2025

Community Health Needs Assessment

SAINT JAMES HOSPITAL

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

Livingston County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

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

- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health – Mental Health and Substance Use**

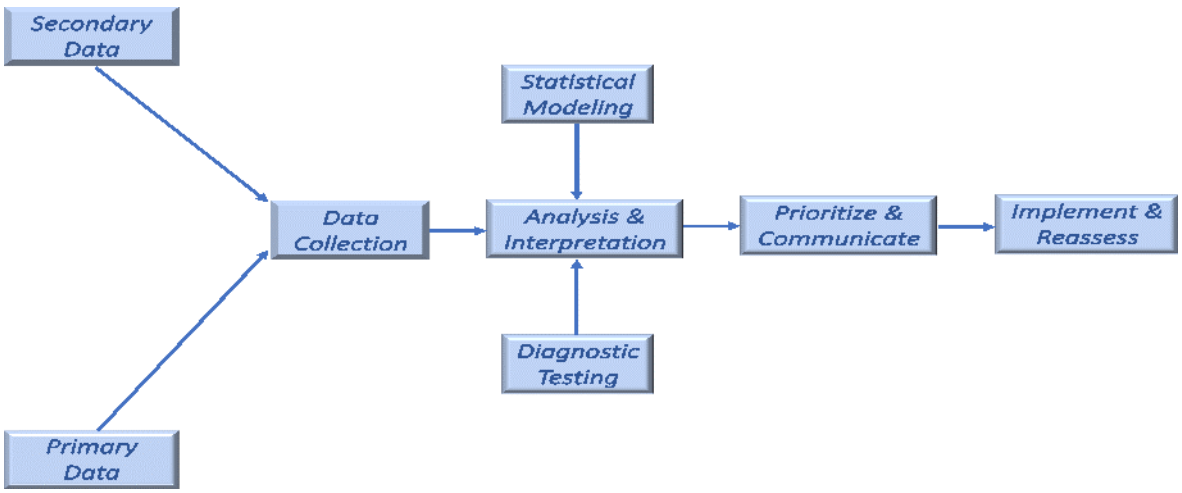
I. INTRODUCTION

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

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Schedule H, Form 90, 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 James – John W. Albrecht Medical Center, members of the Livingston County Health Department, and administrators from key community partner organizations. 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 James – John W. Albrecht Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Livingston County. Data show that Livingston County 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 healthcare quality in Livingston 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 for 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.

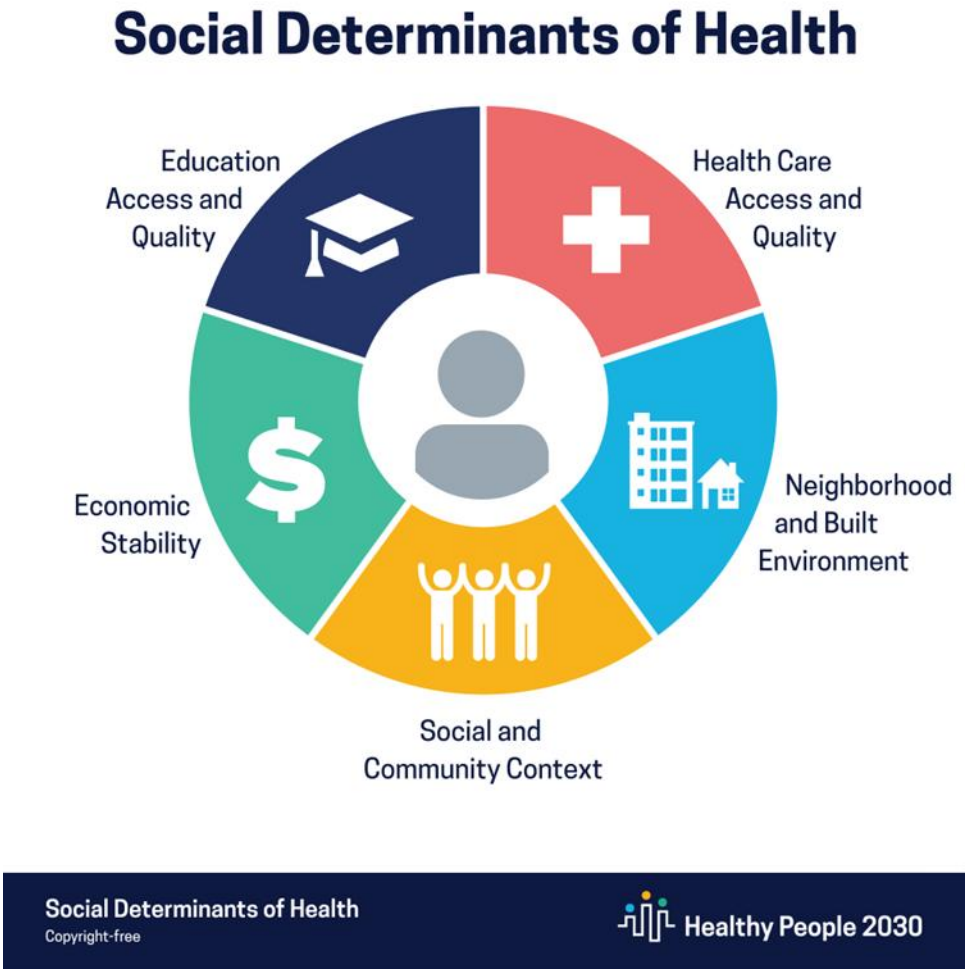
2022 CHNA Health Needs and Implementation Plans

The 2022 CHNA for Livingston County identified two significant health needs: Healthy Behaviors, (healthy eating and active living, and their impact on obesity); and Healthy Aging. Specific actions were taken to address these needs. Detailed discussions of goals and strategies can be found in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

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

- **Ratings of issues concerning well-being** – To assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods, and effective public transportation.

- **Accessibility to healthcare** – To assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental, and mental healthcare, as well as access to prescription medication.

- **Healthy behaviors** – To assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits, and cancer screenings.

- **Behavioral health** – To assess community issues related to areas such as anxiety and depression.

- **Food security** – To assess access to healthy food alternatives.

- **Social drivers of health** – To assess the impact that social drivers may have on the above-mentioned areas.

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

Sample Size

To identify the potential population, the percentage of the Livingston 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 Livingston County was 10.2 percent. The population used for the calculation was 35,771 yielding a total of 3,649 residents living in poverty in the Livingston 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 Livingston County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 381. The data collection effort for this CHNA yielded a total of 503 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 411 respondents. This met the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Livingston County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample aligned with population demographics according to U.S. Census data. This provided a total usable sample of 393 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 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 that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy using

descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparisons of primary data statistics to existing secondary data.

Analytic Techniques

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

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

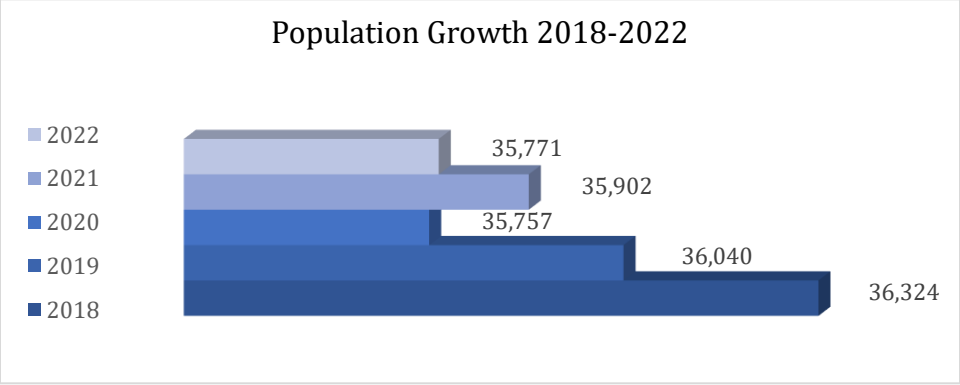
1.1 Population

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

Population Growth

Data from the last census indicate the population of Livingston County slightly decreased (1%) between 2018 and 2022 (Figure 3).

Figure 3



Source: United State Census Bureau

1.2 Age, Gender and Race Distribution

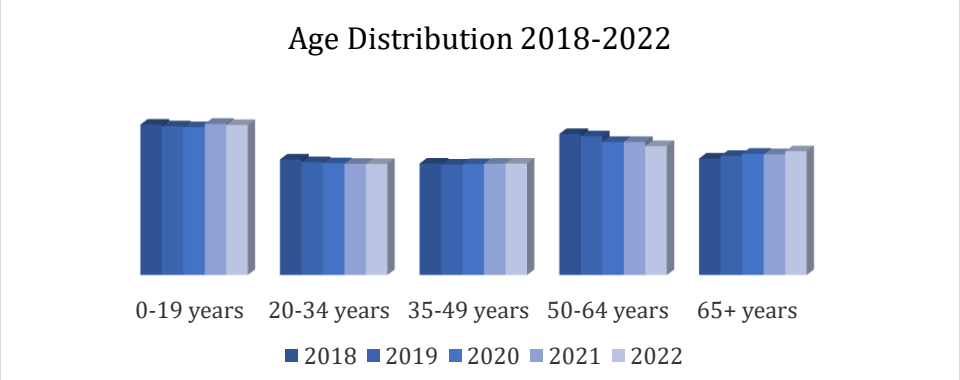
Importance of the Measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth

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

Age

As illustrated in Figure 4, the percentage of individuals in Livingston County in each age group, except for the 65+age group, declined or stayed the same over the five-year period from 2018 to 2022. Most notably, those in the 50-64 age group declined by 8.5% The elderly population (residents aged 65 and older) increased 6.2% over the same period (Figure 4).

Figure 4

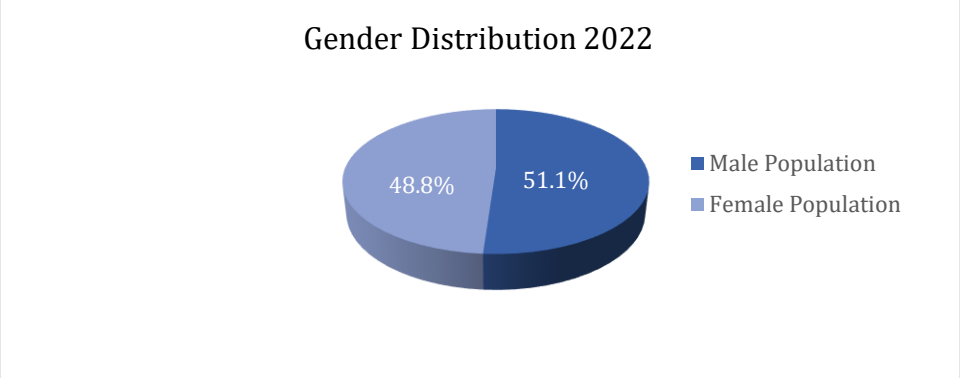


Source: United State Census Bureau

Gender

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

Figure 5



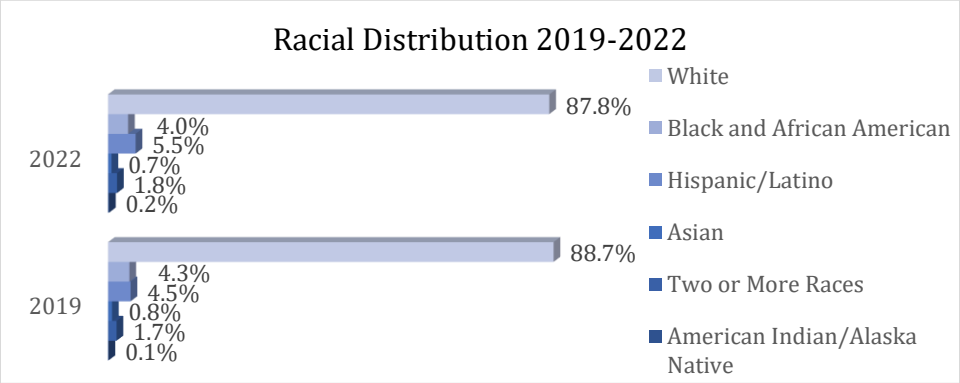
Source: United State Census Bureau

Race

With regard to race and ethnic background, Livingston County is largely homogenous. However, in recent years, the county is becoming more diverse. Data from 2022 suggest that White ethnicity comprises

87.8% of the population in Livingston County. However, the non-White population of Livingston County has been increasing (from 11.3% in 2019 to 12.2% in 2022), with Black ethnicity comprising 4% of the population, Hispanic/Latino (LatinX) ethnicity comprising 5.5% of the population, Asian comprising 0.7%, multi-racial ethnicity comprising 1.8% of the population, and American Indian/ Alaska Native comprising 0.2% of the population in 2022 (Figure 6).

Figure 6



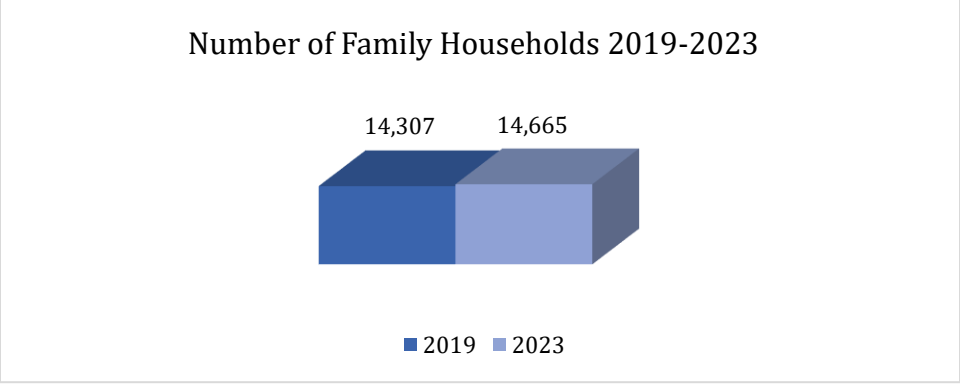
Source: United State Census Bureau

1.3 Household/Family

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

As indicated in Figure 7, the number of family households in Livingston County increased from 2019 to 2023.

Figure 7

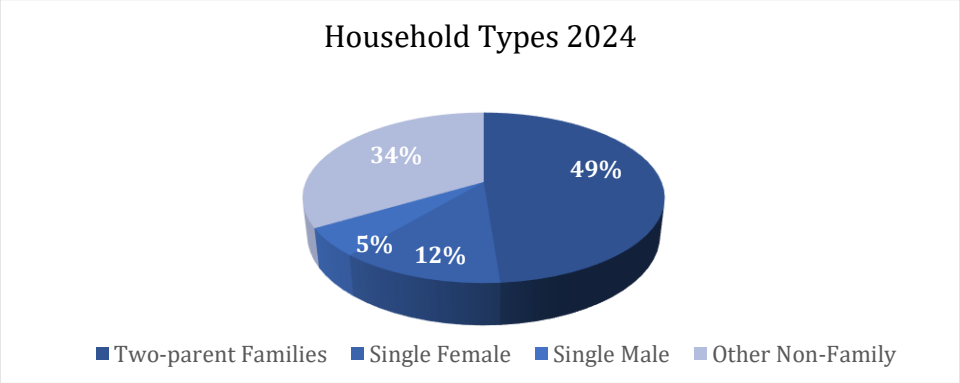


Source: United State Census Bureau

Family Composition

In Livingston County, data from 2024 suggest the percentage of two-parent families in Livingston County is 49%. Other non-family households represent 34% of the county population, single-female households represent 12%, and single-male households represent 5% (Figure 8).

Figure 8

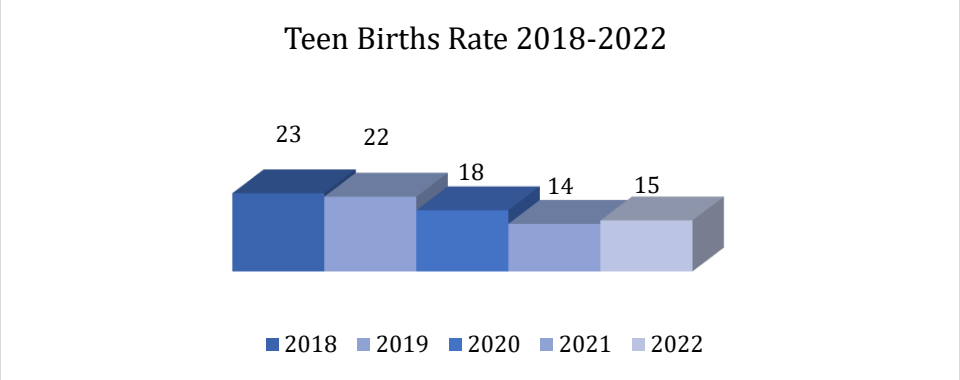


Source: United State Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Livingston County has experienced a downward trend in teen birth count from 2018 to 2022. In 2018, the count was 23, and in 2022, the count was 15 (Figure 9).

