2025

Community Health Needs Assessment

OSF ST. MARY MEDICAL CENTER

Knox County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Knox County Community Health Needs Assessment is a collaborative undertaking by OSF St. Mary Medical Center to highlight the health needs and well-being of residents in Knox County. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Knox 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 identification and prioritization of the most important health-related issues in the Knox County region were identified. The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue

in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, three significant health needs were identified and determined to have equal priority:

- **Behavioral Health – Including Mental Health and Substance Use**
- **Healthy Behaviors – Defined as Nutrition, Exercise, and Impact on Obesity**
- **Access to Healthcare**

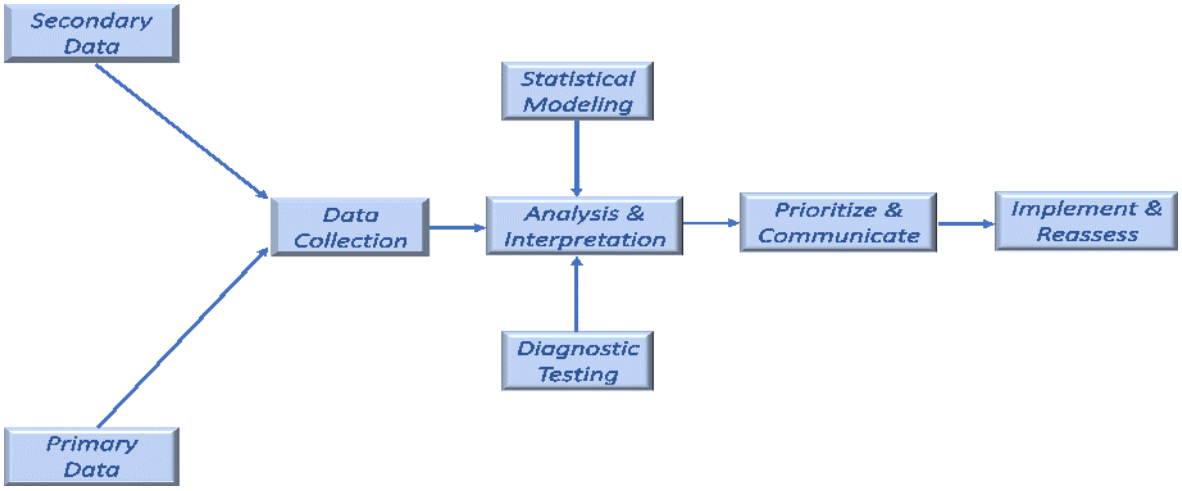
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, introduced new requirements for tax-exempt charitable hospital organizations. These organizations must conduct community health needs assessments and adopt implementation strategies to address the community health needs identified through these assessments. This community health needs assessment (CHNA) includes input from specific individuals who represent the broad interests of the community served by OSF St. Mary Medical Center, including those with special knowledge of or expertise in public health. For this study, a community health needs assessment is defined as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 28, 2025.

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

Figure 1



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF St. Mary Medical Center, the Knox County Health Department, and administrators from key community partner organizations. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles, and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM. Engagement occurred throughout the process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Definition of the Community

To determine the geographic boundaries for OSF St. Mary Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Knox County. Data show that Knox County alone represents 84% 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 Knox 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. Note that it was not possible to compare the 2025 CHNA survey-specific data longitudinally with results from the 2022 CHNA, as it includes both Knox and Warren counties. However, for secondary data, comparisons were made to benchmark with the State of Illinois averages when feasible.

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.

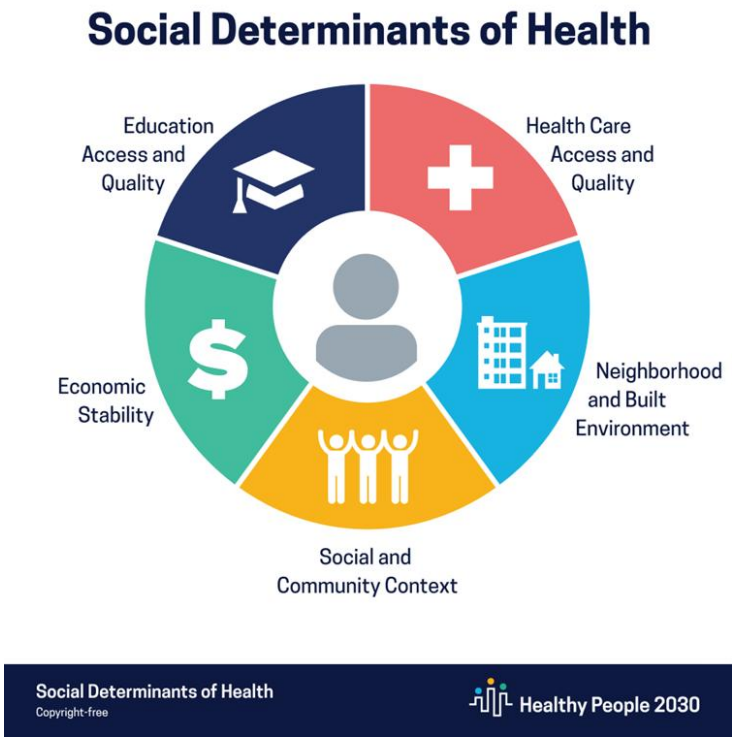
2022 CHNA Health Needs and Implementation Plans

The 2022 CHNA for Knox and Warren Counties identified three significant health needs. These included: **Healthy Behaviors** (defined as active living and healthy eating, and their impact on obesity), **Behavioral Health** (including mental health and substance abuse), and **Healthy Aging**. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDOH). SDOH are crucial environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. Research by the U.S. Department of Health and Human Services, as part of *Healthy People 2030,* identifies five SDOH to include when assessing community health (APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS). 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 the background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 3: SURVEY.

Sample Size

To identify the potential population, the percentage of the Knox 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 Knox County was 16.3%. With a population of 49,294, this yielded a total of 8,035 residents living in poverty in the Knox County area.

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

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

For the total Knox County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 382. The data collection effort for this CHNA yielded a total 428 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 399 respondents. This met the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Knox 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 387 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

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

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries, and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection

effort, this became a stratified sample, as other groups were not targeted based on their socio-economic status.

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

Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision-making. Therefore, several tests were performed to ensure 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

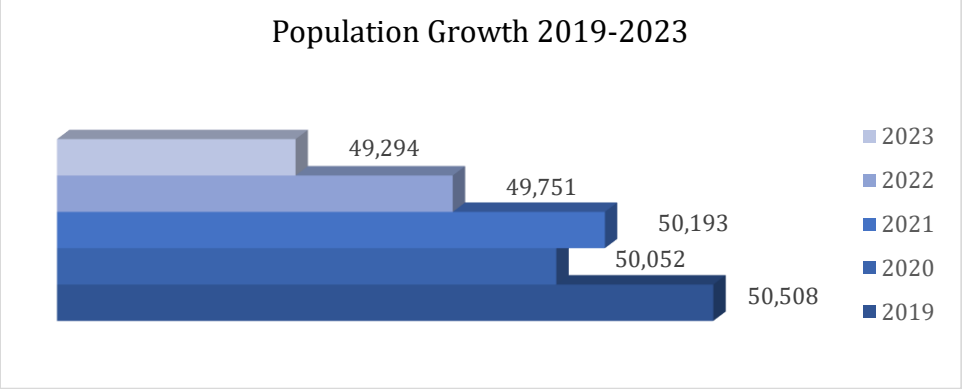
1.1 Population

Importance of the Measure: Population data characterize individuals residing in Knox 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 Knox County decreased (2.4%) between 2019 and 2023. (Figure 3).

Figure 3



Source: United States Census Bureau

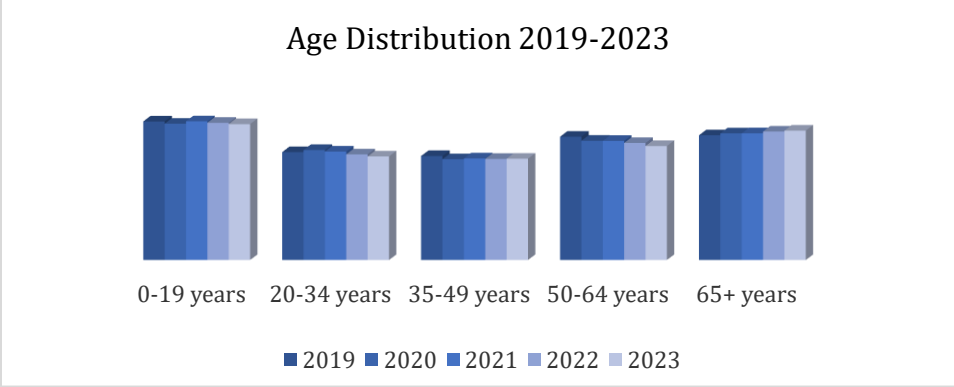
1.2 Age, Gender and Race Distribution

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

Age

Figure 4 illustrates the percentage of individuals in Knox County in each age group. Of note, all age groups decreased in population over the five-year period 2019 to 2023, except the 65+ age group, which increased 3.7%. Specifically, between 2019 and 2023, the 50-64 age group decreased 7.6%, 20-34 age group decreased 4%, the 35-49 age group decreased 2.6%, and the 0-19 age group decreased 1.9%.

Figure 4

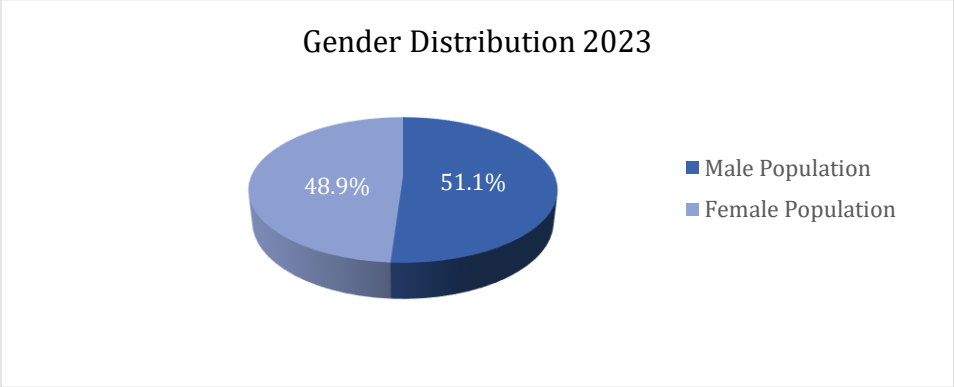


Source: United States Census Bureau

Gender

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

Figure 5



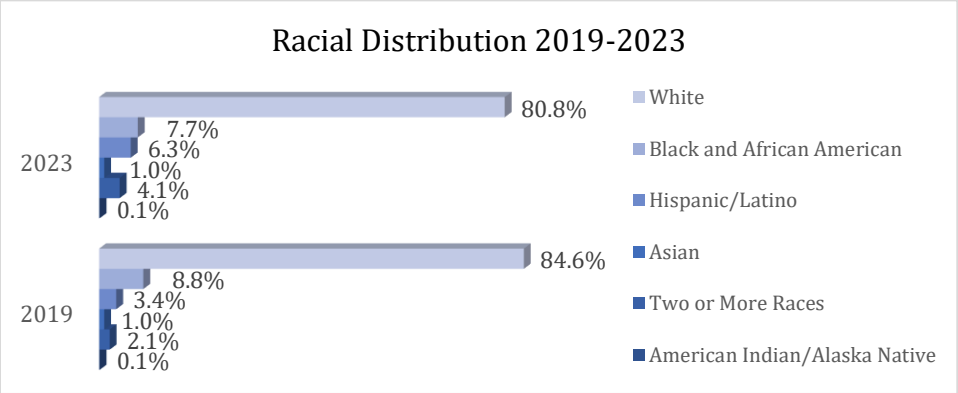
Source: United States Census Bureau

Race

With regard to race and ethnic background, Knox County is largely homogenous. Data from 2023 show that White ethnicity comprises 80.8% of the population in Knox County. However, the non-White population of Knox County has been increasing, rising from 15.4% in 2019 to 19.2% in 2023. Black ethnicity comprises of 7.7% of the population, Hispanic/Latino (LatinX) ethnicity comprises 6.3% of the population, Asian ethnicity comprises of 1% of the population, multi-racial ethnicity comprises 4.1% of

the population, and American Indian/Alaska Native ethnicity comprises of 0.1% of the population (Figure 6).

Figure 6



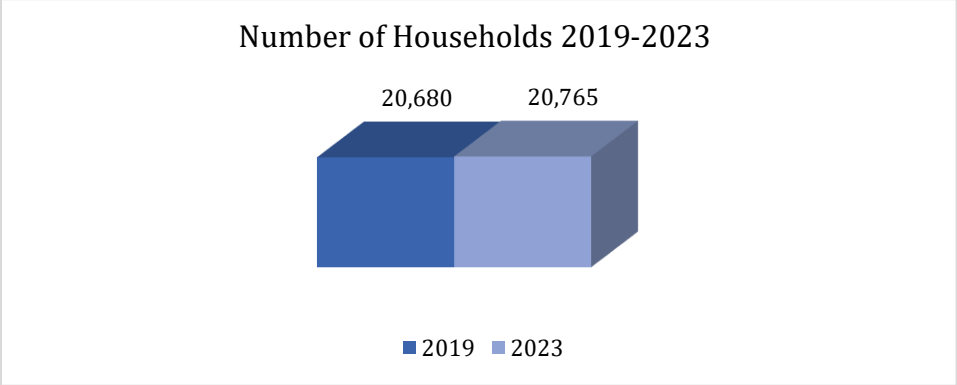
Source: United States Census Bureau

1.3 Household/Family

Importance of the Measure: Families are a vital component of a robust society in Knox 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 Knox County slightly increased from 2019 to 2023.

Figure 7

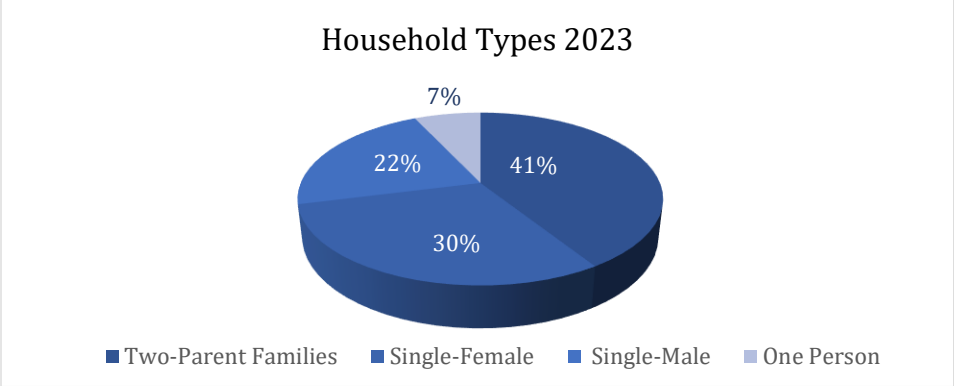


Source: United States Census Bureau

Family Composition

In Knox County, data from 2023 show that two-parent families make up 41%. One-person households represent 7% of the county population, single-female households represent 30%, and single-male households represent 22%. (Figure 8).

Figure 8

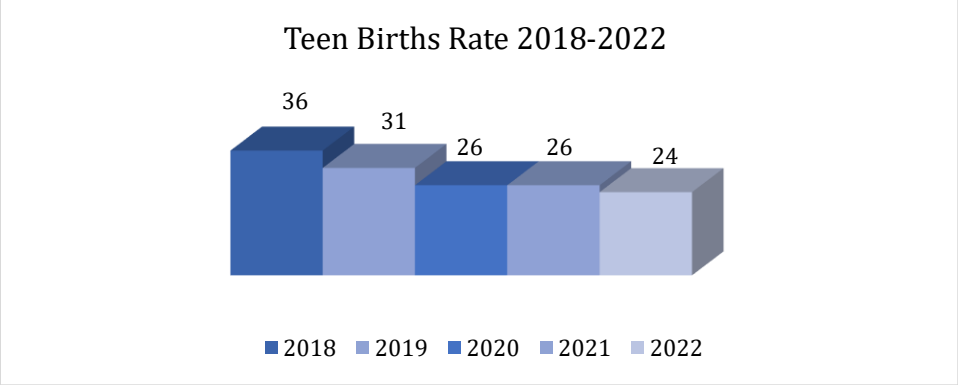


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

Knox County has experienced a decrease in teenage birth count. The teen birth count decreased from 36 in 2018 to 24 in 2022 (Figure 9).

