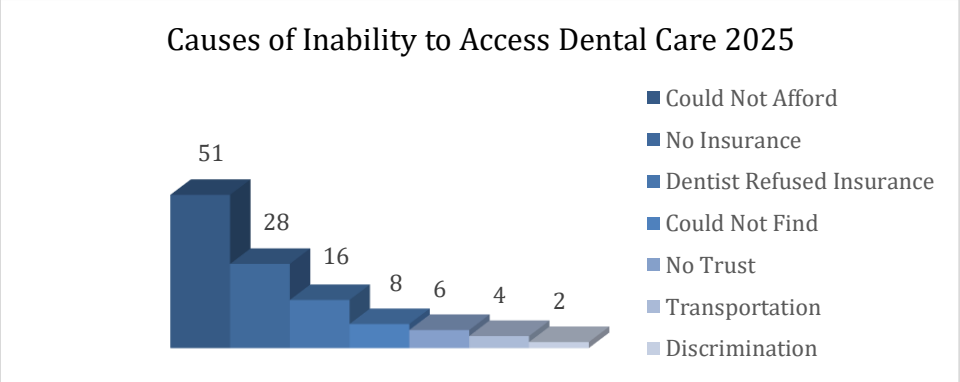


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to dental care were the inability to afford copayments or deductibles (51) and no insurance (28) (Figure 21).

Figure 21

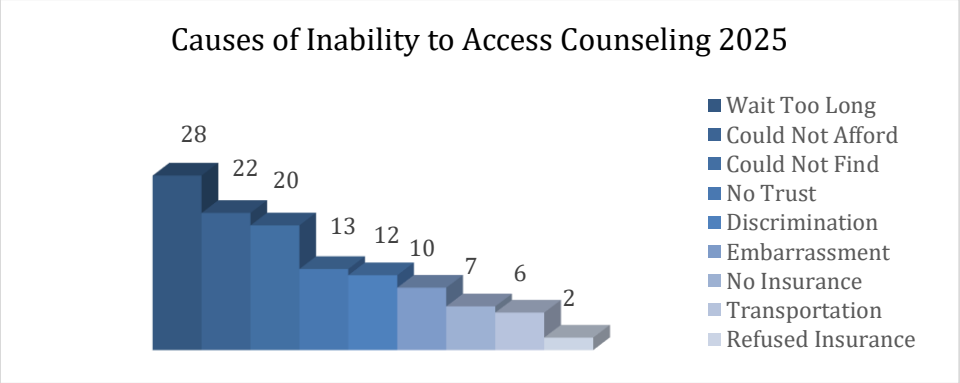


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to counseling were long wait times (28) and the inability to afford copay or deductible (22) (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show a significant increase (10%) in those who were able to get medical care.

Access to Prescription Medication – results show a significant increase (3%) in those who were able to get prescription medication.

Access to Dental Care – results were the same.

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

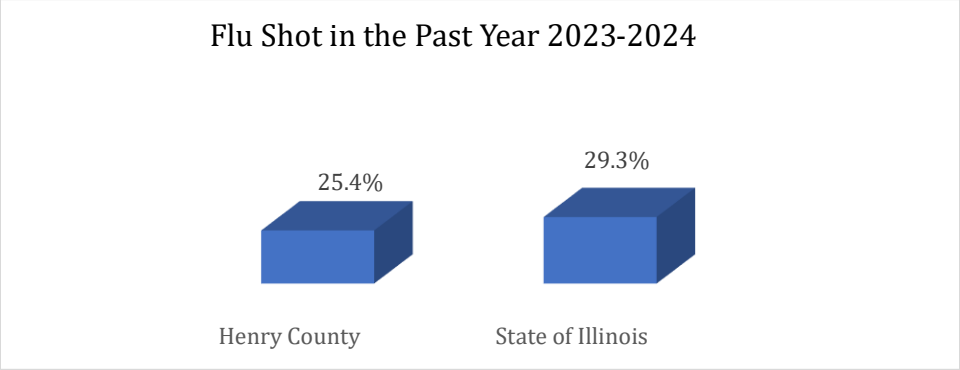
2.2 Wellness

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

Frequency of Flu Shots

Figure 23 shows that, from the period 2023 to 2024, 25.4% of people in Henry County received a flu shot. This vaccination percentage was lower than the State of Illinois average, standing at 29.3% (Figure 23).

Figure 23

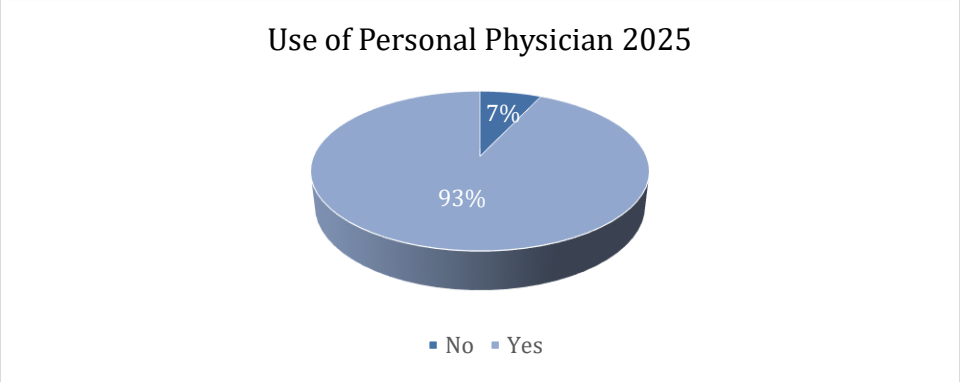


Source: Illinois Department of Public Health (IDPH)

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 93% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

Having a personal physician has decreased. Specifically, 96% of residents reported having a personal physician in 2022 and 93% report the same in 2025.

Social Drivers Related to Having a Personal Physician

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

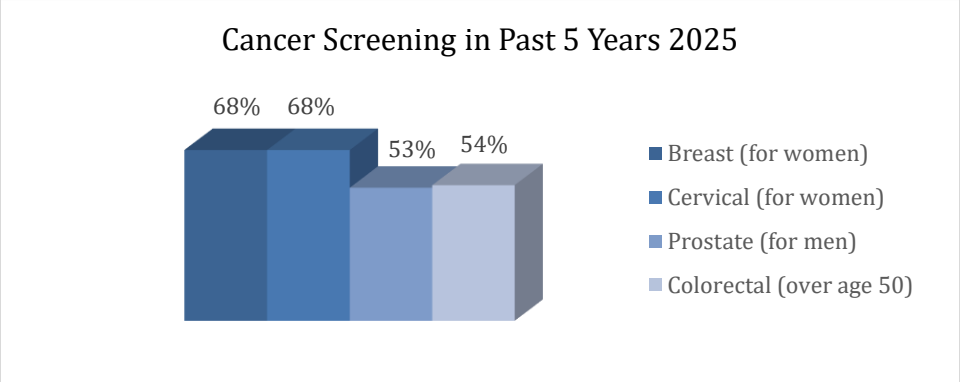
- **Having a personal physician** tends to be more likely for those who are older.

Cancer Screening

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

Results from the CHNA survey show that 68% of women had a breast screening and 68% had a cervical screening in the past five years. For men, 53% had a prostate screening in the past five years. For women and men over the age of 50, 54% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Several cancer screening rates in the past five-year period did not increase from 2022 to 2025. Specifically, in 2022, 73% of women had a breast screening, compared to 68% in 2025. In contrast, 63% of women had a cervical screening in 2022, compared to 68% in 2025. For men, 53% reported they had a prostate screening in 2022, and that rate remained the same in 2025. For women and men over the age of 50, 62% had a colorectal screening in 2022, compared to 54% in 2025.

Social Drivers Related to Cancer Screenings

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

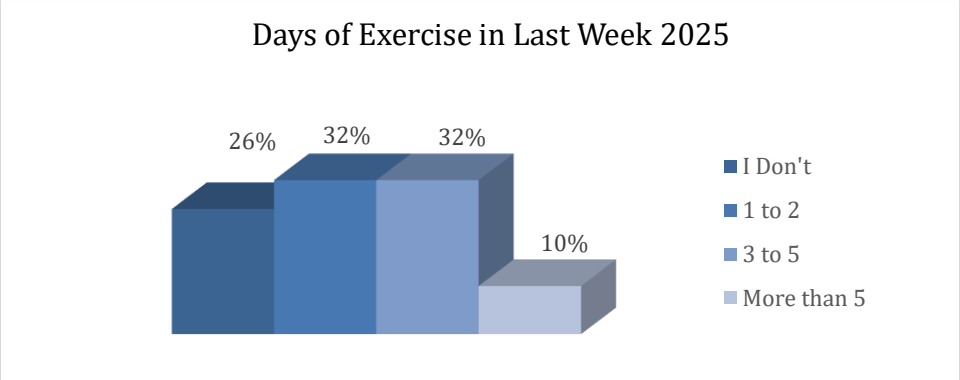
- **Breast screening** tends to be more likely for older women. Those in an unstable housing environment are less likely to have a breast screening.
- **Cervical screening** tends to be more likely for older women, those with a higher level of education, and higher income. Younger women are less likely to have a cervical screening.
- **Prostate screening** tends to be more likely for older men.
- **Colorectal screening** tends to be more likely for older people.

Physical Exercise

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

Specifically, 26% of respondents indicated that they do not exercise at all, while the majority (64%) of residents exercise 1-5 times per week (Figure 26).

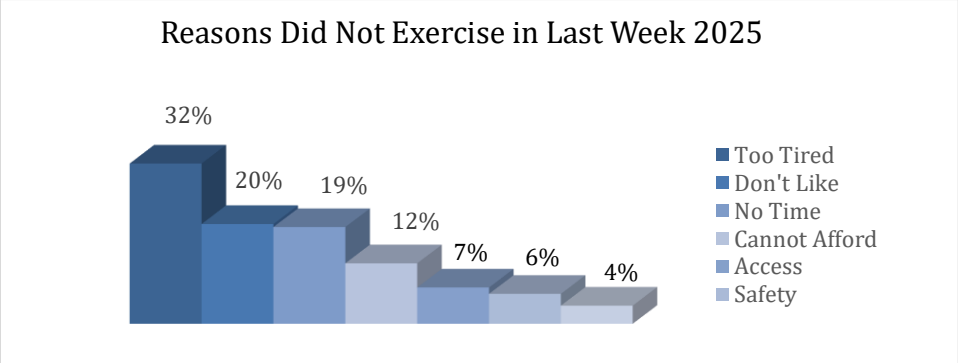
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2022 CHNA, the most common reasons for not exercising are not having enough energy (32%), a dislike of exercise (20%), and not having enough time (19%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in exercise. In 2022, 71% of residents indicated they exercise, compared to 74% in 2025.

Social Drivers Related to Exercise

Multiple characteristics show significant relationships with frequency of exercise. The following relationships were found using correlational analyses. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low, given the demographics of Henry County.

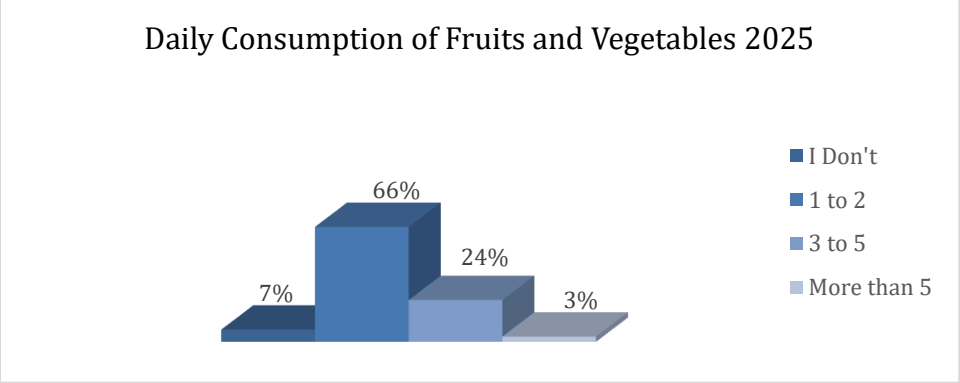
- **Frequency of exercise** tends to be higher among White people and LatinX people.