Figure 9



Source: Illinois Department of Public Health

1.4 Economic Information

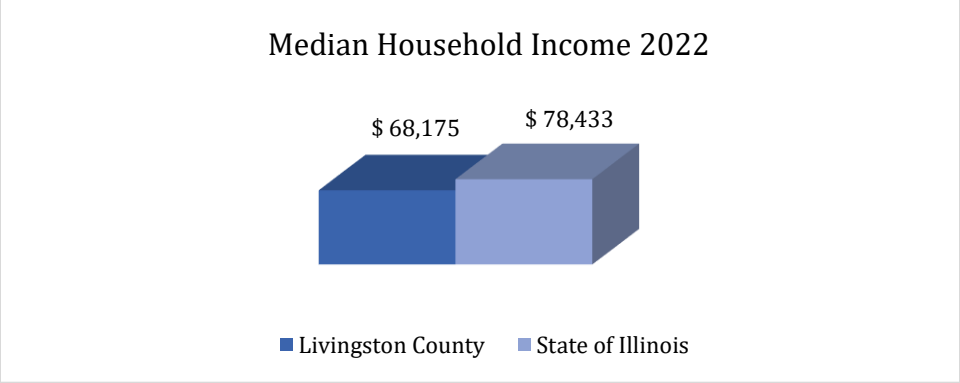
Importance of the Measure: Median income divides households into two segments, with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable 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 Livingston County ($68,175) was lower than that of the State of Illinois average ($78,433) (Figure 10).

Figure 10

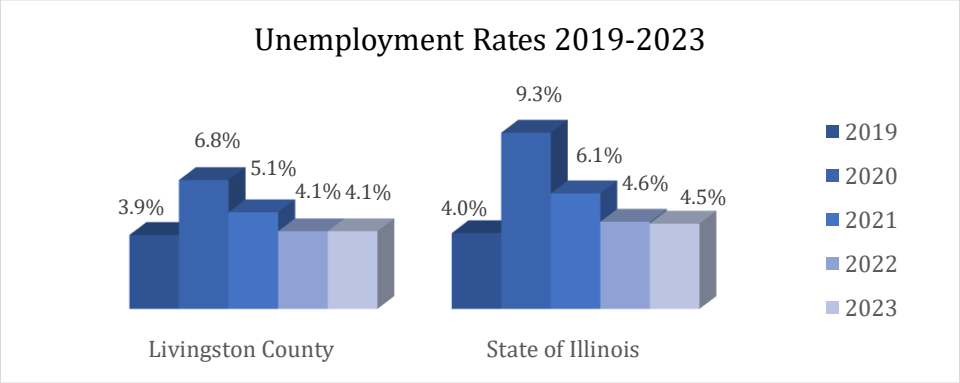


Source: United State Census Bureau

Unemployment

For the years 2019 through 2023, the Livingston County unemployment rate remained lower than the State of Illinois' unemployment rate. However, in 2020 the rate significantly increased but did remain lower than the State of Illinois average. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 11).

Figure 11



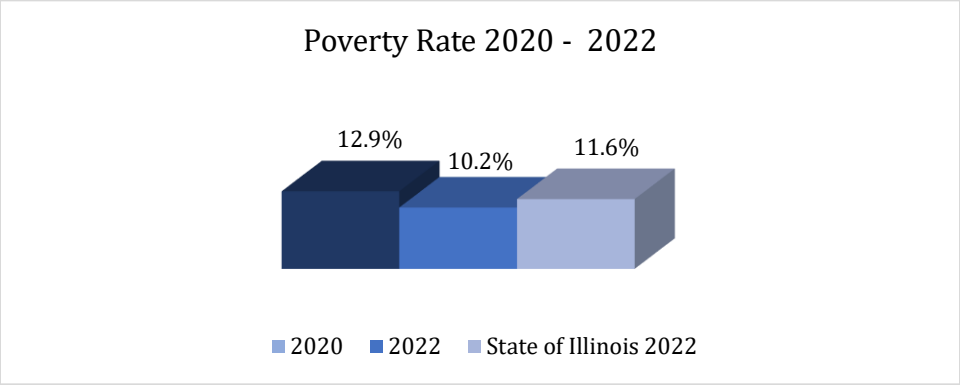
Source: Bureau of Labor Statistics

Individuals in Poverty

In Livingston County, the percentage of individuals living in poverty between 2020 and 2022 decreased. Poverty has a significant impact on the development of children and youth. In 2022, the poverty rate for

families living in Livingston County (10.2%) was lower than the State of Illinois family poverty rate (11.6%) (Figure 12).

Figure 12



Source: United State Census Bureau

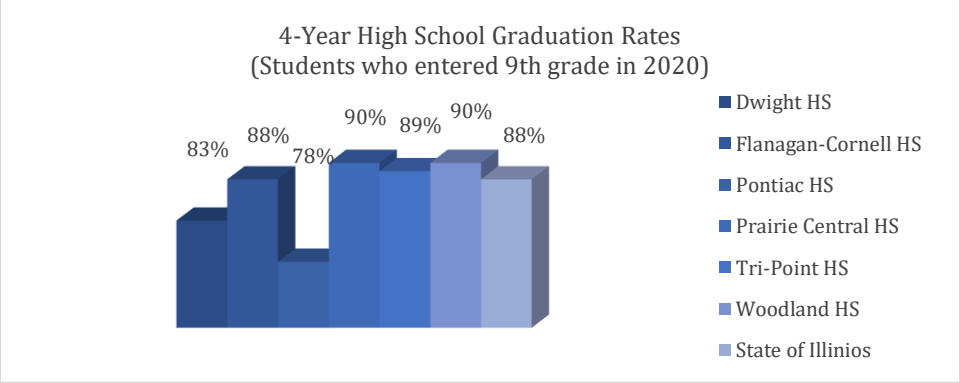
1.5 Education

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 is strongly related to an individual's propensity to earn a higher salary, secure better employment, and foster multifaceted success in life.

High School Graduation Rates

In 2020, two-thirds of the school districts in Livingston County reported high school graduation rates that were at or higher than the State of Illinois average of 88%. Dwight HS (83%) and Pontiac HS (78%) reported lower averages than the State of Illinois average (Figure 13).

Figure 13

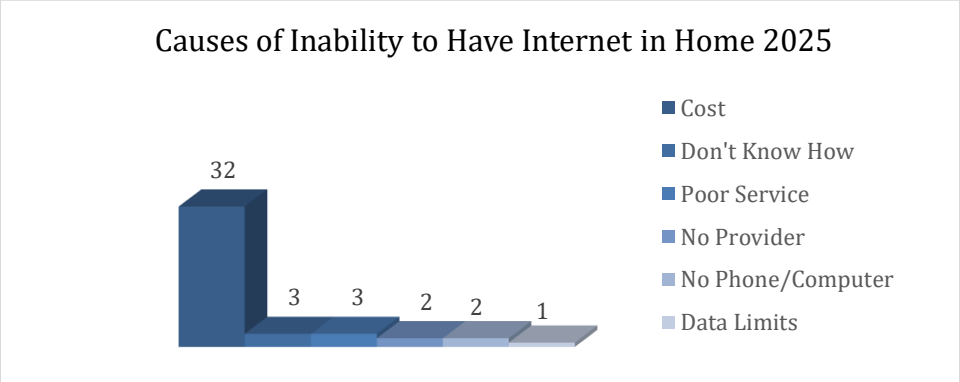


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 91% indicated they had Internet in their homes. For those who did not have Internet in their home, cost (32) was the most frequently cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 14



Source: CHNA Survey

Social Drivers Related to Internet Access

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

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

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION AGE 65 AND OVER IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 12% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

Chapter 2 Outline

CHAPTER 2: PREVENTION BEHAVIORS

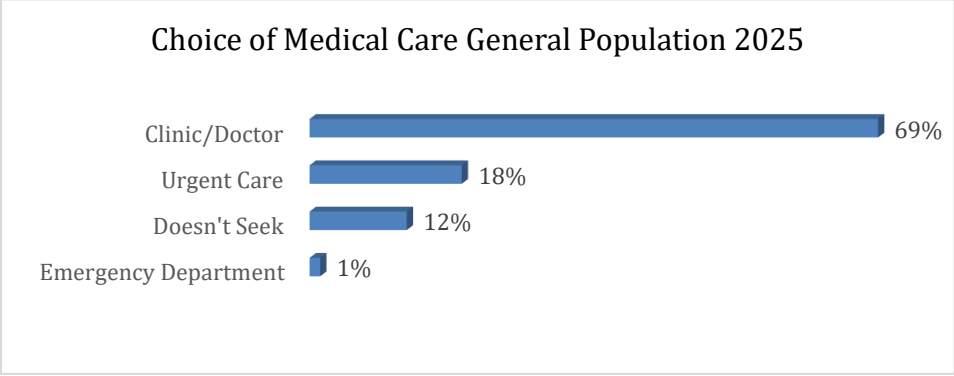
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, and no medical treatment. The most common response for source of medical care was clinic/doctor's office, chosen by 69% of survey respondents. This was followed by urgent care (18%), not seeking medical attention (12%), 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 80% in 2022 to 69% in 2025. Urgent care increased from 7% in 2022 to 18% in 2025, while the emergency department (1%) and does not seek medical care (12%), stayed the same.

Social Drivers Related to Choice of Medical Care

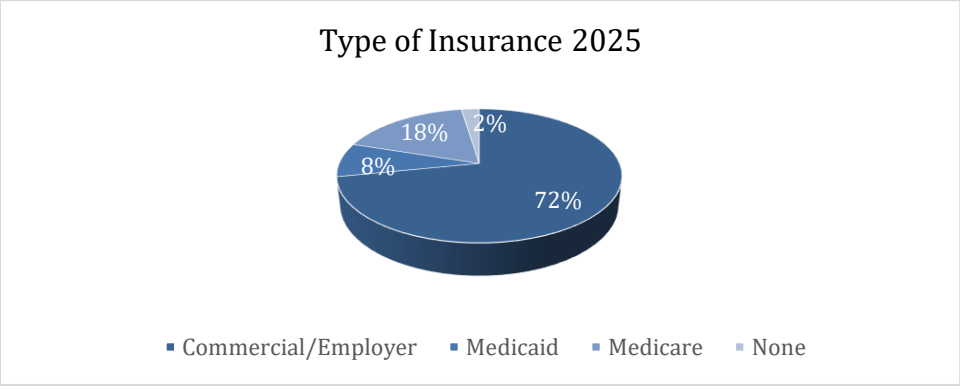
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low, given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

- **Clinic/Doctor's Office** tends to be used more often by older people. Clinic/doctor's office tends to be used less by Black people and people in an unstable housing environment.
- **Urgent Care** tends to be used more by younger people.
- **Emergency Department** tends to be used more by LatinX people, those with a lower education, and people in an unstable housing environment.
- **Does Not Seek Medical Care** tends to be used more by people with lower income.

Insurance Coverage

According to survey data, 72% of the residents are covered by commercial/employer insurance, followed by Medicare (18%) and Medicaid (8%). Only 2% of respondents indicated they did not have any health insurance (Figure 16).

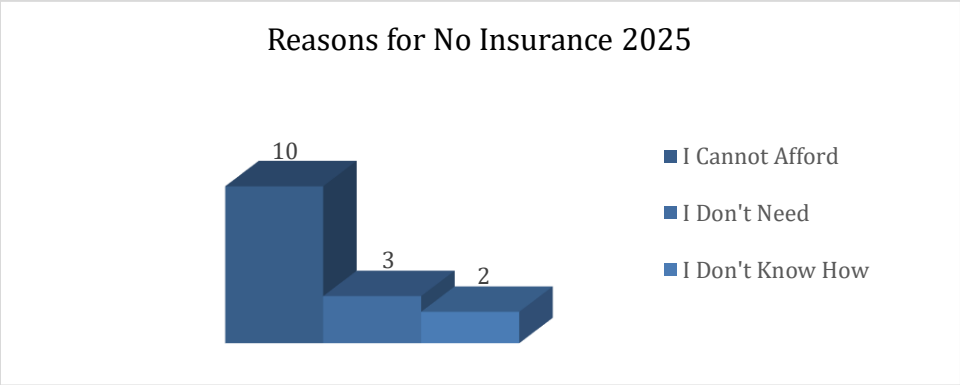
Figure 16



Source: CHNA Survey

Data from the survey show that for the 2% of individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Comparison to 2022 CHNA

There has been a 17% increase in those with commercial/employer insurance between 2022 and 2025, and a 2% increase in those who do not have any insurance. There has been a decrease in both Medicaid and Medicare insurance during this same time period.

Social Drivers Related to Type of Insurance

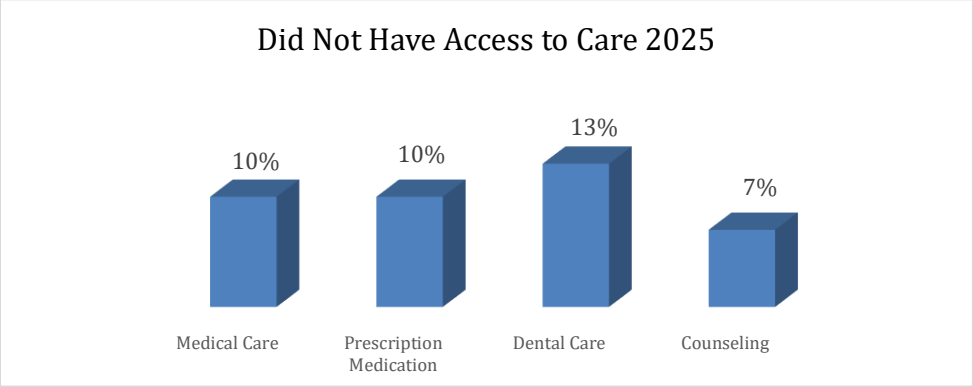
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low,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

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

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care, and counseling. Survey results show that 10% of the population did not have access to medical care when needed; 10% of the population did not have access to prescription medication when needed; 13% of the population did not have access to dental care when needed; and 7% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

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

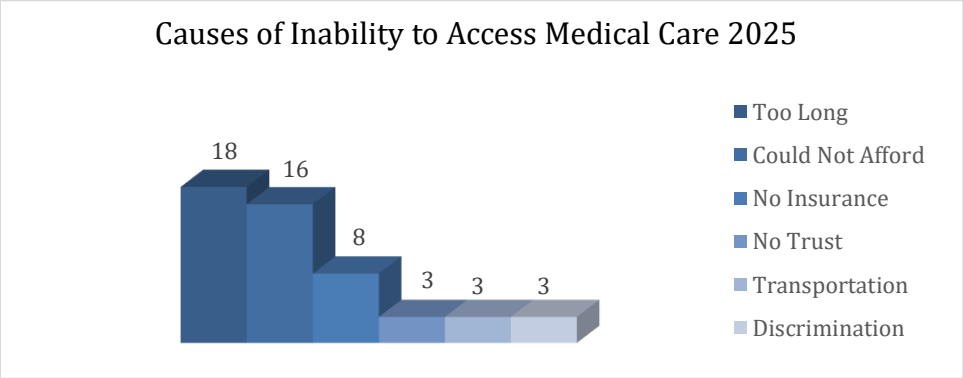
- **Access to medical care** had no direct correlates.
- **Access to prescription medication** tends to be higher for White people and those with higher income. Access to prescription medication tends to be lower for Black people and those in an unstable housing environment.
- **Access to dental care** tends to be higher for those with higher education and those with higher income. Access to dental care tends to be lower for those in an unstable housing environment.
- **Access to counseling** tends to be lower for people in an unstable housing environment.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait

for an appointment (18) and could not afford (16) (Figure 19). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 19

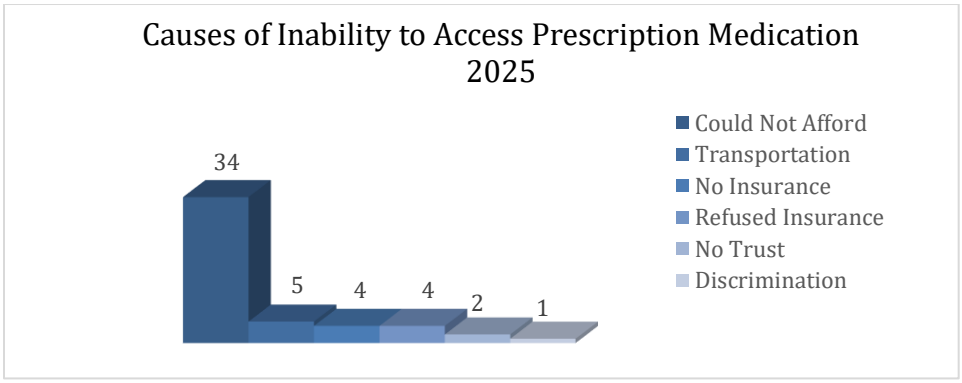


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (34) (Figure 20).