Figure 9



Source: Illinois Department of Public Health

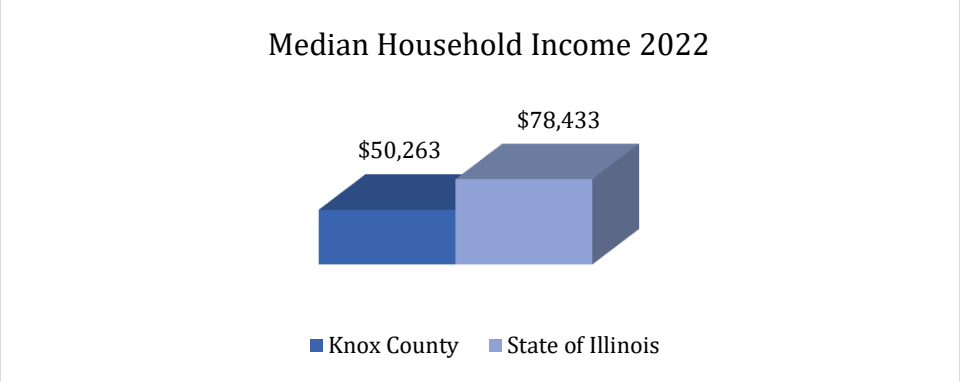
1.4 Economic Information

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

Median Income Level

For 2023, the median household income in Knox County ($50,263) was lower than the State of Illinois ($78,433) (Figure 10).

Figure 10

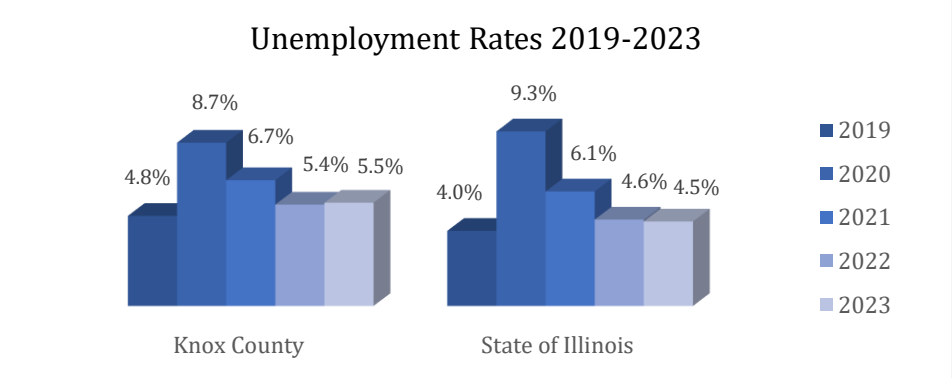


Source: United States Census Bureau

Unemployment

From 2019 through 2023, the Knox County unemployment rate was higher than the State of Illinois unemployment rate except in 2020 (Figure 11). Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic.

Figure 11

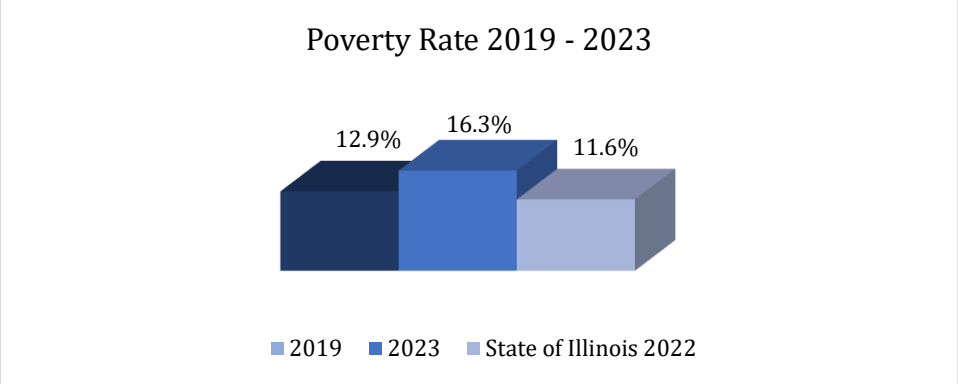


Source: Bureau of Labor Statistics

Individuals in Poverty

In Knox County, the percentage of individuals living in poverty increased from 12.9% in 2019 to 16.3% in 2023. The individual poverty rate in Knox County (16.3%) is higher than the State of Illinois individual poverty rate (11.6%) (Figure 12).

Figure 12



Source: United States Census Bureau

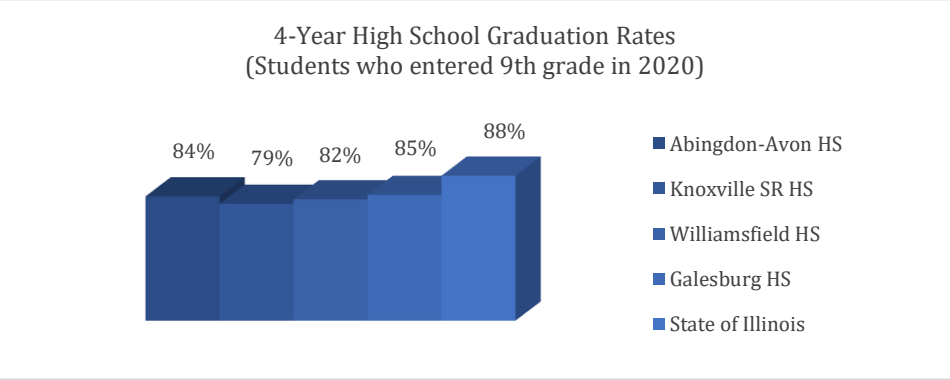
1.5 Education

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

High School Graduation Rates

Students who entered 9th grade in 2020 in Knox County reported high school graduation rates lower than the State of Illinois average of 88% (Figure 13).

Figure 13



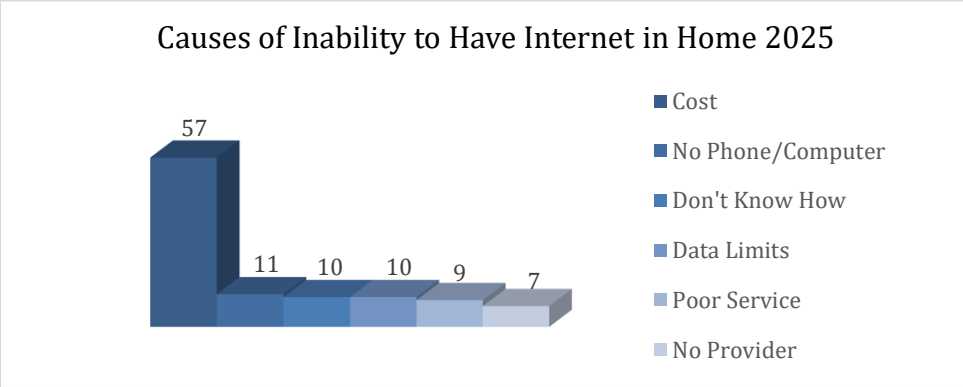
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 78% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently

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

Figure 14



Source: CHNA Survey

Social Drivers Related to Internet Access

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

- **Access to Internet** tends to be higher for women, White people, those with higher education, and those with higher income. Access to Internet tends to be lower for LatinX people and those in an unstable housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION AGE 65+ INCREASED.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 30%. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ MEDIAN HOUSEHOLD INCOME IS SIGNIFICANTLY LESS THAN THAT OF THE STATE OF ILLINOIS.
- ✓ UMEMPLOYMENT RATES ARE SIGNIFICANTLY HIGHER THAN THE STATE OF ILLINOIS RATES.
- ✓ HIGH SCHOOL GRADUATION RATES ARE LOWER THAN THE STATE OF ILLINOIS AVERAGE.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

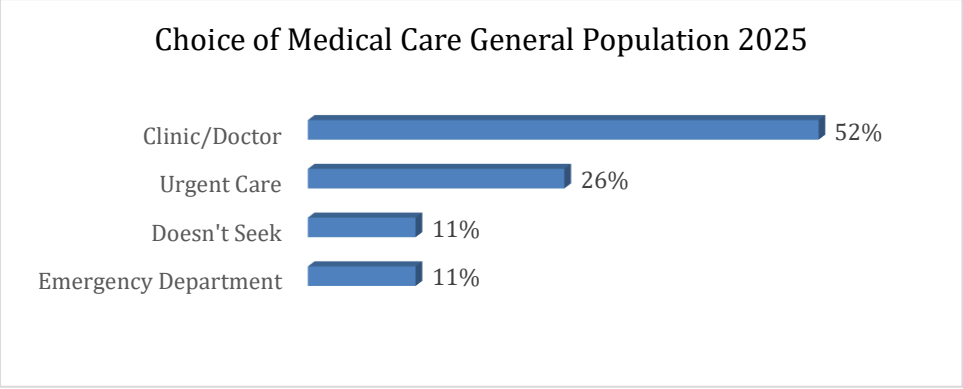
2.1 Accessibility

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, urgent-care facility, did not seek medical treatment, and emergency department. The most common response for source of medical care was clinic/doctor's office, chosen by 52% of survey respondents. This was followed by urgent care (26%), not seeking medical attention (11%), and the emergency department at a hospital (11%) (Figure 15).

Figure 15



Source: CHNA Survey

Social Drivers Related to Choice of Medical Care

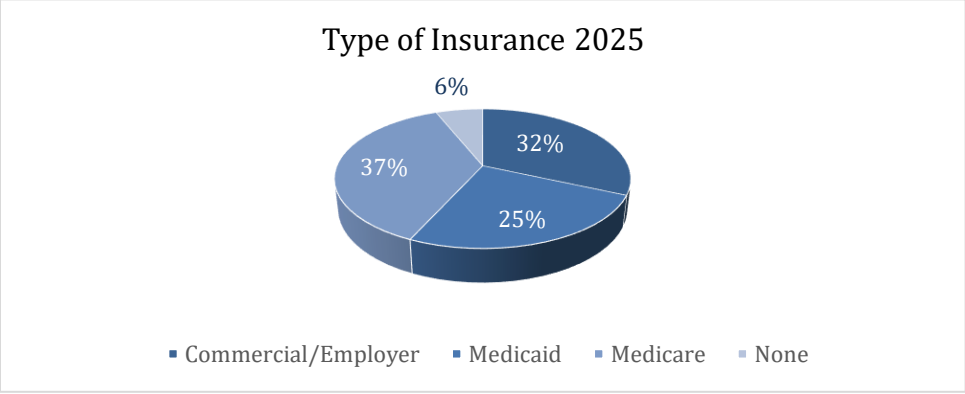
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by older people and White people. Clinic/Doctor's office is used less often by LatinX people and those in an unstable housing environment.
- **Urgent Care** tends to be rated higher for women, younger people, those with higher education, and those with higher income.
- **Emergency Department** tends to be used more often by men, Black people, LatinX people, those with lower education, those with lower income, and those in an unstable housing environment. Emergency department tends to be used less by White people.
- **Does Not Seek Medical Care** tend to be rated higher by LatinX and those in an unstable housing environment.

Insurance Coverage

According to survey data, 32% of the residents are covered by commercial/employer insurance. Medicare coverage is used by 37% of the population, followed by Medicaid (25%). Six percent of respondents indicated they did not have any health insurance (Figure 16).

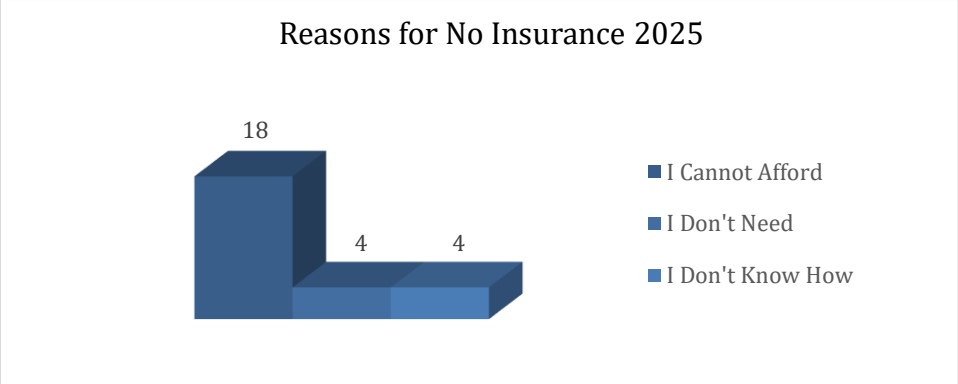
Figure 16



Source: CHNA Survey

Data from the survey show that for those individuals who do not have insurance, the most prevalent reason was cost (18) (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Social Drivers Related to Type of Insurance

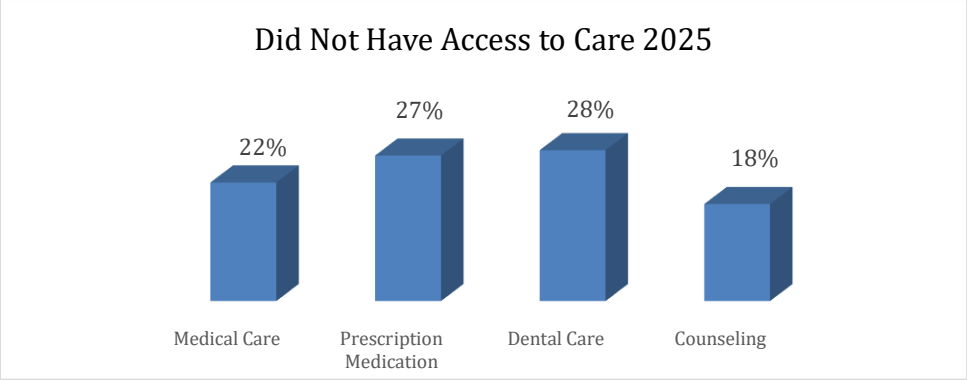
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by men and older people. Medicare is used less often by those with lower income.
- **Medicaid** tends to be used more frequently by Black people, those with lower education, those with lower income, and those in an unstable housing environment.
- **Commercial/employer insurance** tends to be used more often by women, White people, those with higher education, and those with higher income. Private insurance is used less by younger people, Black people, and those in an unstable housing environment.
- **No Insurance** tends to be reported more often by young people, Black people, those with lower education, those with lower income, and those in an unstable housing environment. No insurance tends to be 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 22% of the population did not have access to medical care when needed; 27% of the population did not have access to prescription medication when needed; 28% of the population did not have access to dental care when needed; and 18% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Drivers Related to Access to Care

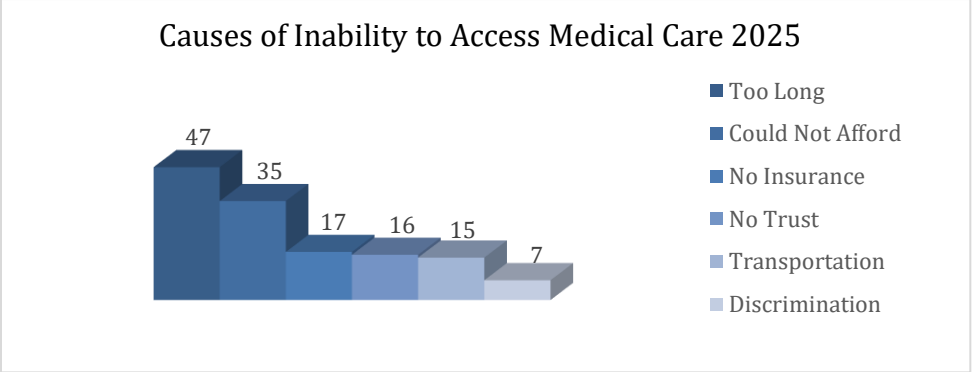
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

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

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to medical care were too long to wait for an appointment (47) and the inability to afford the copay (35) (Figure 19).