Healthy Eating

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

Almost two-thirds (73%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables. Notably, only 3% of residents consume five or more servings per day (Figure 28).

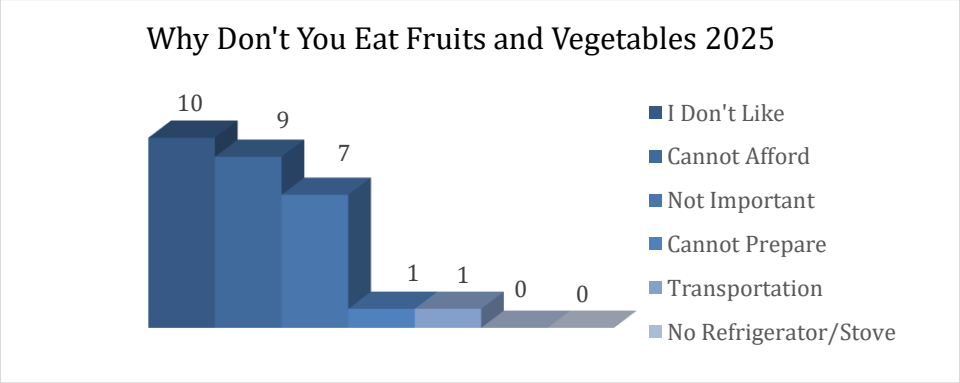
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The most frequently given reasons for failing to eat more fruits and vegetables were a dislike of fruits and vegetables (10), cannot afford (9) and a lack of perceived importance (7) (Figure 29). Note that these data are displayed in frequencies rather than percentages due to the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a decline in the frequency of healthy eating. In 2022, 38% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to only 27% in 2025.

Social Drivers Related to Healthy Eating

There was one characteristic with a significant relationship with healthy eating. The following relationship was found using correlational analyses:

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

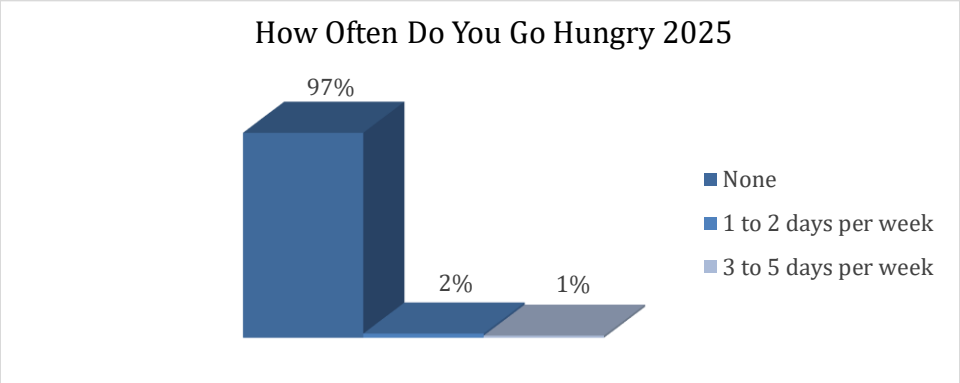
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry, however, 2% indicated they go hungry 1-2 days per week and 1% indicated they go hungry 3 to 5 days per week (Figure 30).

Figure 30



Source: CHNA Survey

Social Drivers Related to Prevalence of Hunger

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

- **Prevalence of hunger** tends to be more likely for men, younger people, Black people, those with less education, and those with lower income.

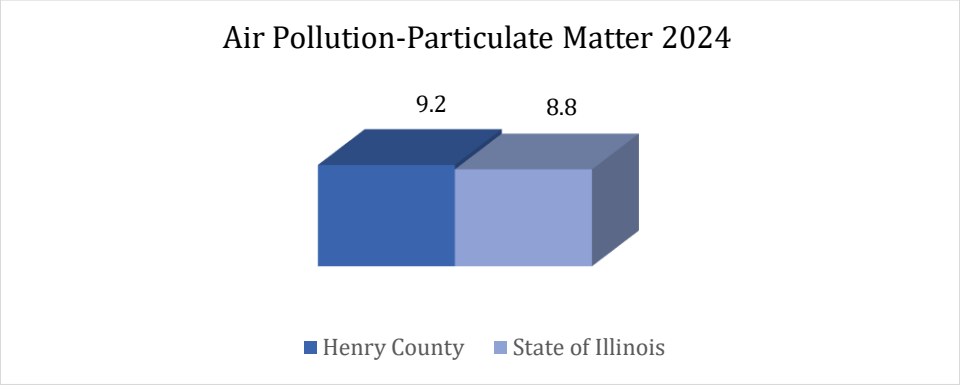
2.4 Physical Environment

Importance of the Measure: According to the County Health Rankings & Roadmaps, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources

such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for Henry County (9.2) is slightly higher than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

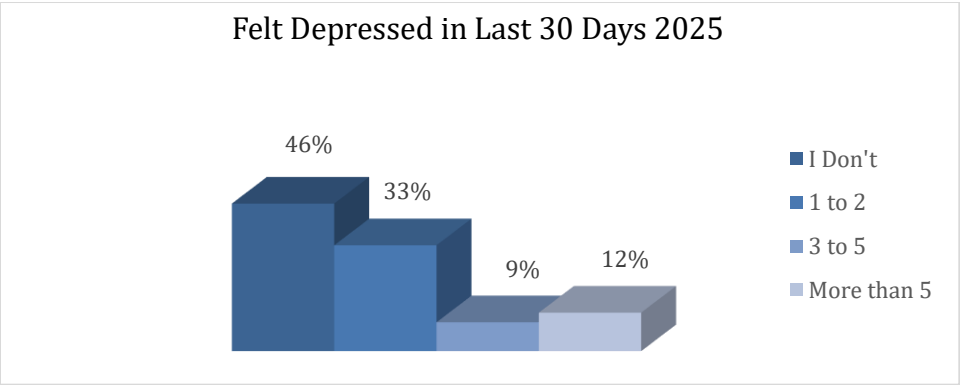
2.5 Health Status

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

Mental Health

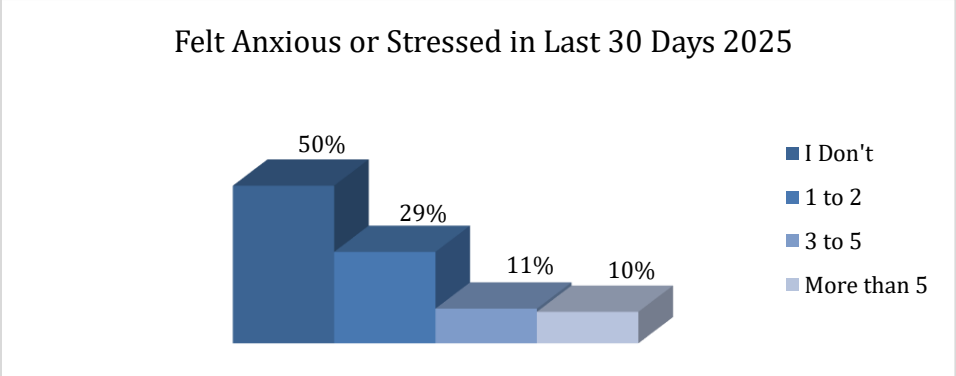
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of the respondents, 46% indicated they did not feel depressed in the last 30 days (Figure 32) and 50% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



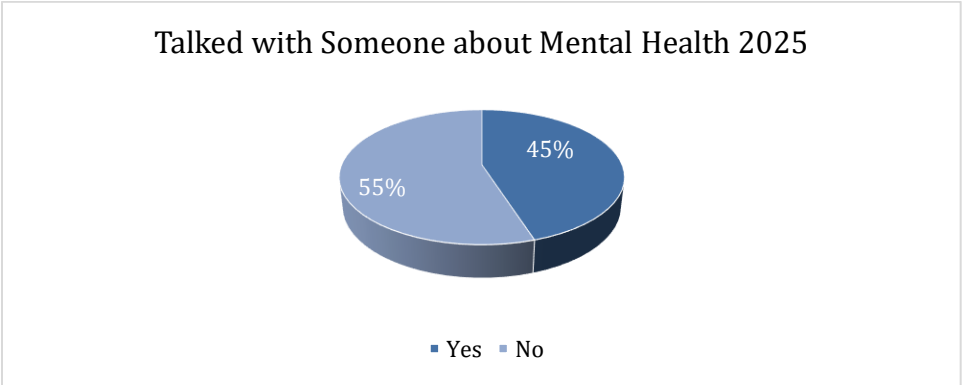
Source: CHNA Survey

Comparison to 2022 CHNA

Results from the 2025 CHNA show a decline in mental health. In 2022, 51% of respondents indicated they felt depressed in the last 30 days, compared to 54% in 2025. In 2022, 40% indicated they felt anxious or stressed, compared to 50% in 2025

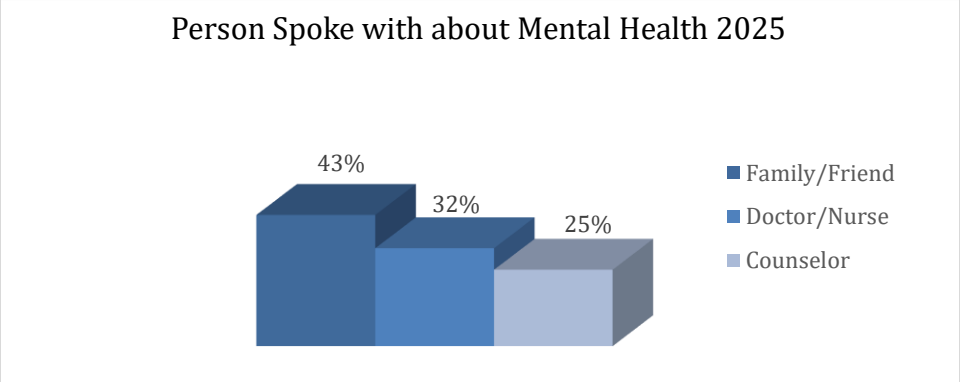
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of the respondents, 45% indicated that they spoke to someone (Figure 34), with the most common response was a family member or friend (43%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

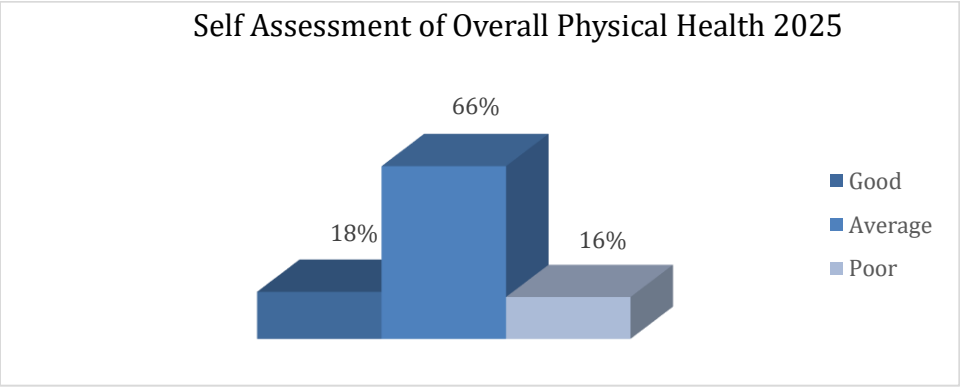
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

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

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents reported having poor overall physical health (Figure 36).