Figure 20

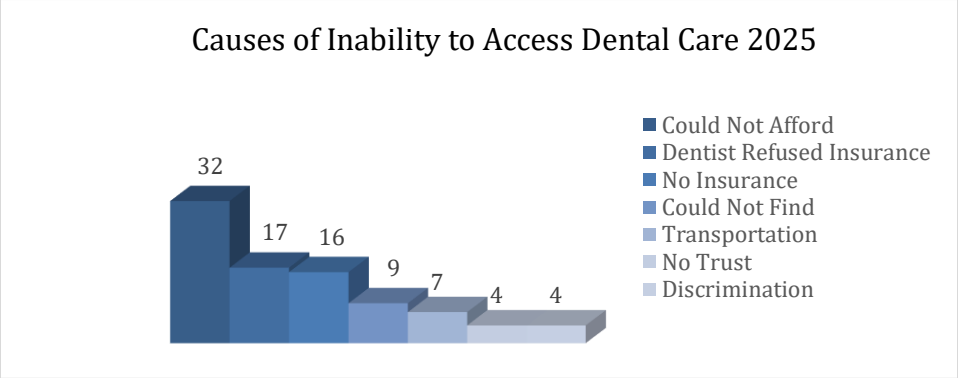


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause was the inability to afford copayments or deductibles (32) (Figure 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21

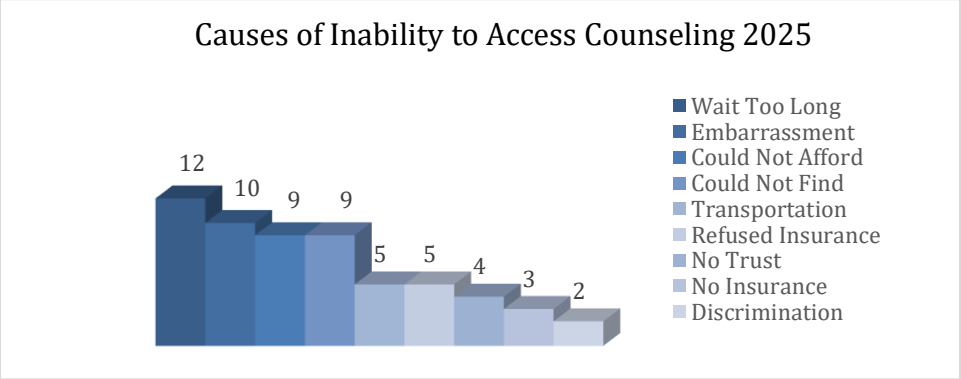


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading cause of the inability to gain access to counseling was the wait was too long (12), embarrassment (10), could not afford (9), and could not find (9). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care – results show a decrease (4%) in those who were able to get medical care when needed.

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

Access to Dental Care – results show a decrease (7%) in those who were able to get dental care when needed.

Access to Counseling – results show a decrease (4%) in those who were able to get counseling when needed.

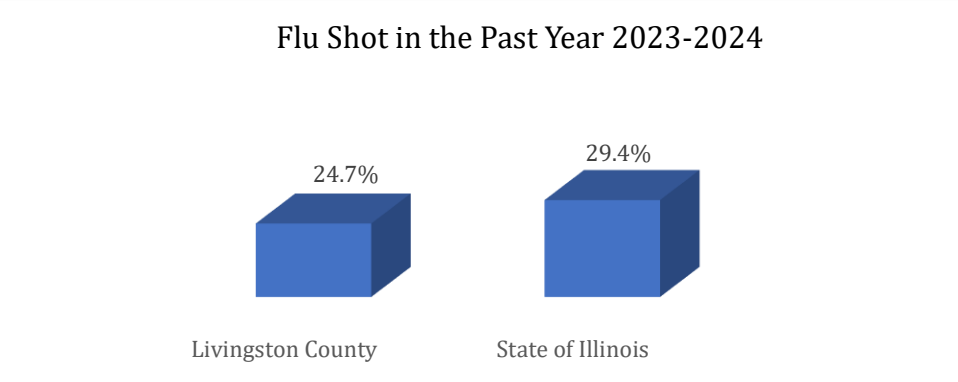
2.2 Wellness

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

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. Figure 23 shows that the percentage of Livingston County residents (24.7%) who had a flu shot in 2023-2024, compared to the State of Illinois' rate (29.4%).

Figure 23

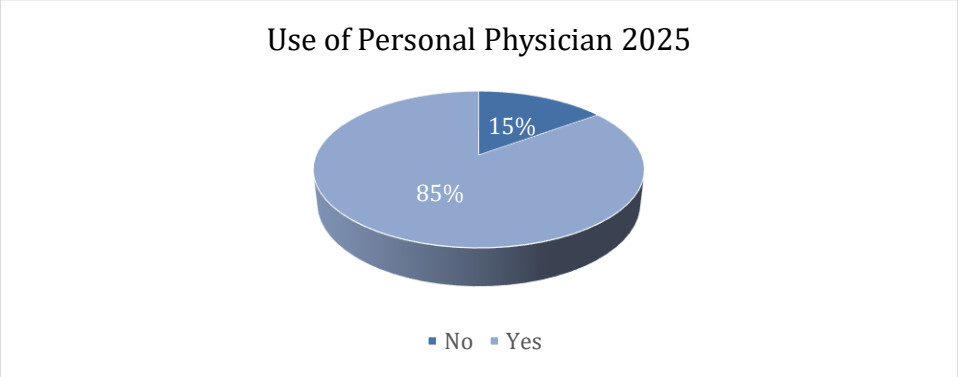


Source: Illinois Department of Public Health

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 85% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2022 CHNA

There was a decrease in having a personal physician between 2022 and 2025. In 2022, 91% of residents reported having a personal physician, compared to 85% in 2025.

Social Drivers Related to Having a Personal Physician

The following characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses. Note correlations including Black and

LatinX people should be interpreted with caution, as the number of respondents was relatively low, given the demographics of Livingston County.

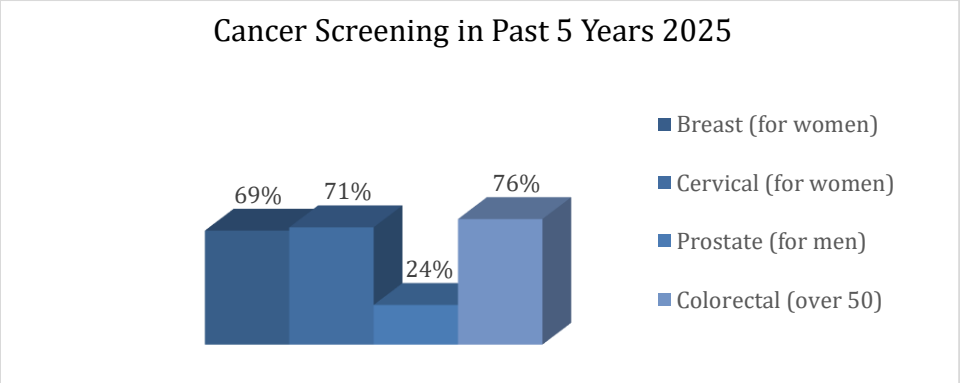
- **Having a personal physician** tends to be higher for older people, White people, those with higher education, and those with higher income. Having a personal physician tends to be lower for LatinX people.

Cancer Screening

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

Results from the CHNA survey show that 69% of women had a breast screening in the past five years and 71% of women had a cervical screening. For men, 24% had a prostate screening in the past five years. For women and men over the age of 50, 76% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2022 CHNA

Cancer screening for cervical and colorectal has increased from 2022 to 2025, while screening for breast and prostate has decreased.

Specifically, in 2025, 69% of women had a breast screening in the past five years compared to 72% in 2022. In 2025, 71% of women had a cervical screening, in the past five years, compared to 63% in 2022.

For men, in 2025, 24% reported they had a prostate screening in the past five years, compared to 39% in 2022.

For women and men over the age of 50, 76% had a colorectal screening in the last five years in 2025, compared to 59% in 2022.

Social Drivers Related to Cancer Screenings

Multiple characteristics show significant relationships with cancer screening. 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 Livingston County.

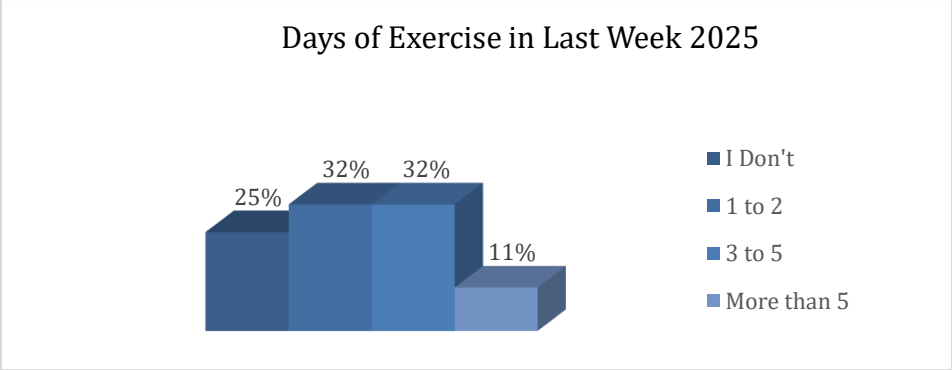
- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education, and those with higher income**.** Breast screening tends to be lower for Black women, LatinX women, and women in an unstable housing environment.
- **Cervical screening** tends to be more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

Physical Exercise

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

CHNA survey data allow for a more detailed assessment of exercise. Specifically, 25% of respondents indicated that they do not exercise at all, while the majority (75%) of resident's exercise 1 or more times per week (Figure 26).

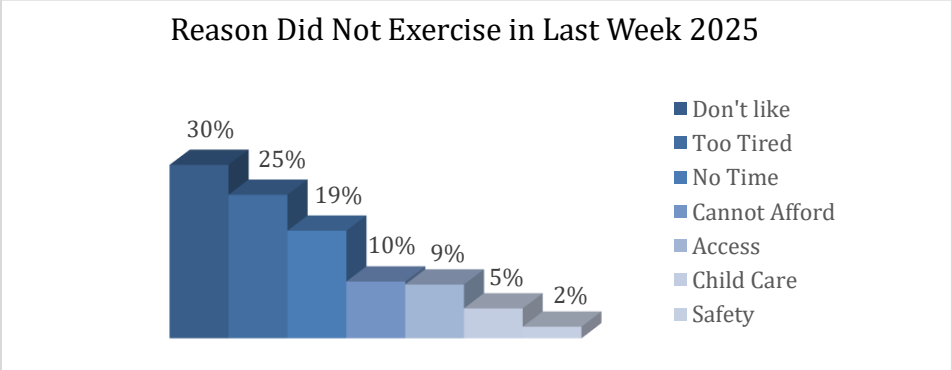
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are dislike of exercise (30%), not having enough energy (25%), and not enough time (21%) (Figure 27).

Figure 27



Source: CHNA Survey

Comparison to 2022 CHNA

Frequency of exercise has increased. In 2025, 75% of residents exercised at least one time per week, compared to 72% in 2022.

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 Livingston County.

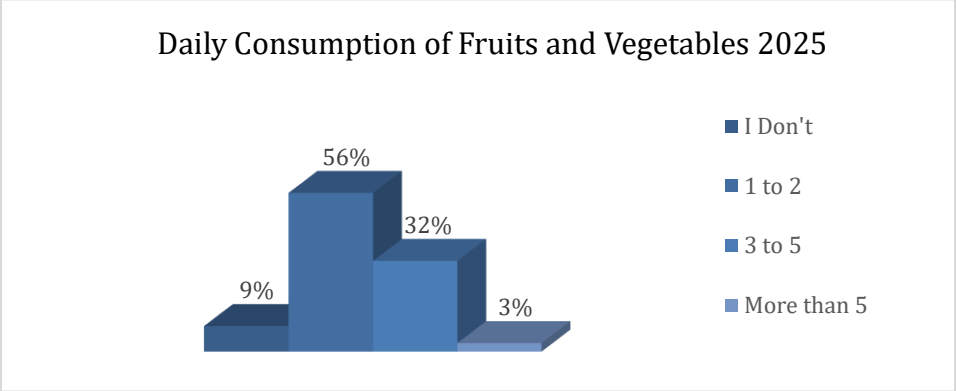
- **Frequency of exercise** tends to be rated higher by those with a higher level of education and those with higher income. Frequency of exercise is rated lower by Black people and those living in an unstable housing environment.

Healthy Eating

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

Almost two-thirds (65%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 3% (Figure 28).

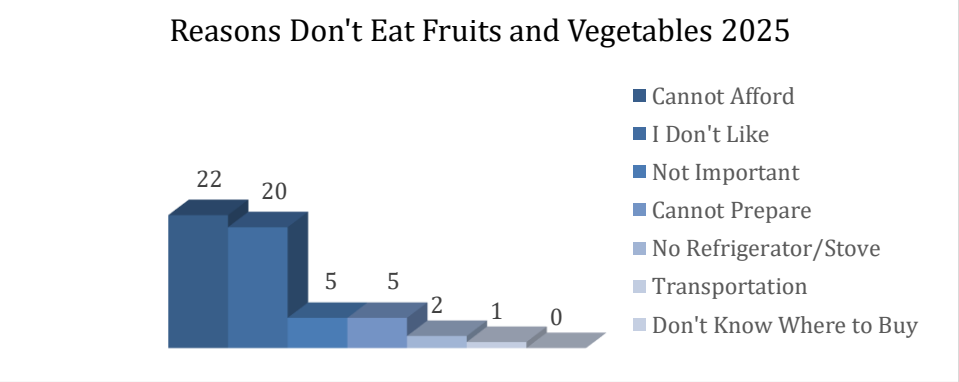
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The reasons most frequently given for failing to eat more fruits and vegetables was cannot afford (22) and does not like (20) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

Consumption of fruits and vegetables has slightly decreased. In 2025, 65% of residents consume 0 -2 servings of fruits and vegetables per day, compared to 66% in 2022.

Social Drivers Related to Healthy Eating

Multiple characteristics show significant relationships with healthy eating. 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 Livingston County.

- **Consumption of fruits and vegetables** tends to be more likely for older people, White people, those with higher education, and those with higher income. Consumption of fruits and vegetables tends to be lower for Black people and those in an unstable housing environment.

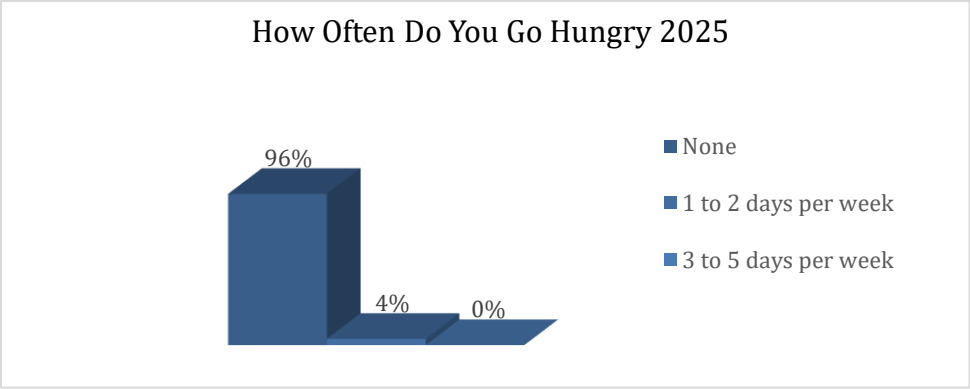
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry; however, 4% indicated they go hungry 1-2 days per week (Figure 30).

Figure 30



Source: CHNA Survey

Comparison to 2022 CHNA

Results show a slight increase for those who go hungry. In 2025, 4% of residents indicate they go hungry, compared to 3% in 2022.

Social Drivers Related to Prevalence of Hunger

Multiple characteristics show significant relationships with hunger. 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 Livingston County.

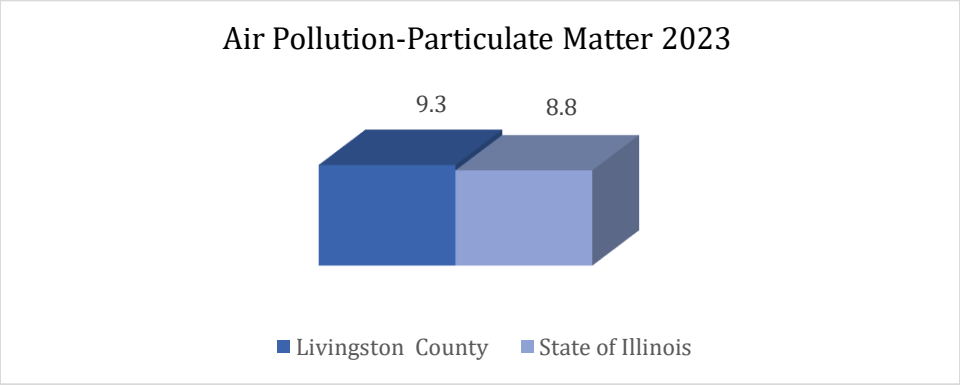
- **Prevalence of Hunger** tends to be more likely for Black people, LatinX people, those with lower education, those with lower income, and those in an unstable housing environment. Prevalence of hunger tends to be less likely for White people.