Figure 19

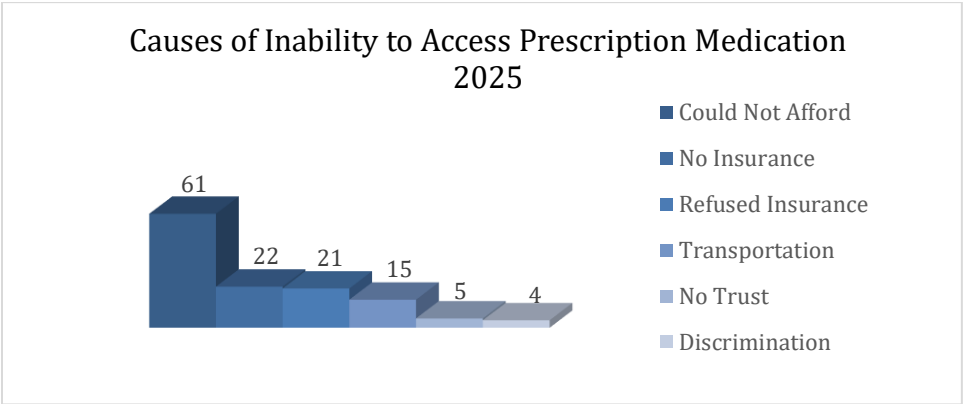


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (61) (Figure 20).

Figure 20

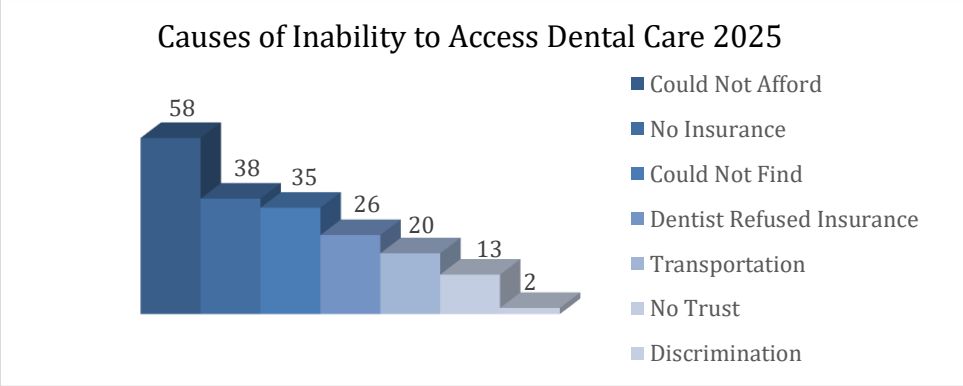


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. Based on frequencies, the leading causes of inability to gain access to dental care were the inability to afford copayments or deductibles (58), no insurance (38), and could not find (35) (Figure 21).

Figure 21

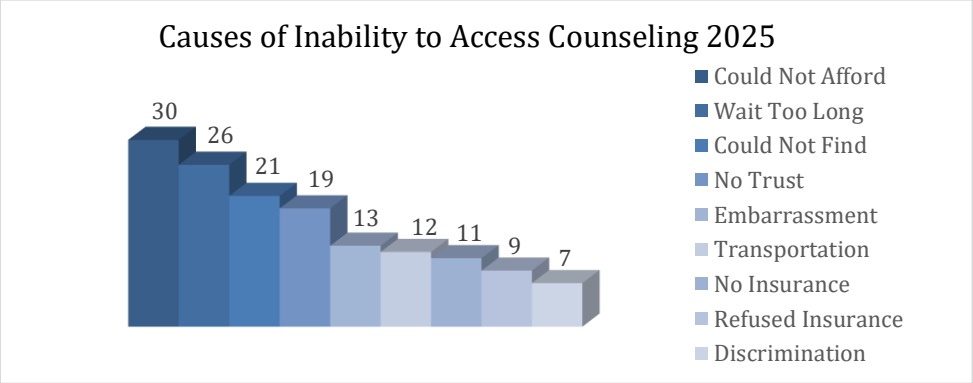


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to counseling were the inability to afford co-pay (30), too long of a wait (26), could not find a counselor (21), and no trust (19) (Figure 22).

Figure 22



Source: CHNA Survey

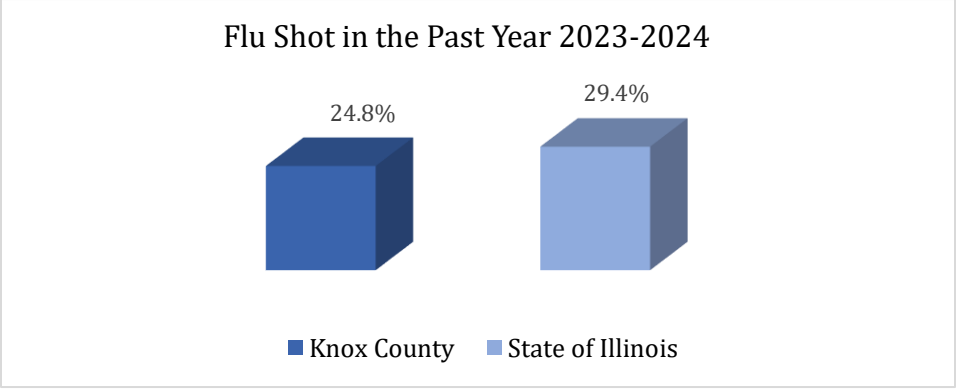
2.2 Wellness

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

Frequency of Flu Shots

Figure 23 shows that, for the year 2023 to 2024, 24.8% of people in Knox County received a flu shot. This vaccination percentage was lower than the State of Illinois average (29.4%).

Figure 23

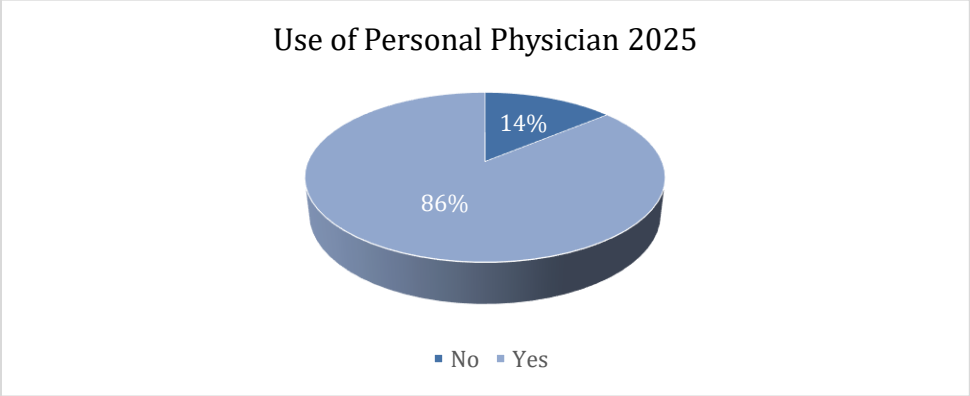


Source: Illinois Department of Public Health

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, 86% of residents have a personal physician (Figure 24).

Figure 24



Source: CHNA Survey

Social Drivers Related to Having a Personal Physician

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

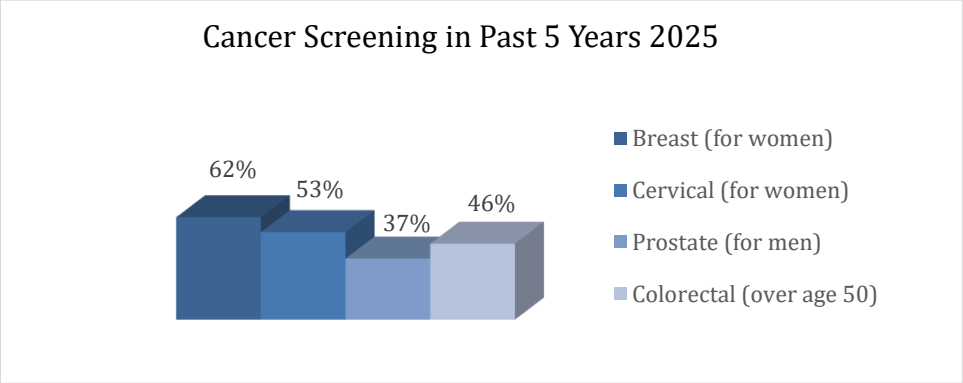
- **Having a personal physician** tends to be more likely for women, older people, White people, and those with higher income. Black people and those in an unstable housing environment are less likely to report having a personal physician.

Cancer Screening

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

Results from the CHNA survey show that 62% of women had a breast screening and 53% of women had a cervical screening in the past five years. For men, 37% had a prostate screening in the past five years. For women and men over the age of 50, 46% had a colorectal screening in the last five years (Figure 25).

Figure 25



Source: CHNA Survey

Social Drivers Related to Cancer Screenings

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

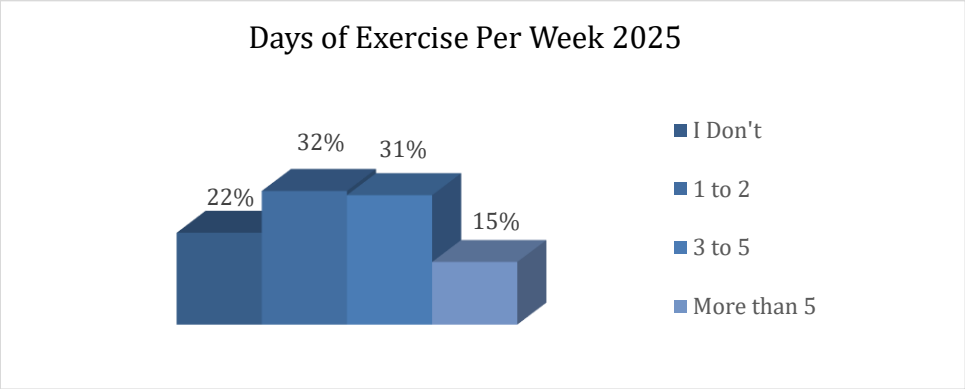
- **Breast screening** tends to be more likely for older women, White women, those with higher education, and those with higher income. Breast screening tends to be less likely for Black women and those in an unstable housing environment.
- **Cervical screening** tends to be more likely for younger women,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

Physical Exercise

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

Specifically, 22% of respondents indicated that they do not exercise at all, while the majority (63%) of residents, exercise 1-5 times per week (Figure 26).

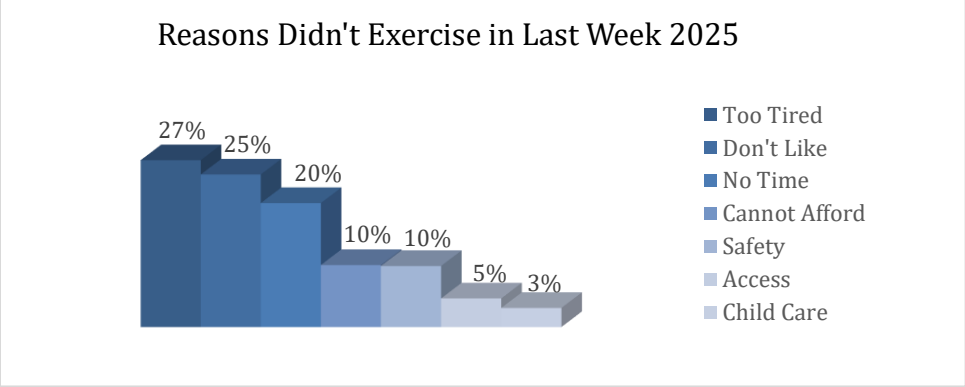
Figure 26



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising are not having enough energy (27%), a dislike of exercise (25%), and not enough time (20%) (Figure 27).

Figure 27



Source: CHNA Survey

Social Drivers Related to Exercise

There is one characteristic that shows a significant relationship with frequency of exercise. The following relationship was found using correlational analyses:

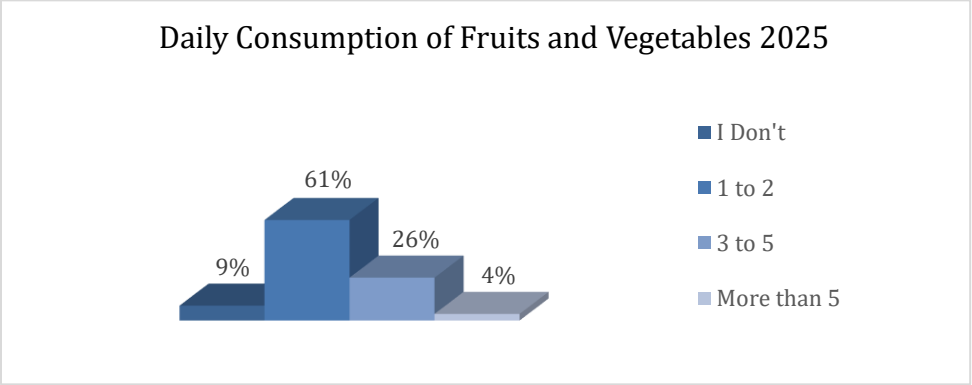
- **Frequency of exercise** tends to be less likely for men.

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.

Over two-thirds (70%) of residents report no or low consumption (1-2 servings per day) of fruits and vegetables per day. Notably, only 4% of residents consume more than five servings per day (Figure 28).

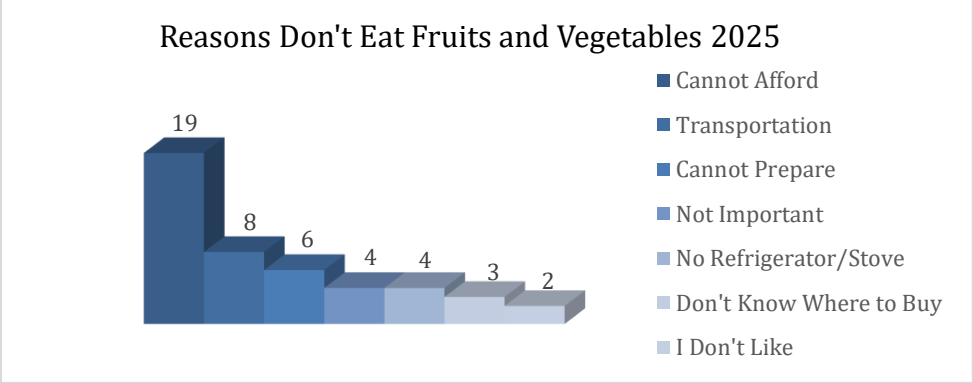
Figure 28



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The most frequently given reason for failing to eat more fruits and vegetables were the inability to afford (19) (Figure 29). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 29



Source: CHNA Survey

Social Drivers Related to Healthy Eating

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

- **Consumption of fruits and vegetables** tends to be more likely for those with higher education and those with higher income. Consumption of fruits and vegetables tends to be less likely for LatinX people and those in an unstable housing environment.

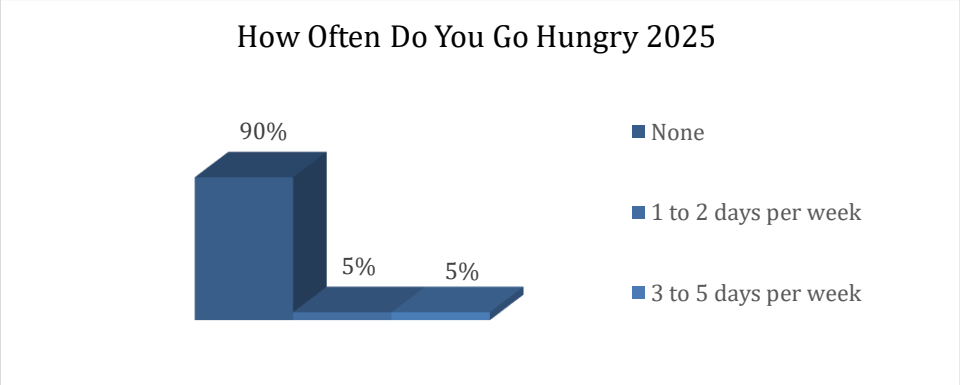
2.3 Understanding Food Insecurity

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

Figure 30



Source: CHNA Survey

Social Drivers Related to Prevalence of Hunger

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

- **Prevalence of Hunger** tends to be more likely for younger 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.

