

2022

COMMUNITY HEALTH NEEDS ASSESSMENT

OSF Saint Francis
Medical Center

UnityPoint Health – Central IL

Peoria County
Tazewell County
Woodford County

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Community Health Needs Assessment

2022

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Partnership for a Healthy Community spearheaded a collaborative approach in conducting a Community Health Needs Assessment for the Tri-County region. The Partnership for a Healthy Community is a multi-sector community partnership working to improve population health. The Partnership for a Healthy Community formed an ad hoc committee creating a collaborative team to facilitate the community health needs assessment. This collaborative team included members from: Carle Eureka Hospital, Bradley University, Heart of Illinois United Way, Heartland Health Services, Hopedale Medical Complex, OSF Saint Francis Medical Center, Peoria City/County Health Department, Tazewell County Health Department, UnityPoint Health – Central IL, including Methodist Medical Center of Illinois, Pekin Memorial Hospital and Proctor Hospital (hereafter referred to as UnityPoint) and Woodford County Health Department. They conducted the Tri-County community health needs assessment to highlight the health needs and well-being of residents in the Tri-County region.

Several themes are prevalent in the collaborative community health needs assessment – the demographic composition of the Tri-County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors. Results from this

study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by PFHC stakeholders, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of 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 medications and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most significant health needs in the Tri-County region were identified. Consideration was given to 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:

- **Healthy Eating/Active Living** – *defined as healthy eating and active living, access to food and food insecurity*
- **Mental Health** – *defined as depression, anxiety, and suicide*
- **Obesity** – *defined as overweight and obese*

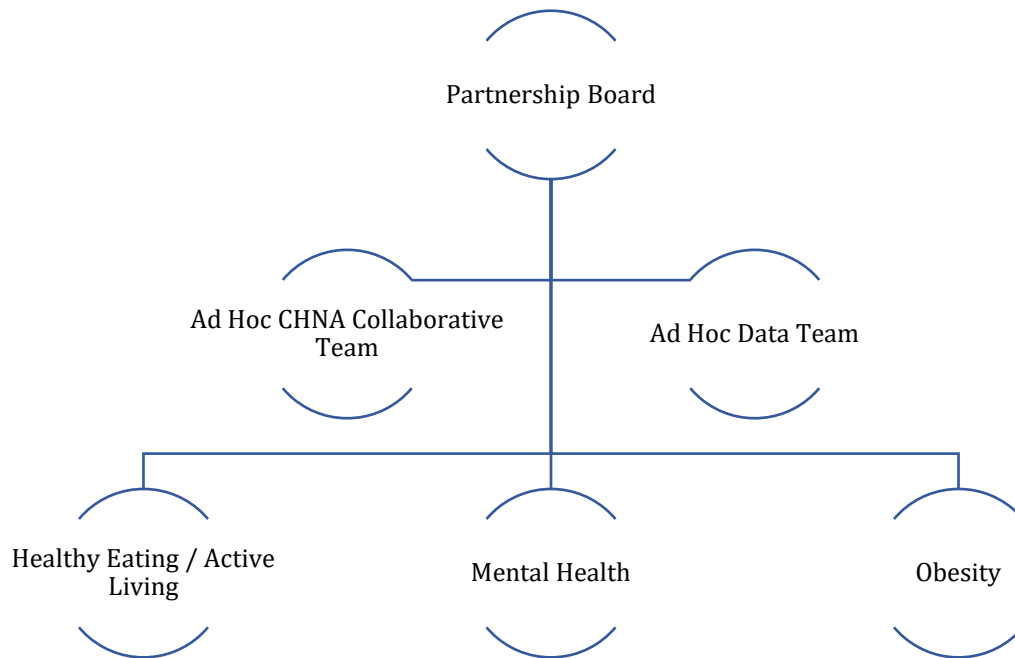
I. INTRODUCTION

Background

The Partnership for a Healthy Community (PFHC) is a community-driven effort to improve health and wellness in the Central Illinois Tri-County region. Multiple organizations, sectors, and the public participate in population health planning to identify and prioritize health needs and quality of life issues, map and leverage community resources, and form effective partnerships to implement health improvement strategies in Peoria, Tazewell and Woodford Counties. Using actionable data to identify health needs and priorities, including those related to health disparities, health inequities, and the social determinants of health, members of the PFHC develop subsequent Community Health Improvement Plans. This collaborative effort allows members of the PFHC to share resources, to align strategies to address health needs and to work as partners in improving community health.

The current structure of the PFHC, as shown in Figure 1, creates the organizational capacity for multiple stakeholders as well as fostering partnerships to address key strategic health priorities.

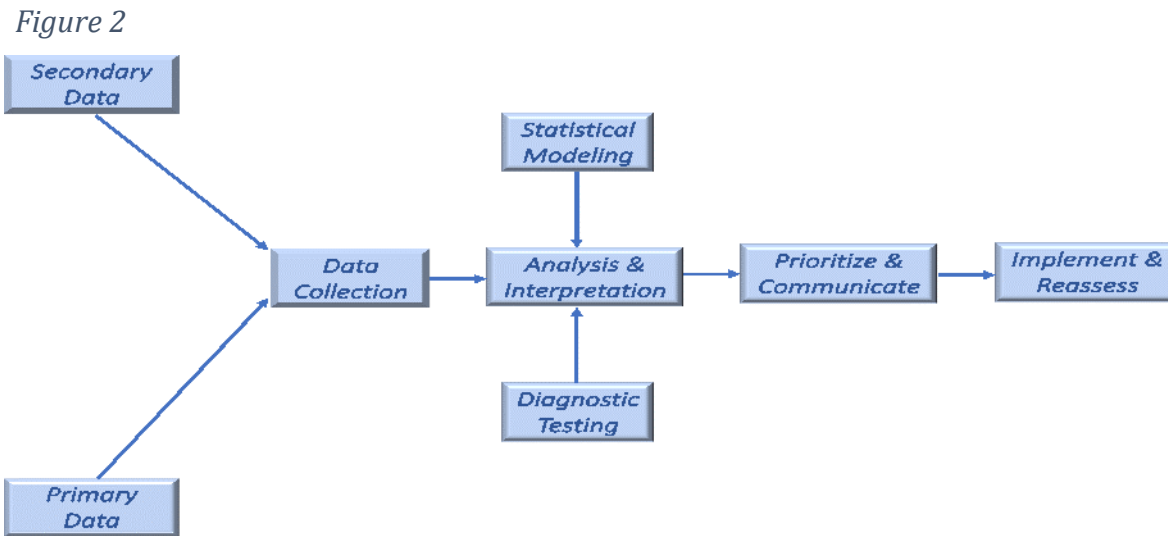
Figure 1 - Partnership for a Healthy Community – Organization Chart



All members of the PFHC ad hoc Community Health Needs Assessment (CHNA) collaborative team used the collaborative CHNA to prepare Community Health-Needs Assessment Reports. OSF and UnityPoint used the CHNA to prepare and adopt a joint CHNA Report in compliance with Internal Revenue Code Section §501(r) and the final regulations published on December 31, 2014 to implement §501(r). These requirements are imposed on §501(c)(3) tax-exempt hospitals. Additionally, Hopedale Medical Complex and Carle Eureka Hospital used the CHNA to support the specific populations they serve.

Illinois law requires certified local health departments to conduct a CHNA and to complete a community health plan. Peoria City/County Health Department, Tazewell County Health Department, and Woodford County Health Department used the CHNA to satisfy the requirements imposed on health departments under 77 Ill. Adm. Code 600 to prepare an IPLAN. In addition, other PFHC stakeholders used the CHNA to support health identification and improvement planning strategies.

The collaborative CHNA takes into account input from specific individuals who represent the broad interests of the community, 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. The fundamental areas of the CHNA are illustrated in Figure 2.



Collaborative Team and Community Engagement

The PFHC ad hoc collaborative team was created to guide the CHNA process. Members of the ad hoc collaborative team consisted of individuals with special knowledge of and expertise in the health of the community. Team members were carefully selected to ensure representation of the broad interests of the community. The team met in the first and second quarter of 2022. Additionally, the PFHC data-action team focused on CHNA data and this team meets monthly. Individuals, affiliations, titles and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM.

Definition of the Community

In order to determine the geographic boundaries for the primary and secondary markets for OSF and UnityPoint, analyses were completed to identify what percentage of inpatient and outpatient activity was represented from Peoria, Tazewell, and Woodford counties, as both OSF and UnityPoint define their communities to be the same. Data show that these three counties represent approximately 83% of all patients for these hospitals. 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. Note that the at-risk population was defined as those individuals that were eligible to receive Medicaid based on the state of Illinois guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

The collaborative CHNA has been designed to provide necessary information to the PFHC, which includes hospitals, local health departments, clinics and community agencies, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows healthcare organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, community agencies and health departments will use this CHNA to improve the quality of health in the Tri-County region. When feasible, data are assessed

longitudinally to identify trends and patterns by comparing with results from the 2019 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2019 CHNA and implementation plan were made widely available to the community to allow for feedback. Specifically, the hospitals posted both a full version and a summary version of the 2019 CHNA on their website. In order to encourage written feedback, the hospitals specifically included a section labeled **Share Your Feedback** and provided instructions regarding how individuals from the community could provide comments to the CHNA. While no written feedback was received by individuals from the community via the available mechanism for the CHNA or implementation plan, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

Community Health Needs Assessment Report Approval

OSF, UnityPoint, and Carle Eureka Hospital used the collaborative CHNA to prepare their 2022 CHNA Reports and to adopt implementation strategies to address the significant health needs identified. The Peoria City/County Health Department, Tazewell County Health Department and the Woodford County Health Department used the collaborative CHNA to adopt community health plans to meet IPLAN requirements for local health department certification by the Illinois Department of Public Health (IDPH). The Partnership for a Healthy Community is not required to perform a community health needs assessment; however, they are collaborating with the above organizations and using the collaborative CHNA in order to better serve the health needs of the Tri-County region. Hopedale Medical Complex has already completed its community health needs assessment; however, they are collaborating with the above organizations and using the collaborative CHNA in order to better serve the health needs of the Tri-County region.