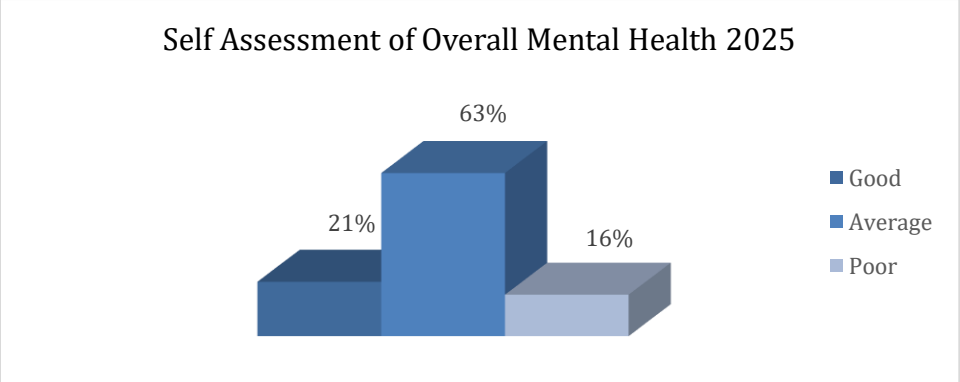
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 16% 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, slightly more people see themselves in poor health in 2025 (16%), than 2022 (15%). Regarding mental health, more people see themselves in poor health in 2025 (16%), than 2022 (10%).

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 younger people, and those with higher income.
- **Perceptions of mental health** do not have any significant correlates to characteristics.

2.6 Key Takeaways from Chapter 2

- ✓ THERE WAS A SIGNIFICANT INCREASE IN ACCESS TO MEDICAL CARE AND MENTAL-HEALTH COUNSELING.
- ✓ INCREASED UTILIZATION OF URGENT CARE AND PEOPLE NOT SEEKING MEDICAL CARE.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST, CERVICAL, AND COLORECTAL SCREENING. ONLY CERVICAL SCREENINGS INCREASED.
- ✓ EXERCISE AND HEALTHY EATING RATES IN THE PAST THREE YEARS HAVE BEEN LOW.
- ✓ THERE HAS BEEN A SIGNIFICANT INCREASE IN DEPRESSION AND STRESS/ANXIETY, ESPECIALLY AMONG YOUNGER PEOPLE.
- ✓ ACCESS TO MENTAL HEALTH COUNSELING HAS INCREASED AND MORE PEOPLE ARE SPEAKING TO HEALTHCARE PROFESSIONALS.

CHAPTER 3 OUTLINE

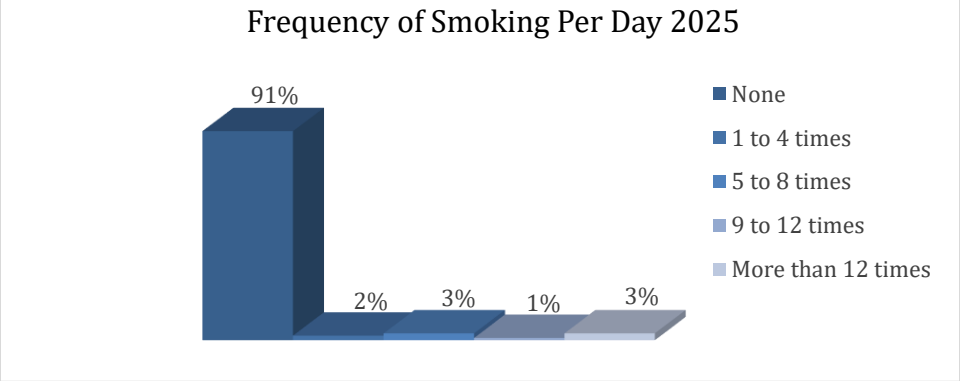
CHAPTER 3: SYMPTOMS AND PREDICTORS

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.

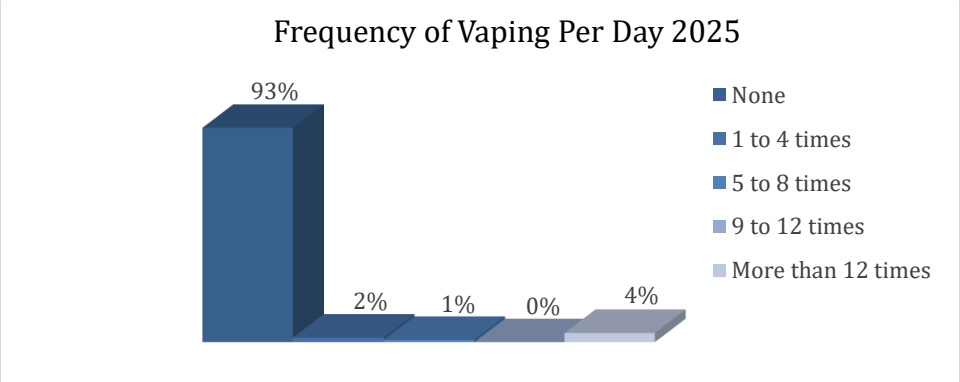
CHNA survey data show 91% of respondents do not smoke, and only 3% state they smoke more than 12 times per day (Figure 38). Notably, the percentage of those who vape on a daily basis has risen to 7% (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show a slight improvement in smoking rates, with 13% of people reporting they smoke in 2022, decreasing to 9% in 2025. Comparatively, those who vape, increased, from 2% of respondents vaping in 2022 to 7% vaping in 2025. The frequency of those reporting vaping more than 12 times per day accounted for 4% of respondents, up from 0% in 2022.

Social Drivers Related to Smoking or Vaping

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

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

3.2 Drug and Alcohol Use

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

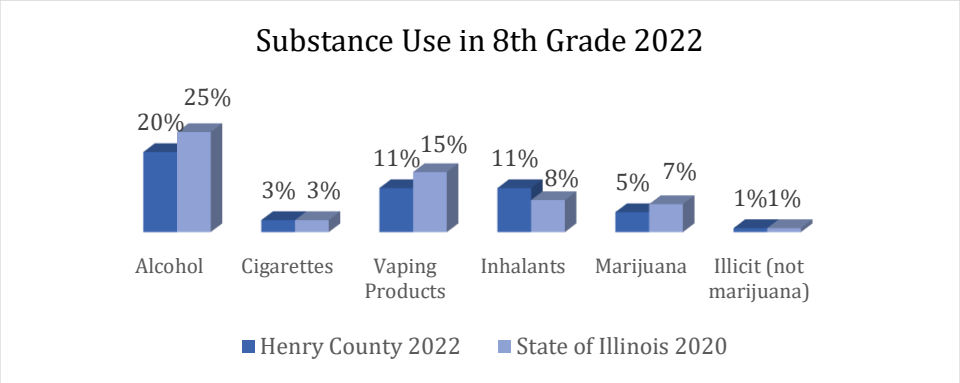
Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – including inhalants) among adolescents. Henry County data is reported for 2022, while State of Illinois data is reported for 2020. From the chart below, Henry County falls below or at the State of Illinois

averages for alcohol, cigarettes, vaping products, marijuana, and illicit drugs. However, Henry County reported higher than State of Illinois averages for inhalants among 8th graders (Figure 40).

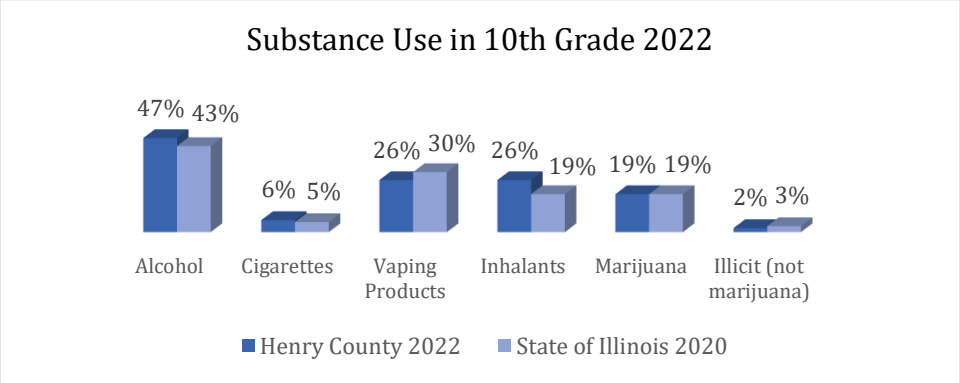
Among 10th graders, the most recent data available for Henry County is 2022 and the State of Illinois data is from 2020. These data show Henry County levels are higher or at in all categories except vaping products and illicit drugs (Figure 41).

Figure 40



Source: University of Illinois Center for Prevention Research and Development

Figure 41

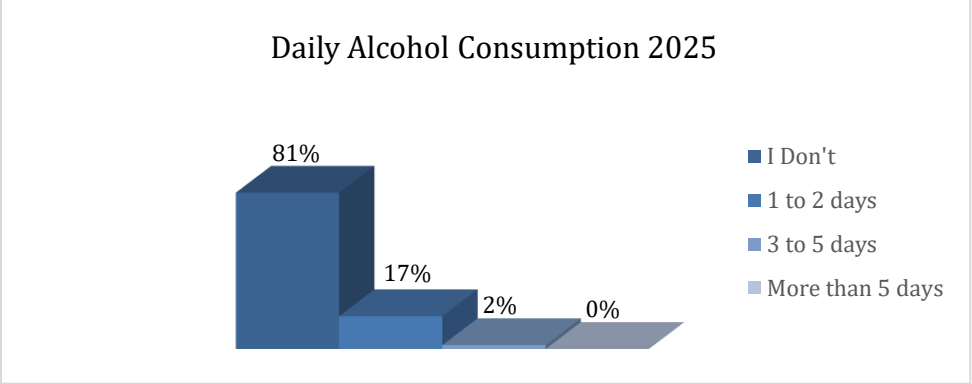


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

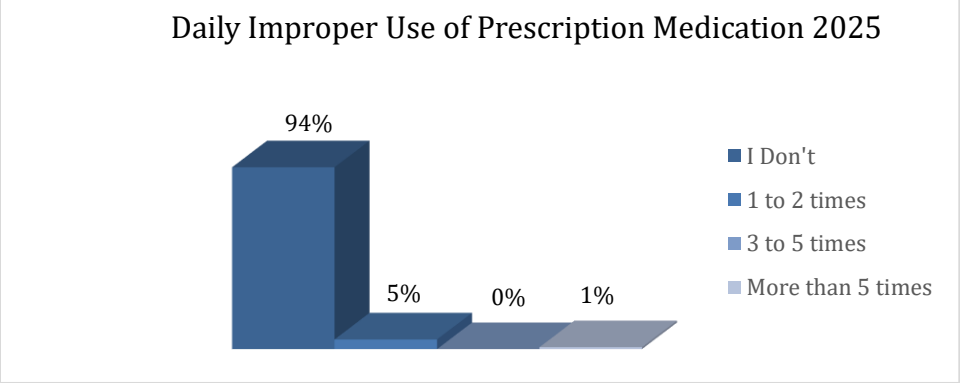
The CHNA survey asked respondents to indicate their usage of several substances. Of respondents, 81% indicated they did not consume alcohol on a typical day (Figure 42). Additionally, 94% indicated they do not take prescription medication improperly, including opioids, on a typical day (Figure 43). Furthermore 93% indicated they do not use marijuana on a typical day (Figure 44), and 99% indicated they do not use illegal substances on a typical day (Figure 45).