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Livingston County (9.3) is slightly higher than the State of Illinois average (8.8) (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

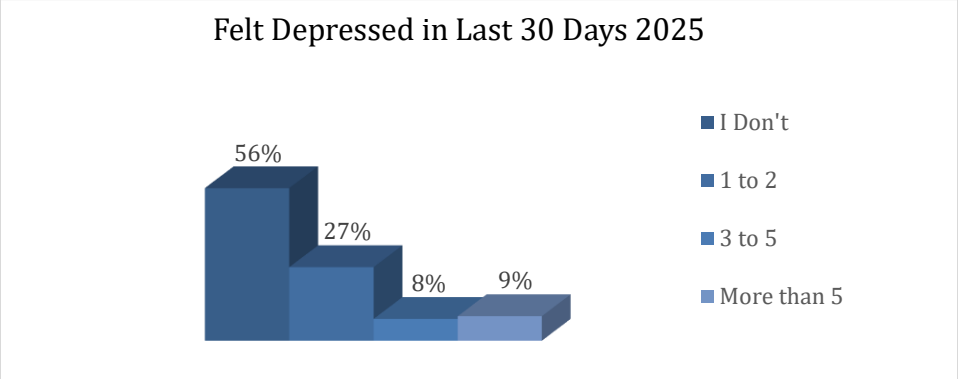
2.5 Health Status

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

Mental Health

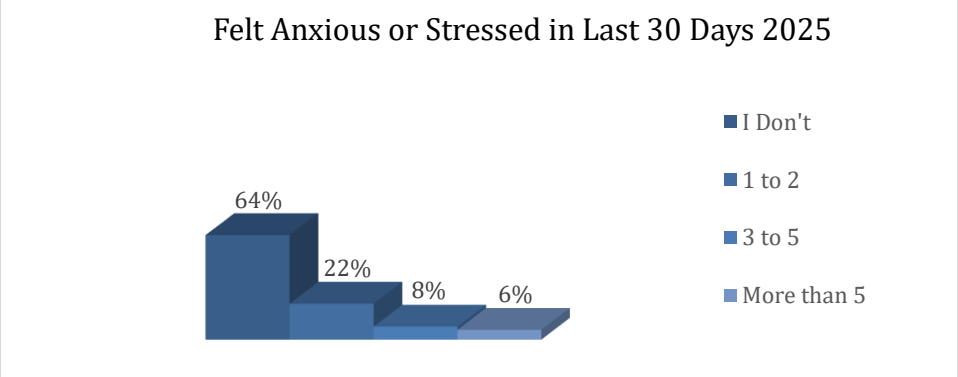
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 56% indicated they did not feel depressed in the last 30 days (Figure 32) and 64% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

Figure 33



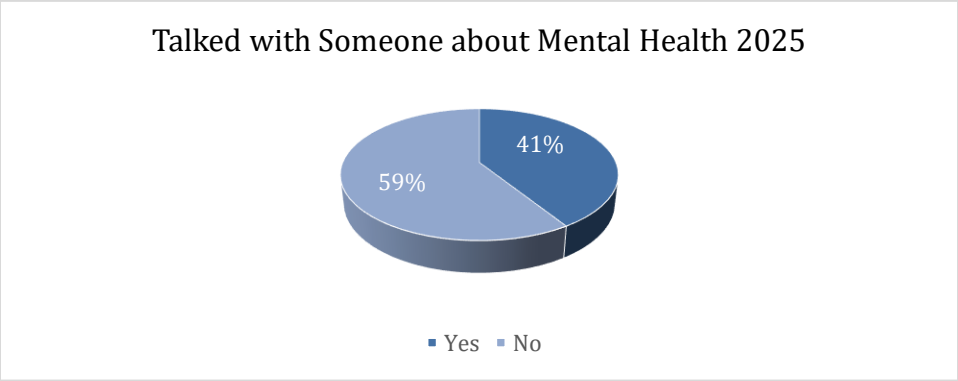
Source: CHNA Survey

Comparison to 2022 CHNA

Results show an improvement in mental health. In 2025, 44% of respondents indicated they felt depressed in the last 30 days, compared to 46% in 2022. In 2025, 36% of respondents indicated they felt anxious or stressed in the last 30 days, compared to 42% in 2022.

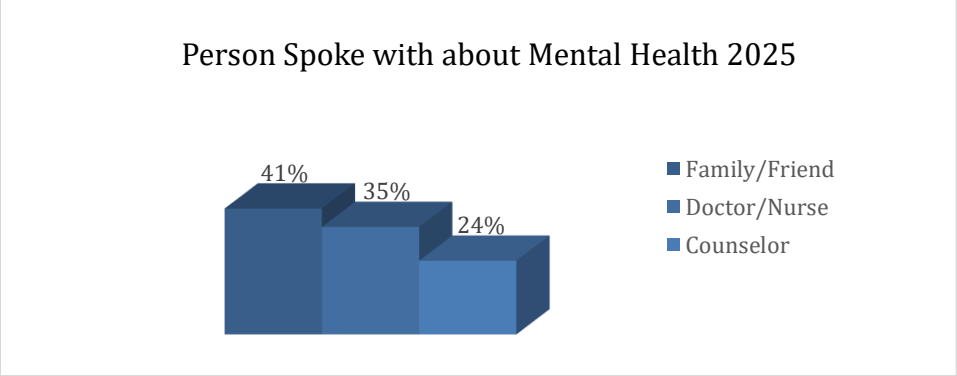
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 41% indicated that they spoke to someone (Figure 34), the most common response was a family member or friend (41%) (Figure 35).

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. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low, given the demographics of Livingston County.

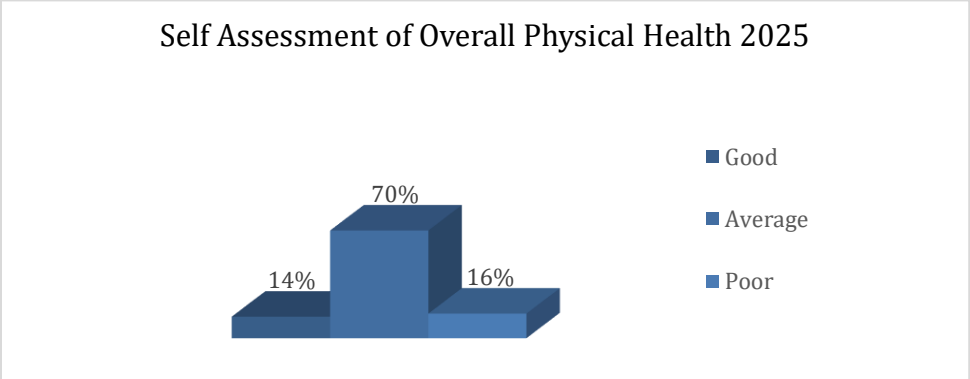
- **Depression** tends to be rated higher for women, younger people, Black people, those with lower income, and those living in an unstable housing environment. Depression tends to be rated lower for White people.

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

Self-Perceptions of Overall Health

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

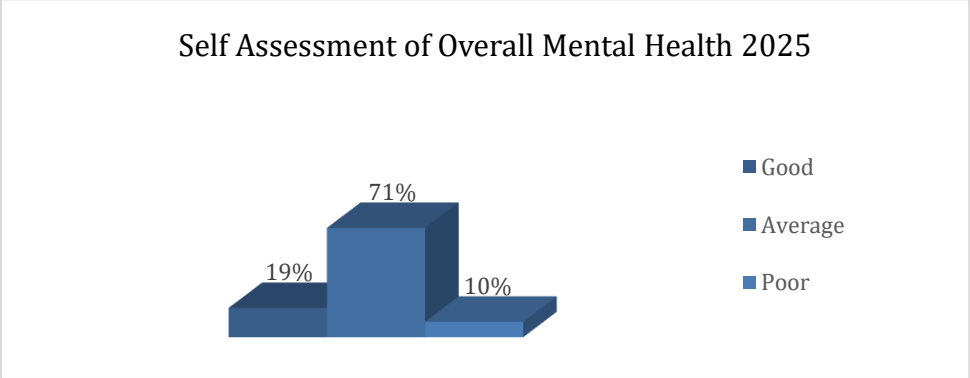
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 10% 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, the same percentage of people see themselves in poor health in 2025 (16%,) as they did in 2022 (16%). With regard to mental health, less people see themselves in poor health in 2025 (10%), compared to 2022 (13%).

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. Note correlations including Black and LatinX people should be interpreted with caution, as the number of respondents was relatively low, given the demographics of Livingston County.

- **Perceptions of physical health** tend to be higher for White people, those with higher education, and those with higher income. Perceptions of physical health tend to be lower for Black people.
- **Perceptions of mental health** tend to be higher men, older people, White people, those with higher education, and those with higher income. Perceptions of mental health tend to be lower for Black people.

2.6 Key Takeaways from Chapter 2

- ✓ DECREASED ACCESS TO HEALTHCARE.
- ✓ PROSTATE SCREENINGS HAVE DECLINED AND ARE SIGNIFICANTLY LOWER THAN OTHER CANCER SCREENINGS.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ WHILE SIGNIFICANT, MENTAL HEALTH IS IMPROVING.

Chapter 3 Outline

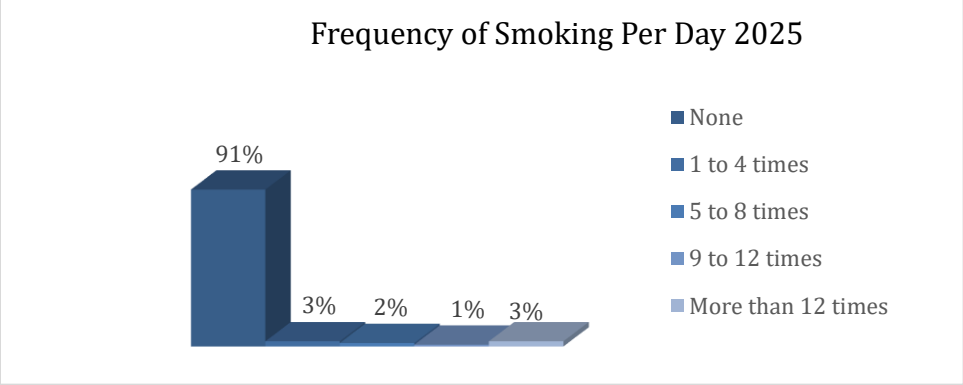
CHAPTER 3: SYMPTOMS AND PREDICTORS

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.

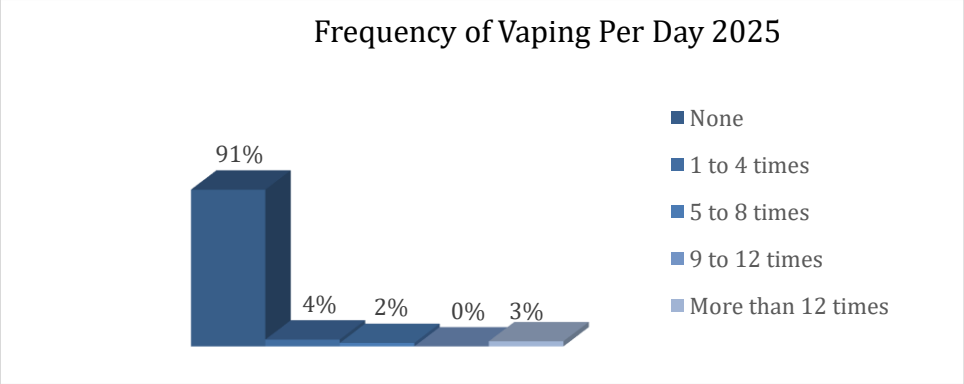
CHNA survey data show 91% of respondents do not smoke (Figure 38) and 91% of respondents do not vape (Figure 39). Of those who smoke or vape, 3% do so more than 12 times per day.

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Comparison to 2022 CHNA

Results improved for smoking between 2022 and 2025, where 14% of people reported smoking in 2022, compared to 9% in 2025. Contrastingly, vaping has increased during this same time. In 2022, 4% reported vaping, compared to 9% in 2025. Of those who smoke or vape, 3% do so more than 12 times per day.

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

3.2 Drug and Alcohol Use

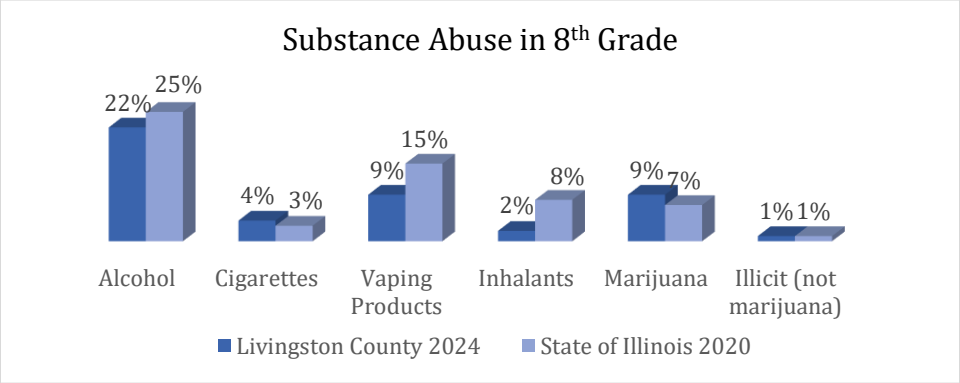
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Livingston County data reported for 2024, State of Illinois reporting 2020 data. As Figure 40 illustrates, Livingston County substance use in 8th grade was lower than

State of Illinois averages for alcohol, vaping, and inhalants. Livingston County rated higher than State of Illinois averages for cigarettes and marijuana among 8th graders. Usage of illicit substances other than marijuana was the same.

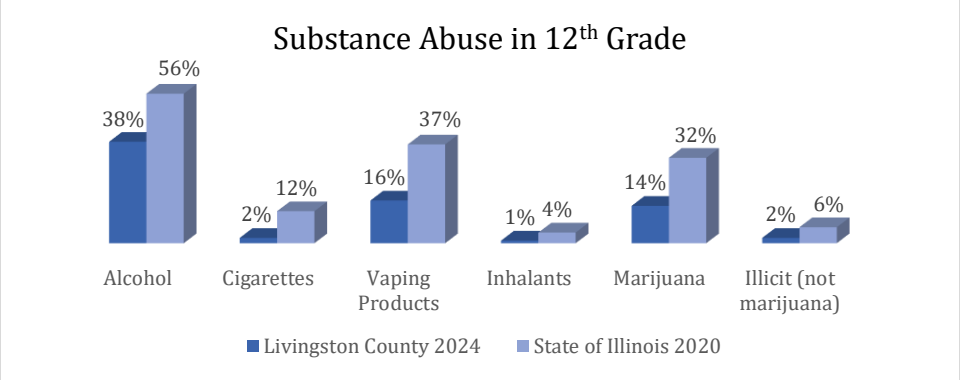
Figure 40



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, the most recent data available for Livingston County is 2024 and State of Illinois is 2020. This data shows Livingston County rates remain lower than State of Illinois rates in all categories (Figure 41).