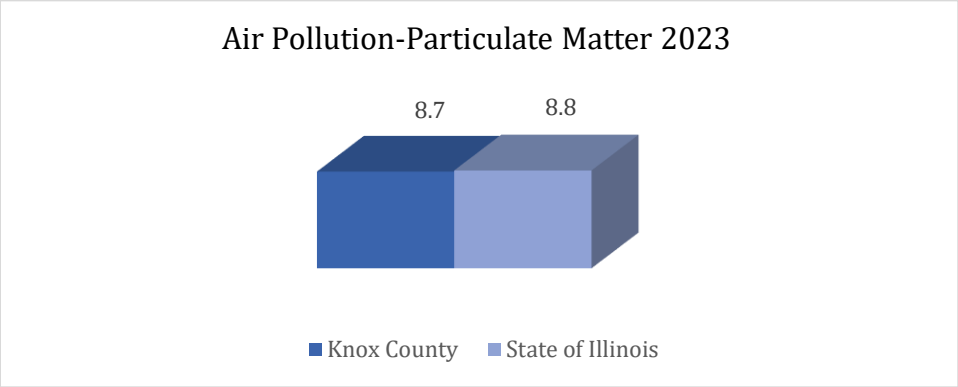
2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include

decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Knox County (8.7) is slightly lower than the State of Illinois average of 8.8 (Figure 31).

Figure 31



Source: County Health Rankings & Roadmaps

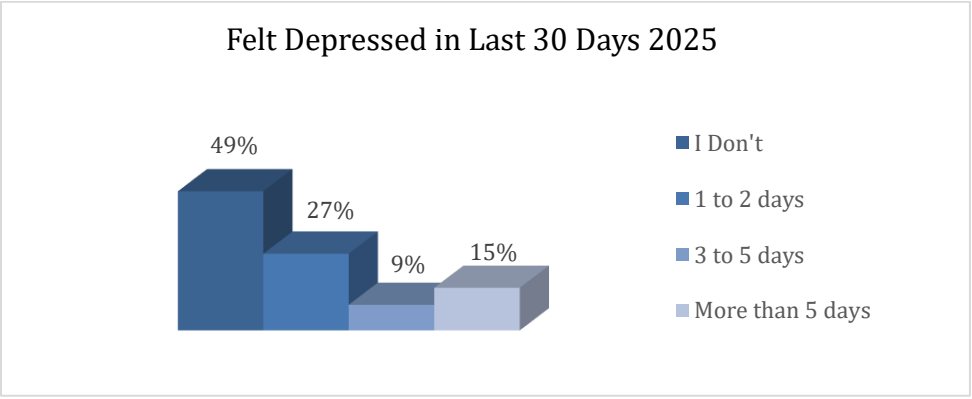
2.5 Health Status

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

Mental Health

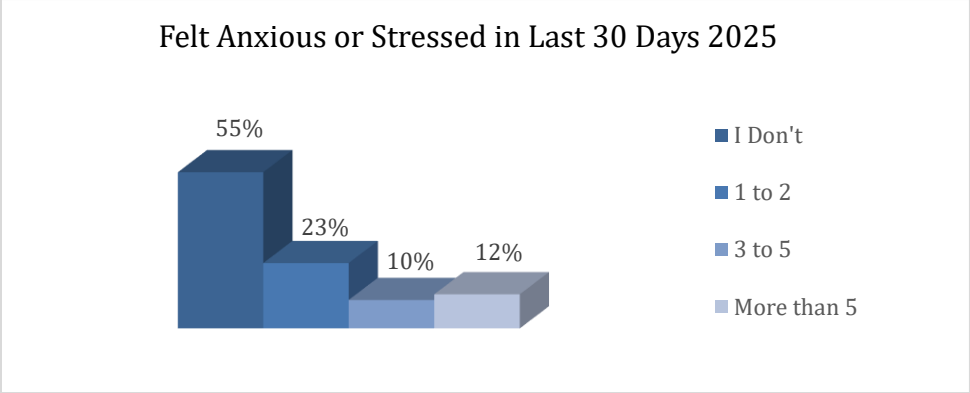
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 49% indicated they did not feel depressed in the last 30 days (Figure 32) and 55% indicated they did not feel anxious or stressed (Figure 33).

Figure 32



Source: CHNA Survey

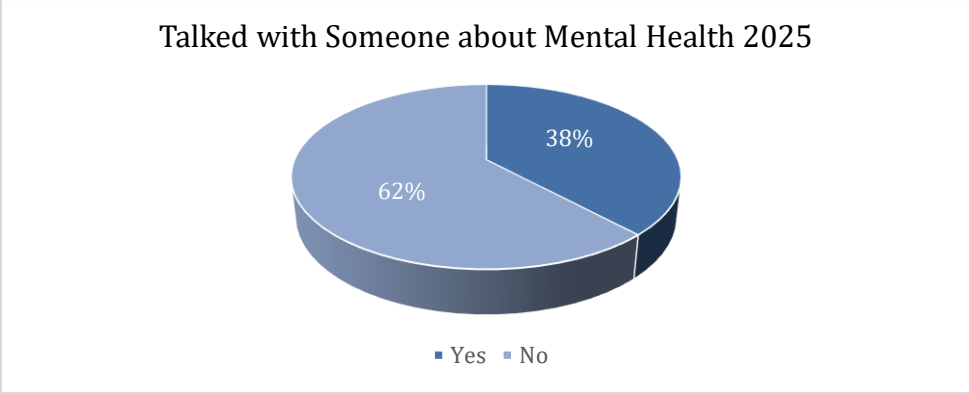
Figure 33



Source: CHNA Survey

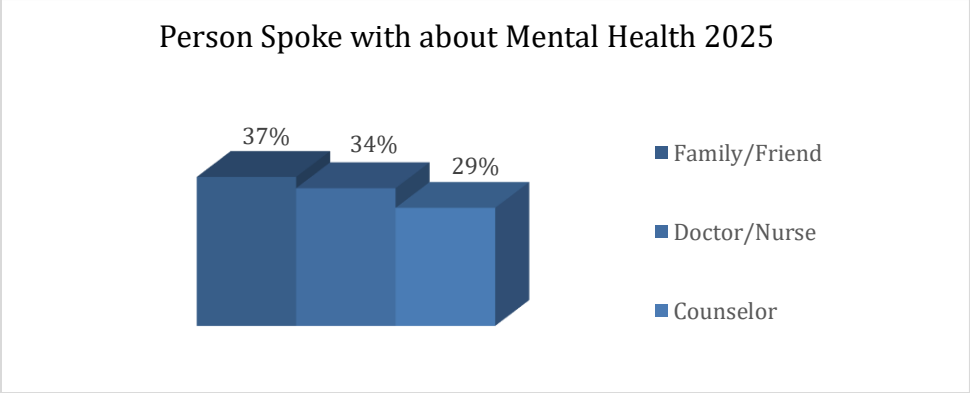
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 38% indicated that they spoke to someone (Figure 34), most commonly a family member or friend (37%) (Figure 35).

Figure 34



Source: CHNA Survey

Figure 35



Source: CHNA Survey

Social Drivers Related to Behavioral Health

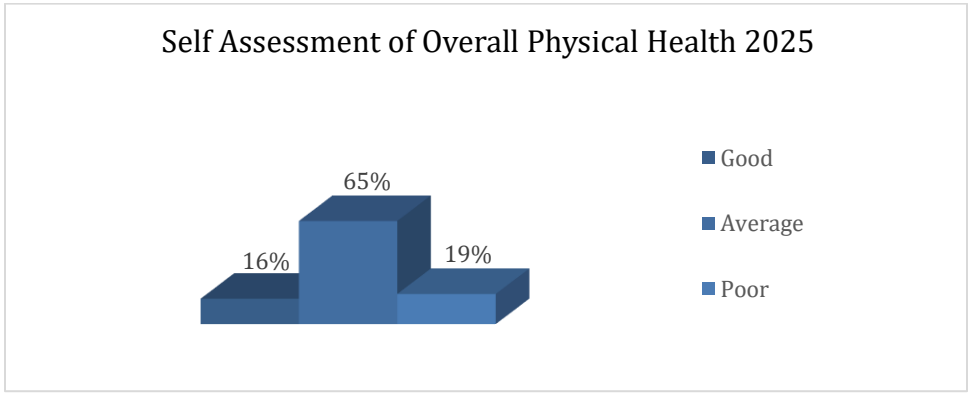
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

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

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 19% of respondents reported having poor overall physical health (Figure 36).

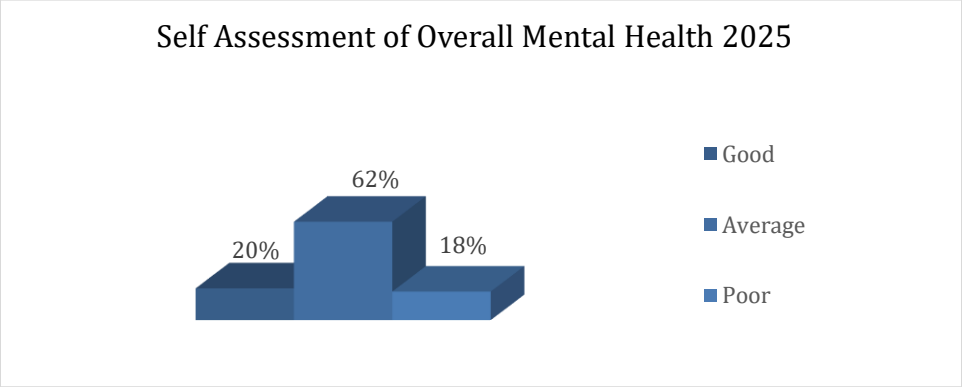
Figure 36



Source: CHNA Survey

In regard to self-assessment of overall mental health, 18% of respondents stated they have poor overall mental health (Figure 37).

Figure 37



Source: CHNA Survey

Social Drivers Related to Self-Perceptions of Health

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

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

2.6 Key Takeaways from Chapter 2

- ✓ RELATIVELY LARGE PERCENTAGE OF PEOPLE USE URGENT CARE.
- ✓ NO ACCESS TO HEALTHCARE IS RELATIVELY HIGH FOR MEDICAL, PRESCRIPTION MEDICATION, DENTAL, AND COUNSELING.
- ✓ CANCER SCREENINGS ARE LOW, AND LESS THAN HALF OF RESIDENTS ARE SCREENED FOR PROSTATE AND COLORECTAL CANCER.
- ✓ THE MAJORITY OF PEOPLE EXERCISE 2 OR LESS TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ 10% OF RESIDENTS GO HUNGRY ONE OR MORE TIMES PER WEEK.
- ✓ NEARLY HALF OF RESIDENTS HAVE FELT DEPRESSED IN THE LAST MONTH, AND JUST LESS THAN HALF OF RESIDENTS HAVE ANXIETY OR STRESS.

CHAPTER 3 OUTLINE

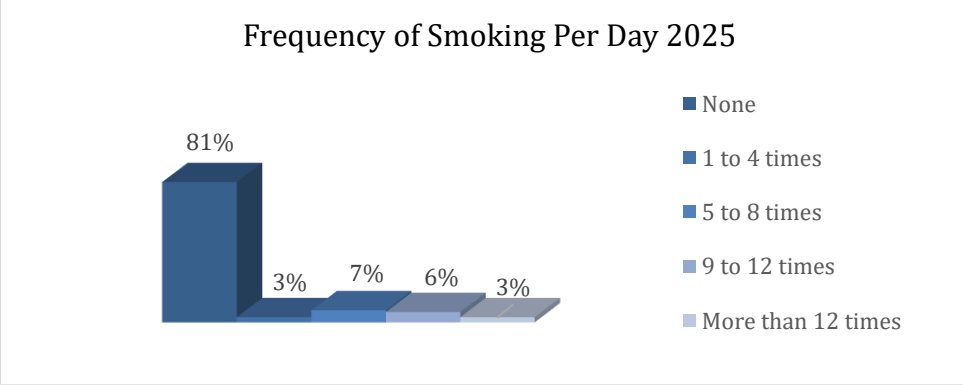
CHAPTER 3: SYMPTOMS AND PREDICTORS

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.

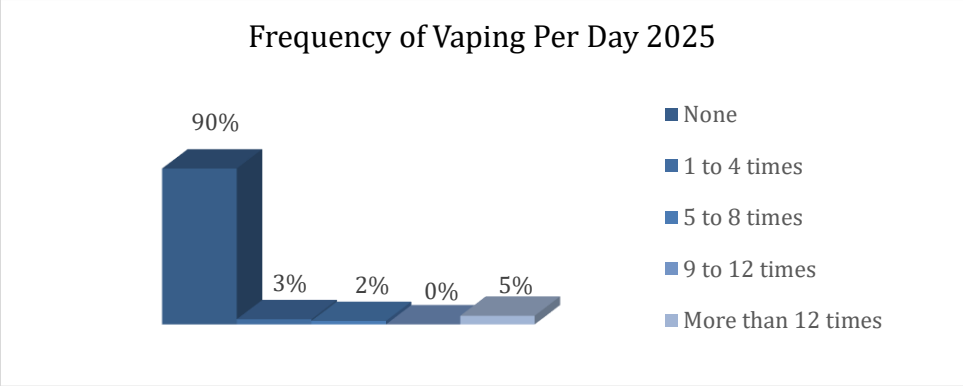
CHNA survey data show 19% of respondents smoke, and of those who smoke, 3% smoke more than 12 times per day (Figure 38). Additionally, 10% of respondents vape, and of those who vape, 5% vape 12 or more times per day (Figure 39).

Figure 38



Source: CHNA Survey

Figure 39



Source: CHNA Survey

Social Drivers Related to Smoking or Vaping

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

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

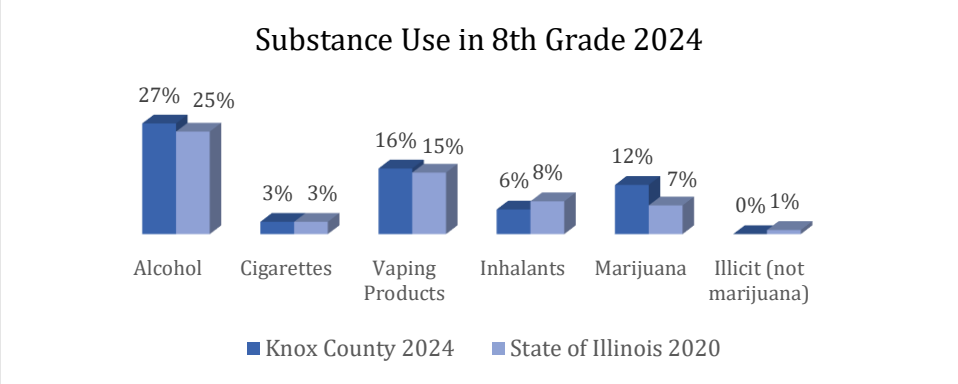
3.2 Drug and Alcohol Use

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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Knox County data is reported for 2024, while the State of Illinois data is reported for 2020. Knox County is at or higher than the State of Illinois average for all categories except inhalants and illicit drugs (Figure 40). Current data are not available for 10th or 12th graders in Knox County.

Figure 40

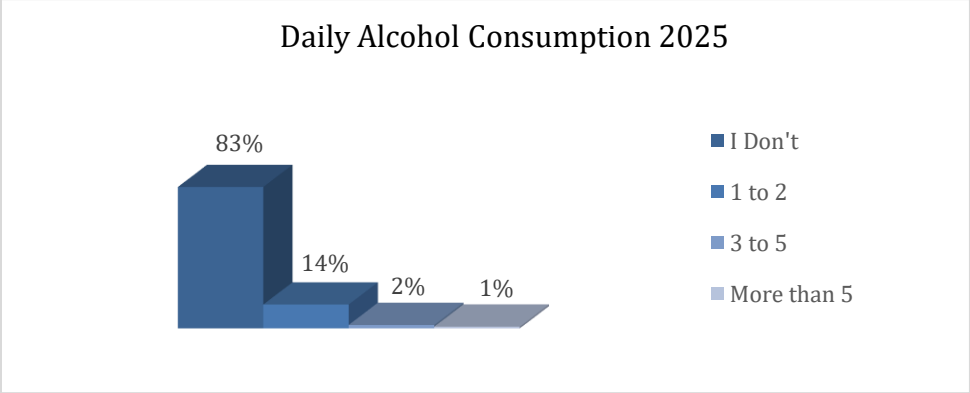


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

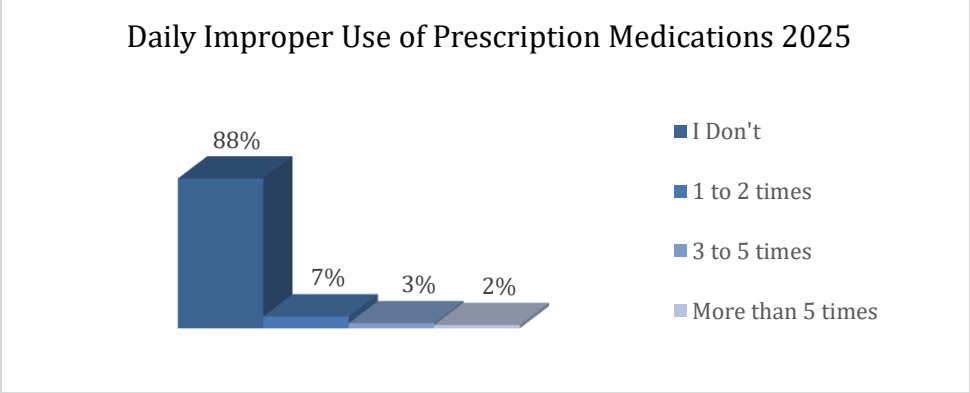
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 83% indicated they did not consume alcohol on a typical day (Figure 41); 88% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 42); 87% indicated they do not use marijuana on a typical day (Figure 43); and 96% indicated they do not use illegal substances on a typical day (Figure 44).