Figure 42



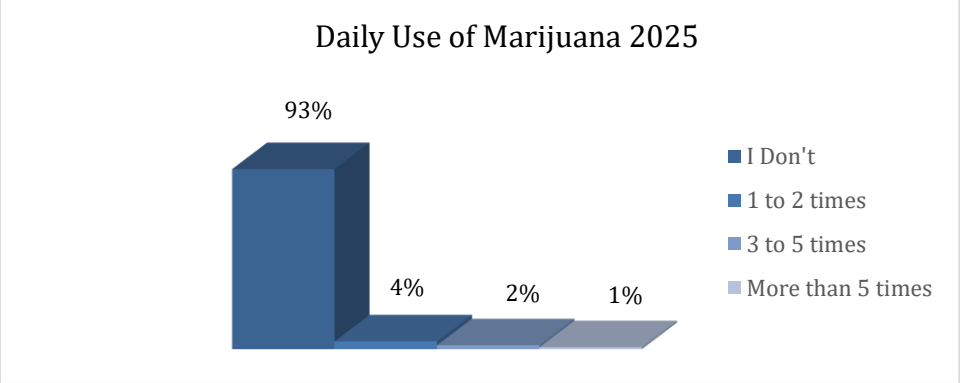
Source: CHNA Survey

Figure 43



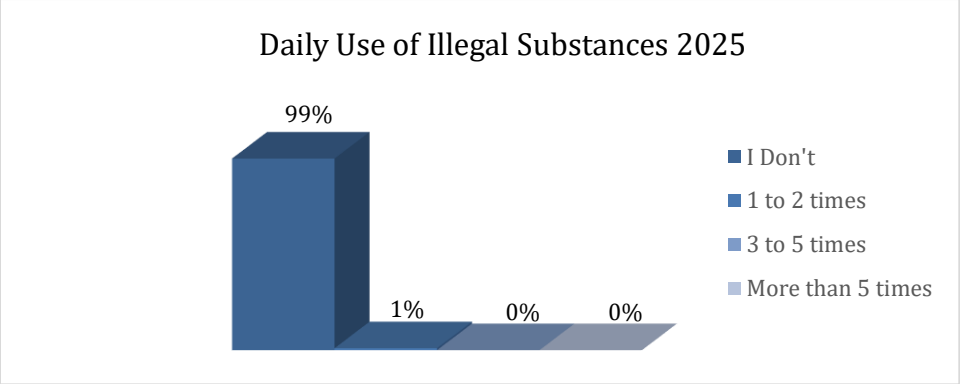
Source: CHNA Survey

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey

Social Drivers Related to Substance Use

Multiple characteristics show significant relationships with substance use. The following relationships were found using correlational analyses. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low, given the demographics of Henry County.

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

3.3 Obesity

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

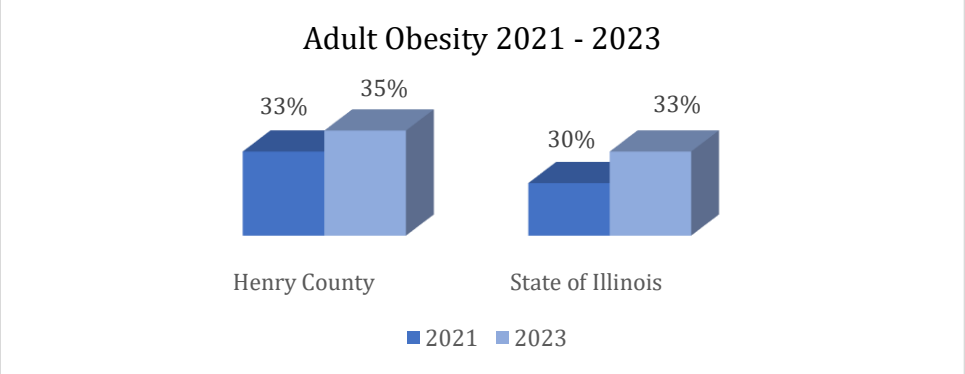
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times 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 Henry County, the number of people diagnosed with obesity has increased over the years from 2021 to 2023. Note specifically that the percentage of obese people has increased from 33% to 35%.

Obesity rates in Illinois have increased over the years from 2021 to 2023. Note specifically that the percentage of obese people has increased from 30% to 33% (Figure 46). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

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

Figure 46

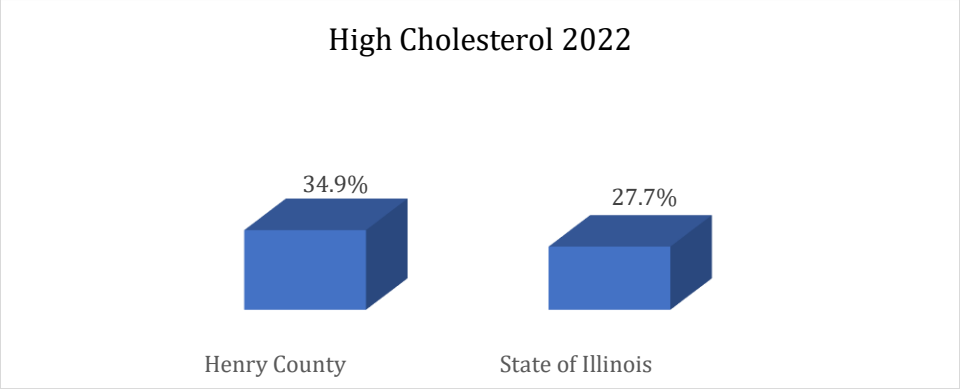


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

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

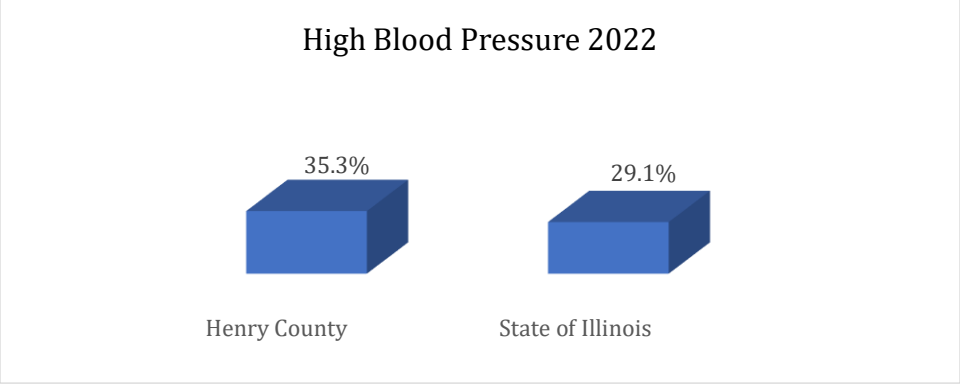
Figure 47



Source: Stanford Data Commons

With regard to high blood pressure, Henry County now has a higher percentage of residents with high blood pressure compared to the State of Illinois as a whole. The percentage of Henry County residents reporting high blood pressure increased from 2021 to 2022 (Figure 48).

Figure 48



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ INHALANT USE AMONG 8TH GRADERS IS HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ ALCOHOL, CIGARETTE, AND INHALANT USE AMONG 10TH GRADERS IS HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE HAS INCREASED IN HENRY COUNTY.
- ✓ RISK FACTORS FOR HEART DISEASE ARE SLIGHTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ 6% OF SURVEY RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION, INCLUDING OPIOIDS, ON A DAILY BASIS.

CHAPTER 4 OUTLINE

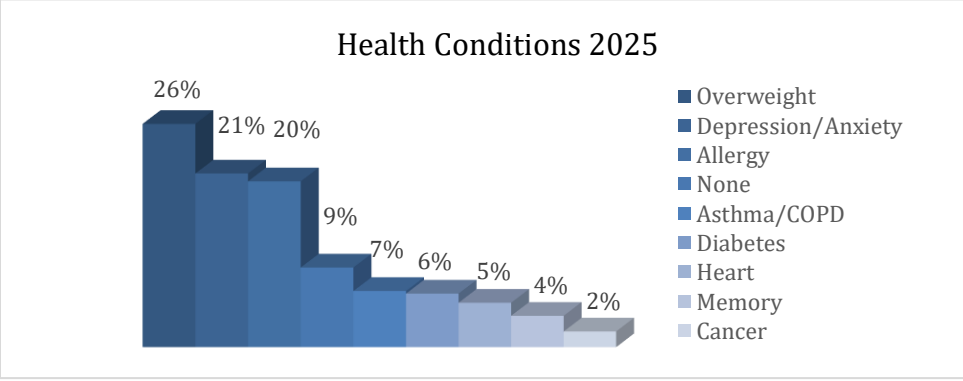
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Notably, that being overweight (26%) was significantly higher than any other reported health condition. Often percentages for self-identified data are lower than secondary data sources (Figure 49).

Figure 49



Source: CHNA Survey

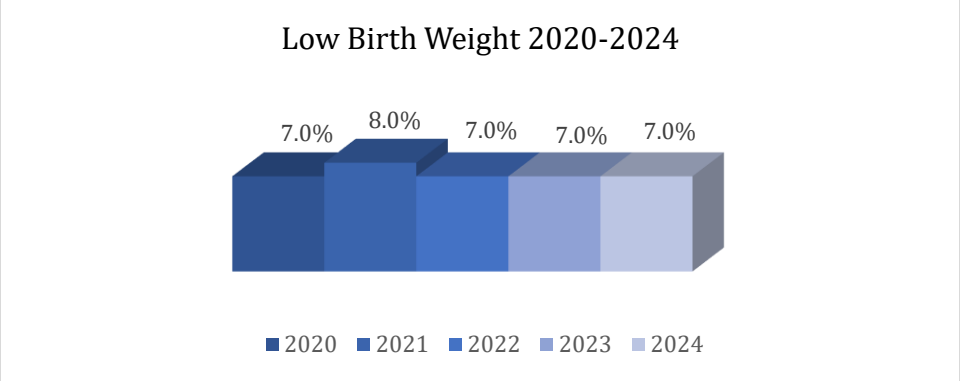
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams (5.5 pounds). Very low birth weight rate is defined as the percentage of infants born below 1,500 grams (3.3 pounds). In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Henry County has remained relatively constant at 7.0% over the period from 2020 to 2024, with a slight increase to 8.0% 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

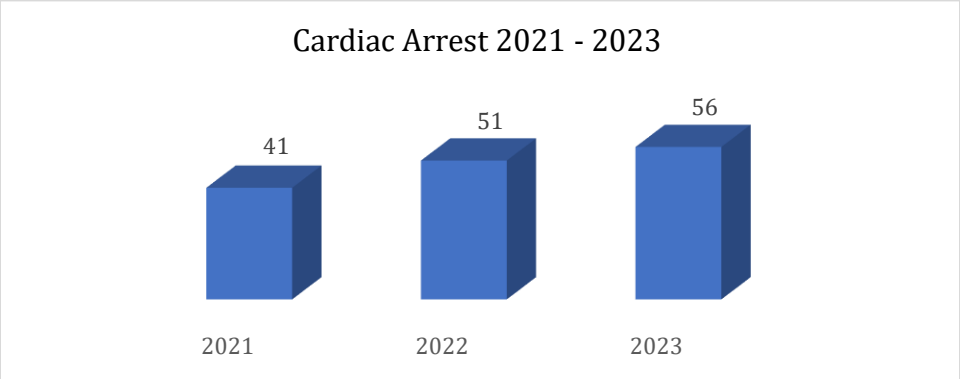
Coronary Heart Disease, sometimes-called atherosclerosis, can slowly narrow and/or harden the arteries throughout the body. Coronary artery disease is a leading cause of death for Americans. Most of these deaths resulting from heart attacks caused by sudden blood clots in the heart's arteries.

The number of cases of coronary atherosclerosis complications at Henry County area hospitals has been low, with 1 case in 2021 and 0 cases reported in 2022 and 2023.

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Henry County area hospitals increased from 41 to 56 cases from 2021 to 2023 (Figure 51).

Figure 51

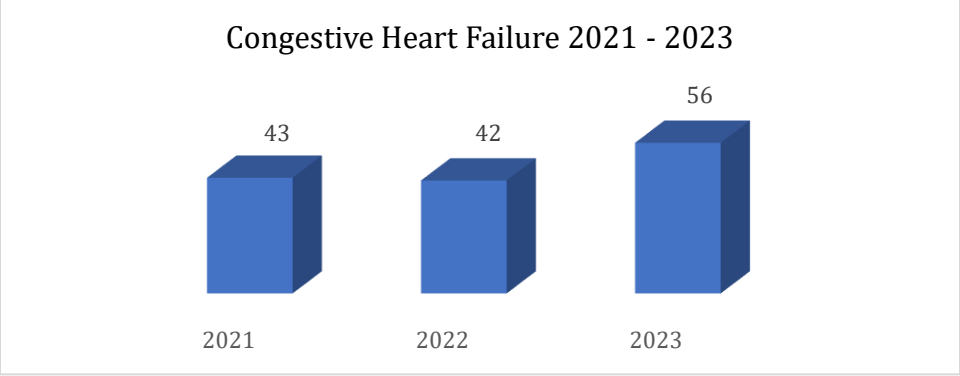


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Henry County area hospitals increased in 2023. In 2021, 43 cases were reported, and this number increased to 56 cases in 2023 (Figure 52).