Figure 41

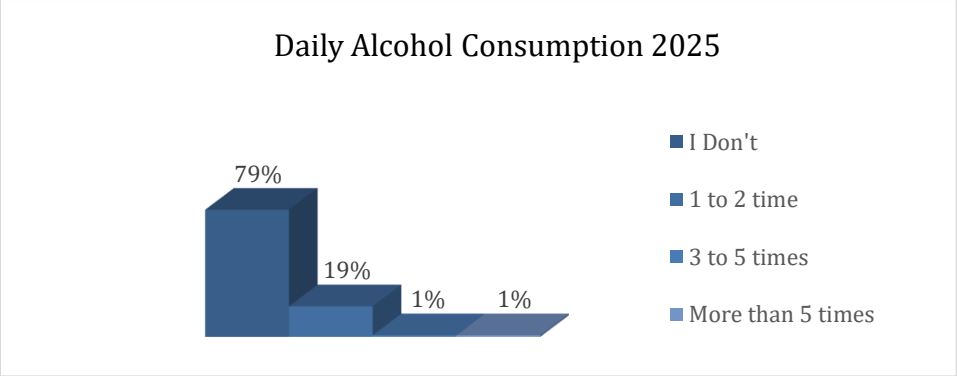


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

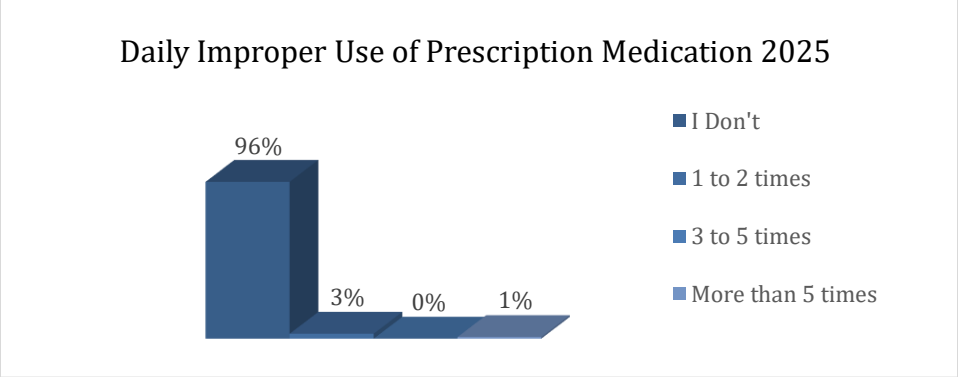
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 79% indicated they did not consume alcohol on a typical day (Figure 42), 96% indicated they do not improperly take prescription medication, including opioids, on a typical day (Figure 43), 92% indicated they do 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



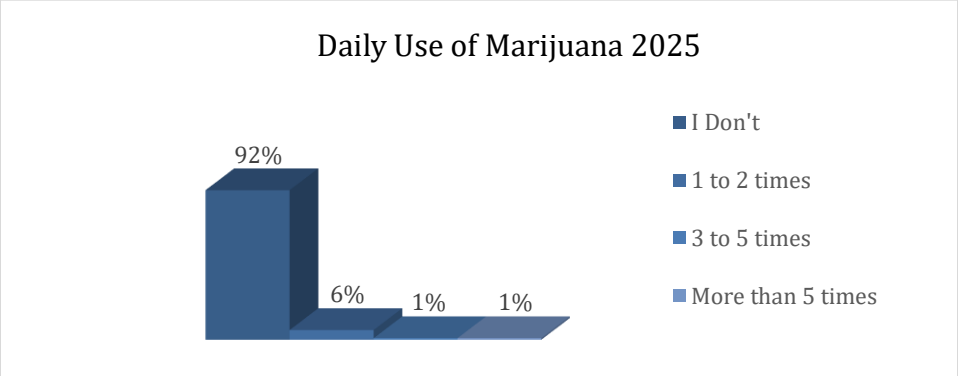
Source: CHNA Survey

Figure 43



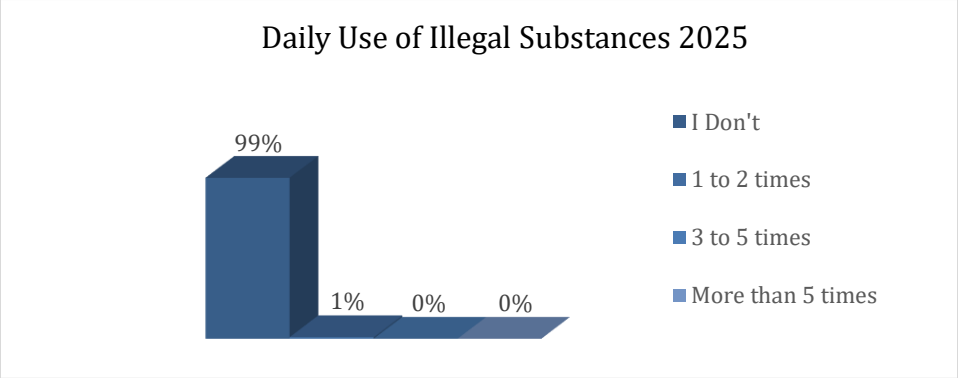
Source: CHNA Survey

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 Livingston County.

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

3.3 Obesity

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

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.

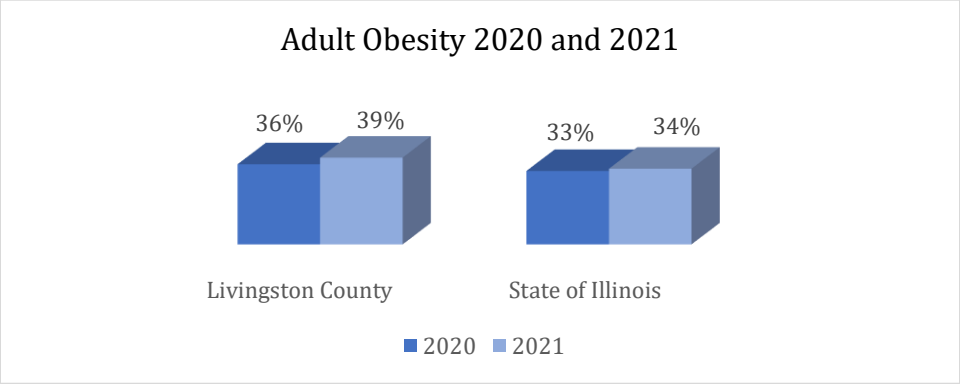
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times 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 Livingston County, the number of people diagnosed with obesity has increased over the years from 2020 (36%) to 2021 (39%) and are higher than State of Illinois averages (Figure 46).

Obesity rates in the State of Illinois have increased from 2020 (33%) to 2021 (34%). Note the 2024 annual data release used data from 2021.

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

Figure 46

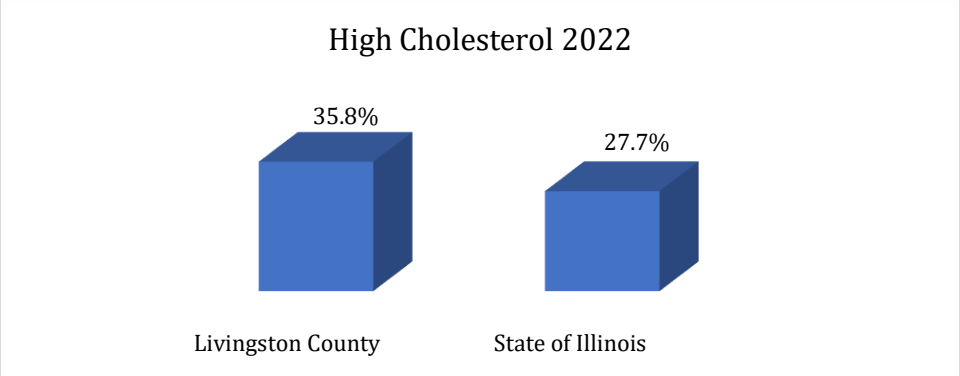


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Livingston County report a higher than State of Illinois average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Livingston County (35.8%) than the State of Illinois average of 27.7% (Figure 47). Note that data have not been updated by the Illinois Department of Public Health.

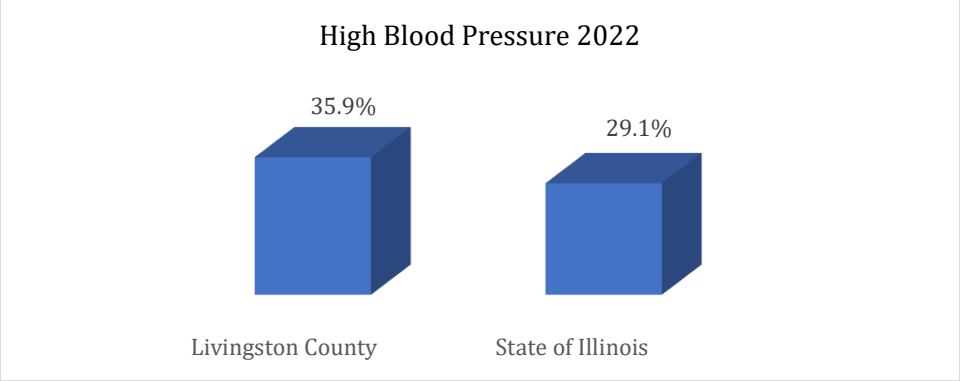
Figure 47



Source: County Health Rankings & Roadmaps

With regard to high blood pressure, Livingston County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Livingston County residents (35.9) reporting they have high blood pressure in 2022 is lower than the State of Illinois average of 29.1% (Figure 48).

Figure 48



Source: County Health Rankings & Roadmaps

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE USE AMONG 8TH AND 12TH GRADERS FOR MOST CATEGORIES IS LOWER THAN STATE OF ILLINOIS AVERAGES. HOWEVER, CIGARETTES AND MARIJUANA WERE HIGHER THAN STATE OF ILLINOIS AVERAGES FOR 8TH GRADERS.
- ✓ 4% OF RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION INCLUDING OPIOIDS.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OBESE HAS INCREASED.

Chapter 4 Outline

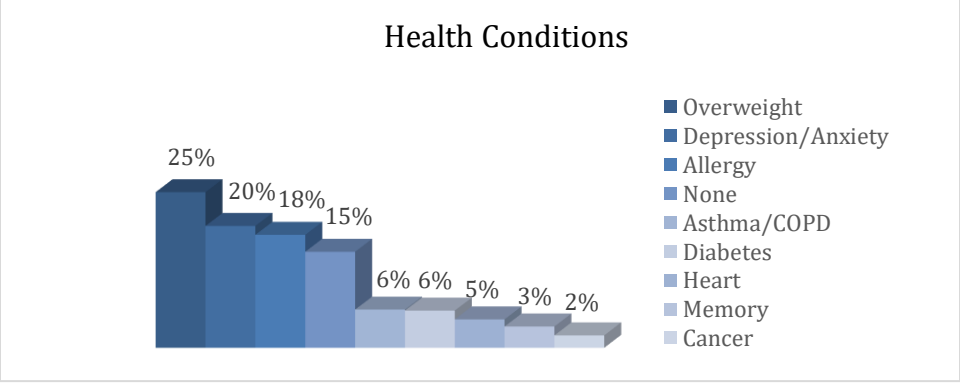
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (25%) was the most reported health condition, followed by depression/anxiety (20%). Often percentages for self-identified data are lower than secondary data sources (Figure 49).

Figure 49



Source: CHNA Survey

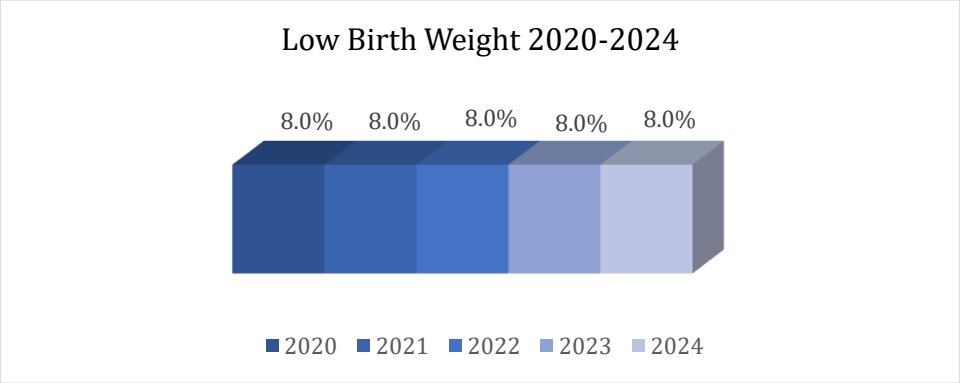
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Livingston County has remained constant (8%) (Figure 50).

Figure 50



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

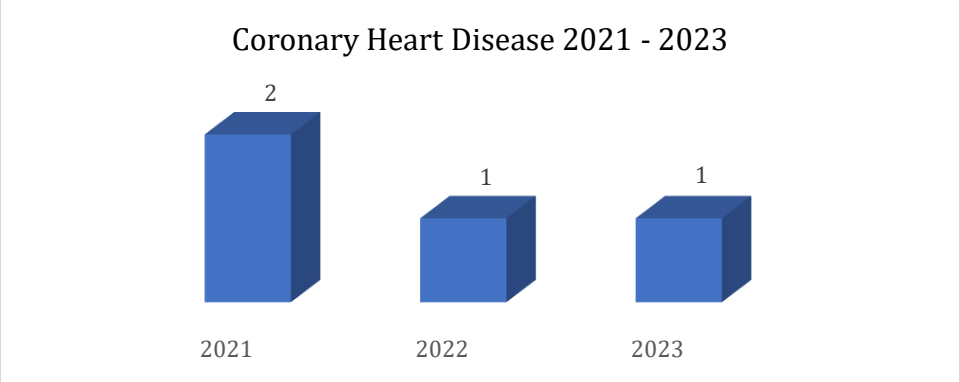
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary Heart Disease

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

The number of cases of coronary atherosclerosis complication at Livingston County area hospitals has been low, with 2 cases reported in 2021 and 1 case reported in 2022 and 2023 (Figure 51).

Figure 51

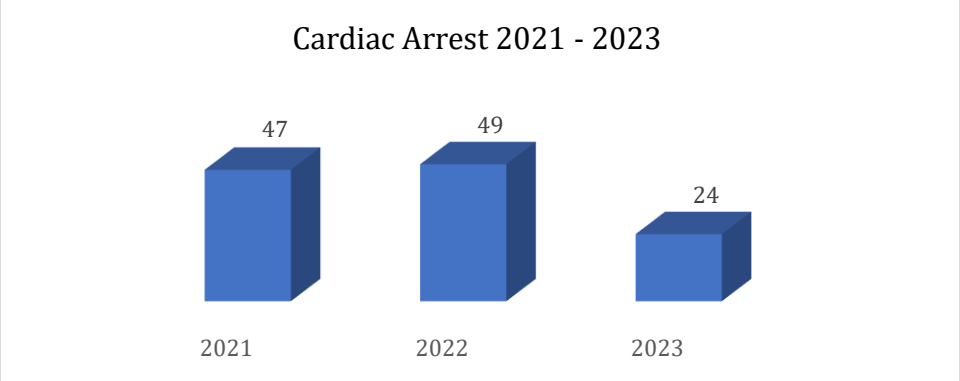


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Livingston County area hospitals decreased between 2021 and 2023 (Figure 52). In 2021, there were 47 cases, and in 2023, there were 24 cases.

Figure 52

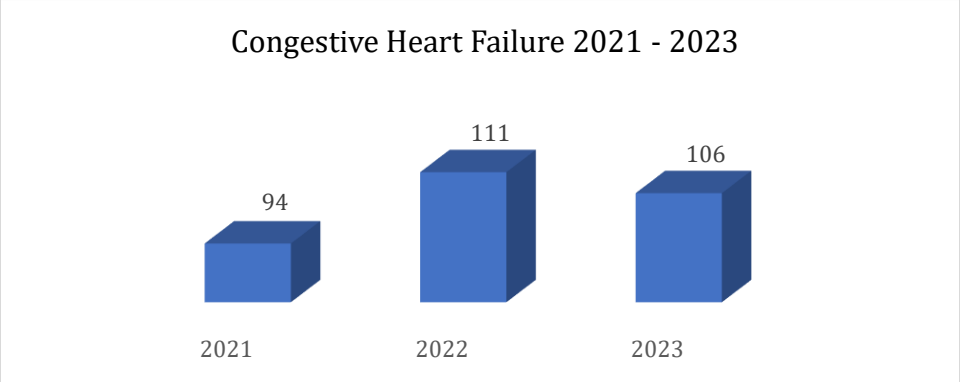


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Livingston County area hospitals increased from 2021 to 2023. In 2021, 94 cases were reported, and in 2023, there were 106 cases reported, with a spike in cases during 2022 (111 cases) (Figure 53).

Figure 53

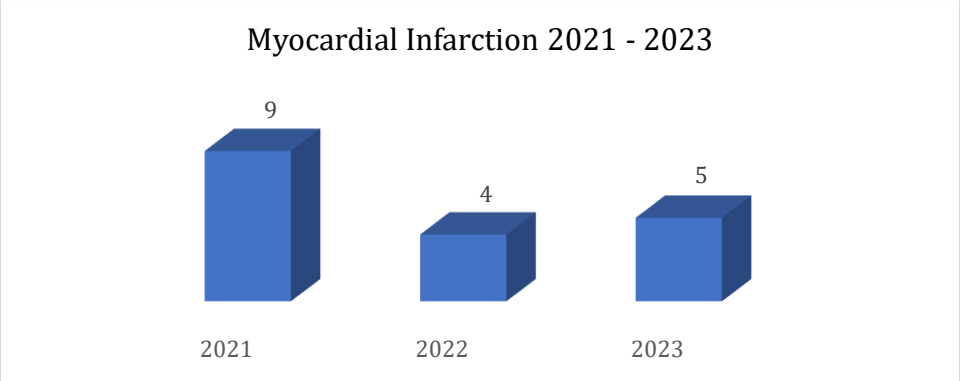


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Livingston County has had an overall decrease from 9 in 2021, to 5 in 2023. (Figure 54).

Figure 54

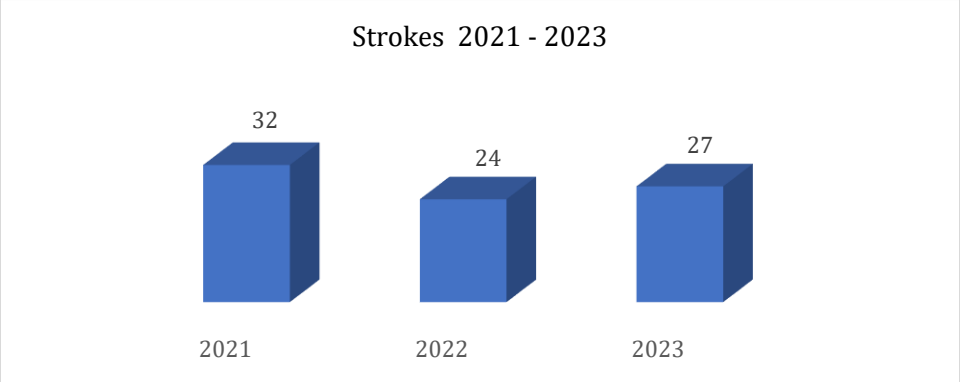


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Livingston County area hospitals decreased between 2021 and 2023. In 2021, there were 32 treated cases, and in 2023, there were 27 treated cases (Figure 55).