OSF, UnityPoint, Carle Eureka Hospital, Hopedale Medical Complex, the Peoria City/County Health Department, the Tazewell County Health Department the Woodford County Health Department and the Partnership for a Healthy Community are the primary organizations responsible for conducting the CHNA. Implementation strategies will be developed in coordination with other community social service agencies and organizations to address the significant health needs identified.

This CHNA Report was approved by the OSF Board of Directors on July 25, 2022, the PFHC Board on July 28, 2022, and the UnityPoint Board of Directors on August 25, 2022.

2019 CHNA Health Needs and Implementation Plans

The 2019 CHNA for the Tri-County region identified four significant health needs. These included Healthy Eating/Active Living (defined as healthy eating and active living, and their impact on obesity, access to food, and food insecurity); Cancer (defined as incidence of breast, lung and colorectal cancer and cancer screenings); Mental Health (defined as depression, anxiety and suicide); and Substance Use (defined as use of illegal and abuse of legal drugs, alcohol, and tobacco/vaping products). Specific actions were taken to address these needs. Detailed discussions of goals, strategies to improve these health needs, and impact can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS. Note

that numerous challenges associated with the COVID-19 pandemic had significant impact on these activities.

Social Determinants of Health

This CHNA incorporates important factors associated with Social Determinants of Health (SDOH). SDOH are important environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. According to research conducted by the U.S. Department of Health and Human Services, *Healthy People 2030* has identified five SDOH that should be included in assessing community health (Figure 3).

Figure 3



Social Determinants of Health
Copyright-free

 **Healthy People 2030**

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 15, 2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Assessment of SDOH is included in the CHNA, as social determinants help contribute to health inequities and disparities. Simply creating interventions without incorporating 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 completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants 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. Within each section of the report, there are definitions, 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 team of health professionals used COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for health-care organizations. Their team of experts includes MDs, PhDs, RNs and health-care 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, 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 assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, a new survey in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups from the Healthcare Collaborative (based at the University of Illinois College of Medicine – Peoria) 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 determinants of health** – to assess the impact that social determinants may have on the above-mentioned areas.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 4: SURVEY.

Sample Size

In order to identify our potential population, we first identified the percentage of the Tri-County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Tri-County is 14.2% in Peoria County, 7.6% in Tazewell County and 6.2% in Woodford County. The populations used for the calculation were 176,297, 130,509 and 38,323, respectively, yielding total residents living in poverty in the three counties at 25,034, 9,919 and 2,376, respectively.

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

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

For the total Tri-County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 1,149. The data collection effort for this CHNA yielded a total of 1,649 usable responses. This exceeded the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Tri-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 county-specific samples were aligned with population demographics according to U.S. Census data. This provided a total usable sample of 1,286 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: SURVEY.

Data Collection

Survey data were collected in the 3rd and 4th quarter of 2021. 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. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were 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 specifically targeted based on their socio-economic status.

Note that use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted 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 were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significance patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-determinants 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 comparison of primary data statistics to existing secondary data.

Analytic Techniques

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

Regional Analyses

Given the size and diversity of the Tri-County area, 13 regions were identified to provide more detailed analyses. Based on zip codes, there were six regions identified in Peoria County, four regions identified in Tazewell County and three regions identified in Woodford County. Specific regional descriptions and complete results of regional analyses can be seen in APPENDIX 3: REGIONAL ANALYSES

CHAPTER 1 OUTLINE

- 1.1 Population
- 1.2 Age, Gender and Race Distribution
- 1.3 Household/Family
- 1.4 Economic Information
- 1.5 Education
- 1.6 Internet Accessibility
- 1.7 Key Takeaways from Chapter 1

CHAPTER 1: DEMOGRAPHY AND SOCIAL DETERMINANTS

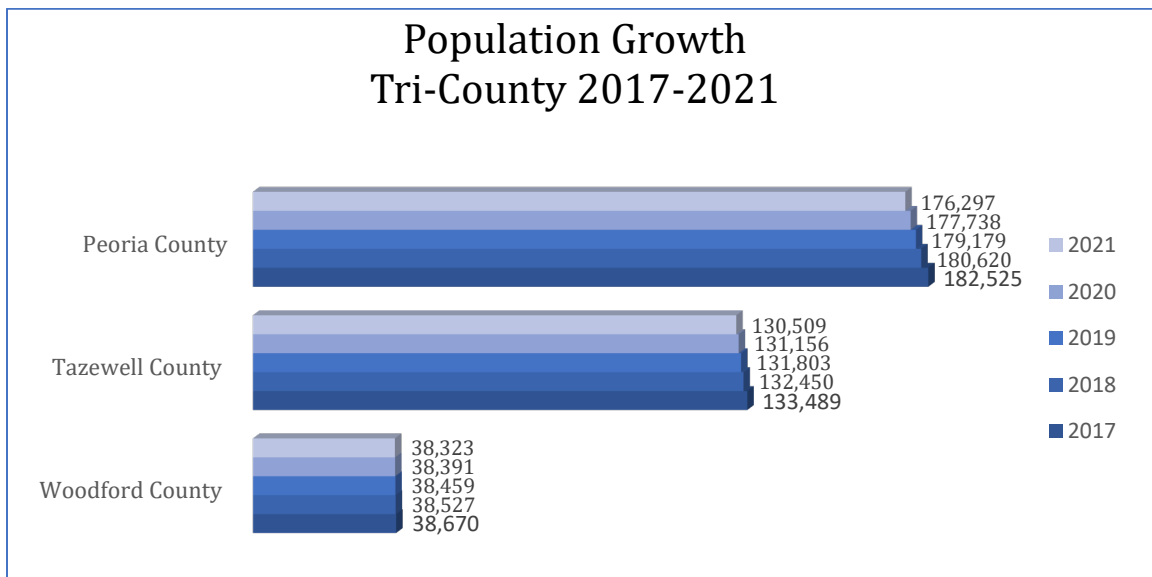
1.1 Population

Importance of the measure: Population data characterize individuals residing in Peoria County, Tazewell County, and Woodford County. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

Population Growth

Data from the last census indicate the population of Peoria County has decreased between 2017 and 2021. During the same time period, the populations of Tazewell County and Woodford County also decreased, respectively (Figure 4).

Figure 4



Source: US Census

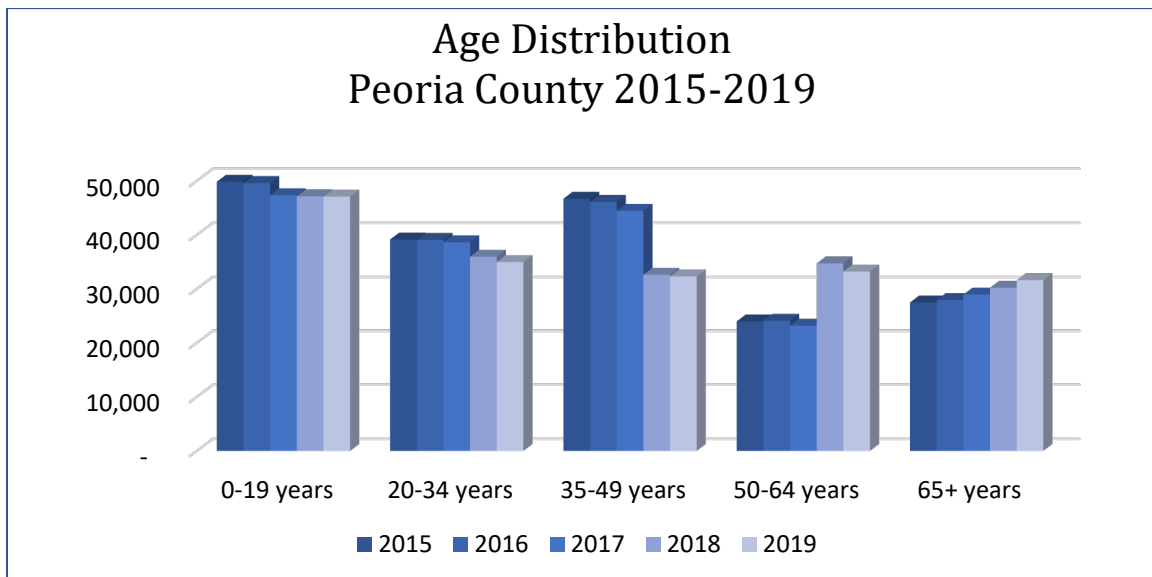
1.2 Age, Gender and Race Distribution

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

Age

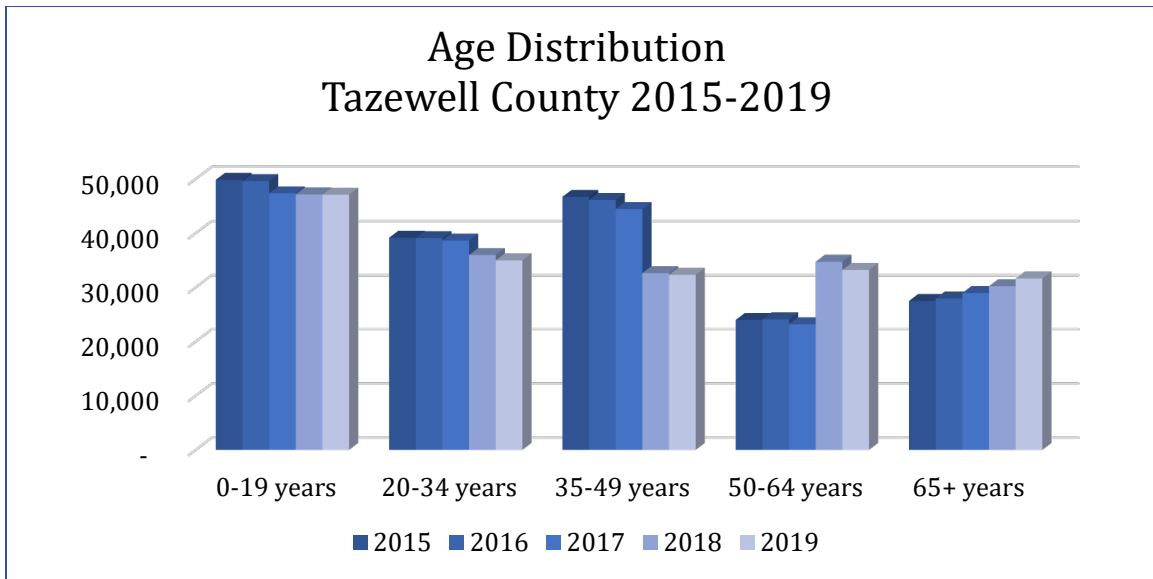
Figure 5, Figure 6 and Figure 7 illustrate the percentage of individuals in the Tri-County region in each age group. Peoria County had an increase in the elderly population (residents aged 65+ years) of 15% between 2015 and 2019. Tazewell County had an increase of 16% and Woodford County had an increase of 9% between 2015 and 2019.