Figure 41



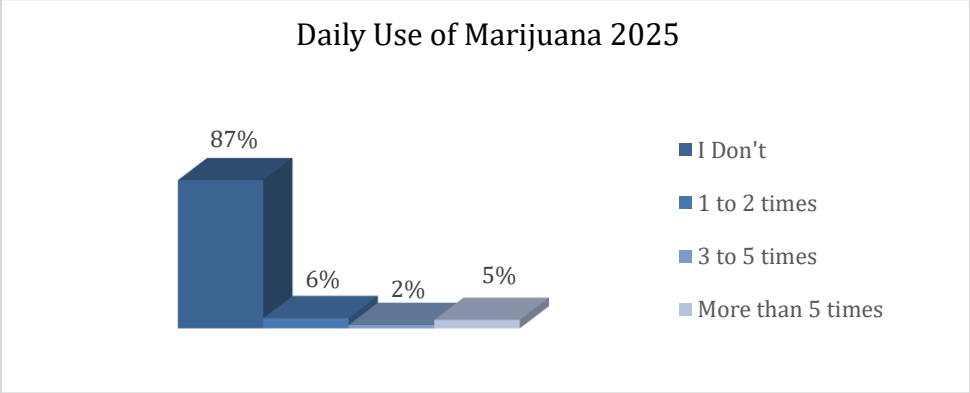
Source: CHNA Survey

Figure 42



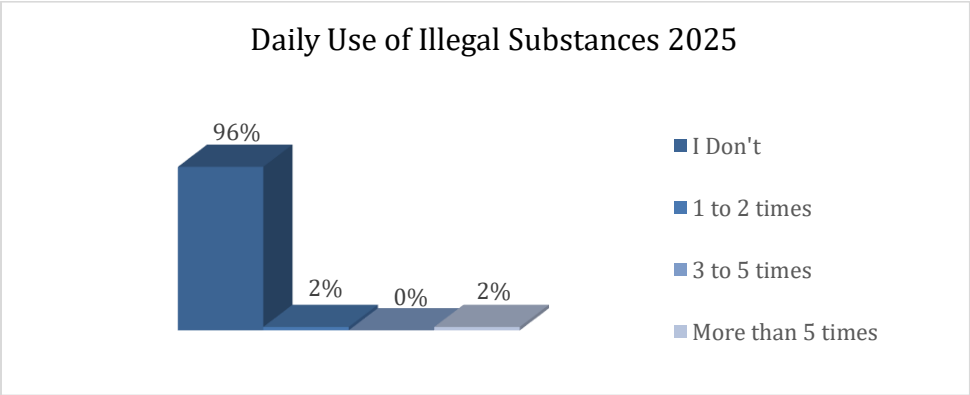
Source: CHNA Survey

Figure 43



Source: CHNA Survey

Figure 44



Source: CHNA Survey

Social Drivers Related to Substance Use

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

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

3.3 Obesity

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

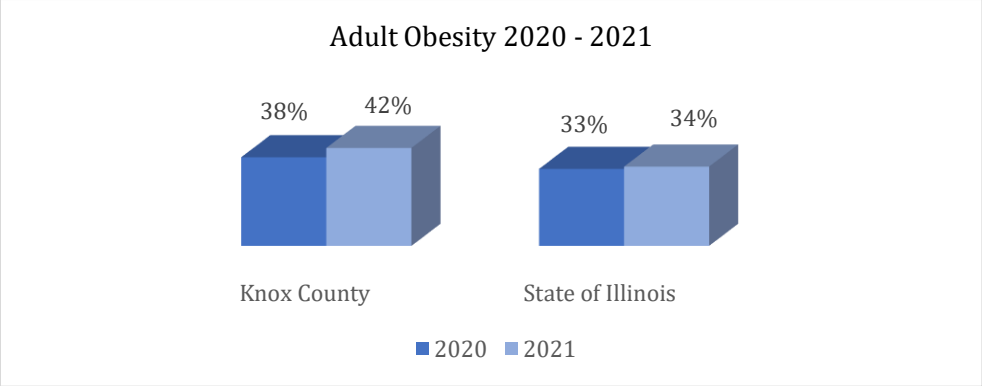
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times 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 Knox County, the number of people diagnosed with obesity has increased from 2020 to 2021. Note specifically that the percentage of obese people has increased from 38% to 42%.

Obesity rates in the State of Illinois have also increased from 2020 (33%) to 2021 (34%) (Figure 45). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

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

Figure 45

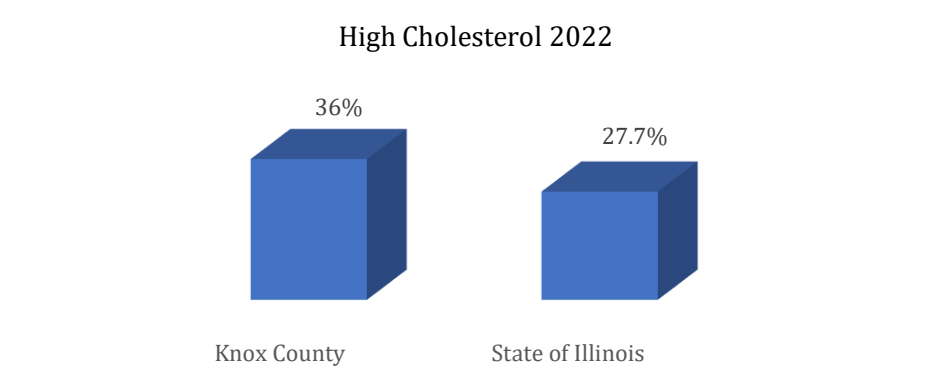


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in Knox County report a higher prevalence of high cholesterol compared to the State of Illinois average. The percentage of residents who report they have high cholesterol in Knox County is 36%, compared to the State of Illinois average of 27.7% (Figure 46).

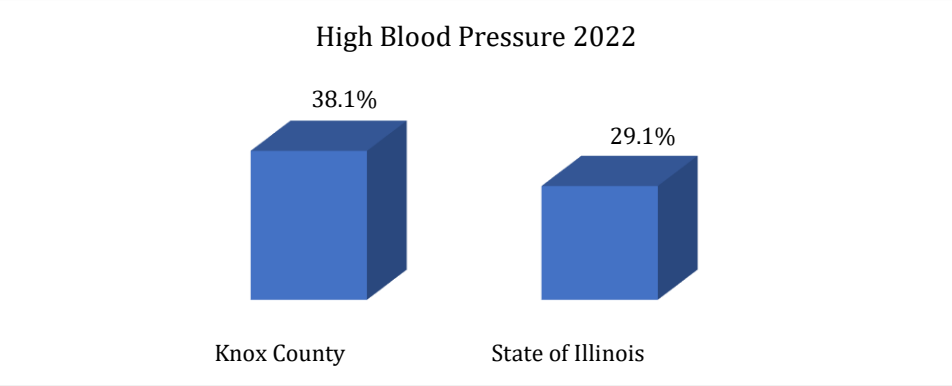
Figure 46



Source: Stanford Data Commons

With regard to high blood pressure, Knox County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Knox County residents who reported they have high blood pressure was 38.1% in 2022, which was above the State of Illinois average of 29.1% (Figure 47).

Figure 47



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE USE IN 8TH GRADE IS HIGHER OR EQUAL TO THE STATE OF ILLINOIS AVERAGES FOR ALCOLHOL, CIGARETTES, VAPING PRODUCTS, AND MARIJUANA.
- ✓ OBESITY IS INCREASING AND HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ 12% OF RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION, INCLUDING OPIOID USE.
- ✓ PREDICTORS OF HEART DISEASE ARE HIGHER THAN THE STATE OF ILLINOIS AVERAGES.

CHAPTER 4 OUTLINE

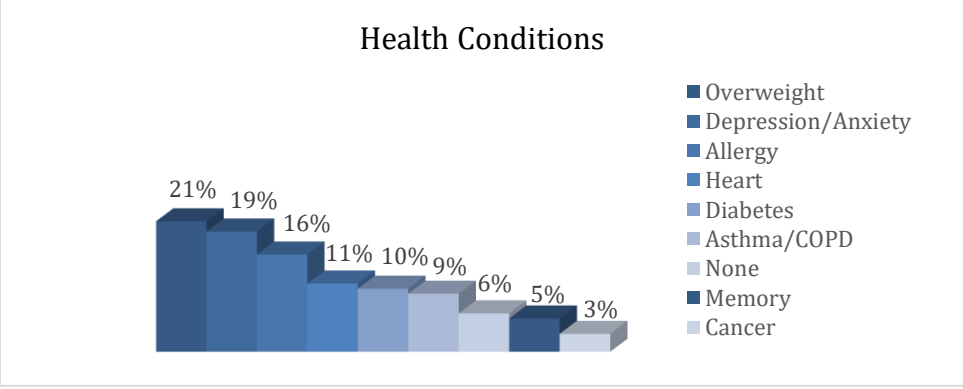
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. The leading responses were overweight (21%), depression/anxiety (19%), and allergies (16%). Often, percentages for self-identified data are lower than secondary data sources (Figure 48).

Figure 48



Source: CHNA Survey

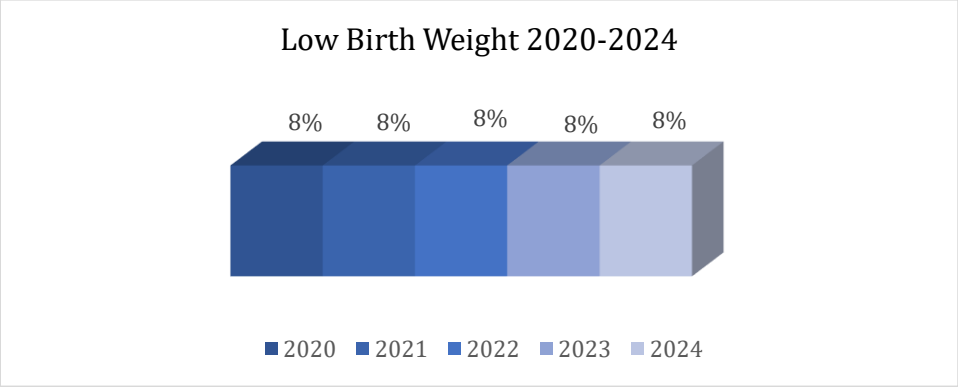
4.2 Healthy Babies

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 Knox County remained at 8% between 2020 and 2024 (Figure 49).

Figure 49



Source: County Health Rankings & Roadmaps

4.3 Cardiovascular Disease

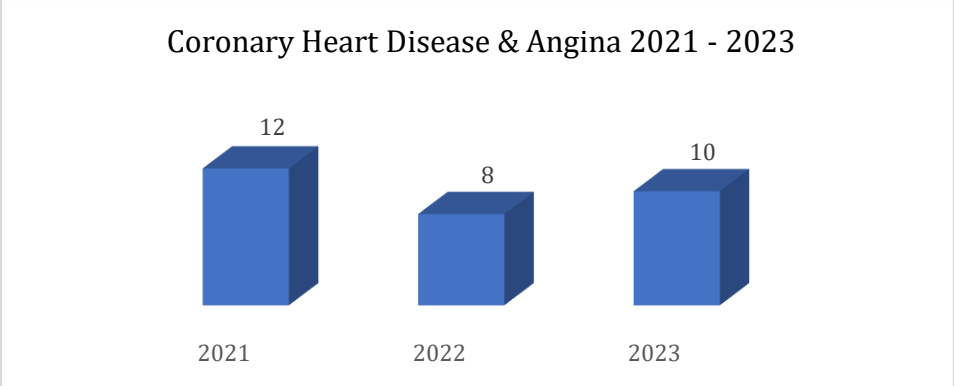
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Heart Disease

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

The number of cases of coronary atherosclerosis complication at Knox County area hospitals had an overall decrease from 12 in 2021 to 10 in 2023 (Figure 50).

Figure 50

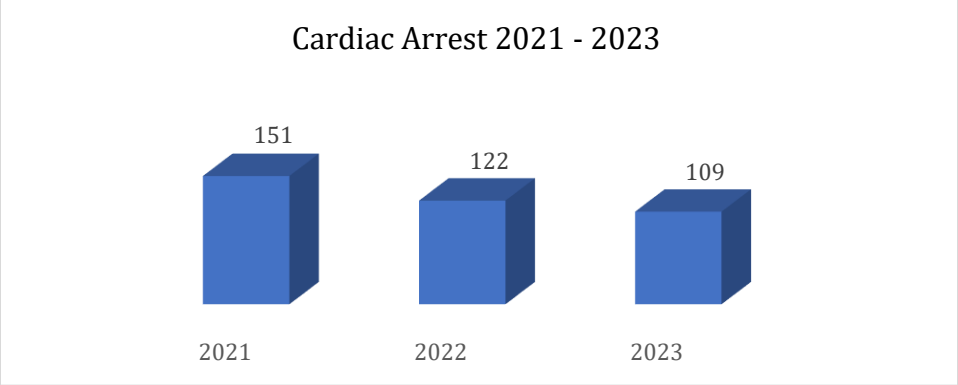


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Knox County area hospitals decreased from 151 in 2021 to 109 in 2023 (Figure 51).

Figure 51

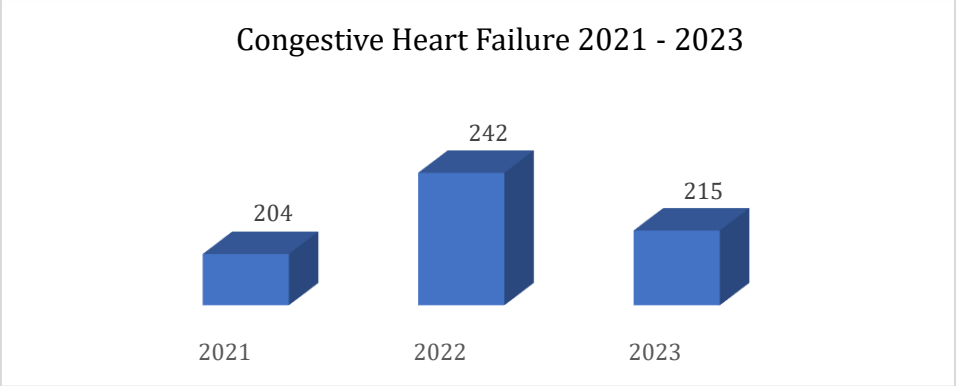


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Knox County area hospitals increased from 204 in 2021 to 215 in 2023 (Figure 52).

Figure 52

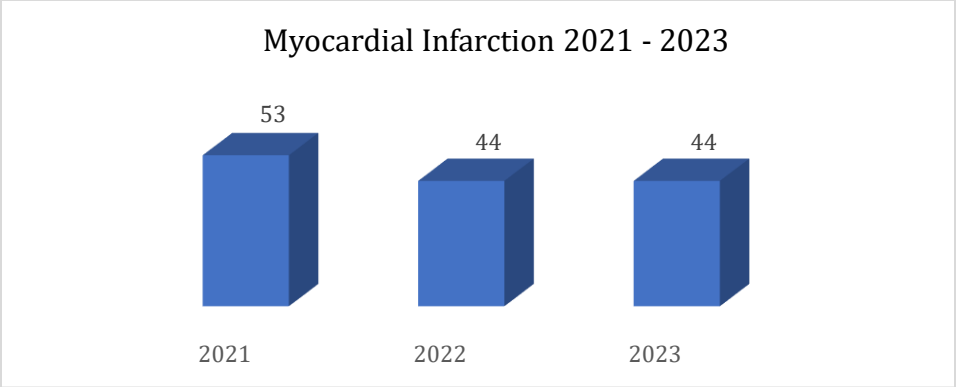


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Knox County decreased from 53 in 2021 to 44 in 2023 (Figure 53).