Figure 52

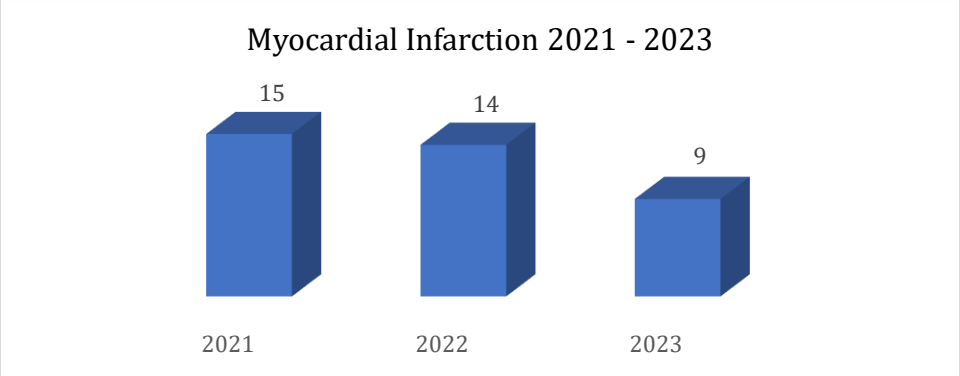


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Henry County remained similar in 2021 and 2022 showing 15 and 14 cases, respectively. The number of cases of myocardial infarction then decreased to 9 in 2023 (Figure 53).

Figure 53

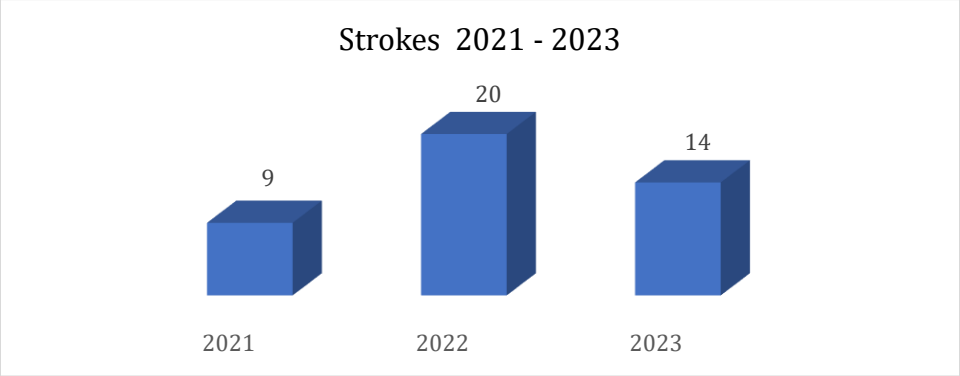


Source: COMPdata Informatics

Strokes

The number of cases of stroke treated at Henry County area hospitals fluctuated between 2021 and 2023. Cases increased from 9 in 2021 to 20 in 2022. The number of cases then decreased to 14 in 2023 (Figure 54).

Figure 54



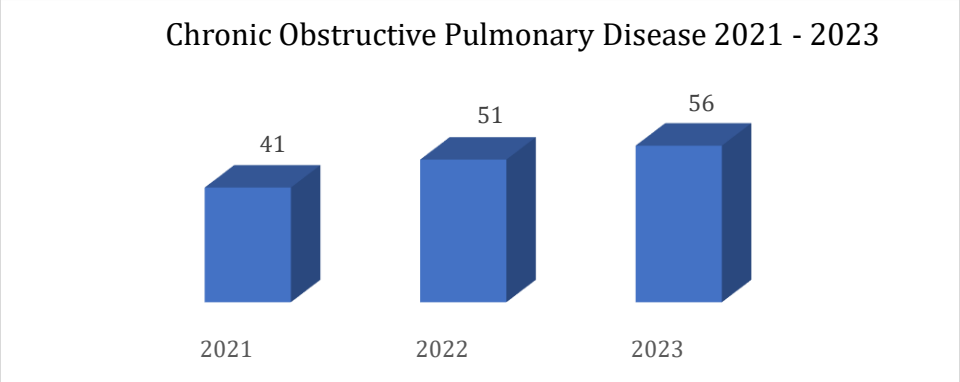
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Henry County area hospitals increased from 2021 to 2023 (Figure 55).

Figure 55



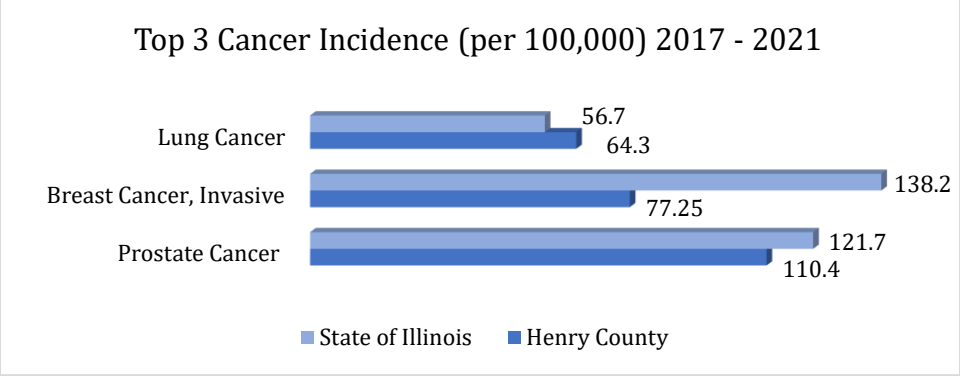
Source: COMPdata Informatics

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 Henry County.

For the top three prevalent cancers in Henry County, comparisons are illustrated in the graph that follows (Figure 56). Specifically, lung and bronchus cancer rates are higher than the State of Illinois average, while breast cancer and prostate cancer rates are lower than the State of Illinois average. Note that 2021 is the most recent year of data.

Figure 56



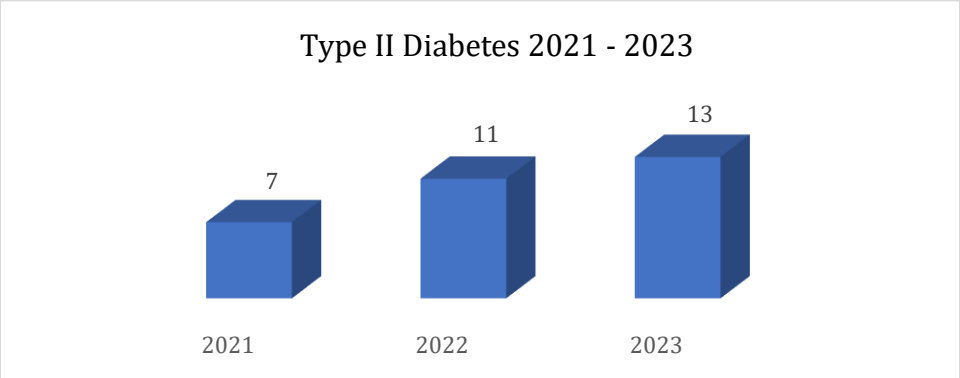
Source: Illinois Department of Public Health

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Henry County have steadily increased between 2021 (7 cases) and 2023 (13 cases) (Figure 57).

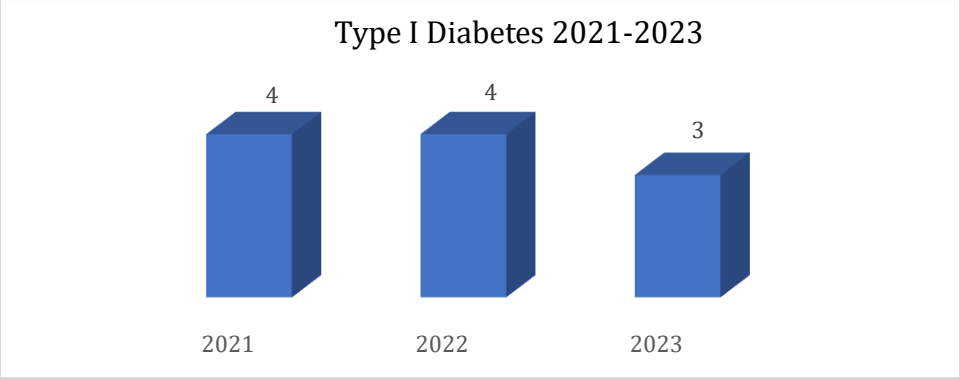
Figure 57



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show a decrease from 2021 (4) to 2023 (3) Henry County (Figure 58). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

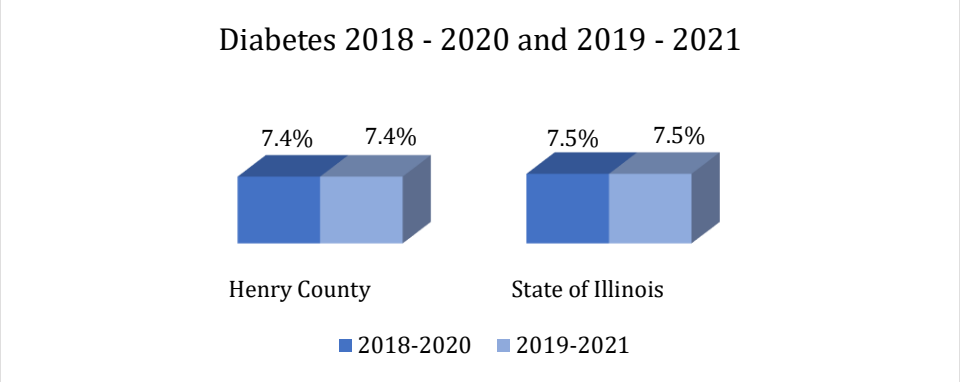
Figure 58



Source: COMPdata Informatics

Data show that 7.4% of Henry County residents have diabetes (Figure 59). Trends are similar in Henry County (7.4%) to the State of Illinois (7.5%).

Figure 59



Source: Center for Disease Control (CDC)

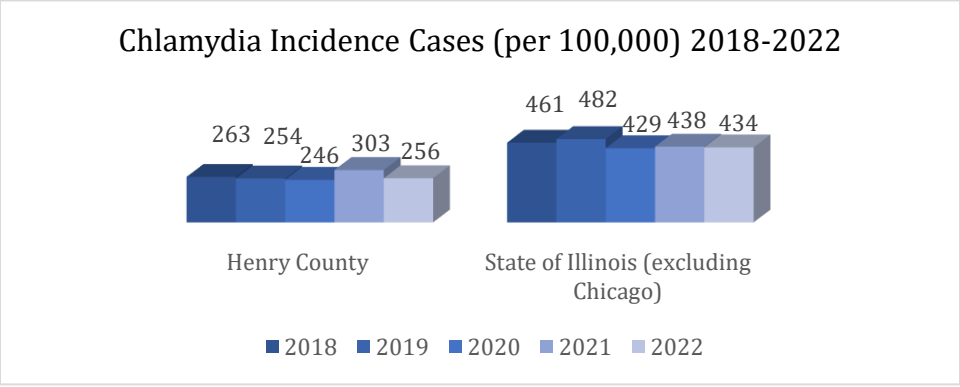
4.7 Infectious Diseases

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

Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Henry County from 2018-2022 indicates a slight decrease. The incidences of chlamydia across the State of Illinois, excluding Chicago, indicates a slight decrease. Rates of chlamydia in Henry County remain lower than the State of Illinois incidence rate (Figure 60).

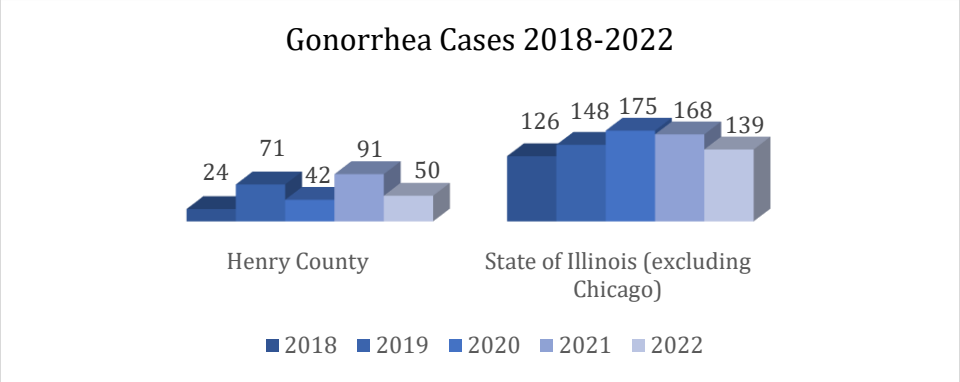
Figure 60



Source: Illinois Department of Public Health

The data for the number of gonorrhea infections in Henry County indicates an overall increase from 2018 to 2022 with a spike in 2019 and 2021 (Figure 61). Additionally, the incidence level in the State of Illinois, excluding Chicago, shows an overall increase.