Figure 5



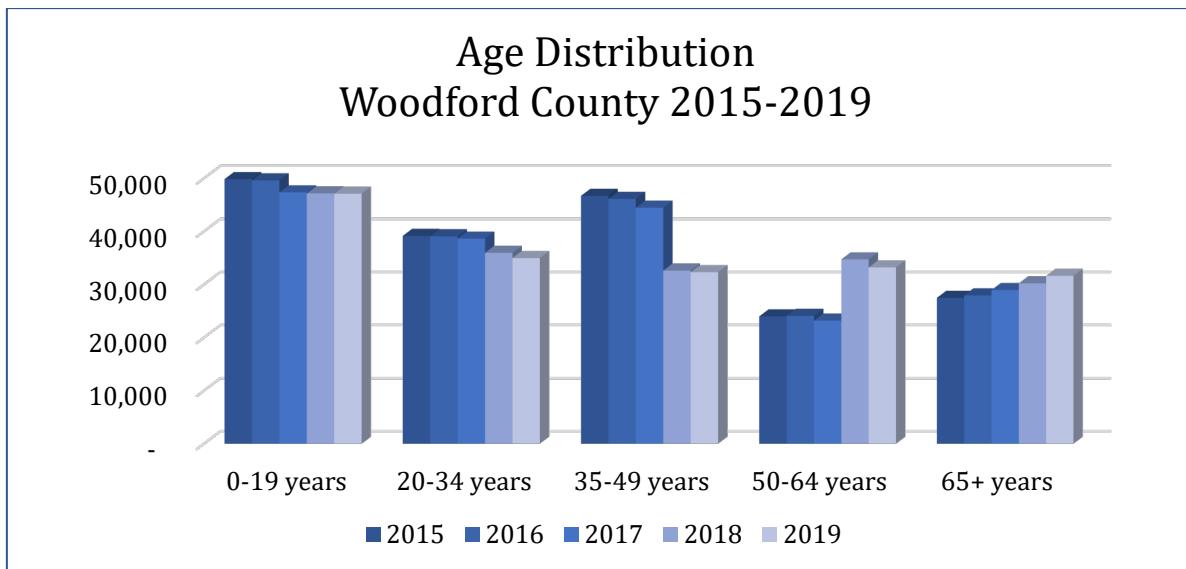
Source: US Census

Figure 6



Source: US Census

Figure 7

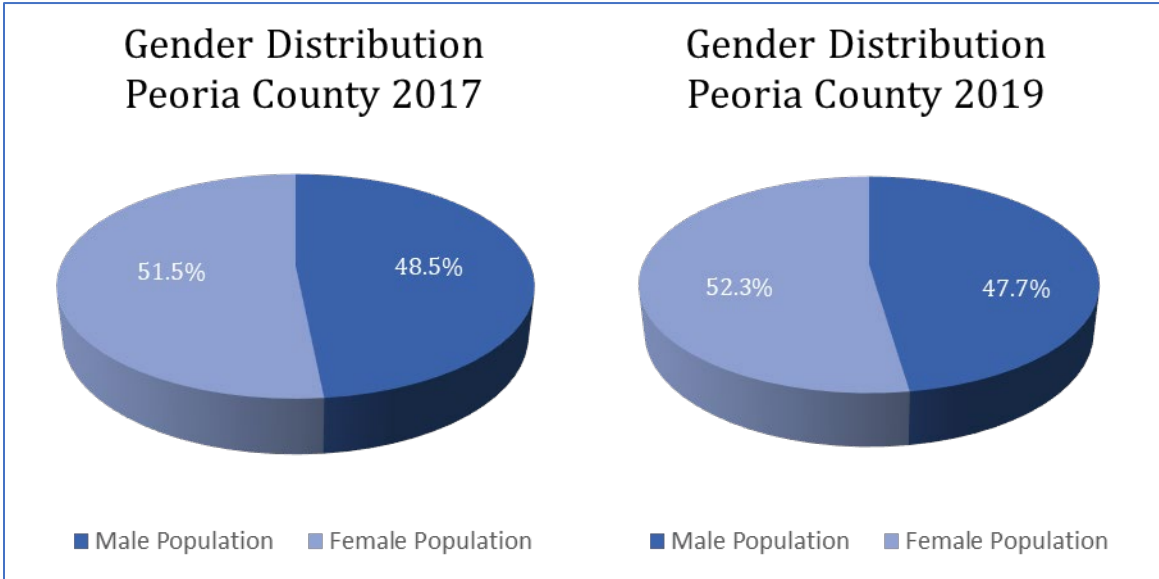


Source: US Census

Gender

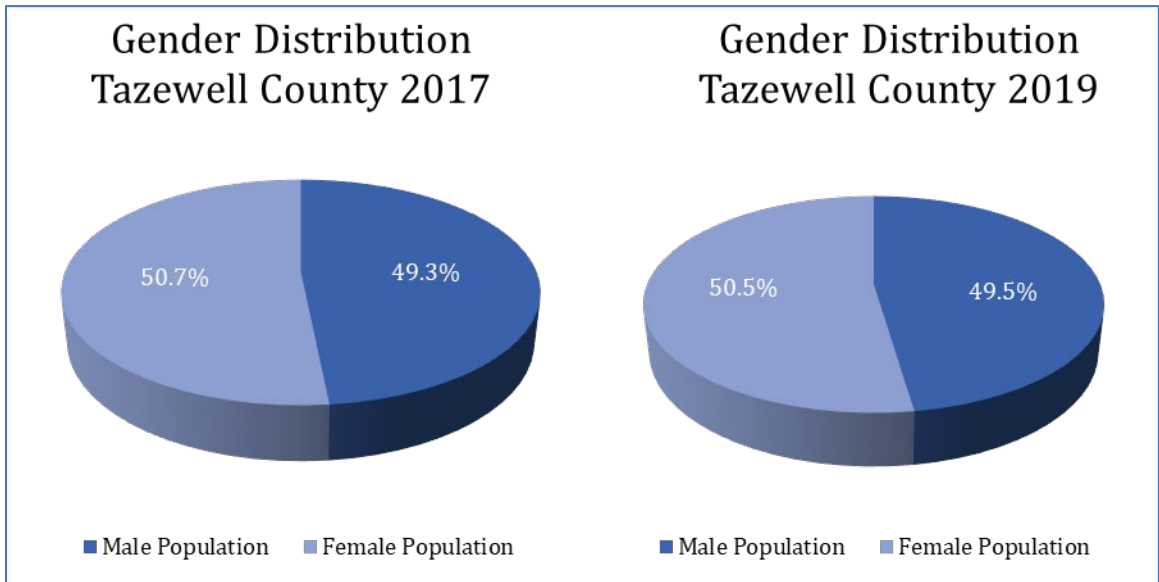
The gender distribution of Peoria, Tazewell and Woodford County residents has remained relatively consistent between 2017 and 2019 (Figure 8, Figure 9 and Figure 10).