Figure 55



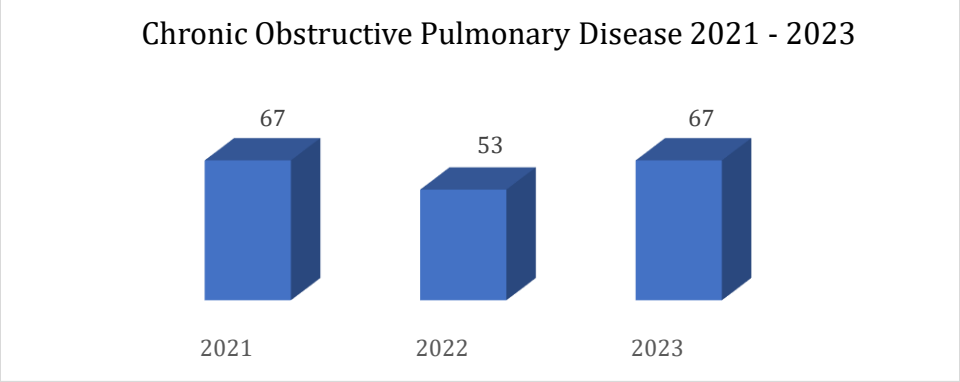
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Livingston County area hospitals remained relatively constant during 2021 and 2023 at 67 cases, with a significant decrease in 2022, of 53 cases (Figure 56).

Figure 56



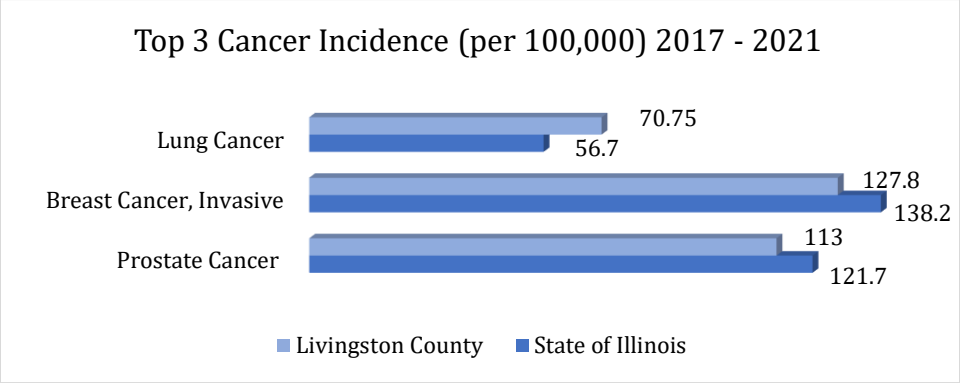
Source: COMPdata Informatics

4.5 Cancer

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

The top three prevalent cancers in Livingston County are illustrated in Figure 57. Specifically, lung cancer rates are higher than in the State of Illinois, while breast cancer and prostate cancer rates are lower than in the State of Illinois. Note that 2021 is the most recent year of data.

Figure 57



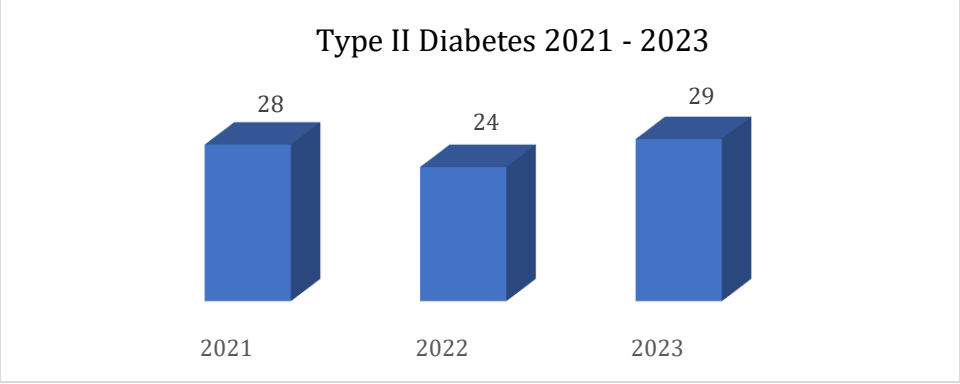
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Livingston County increased between 2021 (28 cases) and 2023 (29 cases), with a decrease in 2022 (24 cases) (Figure 58).

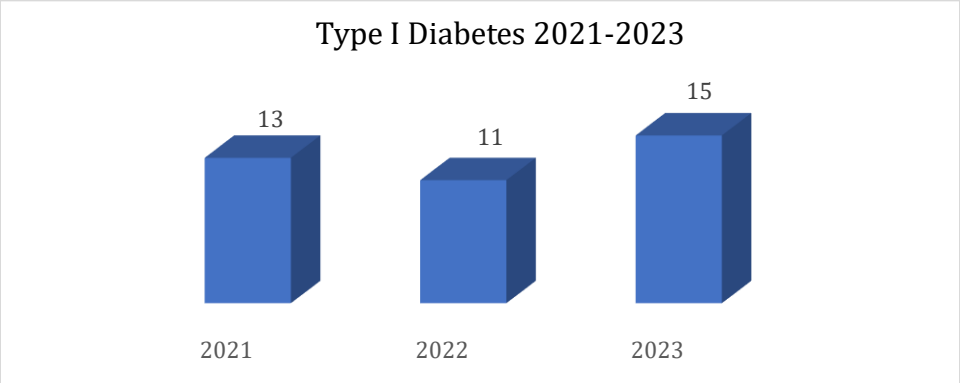
Figure 58



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show an overall increase from 2021 to 2023. Livingston County rates decreased from 2021 (13) to 2022 (11), and then increased in 2023 (15) (Figure 59).

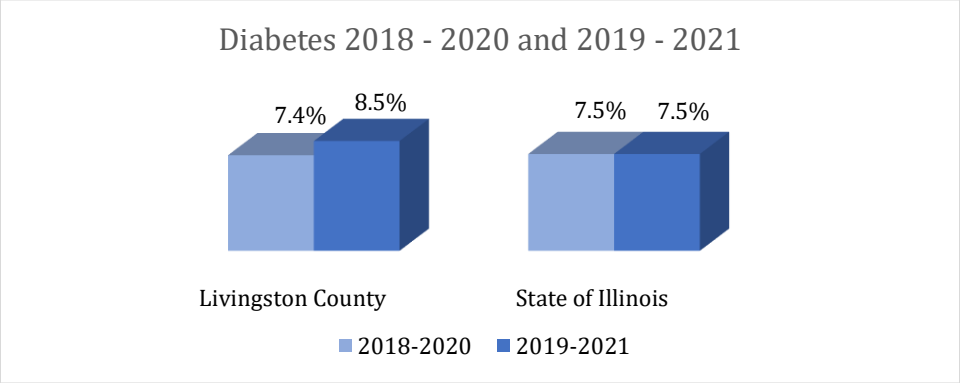
Figure 59



Source: COMPdata Informatics

Data for 2019-2021 indicates that 8.5% of Livingston County residents have diabetes, which is higher than the State of Illinois average of 7.5% (Figure 60).

Figure 60



Source: Center for Disease Control

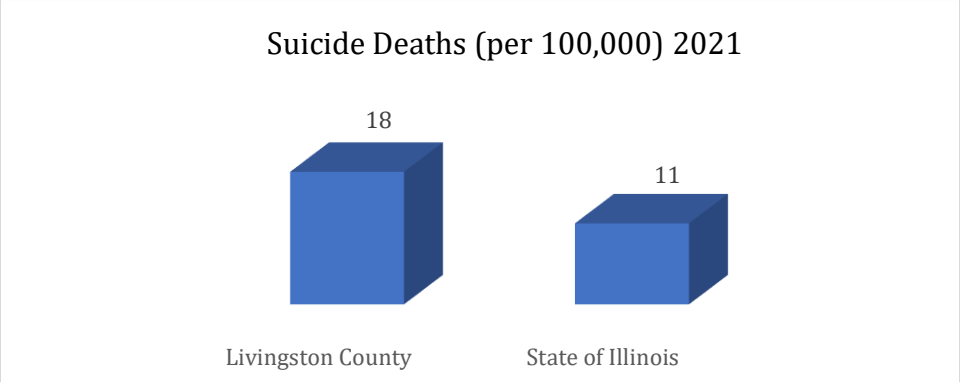
4.7 Injuries

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

Suicide

The number of suicides in Livingston County indicates a higher incidence than the State of Illinois, with approximately 18 suicides per 100,000 people in Livingston County in 2021, compared to 11 suicides per 100,000 people in the State of Illinois (Figure 61).

Figure 61



Source: Illinois Department of Public Health

4.8 Mortality

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

The top leading causes of death in Livingston County and the State of Illinois are similar in terms of ranked total deaths in 2022. Diseases of the heart are the cause of 25.4% of deaths, cancer is the cause of 17.5% of deaths, and chronic lower respiratory disease is the cause of 7.8% of deaths in Livingston County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois 2022		
Rank	**Livingston County**	**State of Illinois**
1	Diseases of Heart (25.4%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (17.5%)	Malignant Neoplasm (19.2%)
3	Chronic Lower Respiratory Disease (7.8%)	Accidents (6.1%)
4	COVID-19 (7.4%)	COVID-19 (5.8%)
5	Accidents (4.8%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ LUNG CANCER IN LIVINGSTON COUNTY IS HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ DIABETES RATES ARE TRENDING UPWARD COMPARED TO THE STATE OF ILLINOIS AVERAGE.
- ✓ THE RATE OF SUICIDE IS ALMOST TWO THIRDS AGAIN THE RATE OF THE STATE OF ILLINOIS.
- ✓ HEART DISEASE, CANCER, AND CHRONIC LOWER RESPIRATORY DISEASE ARE THE LEADING CAUSES OF MORTALITY IN LIVINGSTON COUNTY.

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

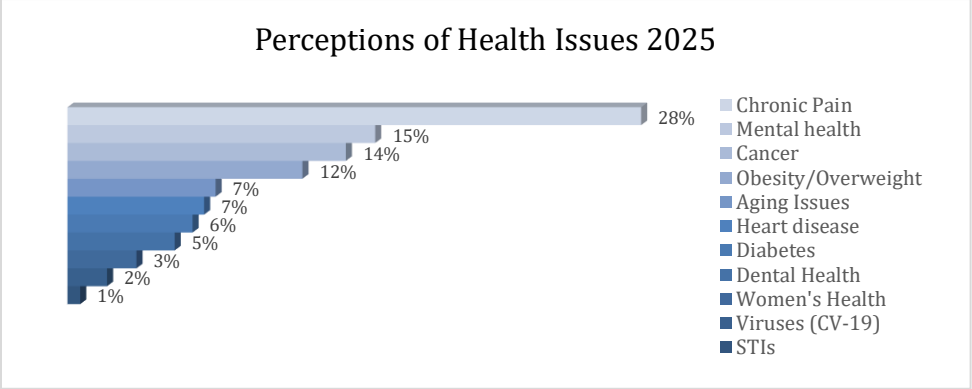
5.1 Perceptions of Health Issues

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

The health issue that rated highest was chronic pain (28%), followed by mental health (15%), cancer (14%), and obesity (12%) (Figure 62).

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

Figure 62

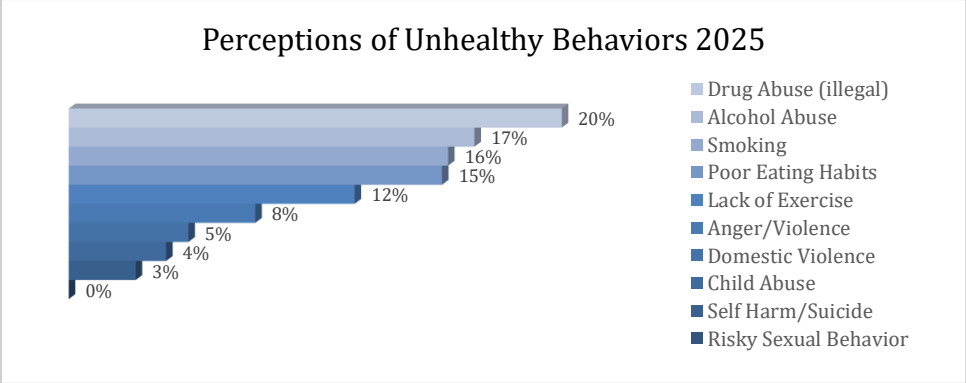


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behavior is drug abuse (illegal) at 20%, followed by alcohol abuse (17%), smoking (16%), and poor eating habits (15%) (Figure 63).

Figure 63



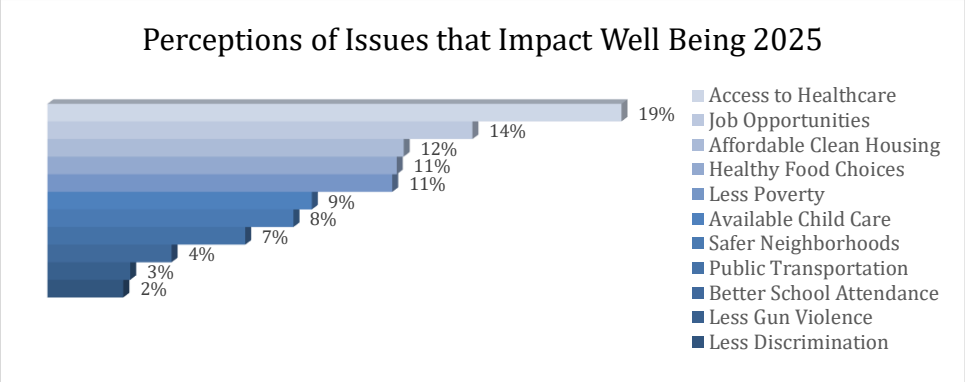
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issue impacting well-being that rated highest was access to healthcare (19%) (Figure 64). This factor was significantly higher than other categories based on *t-tests* between sample means.

Figure 64



Source: CHNA Survey

5.4 Summary of Community Health Issues

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

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

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

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

- Access to healthcare
- Prostate cancer screening is very 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:

- Substance use among youth
- Increase in vaping
- Opioid use
- Obesity

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

- Cancer rates – lung
- Diabetes rates
- Suicide rates
- Heart disease, cancer, and chronic lower respiratory disease are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

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

- **Aging Issues**
- **Access to Health**
- **Healthy Behaviors – Nutrition & Exercise**
- **Behavioral Health**
- **Obesity**
- **Diabetes**
- **Opioid use**
- **Cancer Screening and Rates**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 8 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 8 health-related issues.

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

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3)

potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified two significant health needs and considered them equal priorities:

- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health – Mental Health and Substance Use**

Healthy Behaviors – 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. Nearly two-thirds (65%) of residents in Livingston 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 cost and the lack of desire.

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 25% 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 reasons for not exercising were lack of desire (30%), not having enough energy (25%), and no time (19%).

Behavioral Health – Mental Health and Substance Use

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 44% indicated they felt depressed in the last 30 days and 36% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher for women, younger people, Black people, those with lower income, and those living in an unstable housing environment. Stress and anxiety tend to be rated higher for 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 41% indicated that they spoke to someone, the most common response was to family/friends (41%). In regard to self-assessment of overall mental health, 10% of respondents stated they have poor overall mental health. In the 2025 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE USE. Of survey respondents, 21% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men. Of survey respondents, 4% indicated they improperly use prescription medications each day to feel better and 8% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by men. Marijuana use tends to be rated higher by younger people, Black people, those with lower

education, those with lower income, and those in an unstable housing environment. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the most prevalent unhealthy behavior (20%) in Livingston County, followed by alcohol use (17%).

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

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

Sara Attig is a Family Life Educator with the University of Illinois Extension, where she has been a dedicated team member since 2016. In 2023, she transitioned into her current role as an educator, focusing on promoting health and well-being within her community. Her areas of focus include social and emotional health, healthy behaviors, healthy relationships, stress management, and brain health, with a particular emphasis on aging. Sara is passionate about providing education, resources, and support to empower individuals and families to make informed, positive choices for their overall health and wellness. Through her work, she strives to foster stronger, healthier communities by helping people navigate life's challenges with confidence and resilience.

Matt Burton, Matt has served the Ministry since 2005, most recently as the manager of Medical Imaging at OSF Saint James. He has proven to be a successful leader of the imaging department and has led numerous improvement initiatives on behalf of the hospital. Matt earned a Bachelor of Arts in business administration from Illinois State University. He went on to receive a Master of Science in health administration from the University of Saint Francis in Joliet, and he's in the process of earning a Master of Business Administration, also from the University of Saint Francis.