Figure 61



Source: Illinois Department of Public Health

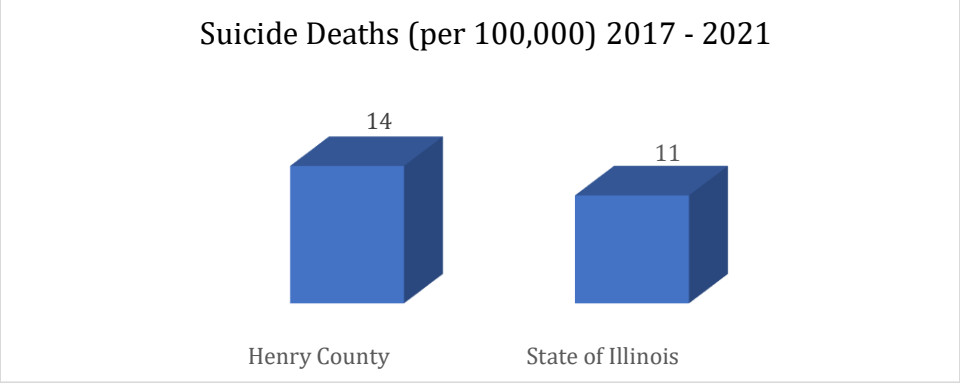
4.8 Injuries

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

Suicide

The number of suicides in Henry County indicates a higher incidence compared to the State of Illinois averages, with approximately 14 per 100,000 people in Henry County from 2017 to 2021 (Figure 62).

Figure 62



Source: Illinois Department of Public Health

4.9 Mortality

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

The leading causes of death in the State of Illinois and Henry County are similar as a percentage of total deaths in 2020. Diseases of the heart are the cause of 22.8% of deaths, cancer is the cause of 21.9% of deaths, and COVID-19 is the cause of 7.2% of deaths in Henry County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois 2022		
Rank	Henry County	State of Illinois
1	Diseases of Heart (22.8%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (21.9%)	Malignant Neoplasm (19.2%)
3	COVID-19 (7.2%)	Accidents (6.1%)
4	Cerebrovascular Disease (6.9%)	COVID-19 (5.8%)
5	Chronic Lower Respiratory Disease (4.1%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN HENRY COUNTY ARE SLIGHTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ SUICIDE RATES IN HENRY COUNTY ARE HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ GONORRHEA HAS SHOWN A SIGNIFICANT INCREASE IN HENRY COUNTY; HOWEVER, IT IS STILL MUCH LOWER THAN THE STATE OF ILLINOIS AVERAGES PER 100,000.
- ✓ HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY IN HENRY COUNTY.

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

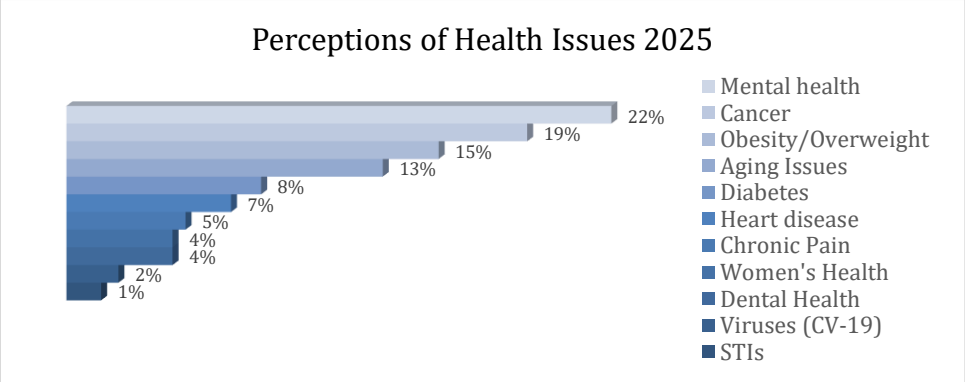
5.1 Perceptions of Health Issues

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

The highest-rated health issue was mental health (22%), followed by cancer (19%), and obesity (15%) (Figure 63).

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

Figure 63

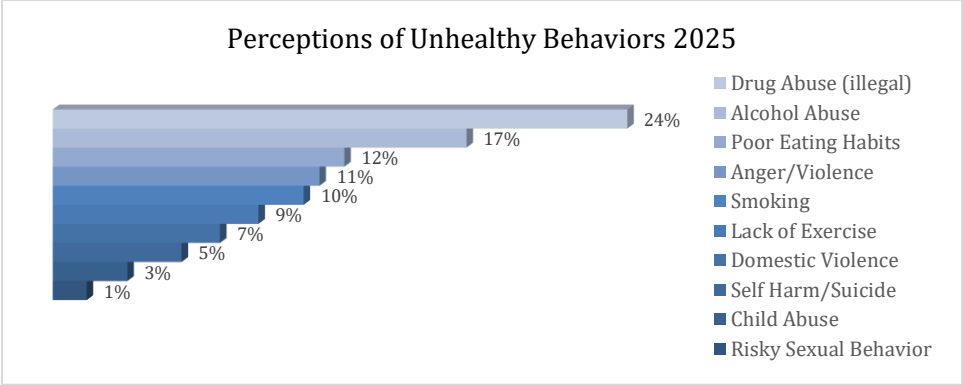


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behavior is drug use (illegal) (Figure 64).

Figure 64



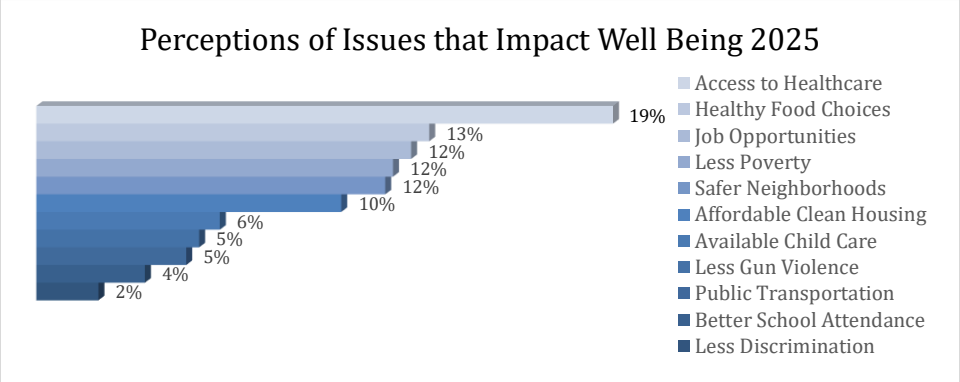
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The highest-rated issue impacting well-being was access to healthcare (19%), followed by healthy food choices (13%), and equally important were job opportunities, less poverty and safer neighborhoods (12%) (Figure 65). Access to healthcare was significantly higher than other categories based on t-tests between sample means.

Figure 65



Source: CHNA Survey

5.4 Summary of Community Health Issues

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

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

- Population decreased
- Population over age 65 increased
- Single female head-of-house-household represents 10% of the population

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

- Increase in those not seeking medical care
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

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

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

- Lung cancer
- Suicide
- Heart disease and cancer are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

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

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

5.5 Community Resources

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

- **Mental Health**
- **Healthy Behaviors – Including Nutrition and Exercise**

MENTAL HEALTH

The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 54% indicated they felt depressed in the last 30 days and 50% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people, those with less income and those living in an unstable housing environment. Stress and anxiety also tend to be rated higher for younger people, those with less income, and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents, 45% indicated that they spoke to someone. The most common response was to family/friends (43%). In regard to self-assessment of overall mental health, 16% 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.

HEALTHY BEHAVIORS – Including Nutrition and Exercise

Healthy behaviors, such as a balanced diet consisting of whole foods and physical exercise, are critical for both physical and mental well-being. Healthy behaviors can have substantial influence in reducing the risk of numerous health issues and these behaviors contribute to increased longevity and improved quality of life. Nationwide, lack of physical exercise and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

NUTRITION. Over two-thirds (73%) of residents in Henry County 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%. The most prevalent reasons for failing to eat more fruits and vegetables were lack of desire, cost, and lack of importance.

EXERCISE. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 26% of respondents indicated that they do not exercise at all, while the majority (64%) of residents exercise 1-5 times per week. The most common reason for not exercising was not enough time (32%).

III. APPENDICES

APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM

John Bowser is Director of Finance for OSF Saint Luke Medical Center (Kewanee, IL) and OSF Saint Clare Medical Center (Princeton, IL). John has 24 years of healthcare experience, beginning his career with OSF in 2000 at OSF Saint Joseph Medical Center in Bloomington, IL and then the OSF Multispecialty Group in Peoria, IL. John has a bachelor's degree from Western Illinois University and a Master of Business Administration from Illinois State University. He is accountable for the financial leadership at both entities and participates in many committees, projects locally, and ministry wide. John is also active in the community as a member of the Kewanee Rotary Club serving as President in fiscal year 23-24.

Emily Brooks is the Program Manager, Community Health for OSF HealthCare Holy Family Medical Center and OSF St. Mary Medical Center. Before Emily was called to OSF, she served as the Membership/Youth Development Director at the Warren County YMCA. She received her Bachelor of Arts degree in Public Relations with an emphasis in Marketing from Culver-Stockton College. In the community, Emily is part of the Board of Trustees for the Warren County Public Library and a member of The Crossing Church in Monmouth, Illinois.

David Dyer has been the City Administrator of the City of Galva since March of 2005. Dyer has served as Secretary/Treasurer of the Illinois Society of Certified Public Managers. He has served as Secretary and Vice-Chairman of the U.S. 34 Logistics Corridor Association, is Vice-Chair of the Henry County Economic Development Partnership and served on the board of the Knox County Area Partnership for Economic Development and was subsequently elected to its Executive Committee. Dyer serves with fellow city managers on the Advisory Committee of the Bi-State Regional Commission and belongs to both the International and Illinois City/County Management Association. Dyer has joined the board of the University of Illinois Extension Service, the Black Hawk College East Campus Foundation, and the OSF Saint Francis advisory board. A founding member, Dyer serves as treasurer of the newly formed Elevate Illinois and serves as an appointed commissioner of the Housing Authority of Henry County. Dyer graduated from the University of Texas at Dallas with a degree in Government and Politics and is accredited by the American Academy of Certified Public Managers.

Darcy James has been the Manager Patient Access, SFMC onsite team for the past year. She has been with the organization for 27 years, serving OSF Saint Luke and OSF Saint Claire for the first 26 years. During her time in Henry County, Darcy served on the Kewanee Area United Way Board of Directors for 6 years in a Treasurer or Board President role. She continues to volunteer with the United Way to stay engaged in the community where her family resides.

Jackie Kernan serves as President of OSF HealthCare Saint Luke Medical Center, formerly Kewanee Hospital since 2017, and President of OSF HealthCare Saint Clare Medical Center, formerly Perry Memorial Hospital since July 2021. Prior to her current role, she served as Chief Nursing officer and has been at OSF HealthCare since 2009. She has been a Registered Nurse since 1987 and has held a variety of nursing and leadership roles during her career. She holds an MSN in Nursing Leadership from Saint Francis Medical Center College of Nursing. Jackie led the Perry Memorial Hospital integration into the OSF HealthCare system and was a key leader for the implementation of EPIC at OSF HealthCare Saint Clare Medical Center. Her focus has been on championing a culture around Mission Partner and Patient

Engagement and she enjoys achieving improved patient outcomes by leading and collaborating with multidisciplinary teams of Mission Partners, leaders, and providers.