Figure 8



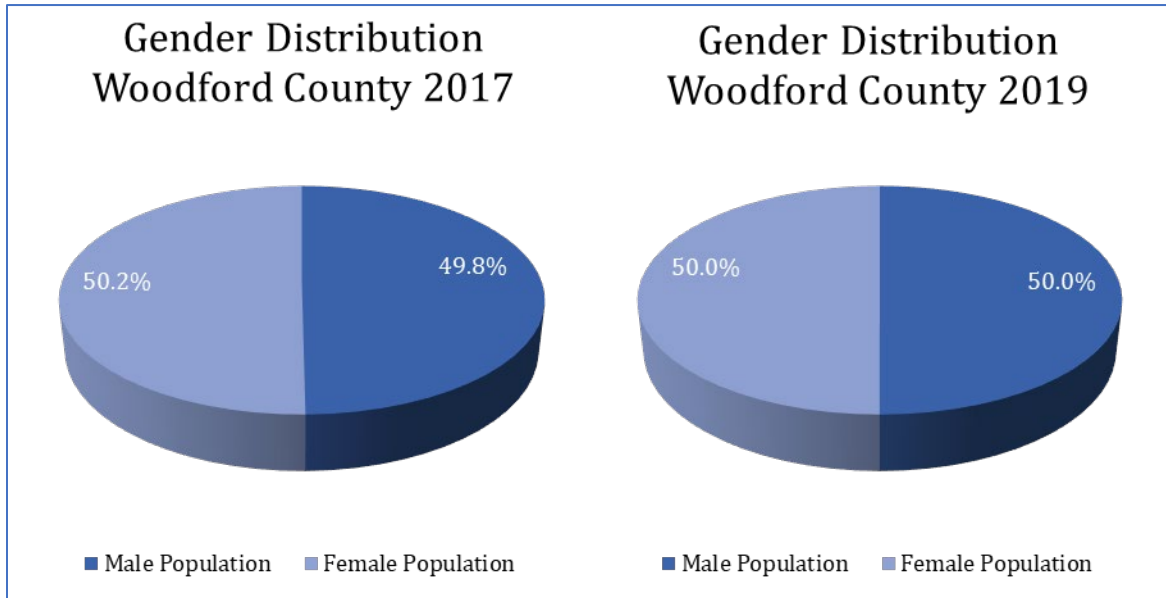
Source: US Census

Figure 9



Source: US Census

Figure 10

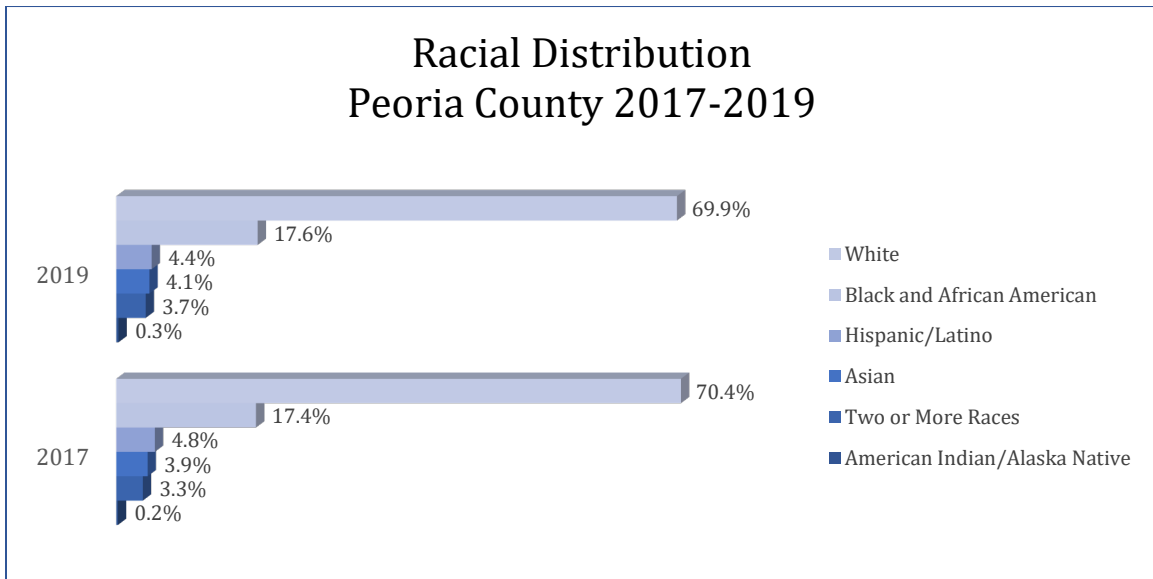


Source: US Census

Race

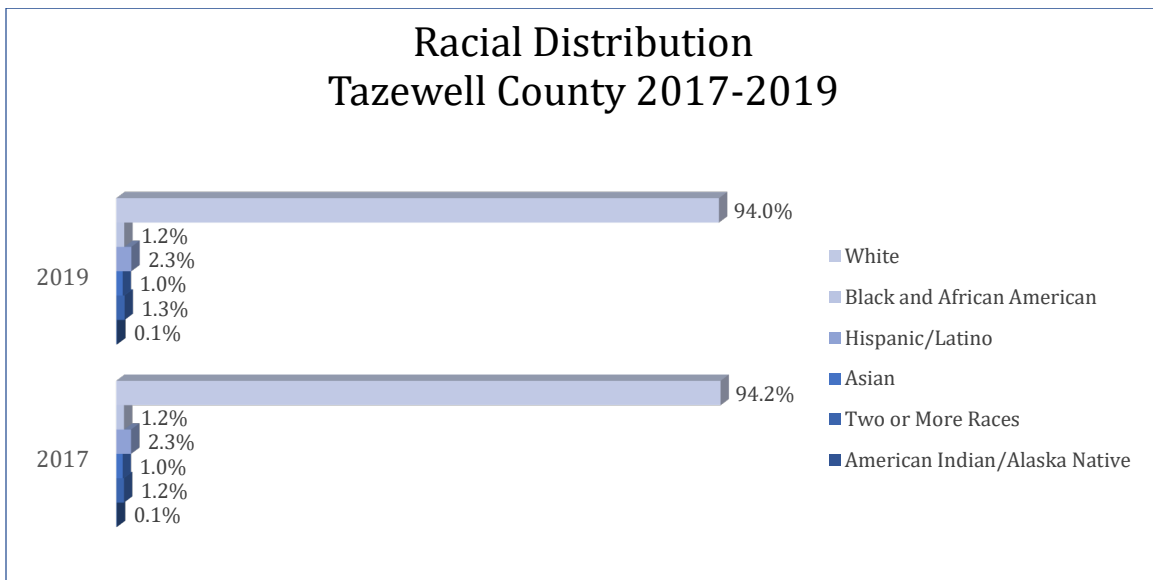
With regard to race and ethnic background, Peoria County is relatively diverse. Data from 2019 shows that the White population is 69.9%, Black population is 17.6%, and Latino (LatinX) population is 4.1% (Figure 11). Data from 2019 show that both Tazewell and Woodford Counties are largely homogeneous. Data from 2019 suggest that White ethnicity comprises 94% of the population in Tazewell County and 95.3% of the population in Woodford County (Figure 10 and Figure 11). However, the non-White population is increasing in Tazewell County (5.8% to 6%) and Woodford County (4.3% to 4.7%) from 2017 to 2019, respectively.

Figure 11



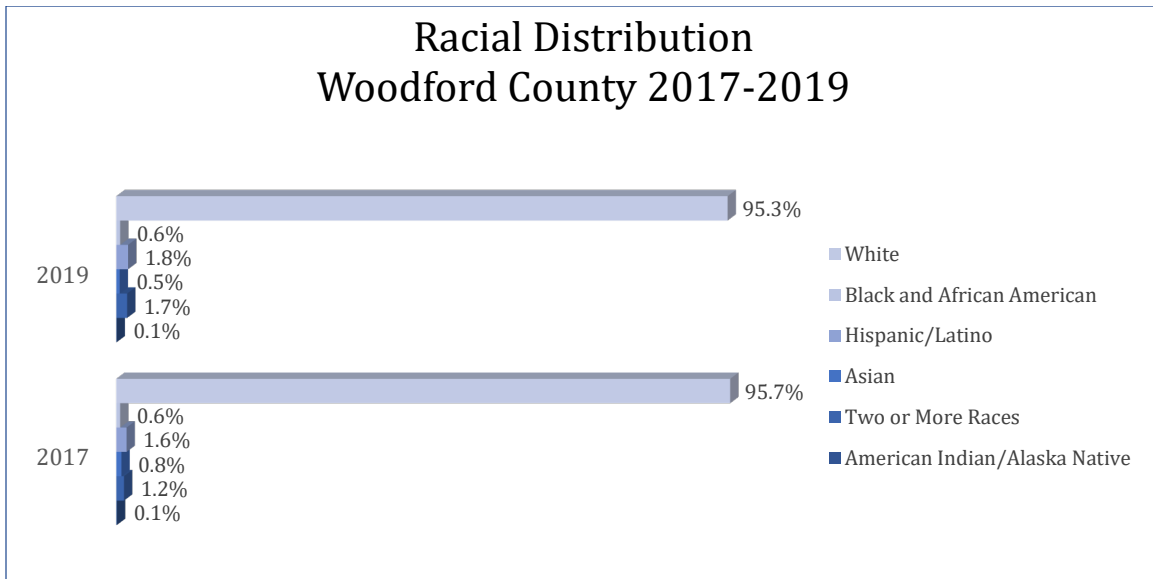
Source: US Census

Figure 12



Source: US Census

Figure 13



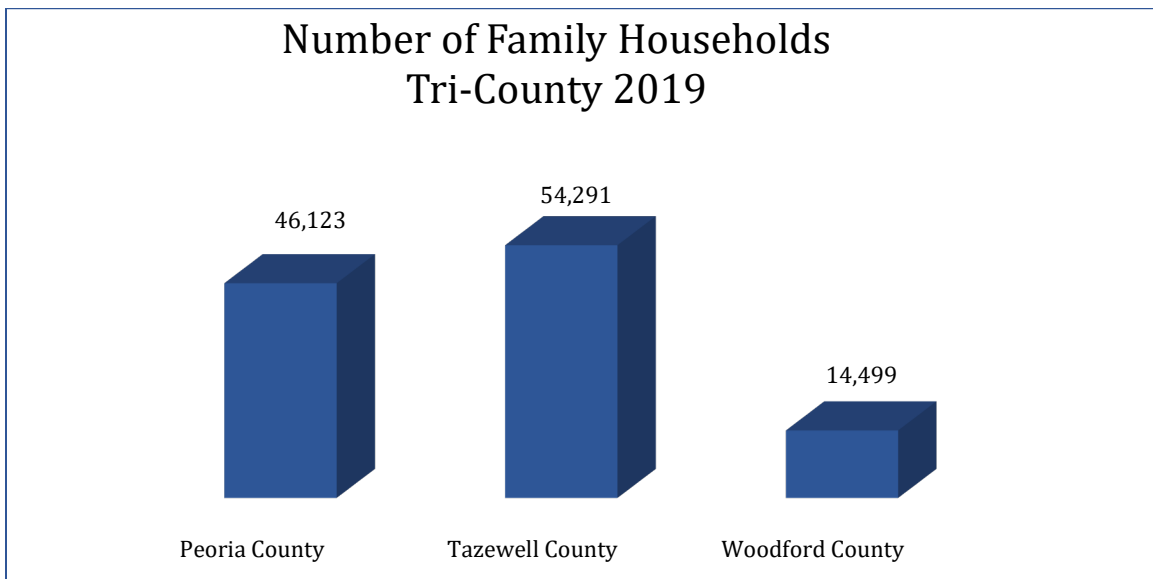
Source: US Census

1.3 Household/Family

Importance of the measure: Families are an important component of a robust society in Peoria, Tazewell, Woodford Counties, as they dramatically impact the health and development of children and provide support and well-being for older adults.