Chaplain Matthew Clarke, after various career changes, Matthew Clarke found his calling in chaplaincy. He earned his Master of Divinity from St. Mary of the Lake, and Master of Arts from the University of Dallas. He completed one unit of Clinical Pastoral Education at Northwestern Hospital and a Chaplain Residency at Carle BroMenn. His first position with OSF was as a palliative care chaplain. He is now the Lead Chaplain at OSF Saint James - John W. Albrecht Medical Center. He resides in Pontiac.

Teresa Diemer is the Director of Special Initiatives here at IHR Counseling. She has been employed at IHR for over 24 years. Prior to her current position, she had headed the Substance Use Program as the Clinical Director for 15 years. Prior to that and within the substance use program she also has experience in prevention, crisis, early intervention, and treatment. Teresa was born and raised in Livingston County. She is a graduate of Pontiac Township High School and currently serves on their Board of Education. She graduated from Illinois State University with a bachelor's in English with a minor in Sociology. Teresa is a Certified Reciprocal Alcohol & Other Drugs Counselor as well as a Co-Occurring Disorder Professional. In Teresa's new position, she will assist with audits, policy, and procedure; local, state and government coalitions and work group meetings as well as meet with stakeholders in relation to IHR as a whole. Teresa will continue to be the point person for DUI's and license reinstatement services.

Liz Davidson, DNP, RN is OSF Saint James-John W. Albrecht Medical Center's Vice President Patient Care Services / Chief Nursing Officer, serving in this role since 2008. Liz has a Master of Science in Nursing from Walden University and a Doctorate in Nursing Practice from Wilkes University. She has membership in the American Organization of Nursing Leadership, Illinois Organization of Nurse Leaders, Sigma Theta Tau International Honor Society of Nursing, and The National Society of Leadership and Success. She serves on many OSF HealthCare Saint James and OSF HealthCare System Committees and projects.

Erin Fogarty, PhD MPH, MCHES is currently the Administrator at the Livingston County Health Department (LCHD). Credentialed as a Master Certified Health Education Specialist and holding an Illinois Initial Level Teaching certificate, Dr. Fogarty completed her Bachelor of Science in Education degree at Illinois State University in school health and physical education; Master of Public Health degree at Southern Illinois University with a concentration in Community Health; and completed her PhD in Health Behavior, with a minor in Gender Studies, at Indiana University. Prior to becoming the administrator, Dr. Fogarty was the Health Education & Marketing Director for seven years at LCHD, teaching a variety of health-related curriculums to a wide range of populations, serving as the Public Information Officer, and supporting and maintaining many of the grants. She has also had an active lead role in the IPLAN (Illinois Project for the Local Assessment of Need) process for the health department.

Derrick Frazier joined OSF Saint James in the role of president in June 2023. He most recently served as chief executive officer at Morehouse General Hospital in Bastrop, Louisiana. Prior to that, he served as chief executive officer at Homer Memorial Hospital in Homer, Louisiana. Derrick earned a Bachelor of Science in biology from Savannah State University in Savannah, Georgia. He went on to earn a Master of Health Service Administration from Armstrong State University in Savannah, Georgia.

Ryan Hanson, Captain, oversees the Bureau of Community Risk Reduction at the City of Pontiac Fire Department. He has a Bachelor of Science degree from Iowa State University, and has been in the fire service since 2000, both as a volunteer and career firefighter. In addition, he serves as the Secretary/Treasurer for the Pontiac Firefighters Union L3239, Secretary of the Livingston County Mutual Aid Association, Training Committee member for the Fairbury Fire Department, and Central Illinois Coordinator for Illinois Firefighter Peer Support. Ryan has lived in Pontiac since 2003, and wants to help the community he works for and lives in.

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

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

Nicole Kutzner joined OSF in 2003 as a Registered Nurse. Currently, Nicole serves as the Quality Safety and Regulatory Coordinator at OSF Saint James John W. Albrecht Medical Center. She obtained her nursing degree from Mennonite College of Nursing at ISU in 2003. She has worked as a Labor and Delivery nurse for OSF her entire career, before accepting the Quality Safety Regulatory position in December of 2024.

Andrew Larsen is the EMS System Manager for OSF Saint James - John W. Albrecht Medical Center. He is responsible for all operations within the EMS System and providing oversight and assistance to system

agencies and providers. He also coordinates Emergency/Disaster Operations for OSF Saint James by conducting drills and exercises as well as ensuring proper policies are in place. Andrew has been in EMS for over 28 years with both rural and urban agencies. Andrew is an EMT-P, Illinois Lead Instructor and an instructor for ACLS, PALS, BLS/CPR and ITLS. Andrew has an associate degree in business and a bachelor's degree in health care/EMS Management. He has been with OSF HealthCare since 2015.

Chrystal Little, MA, CHES, ACE is currently the Health Education & Marketing Director at the Livingston County Health Department. Credentialed as a Certified Health Education Specialist, holds an Illinois Professional Educator License, as well as her personal training certificate from the American Council on Exercise. Chrystal completed her Bachelor of Science degree in Kinesiology and Recreation at Illinois State University in physical education and her Master of Art degree at University of Alabama in Tuscaloosa with a concentration in Health Education and Health Promotion. Chrystal has taught in the public-school setting since 2001 and has transitioned to teaching a variety of health-related curriculums to a wide-range of populations in Livingston County, participates in several local coalitions, and is active in supporting and maintaining many of the grants and programs at the health department.

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

Patti Penn is the Public Relations and Communication Coordinator at OSF Saint James – John W. Albrecht Medical Center. She is a graduate of Illinois State University and has been with OSF HealthCare since 2023. In her role she is responsible for assisting with internal and external communication of both OSF HealthCare Saint James and OSF Healthcare Medical Group facilities throughout the area. In addition, she manages OSF Saint James crisis communication and assists leadership with presentations and messaging when needed. In her spare time, she donates her photography skills to families and individuals who would not be able to otherwise afford the services due to financial struggles or are currently in hospice care.

Dr. John M. Rinker. Dr. Rinker, who specializes in internal medicine, joined OSF Medical Group in August of 2012. Currently, Dr. Rinker serves as the Chief Medical Officer at OSF Saint James John W. Albrecht Medical Center. He obtained his undergraduate degree from Illinois Wesleyan University. Dr. Rinker received his medical degree from the University of Illinois School of Medicine in Rockford and completed his residency at Indiana University School of Medicine in Indianapolis. He is a Pontiac-native who returned to his hometown after his residency to practice medicine. He received his board certification in internal medicine in 2012.

Clare Spires is the coordinator of Cardiac and Pulmonary rehab and community health. She has a bachelor’s degree from Elmhurst College and a master’s degree from Benedictine University. She has been working in cardiac and pulmonary rehab as well as cardiac diagnostics since 2016. She serves on several community boards including United Way, District No. 429 Education Foundation, and Women Empowered Livingston County.

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

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

Joe Vaughan is the Executive Director of the Institute for Human Resources (IHR). Joe has been part of IHR's organization for the past 23 years. He became director of the agency in 2010. Joe studied psychology at Eastern Illinois University and holds a master's degree from the University of Illinois. Joe has been a Licensed Clinical Social Worker since 1998.

Josie Wiles, MSN, RN is the Director of Physician Offices for OSF Medical Group and has served in this role since November 2022. Josie has a Master of Science in Nursing from Western Governor's University. She serves on community boards as well as OSF committees and projects.

LeeAnn Woodmancy, MBA, is the Manager of the Peace Meal Senior Food Nutrition Program for the Eastern Region. She graduated from Western Governors University and is currently working on her Doctorate at Capella University. She has been working at OSF since 2019. In addition to her current role, she has served in the FCC, as a Revenue Cycle Trainer, and an Instructional Designer with the Institute of Learning. In her role as manager, she serves on various initiatives and councils. LeeAnn is passionate about senior nutrition and enjoys being part of the decisions that affect them and the community in which they live.

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

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

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and acts as the coordinator for 15 Hospital Community Health Need Assessments. In addition, she coordinates the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn holds a Master's in Healthcare Administration from Purdue University and is certified in Community Benefit. Dawn has

been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over twelve years. She has served as the Vice President, President-Elect and two terms as the Chapter President on the board of Directors. She has earned a silver, bronze, gold and Metal of Honor from her work with the McMahon-Illini HFMA Chapter. She is currently serving as a director on the board.

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

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in the Livingston County 2022 CHNA. Below are examples of these activities, measures and impact during the last three years to address these needs.

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

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

1. Provided regular in-person and virtual programming on active living and physical activity at the Pontiac Recreation Center
    a. In collaboration with Smart Meals, the center received two deliveries of Smart Meals
    b. In 2025, healthy eating resources will be delivered and promoted monthly at the Recreation Center
2. Offered educational programs on active living and healthy eating for women in Livingston County through Women Empowered – WE Live
    a. WE Live hosted three programs, with an average attendance of 85 participants
3. Distributed wellness newsletters focusing on active living and healthy eating to local businesses and organizations
    a. Sent newsletters to 200 organizations monthly
    b. Provided newsletters to the City of Pontiac for distribution via their weekly email
4. Distributed wellness newsletters focusing on active living and healthy eating to local businesses and organizations
    a. Saint James provided space, marketing, and volunteer training, while OSF HealthCare Foundation and WE Live offered additional financial support
    b. Smart Meals were distributed for all 12 months of 2024, with 75 meals provided each monthly

2. Healthy Aging

***Goal 1:** Reduce social isolation, maintain independence, and improve well-being in Livingston County's aging population*

1. Promoted and sponsored existing community resources/programs by hosting at least one senior networking meeting per year

    a. WE Live held two Q&A sessions to promote OSF providers and services

2. Increased the number of speaking engagements for the aging population

    a. Conducted eight speaking engagements throughout the year

3. Facilitated participation in senior-focused events and activities across the community

    a. 189 advanced directives were completed, marking a 146% increase

4. Expanded completion of advanced directives within medical groups

    a. Identified gaps in ACP completion within the Ministry, with ongoing efforts to close them and create a dashboard for documentation.
    b. 87 advanced directives were completed within medical groups.

5. Provided aging resources through Peace Meals distributions.

    a. Distributed a monthly community newsletter, delivering 12 resources over the course of 2024.

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?

☐ Livingston ☐ Other

2. What is your Zip Code? _____

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

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer

☐ Don't have (Please answer #4)

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

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

☐ Don't know how to get health insurance

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

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

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

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

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

☐ Pacific Islander ☐ Native American ☐ Asian/South Asian

☐ Multiracial

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

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

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

☐ Bachelor's degree ☐ Graduate degree

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

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

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

11. What is your housing status?

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

12. How many people live with you? _____

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

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse

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

☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member

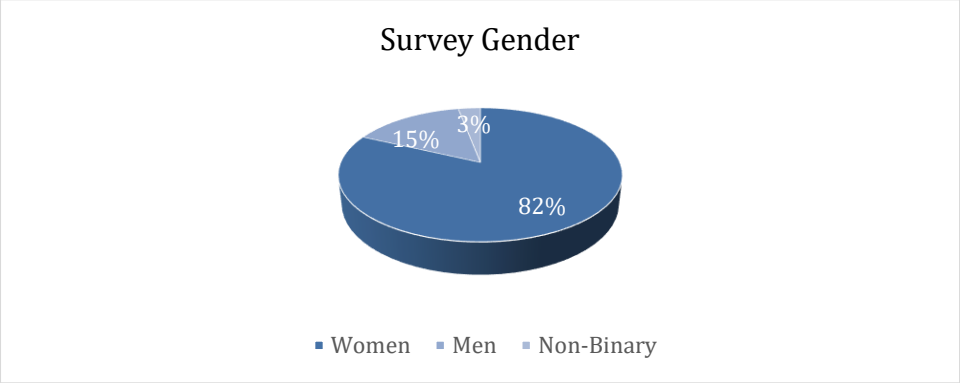
☐ Mother treated violently

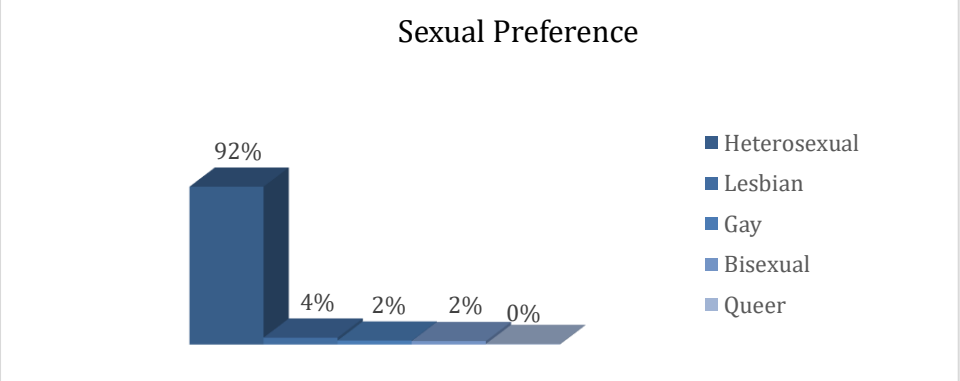
Is there anything else you'd like to share about your own health goals or health issues in our community?

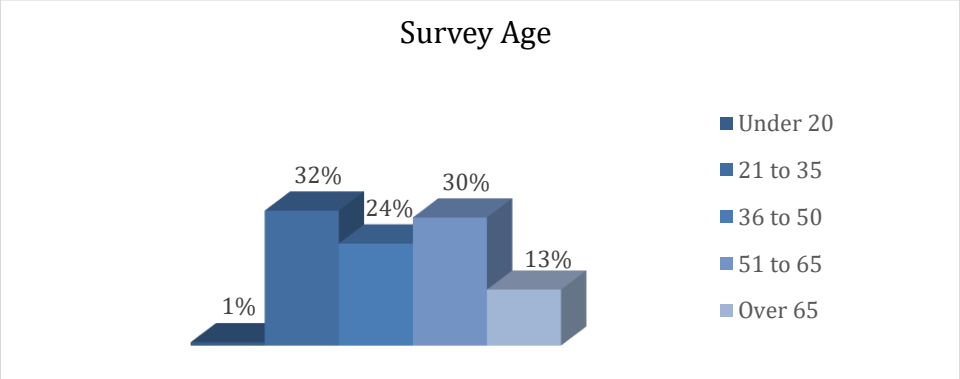
_____

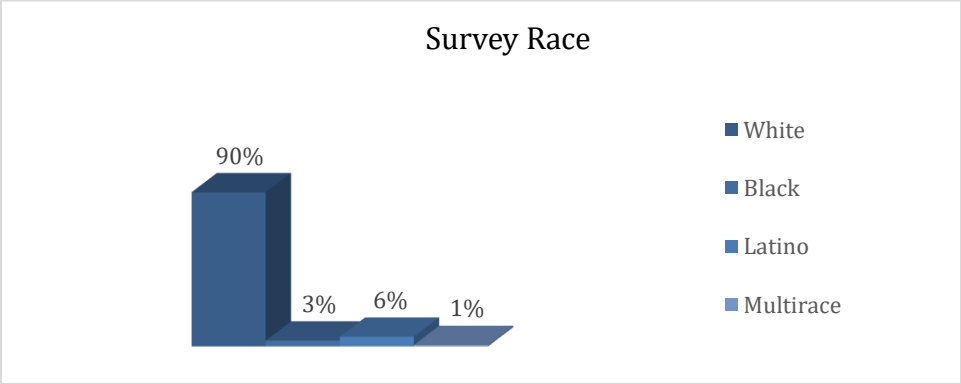
Thank you very much for sharing your views with us!