Beth Looney has been the Manager Patient Access, SFMC onsite team for the past year. She has been with the organization for 27 years, serving OSF Saint Luke and OSF Saint Claire for the first 26 years. During her time in Henry County, Darcy served on the Kewanee Area United Way Board of Directors for 6 years in a Treasurer or Board President role. She continues to volunteer with the United Way to stay engaged in the community where her family resides.

Samantha Rux is the Public Relations and Communications Coordinator for OSF Saint Luke in Kewanee and OSF Saint Clare in Princeton. Sam holds a bachelor's degree in health administration and planning from the University of Illinois at Urbana-Champaign and has been working in health care marketing for most of her professional career. She enjoys interdepartmental collaboration with fellow Mission Partners and working in the Kewanee community.

Duane Stevens is the Public Health Administrator of the Henry and Stark County Health Departments. He is a graduate of Western Illinois University with a degree in Accountancy. He has been employed with the health departments since 2005 and has served as the Administrator since 2014. Prior to working at the health department, he spent 5 years as the Accounting Administrator with the County of Henry. Duane has been instrumental in obtaining funding and implementing many new programs including Rural Health status for the clinic and certified Behavioral Health Clinic status for behavioral health services. He is currently the President-Elect of the Illinois Public Health Association along with serving on many committees and boards for public health. Duane participates on many community boards including the OSF Saint Luke Community Council as well as a Reaching Rural Team for Marshall, Putnam and Start Counties.

Connie Wessels is the Program Manager, Community Health for the Upper Western Region. She has served in that role since November 2020. Previously she served as the Director of Education Resources, which included Community Health and Wellness. Prior to that Connie was the Director of Pediatrics. She has been with OSF St. Mary Medical Center over 47 years. She received her RN from Rockford Memorial School of Nursing and her BSN from the University of Illinois-Chicago.

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 Master of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and earned her Fellow of the Healthcare Financial Management Association Certification (HFMA) in 2011. Currently, she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and acts as the coordinator for 15 Hospital Community Health Needs Assessments. In addition, she coordinates the submission of the Community Benefit

Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn holds a Master of Healthcare Administration from Purdue University and is certified in Community Benefit. Dawn has been a member of the McMahon-Illini Chapter of the Healthcare Financial Management Association (HFMA) for over twelve years. She has served as the Vice President, President-Elect, and two terms as the Chapter President on the board of Directors. She has earned a silver, bronze, gold, and Medal of Honor from her work with the McMahon-Illini HFMA Chapter. She is currently serving as a director on the board.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management 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 bestsellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council, and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2. ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in the Henry County 2022 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 Their Impact on Obesity

Goal 1: *Increase awareness of the importance of healthy eating within Henry County*

1. Distributed and promoted educational content on healthy eating through traditional and social media as part of the Healthy Living campaign
    a. Hosted a Healthy Eating display at SLMC for National Nutrition Month (Sara U.)
    b. Shared 99 Facebook posts covering Healthy Living, Mental Health, and Substance Use topics
2. Expanded nutritional education referrals and sessions
    a. Conducted 152 nutritional education sessions
3. Provided youth programs that incorporate healthy eating education
    a. Hosted two Eatable Alphabet sessions at Kewanee YMCA

Featured Kids Eat Right Month content on Sara U. radio (August 24)

Goal 2: *Increase awareness of the importance of exercise to Healthy Living*

1. Distributed and promoted exercise education through social media as part of the Healthy Living campaign
    a. Published 72 posts, generating 1,525 clicks
2. Collaborated with youth activities to encourage movement and exercise
    a. Organized two events during summer camp at YMCA
3. Promoted events and activities that encourage an active lifestyle
    a. Due to turnover, planned events were canceled

2. Behavioral Health – Including Mental Health and Substance Use

Goal 1: *Increase awareness of coping strategies and improve resiliency in Henry County*

1. Provided Coping Strategies Workshops
    a. No new schools have expressed interest.
2. Offered Free Behavioral Health Navigator Services
    a. 100 residents utilizing the service.
3. Participated in Community Mental Health Conference
    a. 99 Facebook posts included mental health and substance use topics.

***Goal 2**: Reduce the percentage of Henry County residents using substances daily to cope*

1. Promoted awareness of prescription drug disposal in the community
    a. 351 lbs of medication collected (<1% impact)
    b. Radio spot on SMLC drug disposal box scheduled for July 24

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?

☐ Henry ☐ 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

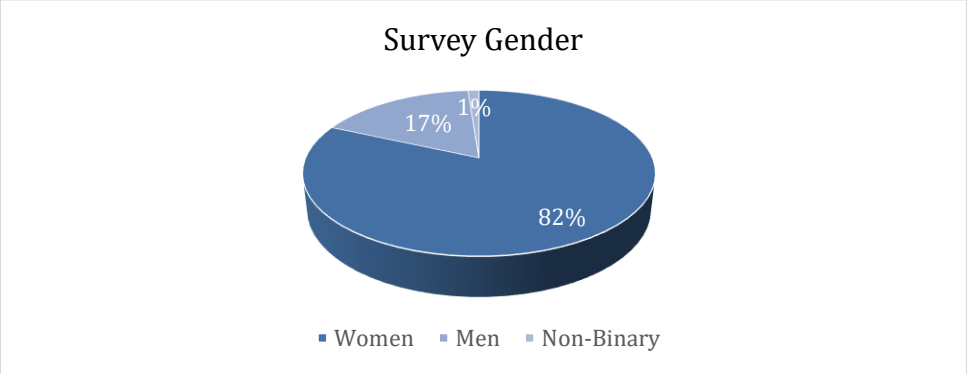
☐ Mother treated violently

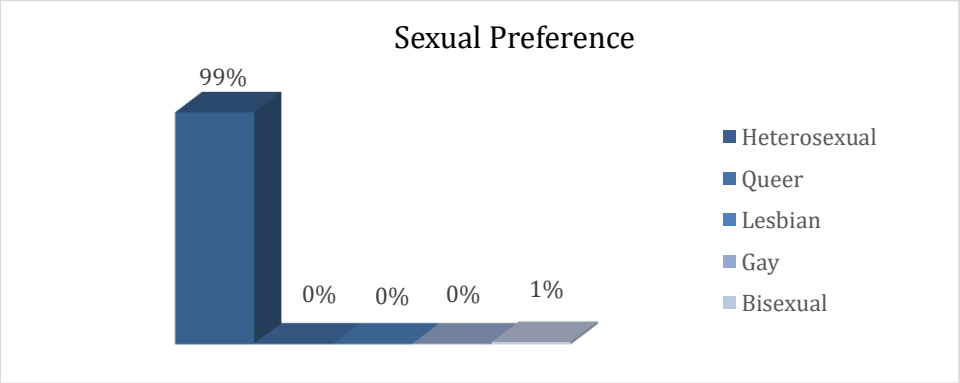
Is there anything else you'd like to share about your own health goals or health issues in our community?

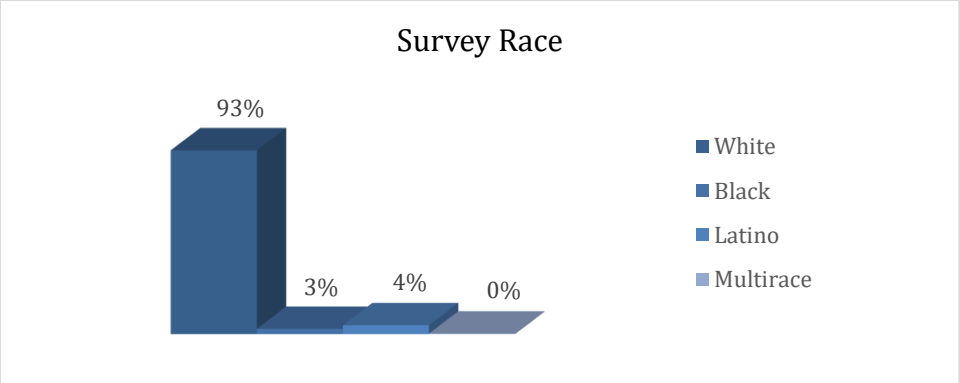
_____

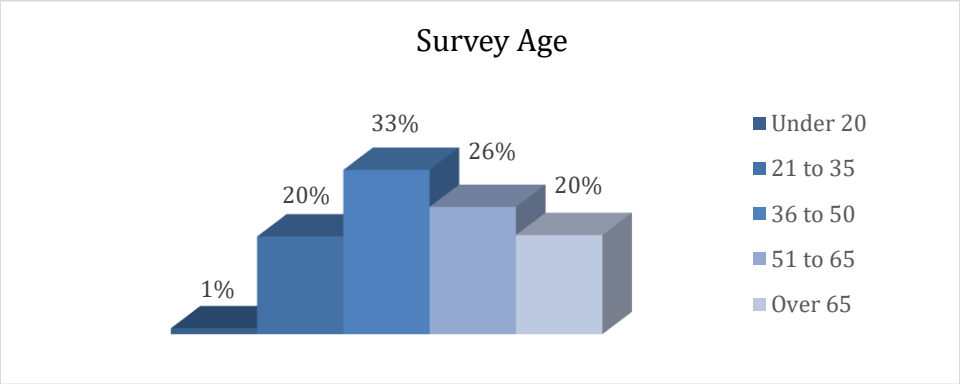
Thank you very much for sharing your views with us!

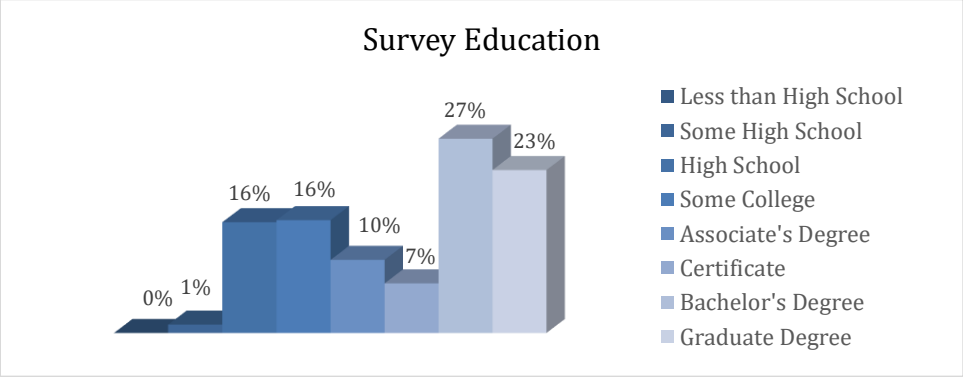
APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS 2025