The number of family households in the Tri-County area for 2019 are indicated in Figure 14.

Figure 14



Source: US Census

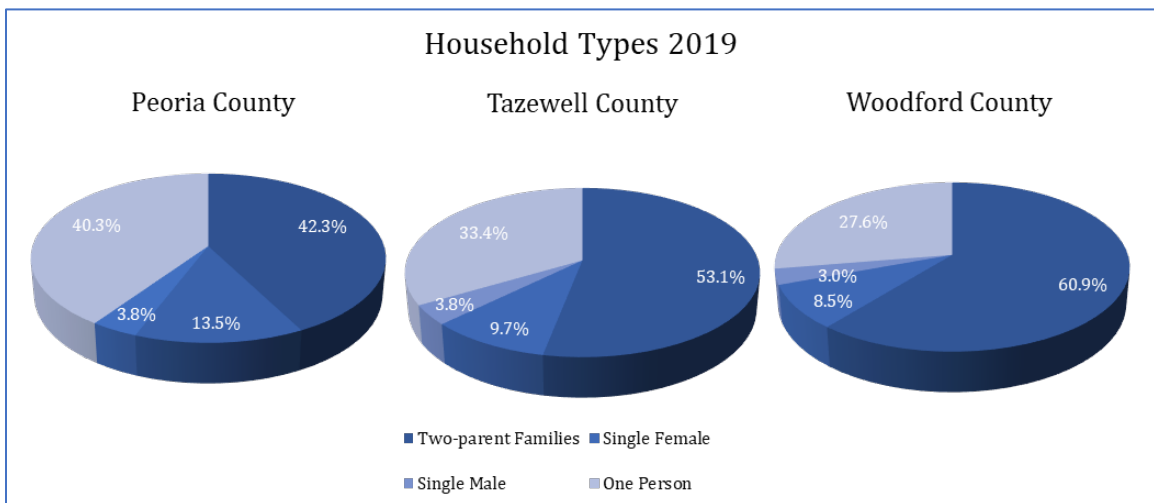
Family Composition

In Peoria County, data from 2019 suggest the percentage of two-parent families is 42.3%, one-person households represent 40.3% of the county population, single-female households represent 13.5% and single-male households represent 3.8% (Figure 15).

In Tazewell County, data from 2019 suggest the percentage of two-parent families is 53.1%, one-person households represent 33.4% of the county population, single-female households represent 9.7% and single-male households represent 3.8% (Figure 15).

In Woodford County, data from 2019 suggest the percentage of two-parent families is 60.9%, one-person households represent 27.6% of the county population, single-female households represent 8.5% and single-male households present 3% (Figure 15).

Figure 15

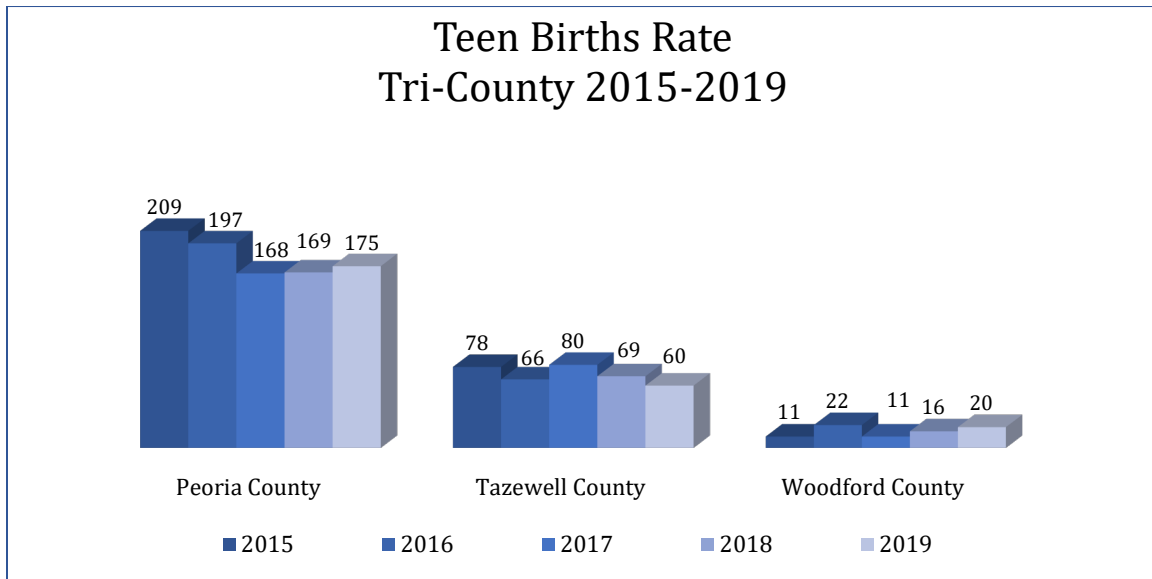


Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Peoria and Tazewell County both experienced an overall decline in teenage birth count for years 2015 to 2019. The teen birth rate for Woodford County fluctuated from 2015-2019, but has remained relatively stable over time, with an increase in 2019 (Figure 16).

Figure 16



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. To live in poverty means to lack sufficient income to meet one’s basic needs. Accordingly, poverty is associated with numerous chronic social, health, education and employment conditions.

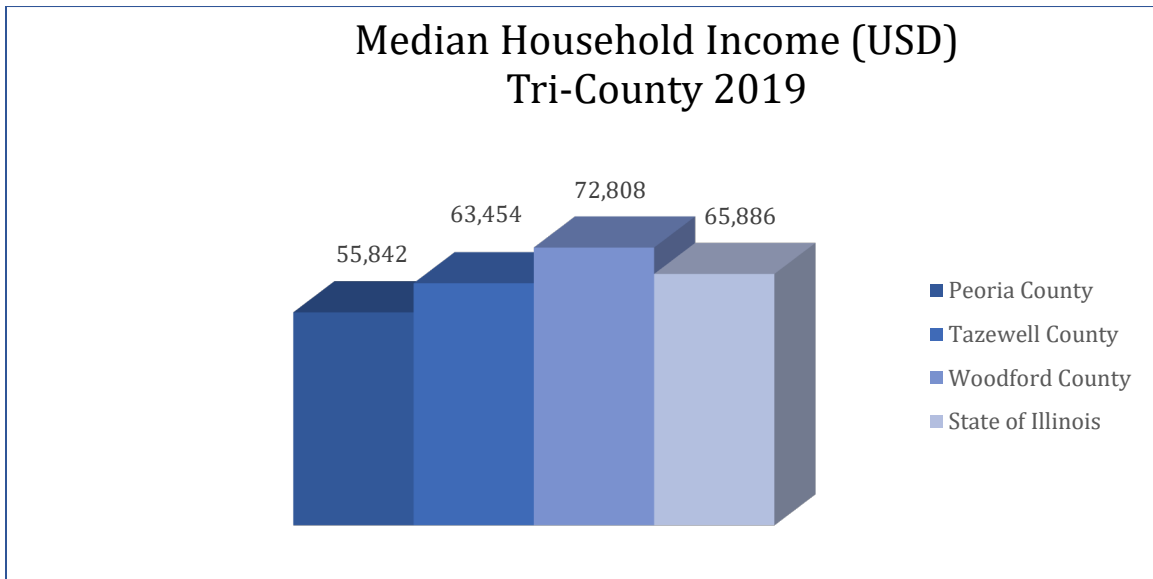
Economic Climate

Economic climate is a measure of a community’s financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Tri-County, 20% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

Median Income Level

For 2019, the median household income in Peoria and Tazewell Counties were lower than the State of Illinois (Figure 17). However, Woodford County had median household incomes above the State of Illinois median.

Figure 17

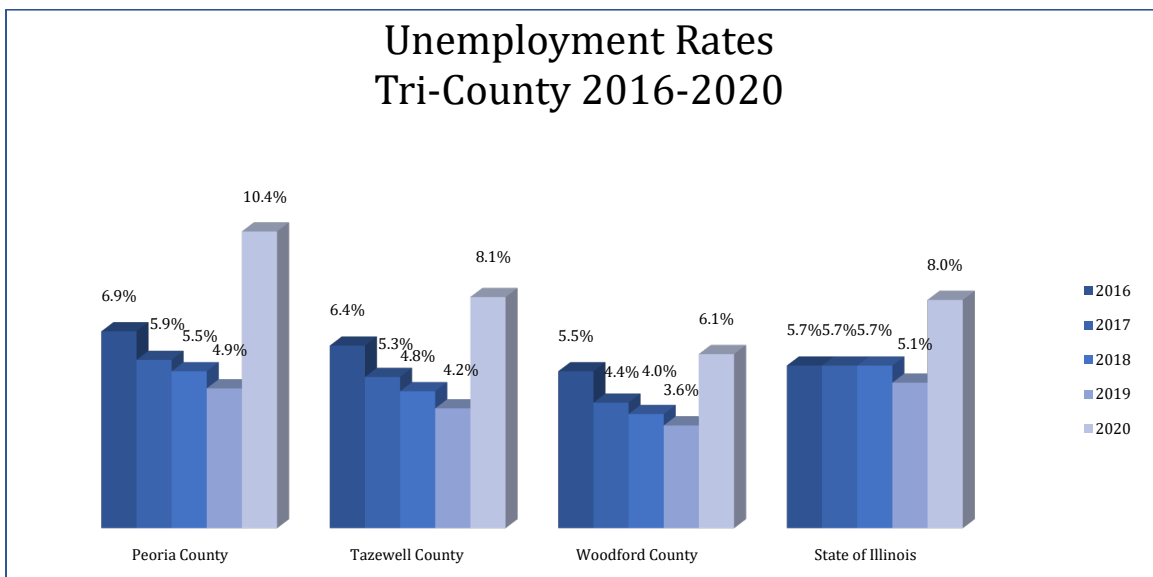


Source: US Census

Unemployment

For the years 2016, 2017 and 2020, the Peoria County unemployment rate was higher than the State of Illinois unemployment rate. For the years 2016 and 2020, the Tazewell County unemployment rate was higher than the State of Illinois unemployment rate. Woodford County maintained an unemployment rate below the State of Illinois unemployment rate for the years 2016 to 2020. Note the increase in unemployment for 2020 may be partially attributed the COVID-19 pandemic. Illinois unemployment rate. However, in 2020 the rate significantly increased and did remain higher than State of Illinois. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 18).