Figure 53

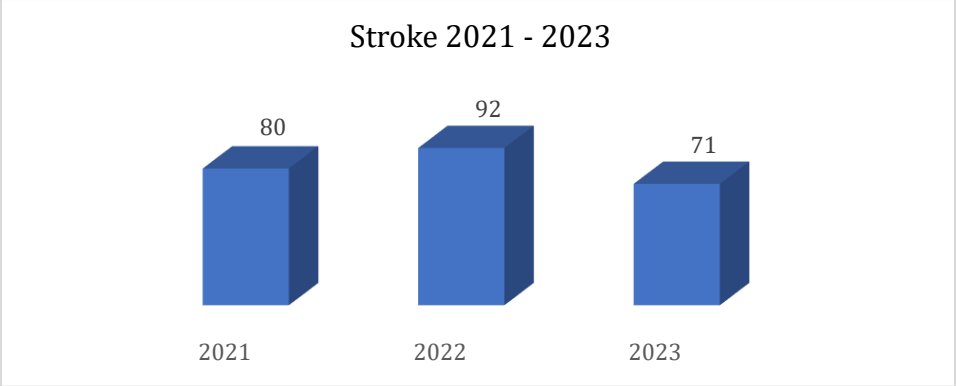


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Knox County area hospitals decreased overall from 80 in 2021 to 71 in 2023 (Figure 54).

Figure 54



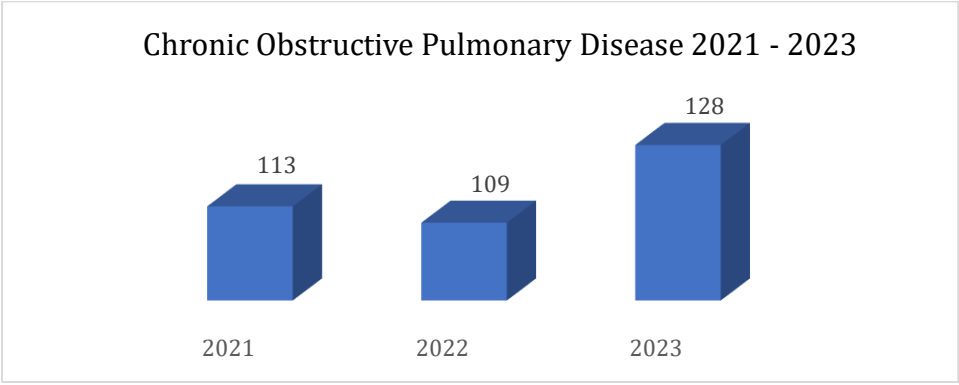
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Knox County area hospitals increased from 113 in 2021 to 128 in 2023 (Figure 55).

Figure 55



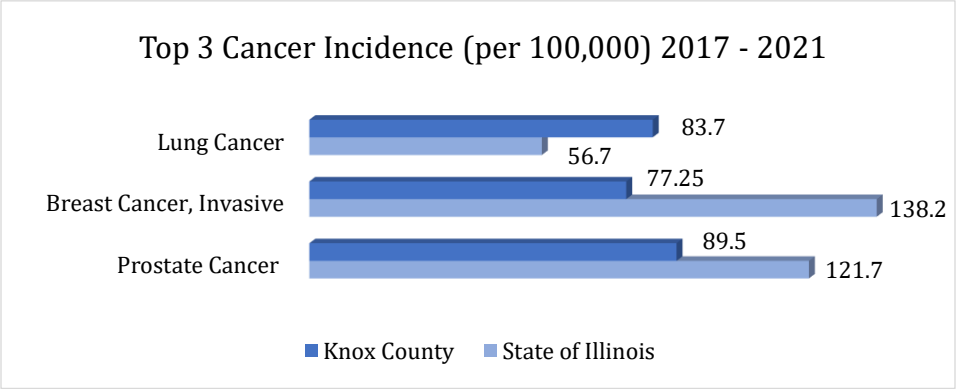
Source: COMPdata Informatics

4.5 Cancer

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

For the top three prevalent cancers in Knox County, comparisons are illustrated in Figure 56. Specifically, for Knox County, breast cancer and prostate cancer rates are significantly lower than the State of Illinois averages, while lung cancer rates are significantly higher than the State of Illinois average.

Figure 56



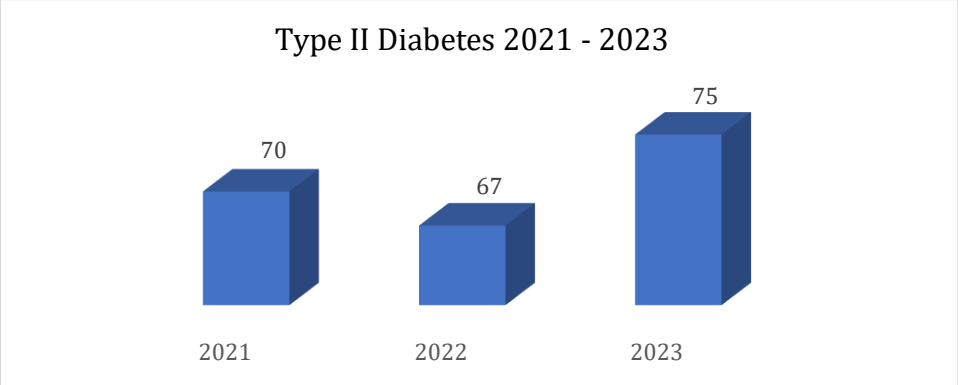
Source: Illinois Department of Public Health

4.6 Diabetes

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

Inpatient cases of Type II diabetes from Knox County increased overall from 70 in 2021 to 75 in 2023 (Figure 57).

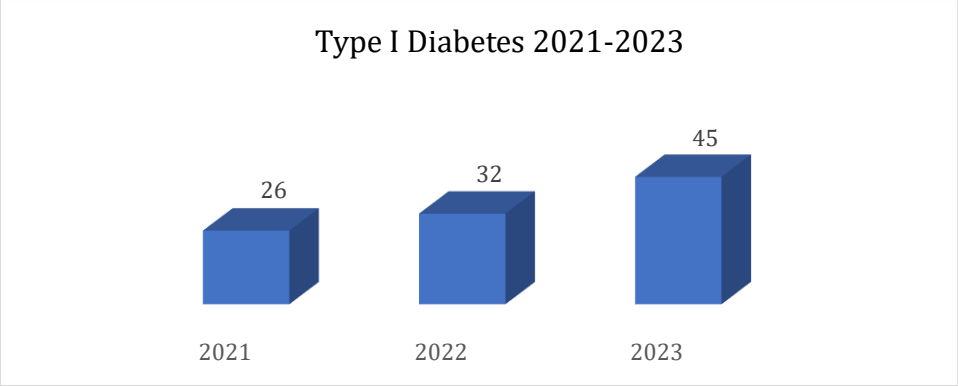
Figure 57



Source: COMPdata Informatics

Inpatient cases of Type I diabetes show an increase from 26 in 2021 to 45 in 2023 in Knox County (Figure 58).

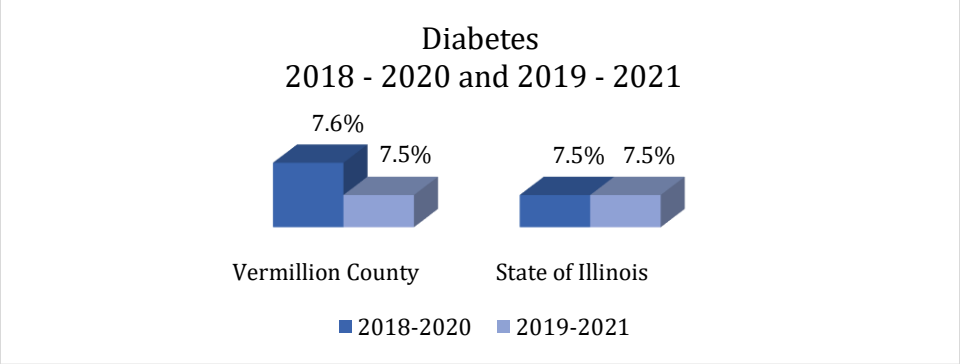
Figure 58



Source: COMPdata Informatics

Data indicate that 7.5% of Knox County residents have diabetes (Figure 59) from 2019-2021, which has slightly decreased since 2018-2020 and is the same as the State of Illinois rate.

Figure 59



Source: Center for Disease Control

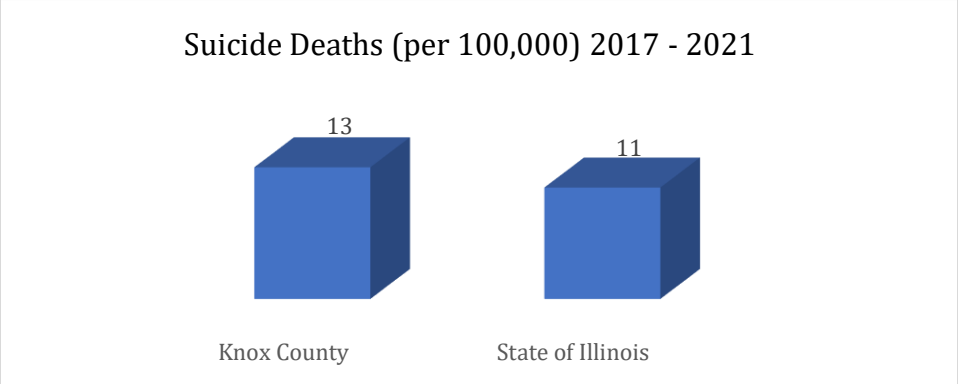
4.7 Injuries

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 Knox County indicate higher incidence than State of Illinois averages, as there were approximately 13 per 100,000 suicides in Knox County between 2017 and 2021, compared to the State of Illinois at 11 per 100,000 (Figure 60).

Figure 60



Source: Illinois Department of Public Health

4.8 Mortality

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

The leading causes of death in the State of Illinois and Knox County are similar as a percentage of total deaths in 2022. Diseases of the heart are the cause of 21.7% of deaths, cancer is the cause of 18.7% of deaths, and COVID-19 is the cause of 7.4% of deaths in Knox County (Table 1).

Table 1

Top 5 Leading Causes of Death for all Races by County & State of Illinois, 2022		
Rank	**Knox County**	**State of Illinois**
1	Diseases of Heart (21.7%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (18.7%)	Malignant Neoplasm (19.2%)
3	COVID-19 (7.4%)	Accidents (6.1%)
4	Chronic Lower Respiratory Disease (5.7%)	COVID-19 (5.8%)
5	Alzheimer Disease (5.0%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ THE SUICIDE RATE IN KNOX COUNTY IS HIGHER THAN STATE OF ILLINOIS RATE.
- ✓ THE LUNG CANCER RATE IS SIGNIFICANTLY HIGHER COMPARED TO THE STATE OF ILLINOIS RATE.
- ✓ HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY.

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.

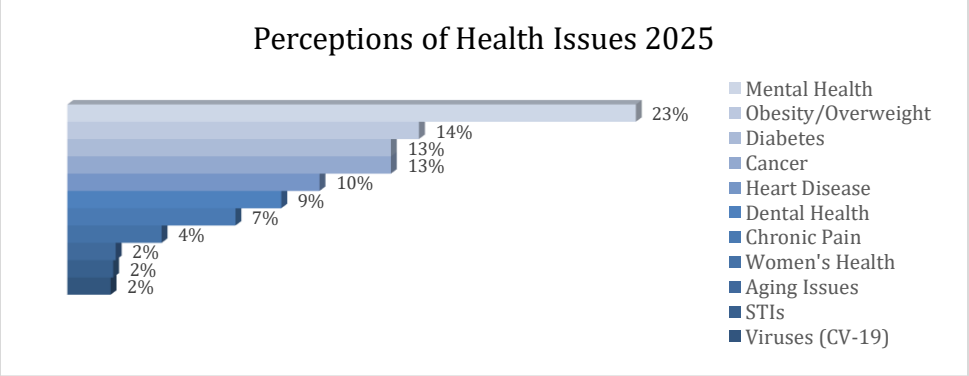
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

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 highest rated health issue was mental health (23%), followed by obesity/overweight (14%), diabetes (13%), and cancer (13%) (Figure 61).

Figure 61

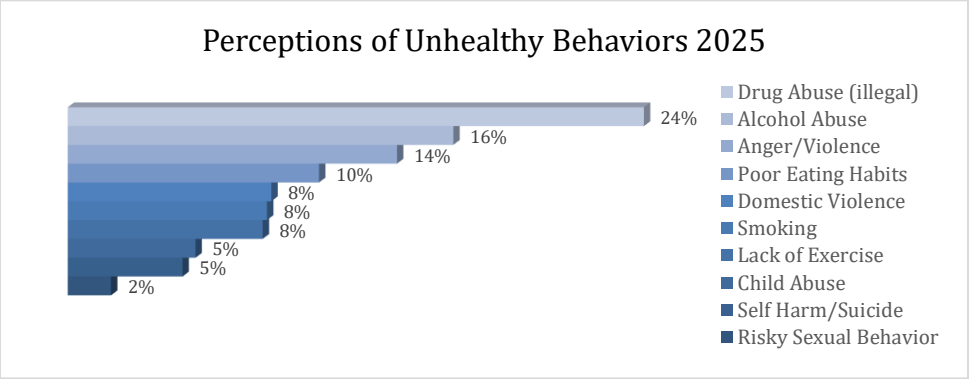


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The highest rated unhealthy behaviors were drug abuse (illegal) (24%), alcohol abuse (16%), and anger/violence (14%) (Figure 62).

Figure 62



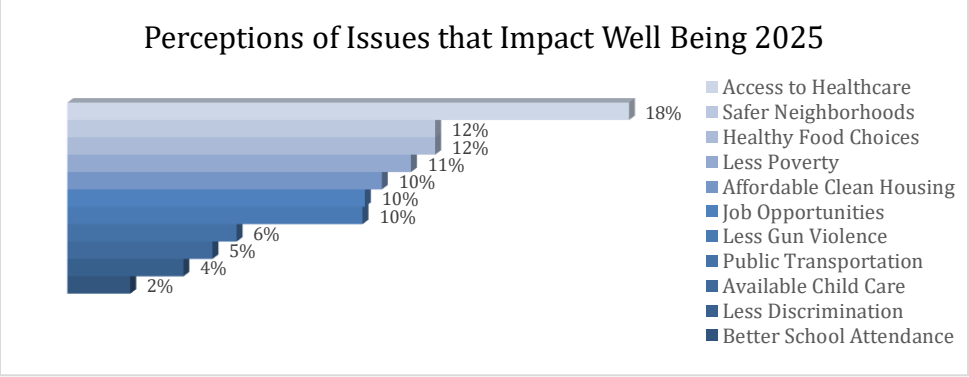
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The highest rated issue impacting well-being was access to healthcare (18%) (Figure 63).

Figure 63



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) – Four factors were identified as the most important areas of impact from the demographic analyses:

- Population decreased
- Population over age 65 increased
- Single female head-of-house-household represents 30% of the population
- High school graduation rates are lower than State of Illinois average

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

- High use of urgent care and people not choosing to seek healthcare
- Decreased access to healthcare – medical, prescription medication, dental and counseling
- Prostate and colorectal screenings are low
- Food security
- 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
- Obesity
- Opioid abuse among adults
- Predictors of heart disease

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

- Lung cancer
- Suicide rates
- Heart disease, cancer, and COVID-19 are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

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

- **Aging Issues**
- **Access to Healthcare**

- **Healthy Behaviors – Nutrition and Exercise**
- **Behavioral Health**
- **Obesity**
- **Substance Use**
- **Cancer**
- **Diabetes**

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 three significant health needs and considered them equal priorities:

- **Behavioral Health – Including Mental Health and Substance Use**
- **Healthy Behaviors – Defined as Nutrition, Exercise, and Impact on Obesity**
- **Access to Healthcare**

BEHAVIORAL HEALTH – INCLUDING MENTAL HEALTH ANC SUBSTANCE USE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 51% indicated they felt depressed in the last 30 days and 45% indicated they felt anxious or stressed in the last 30 days. Depression tends to be rated higher by younger people, those with less income and those living in an unstable housing environment. Stress and anxiety also tend to be rated higher for younger people, those with less income and those living in an unstable housing environment. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents 38% indicated that they spoke to someone, the most common response was to family/friends (37%). In regard to self-assessment of overall mental health,

18% 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, 17% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men, those with less education, and those in an unstable housing environment. Of survey respondents, 12% indicated they improperly use prescription medications each day to feel better and 13% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by those with less education, those with lower income and those living in an unstable living environment. Marijuana use tends to be rated higher by men, younger people, Black people, those with lower education, those with lower income and those living in an unstable living environment. Finally, of survey respondents, 4% indicated they use illegal drugs on a daily basis. Use of illegal drugs tends to be rated higher by men, younger people, LatinX people, those with lower education, and those in an unstable housing environment.