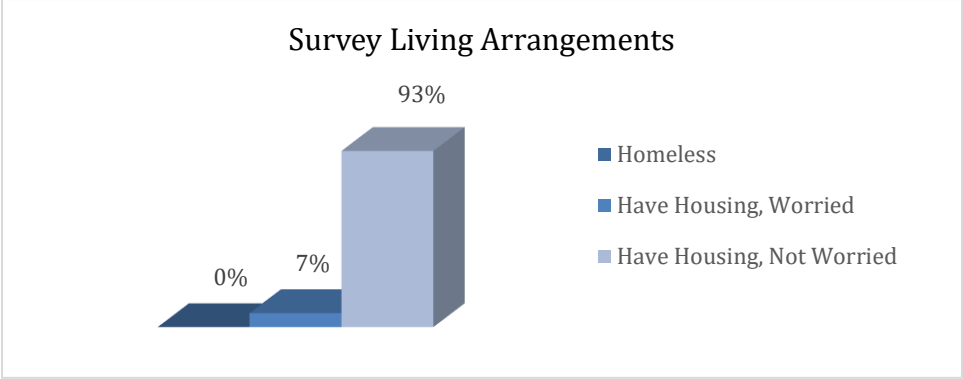


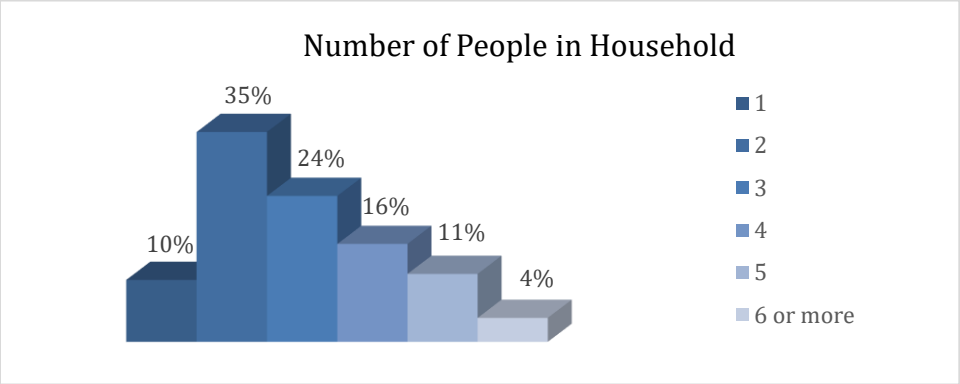


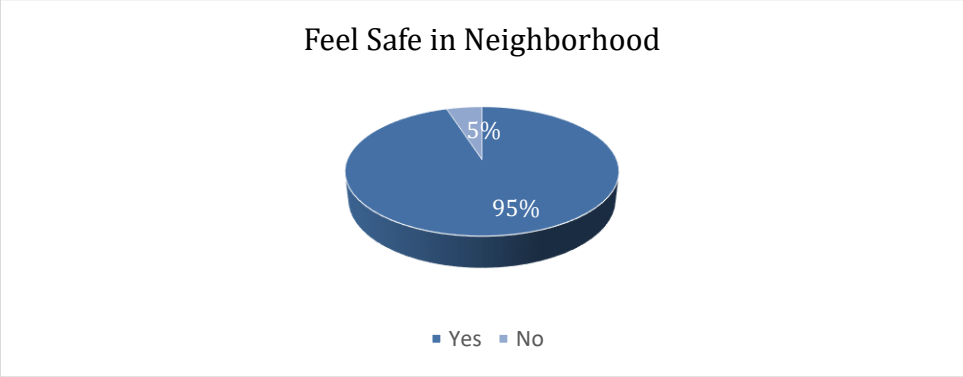


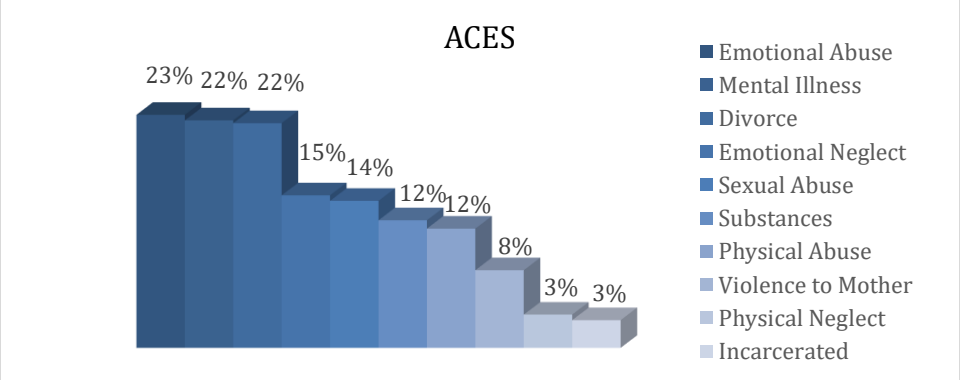

Survey Age
33%
26%
20%
20%
1%
Under 20
21 to 35
36 to 50
51 to 65
Over 65


Survey Education
27%
23%
16%
16%
10%
7%
0%
1%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
93%
7%
0%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
35%
24%
16%
11%
10%
4%
1
2
3
4
5
6 or more


Feel Safe in Neighborhood
5%
95%
Yes
No


ACES
23%
22%
22%
15%
14%
12%
12%
8%
3%
3%
Emotional Abuse
Mental Illness
Divorce
Emotional Neglect
Sexual Abuse
Substances
Physical Abuse
Violence to Mother
Physical Neglect
Incarcerated

APPENDIX 5. RESOURCE MATRIX

	Aging Issues	Access to Healthcare	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Substance Use	Cancer - Lung
Recreational Facilities							
YMCA	2	1	3	1	2	1	1
Kewanee Park District	1	1	2	2	1	1	1
Geneseo Park District	1	1	1	1	1	1	1
Health Departments							
Henry County Health Department	2	3	3	3	2	3	1
Community Agencies							
Abilities Plus / Henry County Public Transportation	1	2	1	1	1	1	1
Alcoholics Anonymous	1	1	1	2	1	2	1
Bridgeway	1	2	1	3	1	3	1
Henry County Mental Health Alliance	1	1	1	3	1	1	1
Henry County Youth Services Bureau	1	1	1	3	1	1	1
Kewanee Food Pantry	1	1	3	1	1	1	1
Bureau-Henry Stark Regional Office of Education	1	2	3	2	2	2	1
University of Illinois Extension	2	1	2	2	1	1	1
Alwood Food Pantry	1	1	3	1	1	1	1
Henry County Senior Center	3	2	2	1	1	1	1
Colona Township Food Pantry	1	1	3	1	1	1	1
Orion area food pantry	1	1	3	1	1	1	1

	Aging Issues	Access to Healthcare	Healthy Behaviors - Nutrition & Exercise	Mental Health	Obesity	Substance Use	Cancer - Lung
Geneseo-Atkinson Food/Clothing pantry	1	1	3	1	1	1	1
Cambridge Food Pantry	1	1	3	1	1	1	1
Project Pride Food Pantry-Annawan	1	1	3	1	1	1	1
Food Pantry-Sheffield	1	1	3	1	1	1	1
Salvation Army Kewanee	1	1	1	1	1	1	1
Kewanee area United Way	1	1	2	3	1	2	1
Freedom House	1	1	1	2	1	1	1
Kewanee Community Drug/Alcohol Task Force	1	2	1	1	1	3	1
Galva Senior Center	3	2	2	1	1	1	1
Housing Authority of Henry County	2	2	2	2	1	2	1
Hospitals / Clinics							
OSF Saint Luke Medical Center (Kewanee)	1	3	2	2	1	1	1
OSF Medical Group - Kewanee	1	2	2	2	1	1	1
OSF Home Care and Hospice	2	2	1	1	1	1	1
Hammond-Henry Hospital (Geneseo)	2	2	1	1	1	1	1
Ahearn & Associates Medical Center	1	2	3	1	3	1	1

*(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

YMCA of Kewanee
YMCA of Kewanee strives to be a safe place where all people feel welcomed regardless of background. They bring people of all ages and ethnicities together to help them make meaningful connections, improve health and well-being, to teach and reinforce positive values and find a sense of respect, belonging and engagement. The Y will strengthen our entire community through youth development, healthy living and social responsibility.

Kewanee Park District
The Kewanee Park District promotes physical, mental and social well-being through recreation programs, parks and facilities. The district has five parks in Kewanee.

Geneseo Park District
The Geneseo Park District enhances quality of life in communities by providing a positive recreational experience for all. Facilities include parks, a theatre, an aquatic center, athletic field and a community center.

HEALTH DEPARTMENTS

Henry County Health Department
The Henry County Health Department diagnoses and investigates health problems and health hazards in the community. They inform, educate and empower people about health issues. The health department mobilizes community partnerships and actions to identify and solve health problems. They develop policies and plans that support individual and community health efforts. The Henry County Health Department is made up of four divisions: vital records, environmental health, public health nursing and emergency preparedness.

COMMUNITY AGENCIES

Alcoholics Anonymous
Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Al-Anon meetings are offered in the Henry County area.

Bridgeway Mental Health and Family Services
Bridgeway is an organization providing community-based health and human services to a wide variety of individuals in need. Bridgeway's three core programs are: Behavioral Health Services, Developmental and Intellectual Disabilities services and Community and Center based employment opportunities for people with disabilities.

Galva Senior Center
The Galva Senior Center is located in Galva, Ill.

Henry County Mental Health Alliance
The Mental Health Alliance is a community-based organization established to provide advocacy, Education, support, mental health/illness awareness and suicide prevention outreach. The Alliance meets the last Monday of every month at 1000 at Saint Luke in Kewanee.

Henry County Youth Services Bureau
The mission of the Henry County Youth Services Bureau is to empower youth to succeed by serving them in their home, school and community. They are dedicated to providing free counseling services to youth ages 3 to 21. YSB Counselors provide a wide array of services, including: individual counseling, Diversion Program for youth involved with Henry County Court Services, Assessments, Referral Services, and Group Counseling. YSB Staff provide counseling services at a location that is convenient to the client and their family. Counseling sessions are offered year-round, and can be held at a client's school, home, community center, or the YSB office.

Kewanee Community Drug & Alcohol Task Force
The Mission of the Kewanee Community Drug and Alcohol Task Force is to decrease the use and abuse of alcohol and other drugs among youth in the Kewanee area. The task force works with community groups such as the YMCA to provide meaningful activities.

Kewanee Food Pantry
The Kewanee Food Pantry is dedicated to providing for the needs of hungry people by collecting and distributing food and grocery products and educating the community about Nutrition.

Bureau-Henry and Stark Counties Regional Office of Education
The vision of the Bureau, Henry and Stark County Regional Office of Education is to be a proactive intermediate educational agency serving the learning community through innovative and collaborative leadership. Learning support services include a variety of programs including community learning centers, truancy prevention, early childhood, homeless, services for drop-outs and a regional safe school program.

Kewanee Area United Way
The United Way works with government and organizations to form collaborative partnerships that benefits residents in Henry and Stark Counties. Programs on Healthcare, Education, achieving financial stability, and Single Care are supported through 16 agencies.

University of Illinois Extension
The University of Illinois Extension organization provides educational programs to the community on numerous subjects including health and nutrition to both youth and adult audiences.

Housing Authority of Henry County
The Housing Authority of Henry County provides qualified individuals with affordable housing and resources to assist in their personal growth. There are several services provided at the Housing Authority including administering the federal rental assistance program and providing affordable apartments for low-income families, elderly residents and persons with disabilities. The Housing Authority also administers the Section 8 voucher program.

Abilities Plus / Henry County Public Transportation
Abilities Plus serves individuals of all ages with disabilities. The Mission of Abilities Plus is to promote opportunities that result in independence and active decision making for people with disabilities and their families. Services offered are adult day programs, residential services, community support and children services. Abilities Plus also operates Henry County Public Transportation. All vans are handicap accessible and the service is open to anyone in the community.

HOSPITALS/CLINICS

OSF HealthCare Saint Luke Medical Center
OSF HealthCare Saint Luke Medical Center has been serving the Kewanee area for over 100 years. The 25-bed critical access hospital provides services to Kewanee and surrounding communities. Healthcare services include access to specialized clinics, inpatient care, rehabilitation, emergency, surgical and ancillary services. OSF Saint Luke also has a Rural Transportation Program to those in need of access to healthcare services.

OSF Multi-Specialty Group
OSF Multi-Specialty Group offers a wide range of medical and surgical care, as well as other specialty services, through provider offices located at OSF Saint Luke Medical Center.

OSF Medical Group – Kewanee and Galva
The OSF Medical Group clinics in Kewanee and Galva provide a wide range of medical care to the community focusing mainly on primary care.

OSF Home Care and Hospice
OSF Home Care and Hospice offer health care and services to homebound individuals and end of life services through hospice.

Hammond-Henry Hospital
Hammond-Henry Hospital is a Critical Access Hospital located in Geneseo, Illinois. The hospital provides Inpatient and Emergency services, preventive, diagnostic, therapeutic and rehabilitative services.

Ahearn & Associates Medical Center
Ahearn & Associates Medical Center provides office care for acute and chronic illnesses as well as wellness exams and preventive healthcare services.

Regional Family Health Center
Regional Family Health Center is a Hammond-Henry medical group practice specializing in Family Medicine and General Surgery.

Preferred Home Healthcare & Hospice
Preferred Home Health Care is a home healthcare agency offering Senior and Pediatric care. Services include Home Healthcare and Hospice, Private duty and medical solutions.

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)