Figure 18

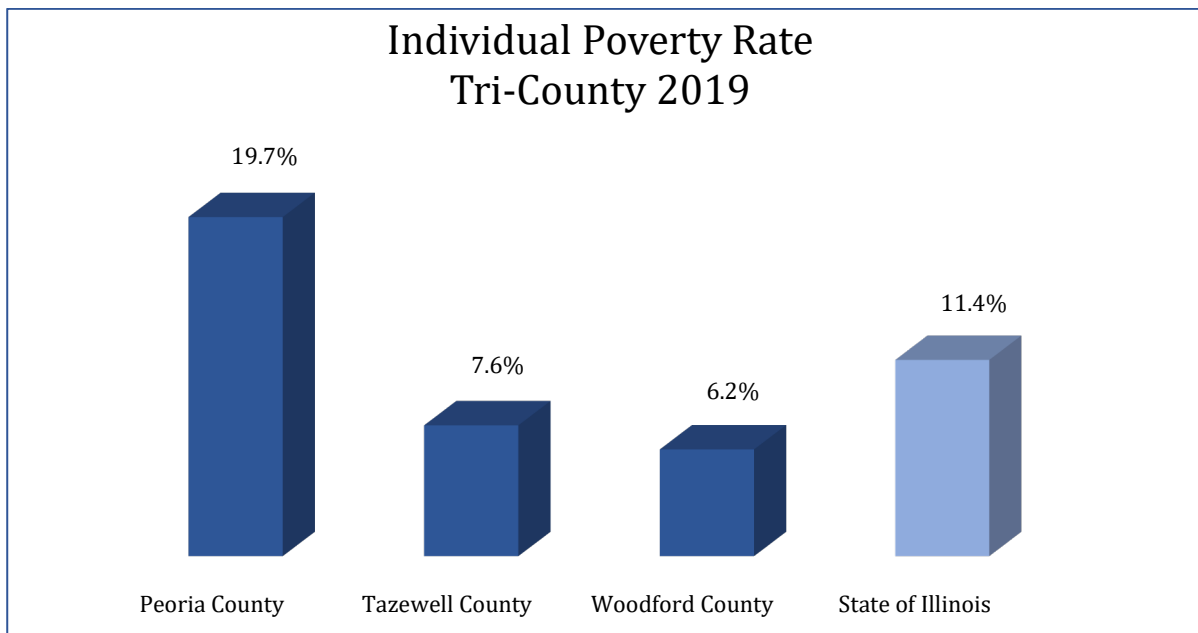


Source: Bureau of Labor Statistics

Individuals in Poverty

Poverty has a significant impact on the development of children and youth. Below is the poverty rate for all individuals across the Tri-County area for 2019. In Peoria County, the percentage of individuals living in poverty was 19.7%, which is higher than the State of Illinois individual poverty rate of 11.4%. In Tazewell County, the percentage of individuals living in poverty 7.6%, which is significantly lower than the State of Illinois poverty rate of 11.4%. In Woodford County, the percentage of individuals living in poverty is 6.2%, which is also significantly lower than the State of Illinois poverty rate of 11.4% (Figure 19).

Figure 19



Source: US Census

1.5 Education

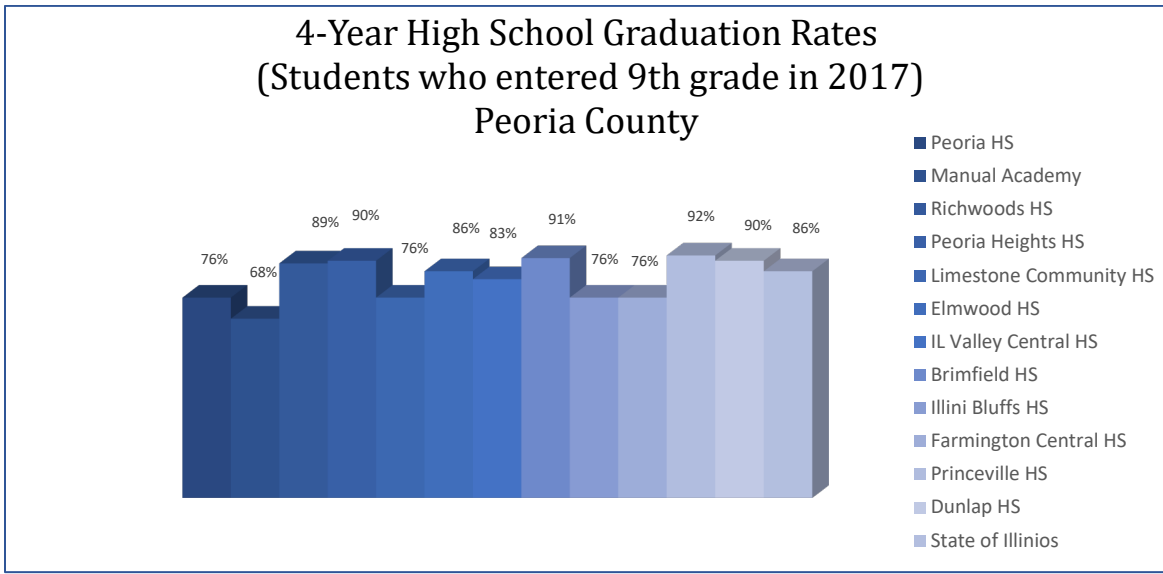
Importance of the measure: According to the National Center for Educational Statistics¹, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one’s health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual’s propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

¹ NCES 2005

High School Graduation Rates

Students who entered 9th grade in 2021 in Peoria County school districts, except Peoria HS, Manual Academy, Limestone Community HS, IL Valley Central HS, Illini Bluffs HS and Farmington HS reported high school graduation rates that were comparable to the State average of 86% (Figure 20).

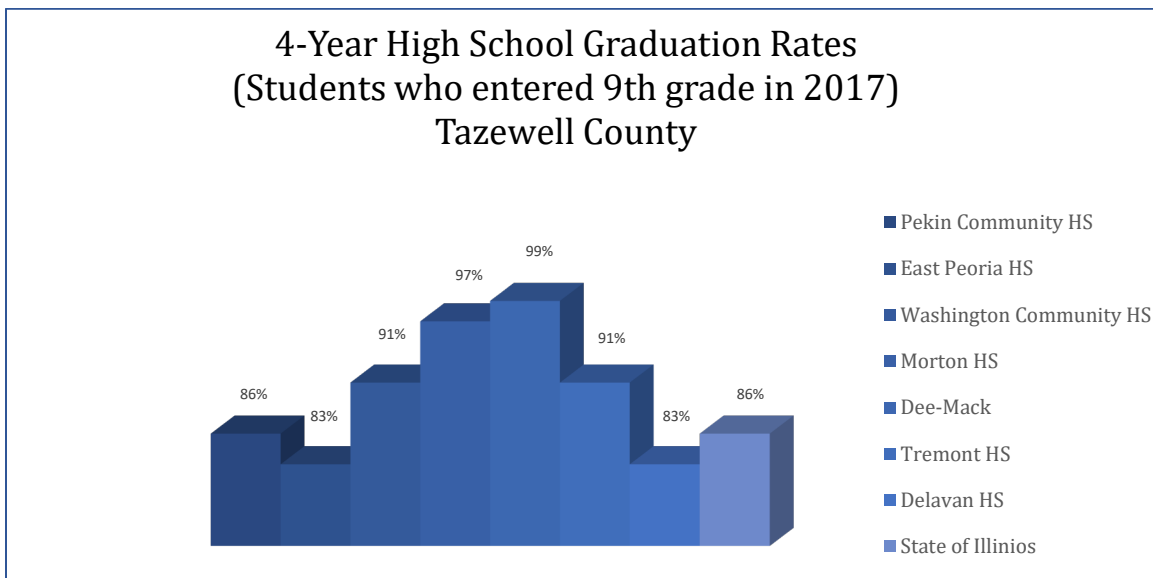
Figure 20



Source: Illinois Report Card

Students who entered 9th grade in 2021 in Tazewell County school districts, except East Peoria HS and Delavan HS reported high school graduation rates that were comparable to the State average of 86% (Figure 21).