In the 2025 CHNA survey, respondents rated drug use (illegal) as the most prevalent unhealthy behavior (24%) in Knox County, followed by alcohol use (16%).

HEALTHY BEHAVIORS – DEFINED AS NUTRITION, EXERCISE, AND SUBSEQUENT OBESITY

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

NUTRITION. Over two-thirds (70%) of residents in Knox 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 4%. The most prevalent reason for failing to eat more fruits and vegetables was cost.

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 22% of respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week. The most common reasons for not exercising were not having enough energy (27%) and dislike of exercise (25%).

OBESITY. In Knox County, the percentage of obese people has increased from 38% in 2020 to 42% in 2021. This is significantly higher than the State of Illinois average, where obesity rates have increased from 33% in 2020 to 34% in 2021. In the 2025 CHNA survey, respondents indicated that obesity was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing both youth and adults nationally, in Illinois, and within Knox County. The U.S. Surgeon General has characterized obesity as "the fastest-growing, most threatening disease in America today." According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened

joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees.

ACCESS TO CARE

PRIMARY SOURCE OF HEALTHCARE. The CHNA survey asked respondents to identify their primary source of healthcare. While 52% of respondents identified clinic/doctor's office as the primary source of care and 26% of respondents identified urgent care as the primary source of care, 11% of respondents indicated they do not seek healthcare when needed and similarly 11% identified the emergency department as a primary source of healthcare. Note that not seeking healthcare when needed is more likely to be selected by LatinX people and those living in an unstable housing environment. Selection of an emergency department as the primary source of healthcare tends to be rated higher by men, Black people, LatinX people, those with lower education, those with lower income, and those in an unstable housing environment.

ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE, AND MENTAL-HEALTH COUNSELING. Additionally, survey results show that 22% of the population did not have access to medical care when needed; 27% of the population did not have access to prescription medications when needed; 28% of the population did not have access to dental care when needed; and 18% of the population did not have access to counseling when needed. The leading causes of not getting access to care when needed were cost and too long of a wait.

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

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

Lisa DeKezel serves as President of OSF HealthCare St. Mary Medical Center in Galesburg, Illinois and President of OSF HealthCare Holy Family Medical Center in Monmouth, Illinois, directing all internal operations and the development of short-term tactics within long-term strategy to provide high quality, cost-effective health care for the communities they serve. Prior to joining OSF, Lisa has served as Vice President of Hammond-Henry Hospital in Geneseo, Illinois and as an independent health care consultant in the development of various hospital systems and ambulatory settings across multiple states. Lisa is a Registered Nurse by background and is passionate about ensuring access to local, quality healthcare services for rural health populations. Lisa received her Bachelor of Science in Nursing from Grand Canyon University in Phoenix, Arizona. She went on to earn her Master of Jurisprudence in Health Law and Policy from Loyola University Chicago. Lisa was born and raised locally in the rural communities she has been blessed to serve within OSF since 2019.

Michele Gabriel is Public Health Administrator for the Knox County Health Department and serves as CEO for the Knox Community Health Center. She has been with the Health Department since 2000 and has served in various roles throughout her tenure. Michele received her bachelor's degree in business administration from Monmouth College in 2000, and master's in public health from the University of Illinois, College of Medicine at Peoria in August 2009.

Stephanie Hilten serves as the Manger of community resources for OSF Healthcare St. Mary Medical Center in Galesburg and Holy Family Medical Center in Monmouth, Illinois. In this role Stephanie manages the activities of the Community Resource Center team which plan and implement comprehensive community resource programs accessible to the public in order to promote health, wellness and reduce health risks in the community. Stephanie has been with OSF since 2019.

Walker Kelly is a graduate from Vassar College with a BS in psychology. Walker worked as a caseworker at VNA Community Services helping the seniors of Knox County, before moving to his current position as Program Director Through his work with the VNA, he strives to improve the lives of older adults so they can remain thriving members of the community.

Curt Lipe is the Director of Entity Finance for OSF Healthcare St. Mary Medical Center in Galesburg, Illinois and OSF Healthcare Holy Family Medical Center in Monmouth, Illinois. He received his bachelor's degree from Southern Illinois University at Carbondale, Illinois. He has been with OSF Healthcare for 38 years.

Carrie McCance is the Public Relations and Communications Coordinator for OSF Healthcare St. Mary Medical Center and OSF Healthcare Holy Family Medical Center, a position she has held since 2011. She earned a bachelor's degree in communications with a minor in psychology from Western Illinois University, some of her club and outreach activities include Leadership Illinois Class of 2019, Chamber of Commerce Ambassador, YMCA board member, Women's Issue Network member, Relay for Life and United Way team captain and involved with the Walk to End Alzheimer's and Out of the Darkness Suicide Walk.

Amy Nyert serves as the supervisor of Digital Health, overseeing the Galesburg area. After earning her bachelor's degree in healthcare management in 2021, she worked as the Supervisor of Client Services at a pediatric home care agency, in early 2024 she joined OSF Healthcare**.**

Erin Olson currently serves at the Director of Public Health Information and Community Engagement for the Knox County Health Department. She has been with the KCHD since 2001. Erin received her bachelor's degree in Community Health Education from Western Illinois University in 2001. She is a public health professional with a history of community engagement and program implementation. Erin is a longtime supporter of the American Cancer Society Relay for Life of Knox County and is involved with the St. Jude Galesburg to Peoria run.

Kim Brannon-Sibley is the Participant Engagement Manager for the Knox County Housing Authority. She has served in this position since 2021. Prior to this, she served as the KCHA Tenant account clerk for 2 years. Kim earned as Associate of Arts degree from Carl Sandburg College in 2015.

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

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

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

Three major health needs were identified and prioritized in the Knox County and Warren County 2022 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs. *Note: The 2022 CHNA was a joint report for Knox and Warren Counties.*

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

Goal 1: *Increase awareness about the importance of healthy eating for overall health and wellness*

1. Promoted articles and educational content on healthy eating through traditional and social media as part of the Healthy Living campaign.
    a. In 2024, 24 posts were shared across social and traditional media, with engagement increasing by at least 1% annually.
2. Provided educational programs for youth and families focused on healthy eating.
    a. Due to turnover, no activities were conducted in 2024.
3. Expanded access to nutritional counseling and referrals.
    a. In 2024, 51 diabetes self-management sessions and 45 medical nutrition therapy sessions were provided, with a growth rate exceeding 1%.

Goal 2: *Increase awareness about the importance of exercise for overall health and well-being*

1. Promoted educational content on the benefits of exercise through the Healthy Living campaign via social and traditional media
    a. In 2024, 13 posts were shared, with engagement increasing by at least 1% annually
2. Encouraged active living by supporting events and activities
    a. Hosted interactive "Dice Game" activities at the Housing Authority Back-to-School event, Juneteenth celebration, and National Night Out
3. Collaborated with youth programs that emphasize movement and exercise
    a. "Healthy Lives for Kids" event held in June at the YMCA
    b. Launched the "Project Fit" program at Steele School

2. Behavioral Health – Including Mental Health and Substance Use

Goal 1*: Decrease the percentage of Knox and Warren County residents who use substances daily to cope.*

1. Raised awareness about proper prescription drug disposal
    a. Disposed of 529 lbs of medication and promoted participation in National Drug Take Back Day
2. Expanded access to Resource Link Navigation Services
    a. Provided 415 navigation sessions through the resource link
3. Offered free Behavioral Health Navigation Services
    a. Delivered 808 navigation sessions to support individuals in need

3. Healthy Aging

***Goal 1**: Increase awareness of screenings and wellness activities among the aging population in Knox and Warren counties*

4. Provided community-based screening and wellness opportunities
    a. Due to turnover, this action was not implemented
5. Encouraged safe and active living through events and programs
    a. Offered chair exercise classes at the VNA in Galesburg for seniors

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?

☐ Knox ☐ 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

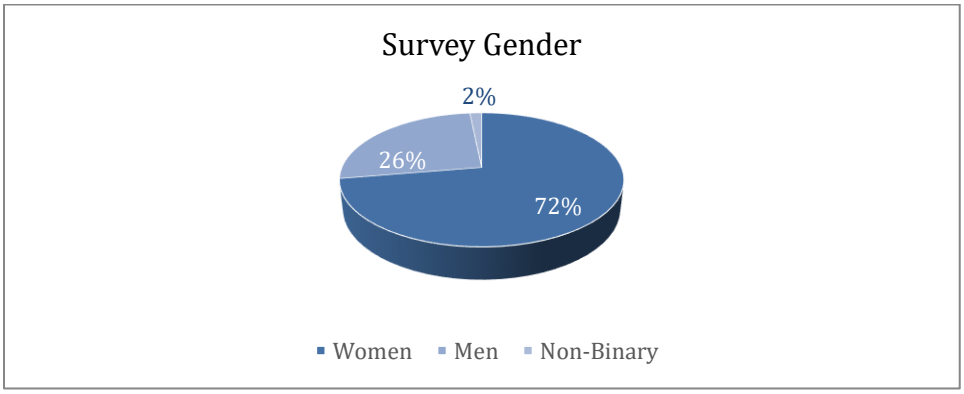
☐ Mother treated violently

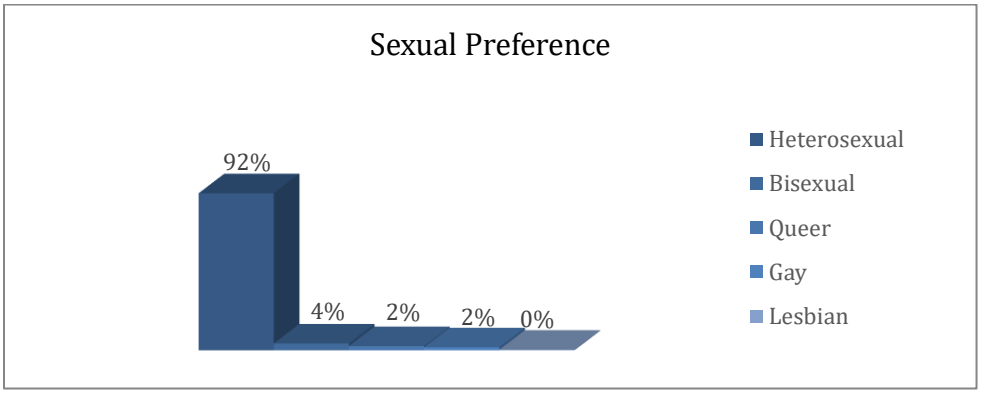
Is there anything else you'd like to share about your own health goals or health issues in our community?

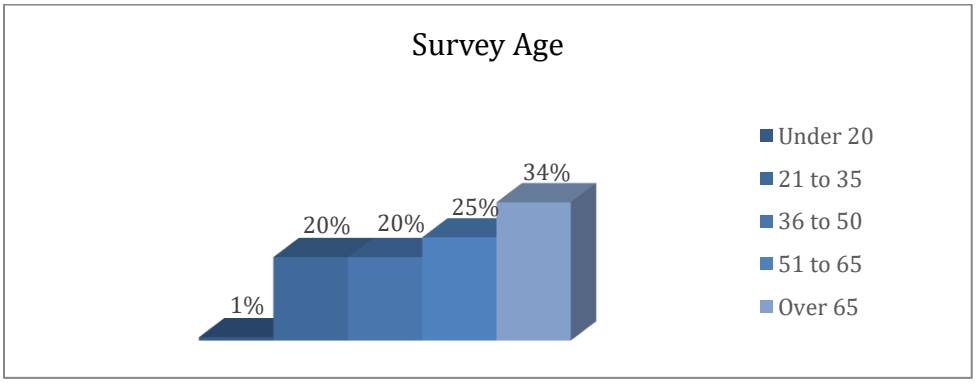
_____

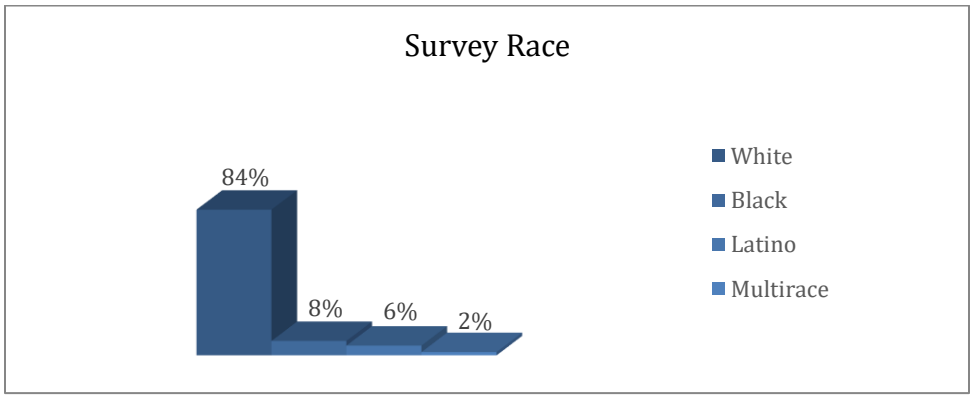
Thank you very much for sharing your views with us!