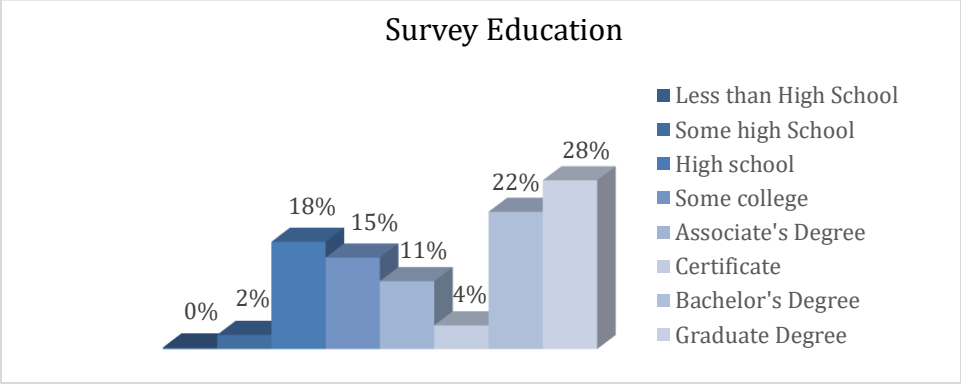
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

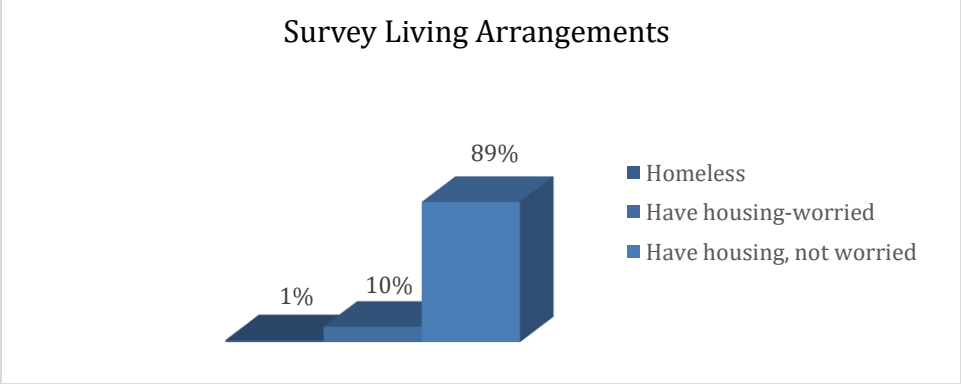


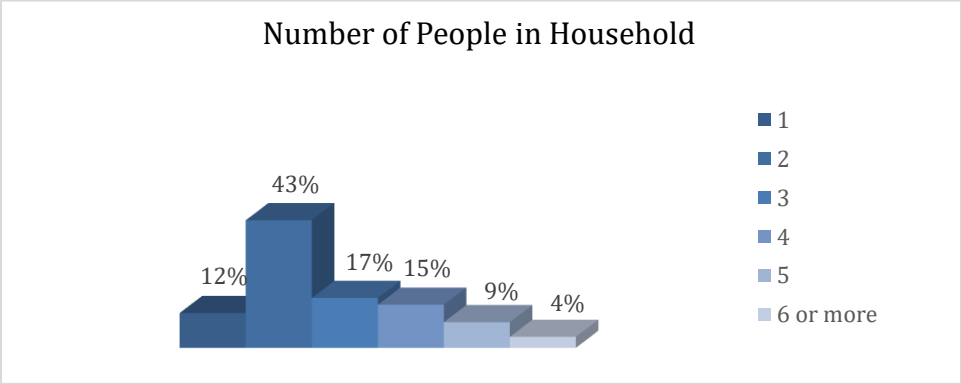


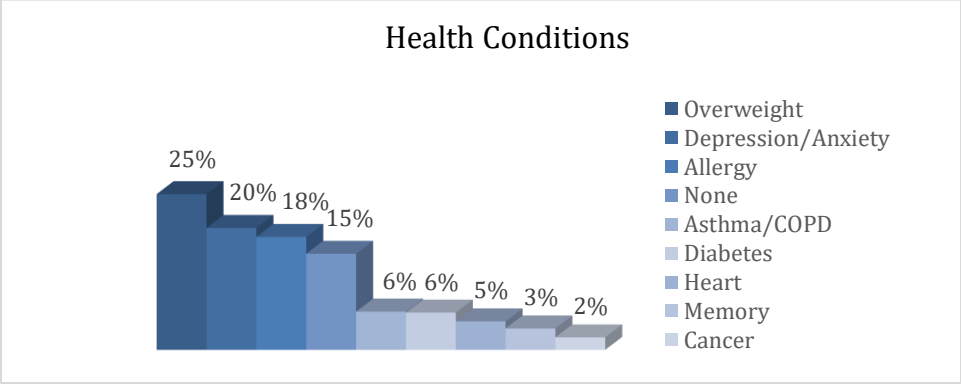


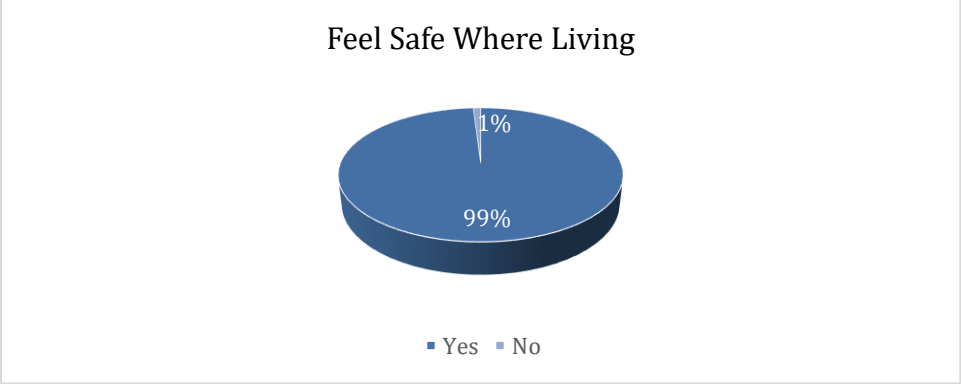

Survey Race
90%
3%
6%
1%
White
Black
Latino
Multirace

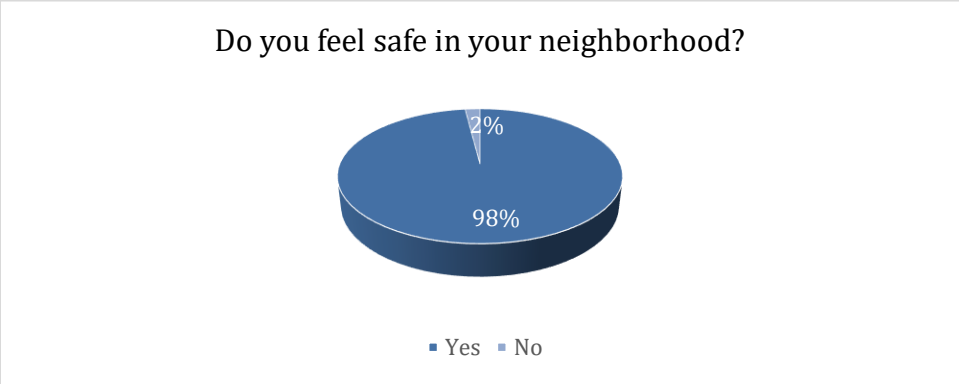

Survey Education
0%
2%
18%
15%
11%
4%
22%
28%
Less than High School
Some high School
High school
Some college
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

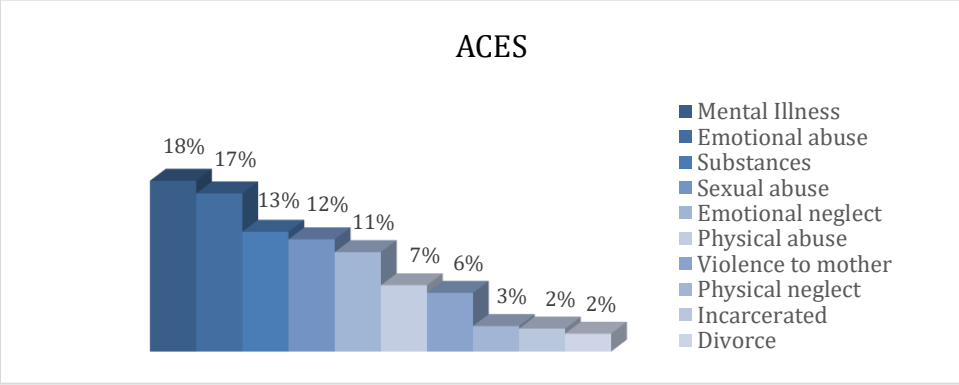

Survey Living Arrangements
1%
10%
89%
Homeless
Have housing-worried
Have housing, not worried


Number of People in Household
12%
43%
17%
15%
9%
4%
1
2
3
4
5
6 or more


Health Conditions
25%
20%
18%
15%
6%
6%
5%
3%
2%
Overweight
Depression/Anxiety
Allergy
None
Asthma/COPD
Diabetes
Heart
Memory
Cancer


Feel Safe Where Living
1%
99%
Yes
No


Do you feel safe in your neighborhood?
2%
98%
Yes
No


ACES
18%
17%
13%
12%
11%
7%
6%
3%
2%
2%
Mental Illness
Emotional abuse
Substances
Sexual abuse
Emotional neglect
Physical abuse
Violence to mother
Physical neglect
Incarcerated
Divorce

APPENDIX 5: RESOURCE MATRIX

	Aging Issues	Access to Healthcare	Healthy Behaviors / Nutrition & Exercise	Behavioral Health	Obesity	Diabetes	Opioid Use - Substance Use	Cancer Screening & Rates
Recreational Facilities								
Pontiac Parks and Recreation								
Chenoa Recreation								
Chatsworth Recreation								
Dwight Recreation								
Fairbury Recreation								
Flanagan Community Park District								
Odell Recreation								
Fugate Woods Nature Preserve								
Health Departments								
Livingston County Health Department								
Community Agencies								
ADV/SAS				2			1	
The Baby Fold		2	2					
Boys and Girls Clubs Livingston County			2	2				
The Center for Youth and Family Solutions			2	2				
Child and Family Connections				2	2			
Children's Advocacy Center			2	2				
Children's Home & Aid				2	2	1		
Community Care Systems CCSI	3	2						1

	Aging Issues	Access to Healthcare	Healthy Behaviors / Nutrition & Exercise	Behavioral Health	Obesity	Diabetes	Opioid Use - Substance Use	Cancer Screening & Rates
Heartland Head Start		2	2	2				
Hope Pregnancy Center			2		2			
Futures Unlimited		3		2				
Institute for Human Resources			2	3		3		
Life Center for Independent Living	3		2					
Livingston County Health Department	3	3	3	3	3	3	3	
Livingston County Children's Network				2	2			
Livingston County Commission on Children and Youth				2	2			
Livingston County Homeless Coalition		3		1			1	
Livingston County Housing Authority							2	
Livingston County Mental Health Board				3			2	
Livingston County Ramp Project							2	
Livingston County Recovery Oriented Systems of Care ROSC				2			3	
Livingston County Veterans Assistance Commission				2	2	2	2	
Mid Central Community Action, INC.				2			1	
MOSAIC		2		2				
Providing Access to Help - PATH, INC.				2				
Pregnancy Planning and Family Services				2				
Resource Link				2				
SALEM 4 Youth			3	2		2		

	Aging Issues	Access to Healthcare	Healthy Behaviors / Nutrition & Exercise	Behavioral Health	Obesity	Diabetes	Opioid Use - Substance Use	Cancer Screening & Rates
Salvation Army Red Shield Service Center - Pontiac			2			2	3	
Show Bus		3	2				3	
Livingston County United Way			3		3		3	
University of Illinois Livingston County Extension	3	3	3		3		3	
Hospitals / Clinics								
Livingston Family Care Center	3		3	3	3	3	3	
Hubert Wellness Clinic	3	3	3	3	3	3	3	
Women's Health Clinic			3	3	3	3	3	
Pontiac Township High School Student Health Center			3	3	3	3	3	
Institute for Human Resources			3	3	3	3	3	
OSF Saint James - John W. Abrecht Medical Center	3	3	3	3	3	3	3	
OSF Multi-Specialty Group	3	3	3	3	3	3	3	
OSF HomeCare and Hospice	3	3	3	3	3	3	3	

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

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES

Pontiac Parks and Recreation
The Pontiac Parks and Recreation Department is proud to offer 10 beautiful parks, state-of-the-art facilities including the Community Recreation Center, access to the Natatorium Pool and splash pad, a variety of programs for all ages and populations, an adaptive recreation program, and much more.

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

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

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

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

Flanagan Community Park District
The Flanagan Community Park District operates the Flanagan Memorial Pool.

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

Fugate Woods Nature Preserve
A 150-acre nature preserve with walking and hiking paths.

Humiston Woods
The 336-acre hardwood forest and 8 acre restored prairie along the Vermilion River in Livingston County offers a variety of outdoor experiences for every season.

HEALTH DEPARTMENTS

Livingston County Public Health Department
The goal of the Livingston County Public Health Department is to assure the conditions in which people can be healthy. Programs offered by the Health Department are designed to provide educational,

preventative, and healthcare services for eligible citizens of all ages. Some specific programs and initiatives include:

- Healthy Families Illinois
- Illinois Breast and Cervical Cancer Program
- Livingston/LivingWell
- Stanford University Diabetes Self-Management Program
- Women, Infants, and Children's (WIC) Nutrition Program

COMMUNITY AGENCIES/PRIVATE PRACTICES

ADV/SAS (Safe Journeys)

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

The Baby Fold

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

Boys and Girls Club of Livingston County

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

The Center for Youth and Family Solutions

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

Child and Family Connections

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

Children's Advocacy Center

The Children's Advocacy Center serving Livingston County provides services (coordination of multidisciplinary team response, forensic interviewing, legal advocacy, crisis intervention services, access to therapeutic services, medical referrals, community referrals and assistance) to children and their families when there has been an allegation of sexual abuse, serious physical abuse, or they have witnessed a major crime.

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

Community Care Systems
CCSI Case Coordination LLC provides information & assistance to the under 60 disabled population and over 60 population in Livingston County. This includes helping these populations apply for local, state, and federal programs and services, outside agency referrals, Senior Health Insurance Program Counseling, application assistance, and Healthy Aging Classes.

Heartland Head Start
Heartland Head Start enhances the lives of children and families who meet the federal income and eligibility guidelines in McLean and Livingston counties in Central Illinois. We do this by providing a comprehensive child and family development program for women receiving prenatal care, children ages birth to 5 years old and their families.

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

Futures Unlimited, Inc.
Futures Unlimited, Inc., a sheltered workshop for developmentally disabled clients, also receives funding from the Mental Health Board and services include: job placement in the community, supported employment in the community, developmental training, vocational development, facility-based employment, community living support services, and respite support services to give support and relief to families and caregivers by providing temporary, time-limited care and assistance for persons with developmental disabilities.

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

Life Center for Independent Living
LifeCil offers programming for seniors including independent living skills, community education, assistive device and medical equipment loans and peer mentoring for residents of Livingston County.

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

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

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

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

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

Livingston County Ramp Project
A volunteer-based organization established to build ramps for people with mobility disabilities.

Livingston County Recovery Oriented Systems of Care (ROSC)
A coordinated network of community-based services and supports that is person-centered & builds on the strengths and resilience of individuals, families, & communities to achieve abstinence & improved health, wellness, and quality of life for those with or at risk of substance use disorders.

Livingston County Veterans Assistance Commission
Provides temporary emergency assistance to qualified indigent veterans and their families. Assists in directing veterans and their families to agencies that they are qualified for, providing rides to VA hospitals, assists in filling out forms to apply for veteran's benefits including admittance to VA nursing homes, pensions, government markers, VA home loans, applying for medals, medical and service records and copies of DD-214's, upgrading and correction of discharge papers, and appeals.

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

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

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

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

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

SALEM 4 Youth
A Christian residential/educational facility for boys who are struggling with issues such as substance abuse, family conflicts, or difficulties in school or the community. A relationship centered approach to treatment allowing children to grow intellectually, spiritually, and socially, enabling them to become productive members of society.

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

Show Bus
Show Bus offers public transportation to anyone in Livingston County and seeks to enhance the access of people in non-urban areas to health care, employment, education, public services, shopping and recreation.

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

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

HOSPITALS/CLINICS

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

Hubert Wellness Clinic
Hubert Wellness Clinic, conducted by the Livingston County Public Health Department, includes screening for waist measurement and provides low-cost screening for risk factors related to prostate

cancer and diabetes. The Clinic also provides clients with information regarding colon cancer screening risk/protective factors and screening guideline and low-cost screening for risk factors related to heart disease. The Clinic is also offered at various worksites in rural communities throughout Livingston County.

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

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

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

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

OSF HealthCare Saint James – John W. Albrecht Medical Center
OSF Saint James – John W. Albrecht Medical Center is a 42-bed health care facility. OSF Saint James provides a broad range of acute care and outpatient services including a variety of specialist, emergency, rehabilitation, and diagnostic imaging services. OSF Saint James offers the following services: Acute Inpatient Care, Critical Care, eICU, Emergency Care, Skilled Nursing Swing Beds, Advanced Care Planning, Cardiology, Cardiac Rehabilitation, Pulmonary Rehabilitation, Occupational Medicine, Obstetrics/Gynecology, Pediatrics, Anesthesiology, Medical Diagnostic Services (VCT Scanner, MRI, PET, Mammography, Bone Densitometry, Ultrasound, Radiology & Laboratory), Surgery, Internal Medicine,

Orthopedics, Family Medicine, Rehabilitation Services (Physical Therapy, Occupational Therapy, Speech Therapy, Sports Medicine, Audiology, Assistive Technology & Pediatric Development), Occupational Health, Sleep Evaluation, Employee Health Screening, Ergonomic Assessment, Home Health, Hospice, Social Services, Education and Training for area EMS professionals, a diabetes education program and an education center. OSF Saint James is a Tier Two Resource Hospital for disaster and bioterrorism preparedness. Medical Education Residency programs in Emergency and Surgical Medicine through the University of Illinois College of Medicine in Peoria are in place. Public education programs are offered at the medical center and in the community on topics ranging from exercise for good health to joint pain, women's wellness, childbirth education, child development & adolescence, and menopause; regular cholesterol and blood glucose screenings; participation in the education of future health professionals by hosting nursing students, interns and externs, as well as students in radiologic technology, physical therapy, occupational therapy, speech therapy, athletic training, social services and community health education.

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

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

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

APPENDIX 7: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply "PEARL" Test from Hanlon 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)