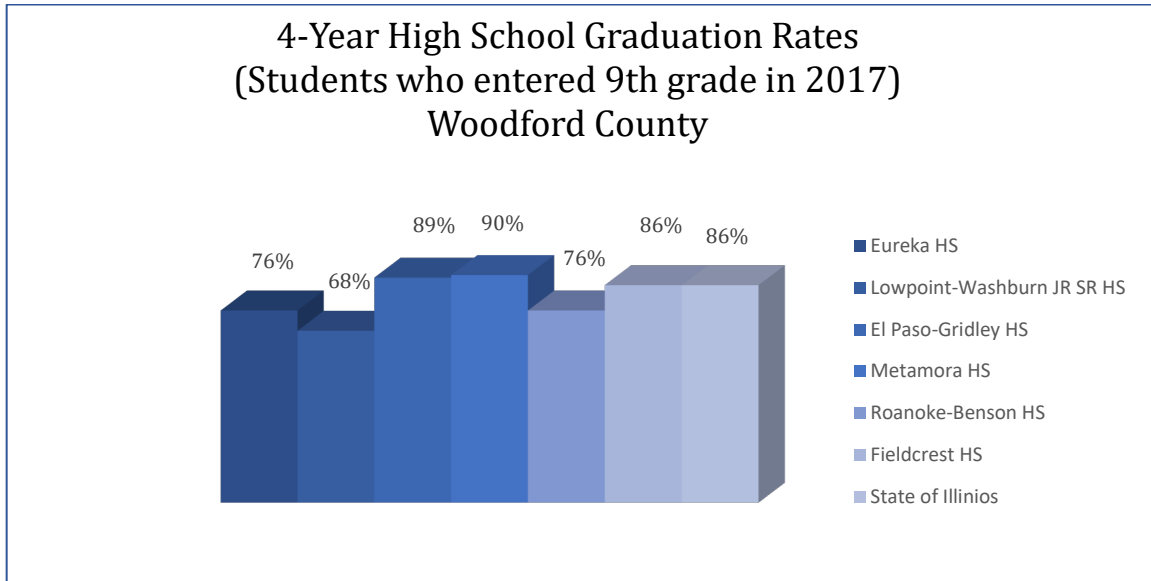
Figure 21



Source: Illinois Report Card

Students who entered 9th grade in 2021 in Woodford County school districts, except Eureka HS, Lowpoint-Washburn JR SR HS and Roanoke-Benson HS reported high school graduation rates that were comparable to the State average of 86% (Figure 22).

Figure 22

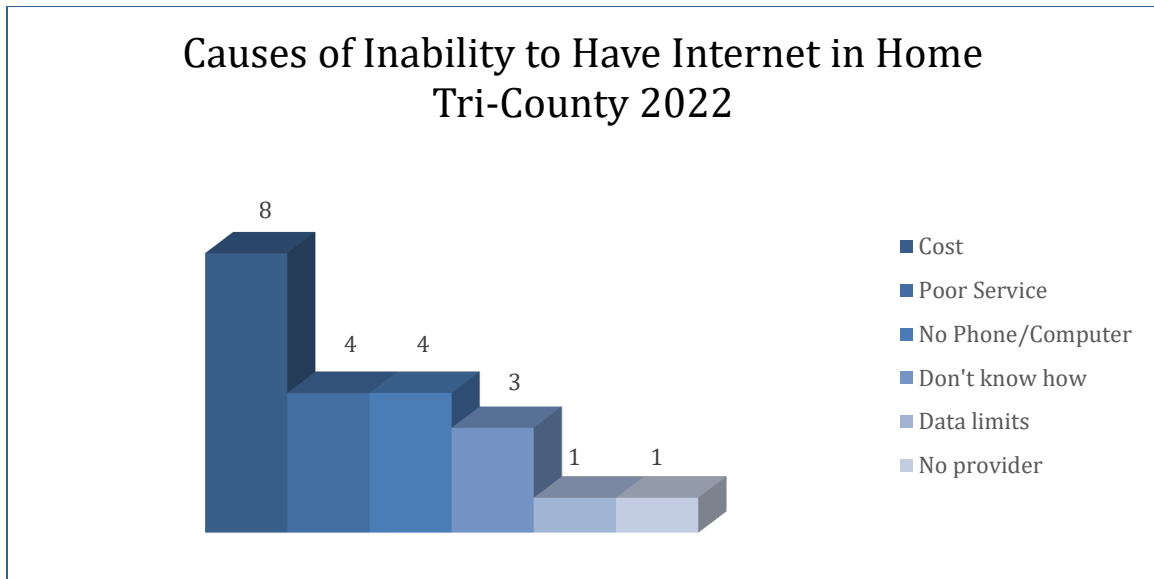


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 95% 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 23). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 23



Source: CHNA Survey



Social Determinants Related to Internet Access

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

- **Access to Internet** tends to be rated higher for women, younger people, those with higher education, those with higher income and those in Tazewell County. Access to Internet tends to be rated lower for those living in an unstable (e.g., homeless) housing environment and those in Woodford County.

Digital Landscape

Digital landscape is a community’s access to digital tools and the digital literacy to use them. Key risk influencers include affordability, accessibility and digital literacy. For Tri-County, 9% of the population is at elevated risk for digital landscape. This is the same as the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

1.7 Key Takeaways from Chapter 1

- ✓ **POPULATION DECREASED OVER THE LAST 5 YEARS.**
- ✓ **POPULATION OVER AGE 65 IS INCREASING.**
- ✓ **SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD RANGED FROM 8.5% - 13.5% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.**
- ✓ **NEARLY HALF OF THE HIGH SCHOOLS IN THE TRI-COUNTY AREA HAVE GRADUATION RATES LOWER THAN STATE AVERAGES.**

CHAPTER 2 OUTLINE

- 2.1 Accessibility
- 2.2 Wellness
- 2.3 Access to Information
- 2.4 Physical Environment
- 2.5 Health Status
- 2.6 Key Takeaways from Chapter 2

CHAPTER 2: PREVENTION BEHAVIORS

2.1 Accessibility

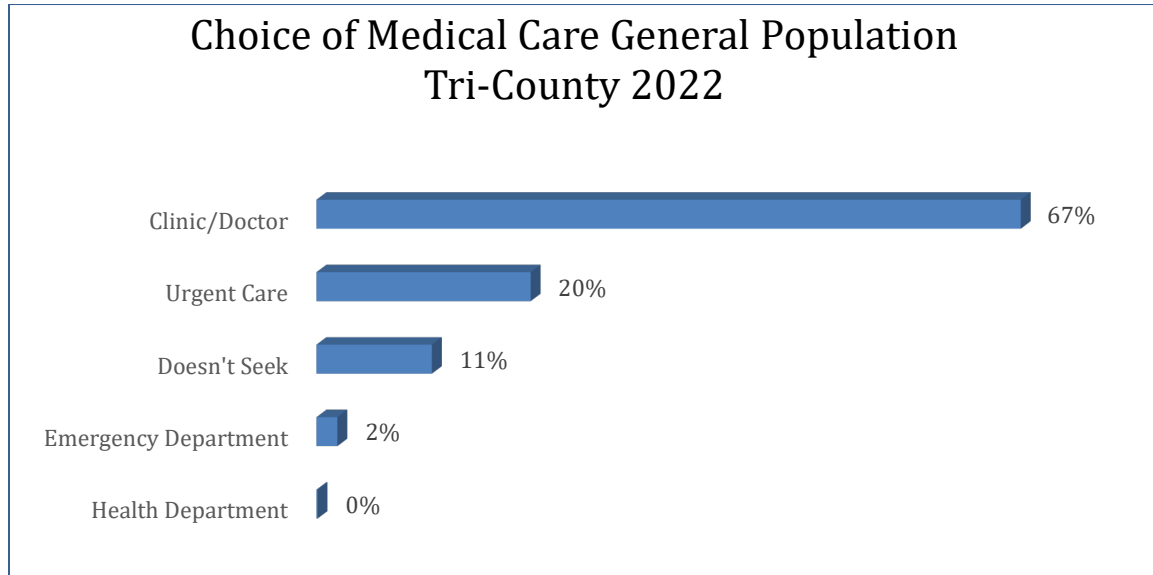
Importance of the measure: It is critical for health-care services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of health-care facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment and other.

The most common response for source of medical care was clinic/doctor's office, chosen by 67% of survey respondents. This was followed by urgent care (20%), not seeking medical attention (11%), the emergency department (2%) and the health department (0%) (Figure 24).

Figure 24



Source: CHNA Survey

Comparison to 2019 CHNA

Clinic/doctor's office use decreased by 8% compared to 2019, while use of urgent care increased by 5%, While emergency department use remained the same, those choosing not to seek care increased by 2%.



Social Determinants 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 women, older people, White people, those with higher income and people from Tazewell County. Clinic/Doctor's office tends to be used less often by Black people, people with an unstable (e.g., homeless) housing environment and people from Peoria County.
- **Urgent Care** tends to be used more by younger people and Black people. Urgent care tends to be used less by White people.
- **Emergency Department** tends to be used more often by Black people, less educated people, those with lower incomes, Peoria County residents and people with an unstable (e.g., homeless) housing environment. Emergency department tends to be used less by White people and people from Tazewell County.

- **Do Not Seek Medical Care** tends to be rated higher by younger people, men and those with lower income.
- **Health Department** had no significant correlates.



Tri-County Regions of Concern

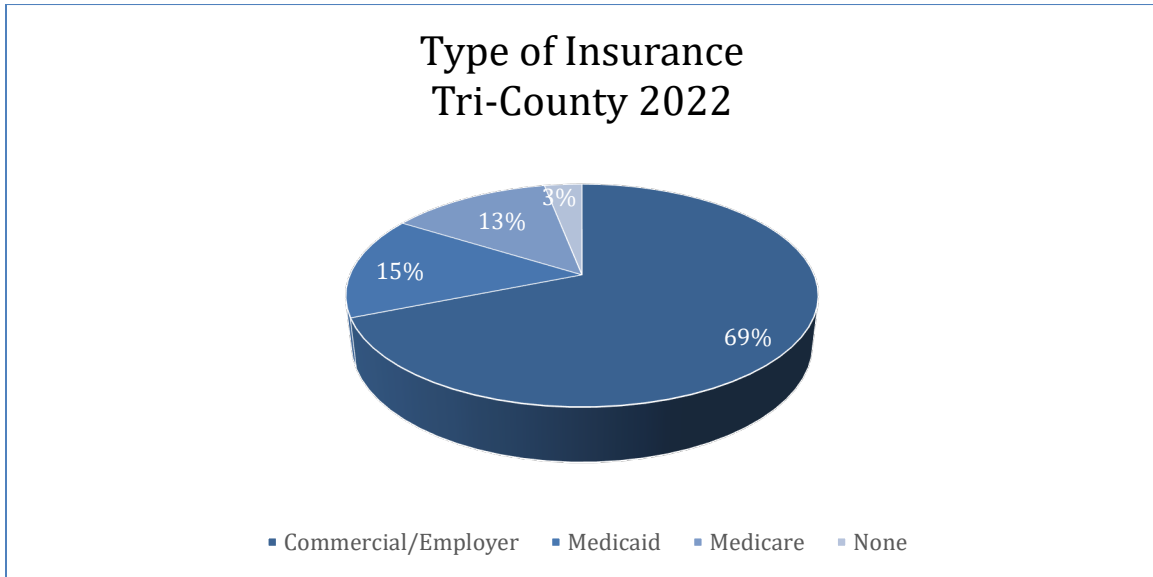
As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be rated lower for residents who live in the Peoria/West Peoria region.
- **Urgent Care** had no significant correlations.
- **Emergency Department** tends to be rated higher for residents who live in the Peoria/West Peoria region.
- **Do Not Seek Medical Care** tends to be rated higher for residents who live in the Peoria/West Peoria region and the South/West Peoria County region.
- **Health Department** had no significant correlates.