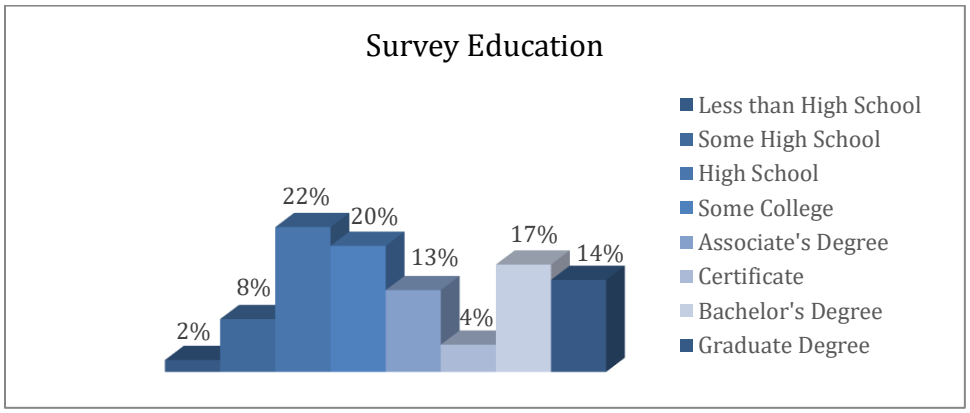
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

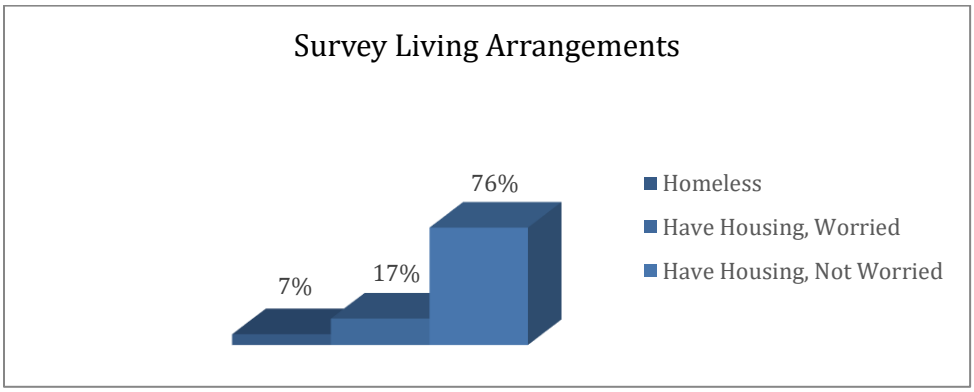


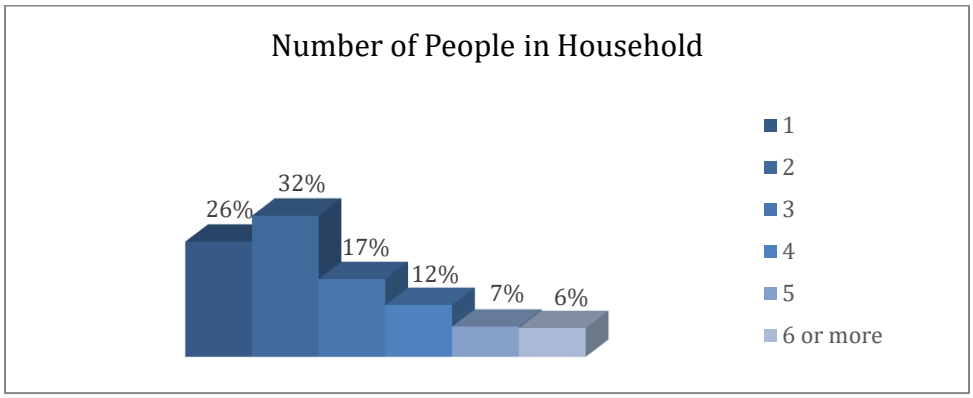


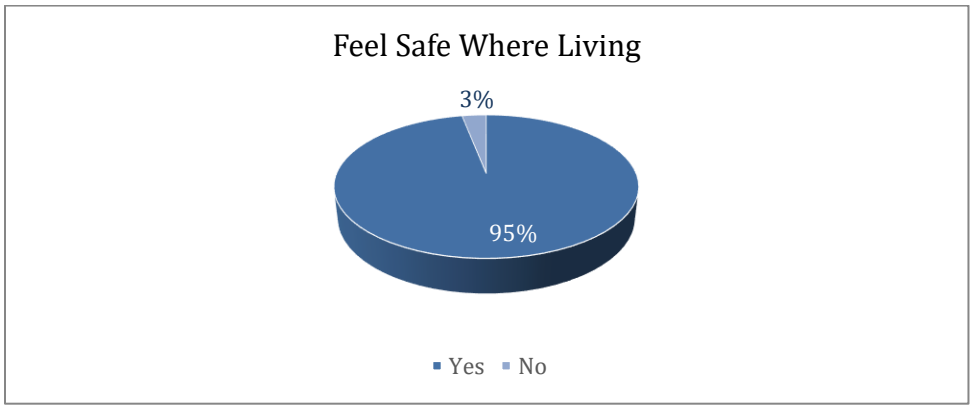


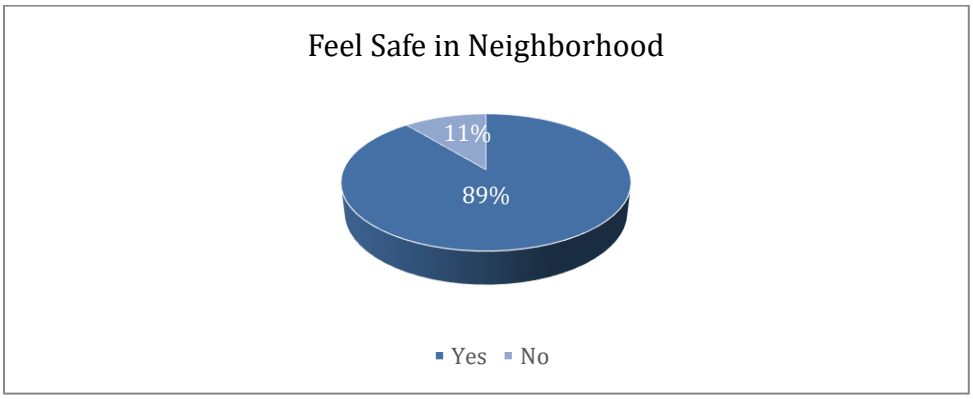

Survey Race
84%
8%
6%
2%
White
Black
Latino
Multirace

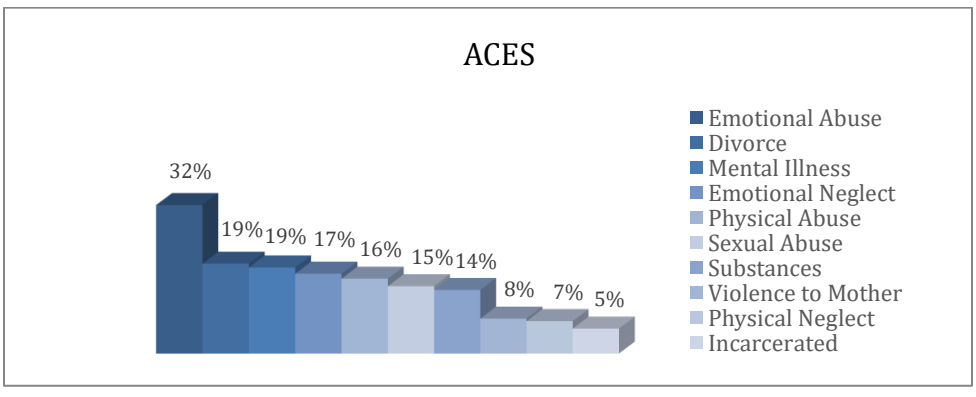

Survey Education
2%
8%
22%
20%
13%
4%
17%
14%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
7%
17%
76%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
26%
32%
17%
12%
7%
6%
1
2
3
4
5
6 or more


Feel Safe Where Living
3%
95%
Yes
No


Feel Safe in Neighborhood
11%
89%
Yes
No


ACES
32%
19%
19%
17%
16%
15%
14%
8%
7%
5%
Emotional Abuse
Divorce
Mental Illness
Emotional Neglect
Physical Abuse
Sexual Abuse
Substances
Violence to Mother
Physical Neglect
Incarcerated

APPENDIX 5: RESOURCE MATRIX

	Aging Issues	Access to Healthcare	Healthy Behaviors/ Nutrition & Exercise	Mental Health	Obesity	Substance Use	Cancer	Diabetes
Recreational Facilities								
YMCA of Knox County	2	3	3	3	3	1	1	2
Galesburg Parks and Recreation	1	1	2	1	2	1	1	1
Health Departments								
Knox County Health Department	2	3	3	3	3	3	3	3
Community Agencies								
United Way of Knox County	1	1	2	2	1	1	1	1
Corpus Christie Food Pantry	1	1	2	1	1	1	1	1
Crossroads Counseling and Life Coaching	1	3	2	3	2	2	1	1
University of Illinois Knox Co. Extension	3	1	3	3	2	1	1	2
Food Pantry-Knoxville	1	1	2	1	1	1	1	1
FISH Food Pantry	1	1	2	1	1	1	1	1
First Lutheran Church-Galesburg Food Pantry	1	1	2	1	1	1	1	1
Feed My Lambs-Abingdon	1	1	2	1	1	1	1	1
Gordon Behrents Senior Center/KCCDD	2	2	2	2	1	1	1	1
RiverBend Food Bank	1	1	2	1	1	1	1	1
Galesburg Resuce Mission and Women's Shelter	1	1	1	2	1	3	1	1
VNA Community Services	3	2	3	3	1	1	1	2
Western IL Area Agency on Aging	3	2	2	2	1	1	1	2
ROE#33	1	1	2	2	2	1	1	1
Salvation Army	1	1	1	1	1	1	1	1
Hope Initiative	1	1	3	1	1	1	1	1
Knox County Housing Authority	2	1	2	3	1	3	1	1
Bridgeway	2	3	2	3	2	3	1	1
Illinois Tobacco Quit Line	1	1	2	1	1	1	1	1
Al Anon	1	1	2	1	1	3	1	1
Hospitals / Clinics								
OSF Healthcare St Mary Medical Center	2	3	3	3	3	2	3	3
OSF Medical Group - Galesburg	2	2	2	2	2	2	2	2
OSF Medical Group - Knoxville	2	2	2	2	2	2	2	2
OSF Medical Group - Abingdon	2	2	2	2	2	2	2	2
OSF Prompt Care -Galesburg	1	3	1	2	1	2	1	1

	Aging Issues	Access to Healthcare	Healthy Behaviors/ Nutrition & Exercise	Mental Health	Obesity	Substance Use	Cancer	Diabetes
OSF OnCall Urgent Care -Galesburg	1	3	1	2	1	2	1	1
OSF Home Care and Hospice	3	3	2	2	1	1	1	1
Lane Evans VA Community Clinic	2	2	1	2	1	1	1	1
Illinois Cancer Care Clinic	1	2	1	1	1	1	3	1
OSF HC Children's Hospital of Illinois Resource	1	1	2	2	2	1	1	1
Fresenius Kidney Care Galesburg	1	2	2	1	1	1	1	2
Hospice Compassus Galesburg	2	2	1	1	1	1	1	1
Graham Health System	1	3	1	2	2	1	1	2
Western Ill Home Health/Managed Home Services	2	3	1	1	2	1	1	2

(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

Knox County YMCA
The YMCA is a leading agency committed to strengthening the community through youth development, healthy living, and social responsibility.

Galesburg Parks and Recreation
Galesburg Parks and Recreation serve Galesburg and surrounding communities by providing parks, amenities, recreational facilities, programs, and community partnerships.

HEALTH DEPARTMENTS

Knox County Health Department
The Health Department's Mission is to serve Knox County by assessing health and environmental needs, developing policies and assuring those needs are effectively addressed. The program areas focus on family health, environmental health, disease prevention and wellness promotion. A federally-funded community health center operates within the Knox County Health Department providing medical, dental, and behavioral health services.

COMMUNITY AGENCIES/PRIVATE PRACTICES

United Way of Knox County
The United Way improves lives by mobilizing the caring power of communities to advance the common good. Locally they allocate funds to 15 different partner agencies and offer 9 different programs. Community partners include Goodwill, Camp Kidz, Fish, Gordon Behrents Senior Center, Child Advocacy Center, Salvation Army, CASA, Camp Big Sky and American Red Cross. The 2-1-1 resource connects people with essential information and services.

Crossroads Counseling and Life Coaching
Crossroads Counseling and Life Coaching offers counseling and life coaching from licensed professionals. They provide services for a wide variety of life situations such as depression, anxiety, ADHD, dementia, parenting, autism, grief, traumatic events, childhood disorders and other difficult life transitions.

Galesburg Rescue Mission and Women's Shelter
Round the clock haven for men, women and children providing shelter, food, clothing and sharing the Christian Ministry.

University of Illinois Knox County Extension
The University of Illinois Extension provides practical education in food safety and nutrition, family health and wellness, etc. to help people, businesses, and communities solve problems, develop skills, and build a better future.

Corpus Christi-St. Vincent de Paul Food Pantry
The Food pantry in Galesburg is opened on Wednesdays from 1-2.

FISH of Galesburg
FISH of Galesburg is an emergency food pantry which has been helping to feed the hungry of Knox County since 1970. The mission of FISH is to provide food for those in need. Food items distributed include non-perishable and frozen foods as well as vouchers for milk and eggs to individuals and families who contact the pantry for assistance.

First Lutheran Church of Galesburg-Food Pantry
The First Lutheran Church offers food to assist those community members in need. The food pantry is open on the second and fourth Thursdays from 1-2 and on the third Wednesday of the month from 5:30-6:30.

Feed My Lambs-Abingdon
This pantry is an outreach program of churches in the community of Abingdon.

Knoxville Community Food Pantry
Located in the United Methodist Church.

Gordon Behrents Senior Center
The Senior Center provides adult day services to persons 60 and over or those with specific needs.

Hope Initiative
Distributing HOPE to those in need through goods and services. Hope Initiative coordinates strategic interactions in cooperation with regional nonprofit organizations to provide a network of resources to those in need.

Knox County Housing Authority
The KCHA provides high quality, affordable housing opportunities for individuals and families.

Volunteer Network on Aging (VNA) Community Services
The VNA serves residents 60 years and older in and around Galesburg. Services include congregate meals, health promotion, Medicare and options counseling, benefits access applications, energy assistance program, caregivers support and a Fitness Center.

Oaks Senior Center
Oaks Senior Center is a facility that is used for meetings, special events and a place for seniors to gather. It's open Monday-Friday from 9-2.

Regional Office of Education (ROE) #33
Serves our schools and communities by providing education resources, partnerships and opportunities.

Safe Harbor Family Crisis Center
The Mission of Safe Harbor is to support and respond to the needs of survivors of domestic violence and their dependents in the effort to avail further abuse.

Western Illinois Area Agency on Aging
The Western Illinois Area Agency on Aging improves and supports older adults, adults with disabilities and caregivers by providing services, resources and opportunities to maintain independence.

Riverbend Food Bank
The food bank feeds people experiencing hunger by rescuing, safely storing and distributing nutritious food through more than 400 hunger-relief partners in 23 counties in eastern Iowa and western Illinois.

Salvation Army
The Galesburg Salvation Army provides support to individuals and families in our communities by providing food, financial support, counseling, and adult and youth programs. They offer recreational activities while supporting spiritual and mental needs.

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

Illinois Tobacco Quit Line
Illinois Tobacco Quit Line provides free telephone counseling to assist individuals in quitting tobacco use. ITQL provides Nicotine Replacement Therapy in the form of patches, lozenges, and gum for qualified individuals (those that do not have access to those products through insurance or Medicaid) for 8 weeks per 12-month period.

AL-Anon
Al-Anon is a mutual support group of peers who share their experience in applying the Al-Anon principles to problems related to the effects of a problem drinker in their lives. Meetings are offered in Warren and Knox County.

HOSPITALS/CLINICS

OSF Healthcare St. Mary Medical Center
Founded in 1909, OSF HC St. Mary Medical Center is an 83-bed acute care hospital located in Galesburg, Illinois and services seven counties in west-central Illinois. Key services include the Family Birthing Center, surgical services, Cardiovascular and Cancer diagnostics and treatment, rehabilitation services, pain clinic, inpatient dialysis, testing and diagnostics and women's health services.

OSF Healthcare-Medical Group
Abingdon/Knoxville/Galesburg

OSF Prompt Care-Galesburg
Prompt Care is a walk-in clinic designed to assess and treat minor illnesses and injuries. Lab and X-ray services are available. The clinic is open seven days a week.

OSF OnCall Urgent Care-Galesburg

OSF Home Care and Hospice-Galesburg
OSF Home Care and Hospice offer health care and services to home-bound individuals and end of life services through Hospice.

Illinois Cancer Care-Galesburg
The Mission of ICC is to provide comprehensive, compassionate care that enhances the lives of patients and their families. Illinois Cancer Care is a comprehensive practice treating patients with cancer/blood diseases.

Lane Evans VA Community Clinic
Provides primary care, radiology, audiology, optometry, lab services, physical therapy and mental health services and telehealth capabilities.

Fresenius Kidney Care-Galesburg
Fresenius offers hemodialysis and peritoneal services to people with chronic kidney disease.

OSF Children's Hospital, Resource Link
Resource Link provides services to equip primary care physician practices to identify, diagnose and treat pediatric mental health issues. Resource Link will provide on-site training for the physician and staff regarding mental illness, including diagnosis and treatment options, routine screening options, and community resources.

Graham Health System
Graham Health System provides quality patient care in our hospital, located in Canton, Illinois and our eleven Medical Group Clinics serving patients throughout Central and Western Illinois, with operations in five counties: Fulton, Knox, Mason, McDonough and Peoria.

Hospice Compassus-Galesburg
Serving Galesburg since 1987, it's our mission to ensure everyone's unique story concludes with dignity and comfort.

Western Illinois Home Health Care
Western Illinois Home Health Care provides skilled nursing, skilled physical, occupational, speech therapy, bath aide, medical and social work to help you stay at home safely and independently. They also have a supportive care division that offers 24-hour assistance with activities of daily living, companionship, light housekeeping, etc. Most recently they added home provider care, delivering a provider in your home to address the needs of individuals, families, and seniors.

Knox County Health Department
The Health Department's Mission is to serve Knox County by assessing health and environmental needs, developing policies and assuring those needs are effectively addressed. The program areas focus on family health, environmental health, disease prevention and wellness promotion. A federally funded community health center operates within the Knox County Health Department providing medical, dental, and behavioral health services.

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)