Insurance Coverage

According to survey data, 69% of the residents are covered by commercial/employer insurance, followed by Medicaid (15%) and Medicare (13%). Only 3% of respondents indicated they did not have any health insurance (Figure 25).

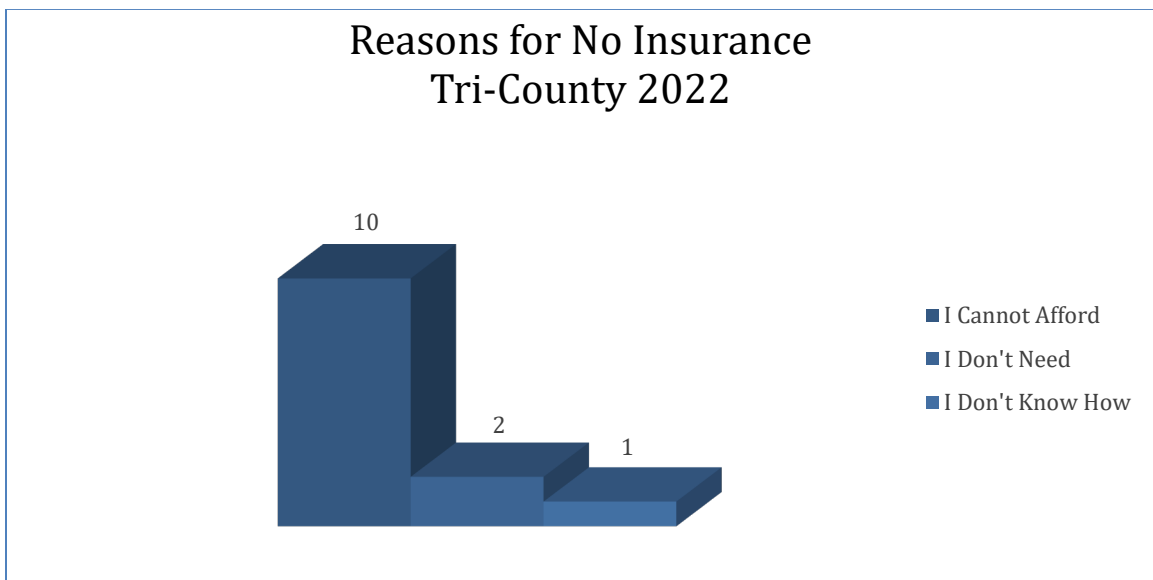
Figure 25



Source: CHNA Survey

Data from the survey show that for the 3% individuals who do not have insurance, the most prevalent reason was cost (Figure 26). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 26



Source: CHNA Survey



Social Determinants Related to Type of Insurance

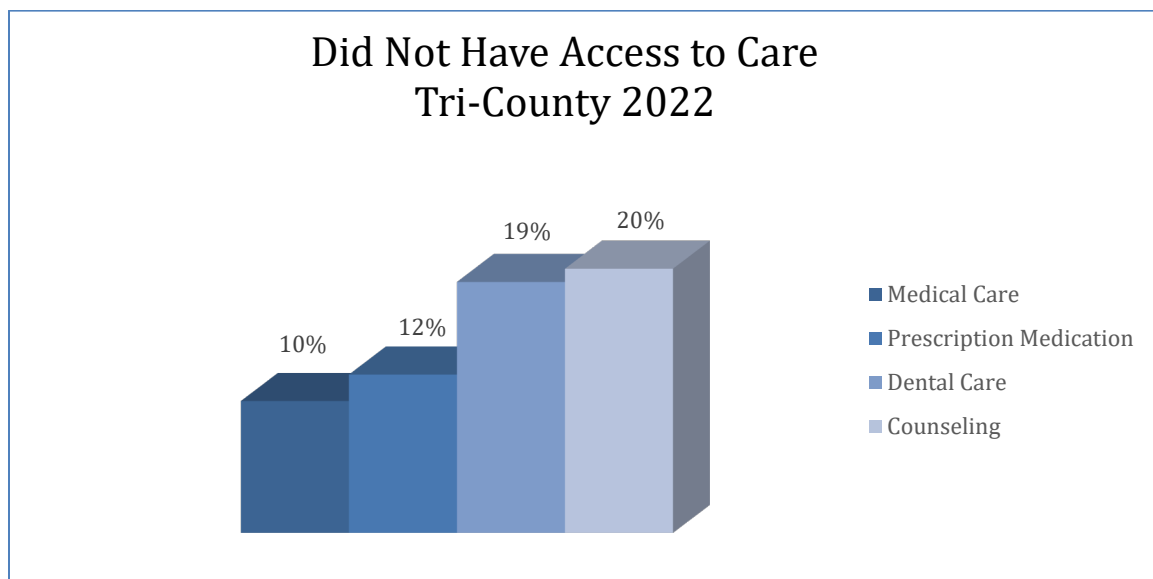
Several characteristics show significant relationships with an individual’s type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by men, older people, White people, those with lower education, those with lower income, Peoria County residents and people in Woodford County. Medicare tends to be used less often by Black people and people from Tazewell County.
- **Medicaid** tends to be used more frequently by younger people, Black people, those with lower education, those with lower income, Peoria County residents, and people with an unstable (e.g., homeless) housing environment. Medicaid is used less by White people and Tazewell County residents.
- **Commercial/employer insurance** is used more often by younger people, women, White people, and those with higher education, Tazewell County resident, those with higher education and those with higher income. Private insurance is used less by Woodford County residents.
- **No Insurance** tends to be reported more often by those with lower income.

Access to Care

In the CHNA survey, respondents were asked, “Was there a time when you needed care but were not able to get it?” Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 10% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medication when needed; 19% of the population did not have access to dental care when needed; and 20% of the population did not have access to counseling when needed (Figure 27).

Figure 27



Source: CHNA Survey



Social Determinants 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, those with higher education and those with higher income. Access to medical care tends to be lower for Peoria County residents.
- **Access to prescription medications** tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment. Access to prescription medications tends to be lower for Black people and Peoria County residents.
- **Access to dental care** tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment. Access to dental care tends to be lower for Black people, Latino (LatinX) people and Peoria County residents.
- **Access to counseling** tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment. Access to counseling tends to be lower for Black people.



Tri-County Regions of Concern

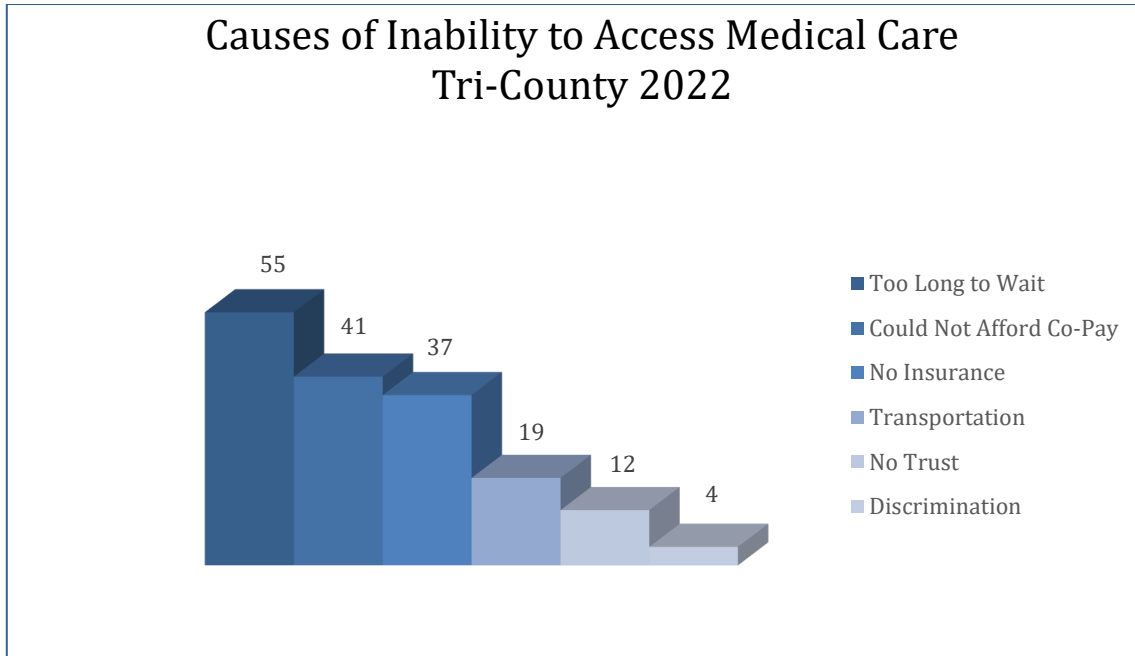
As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be rated lower for residents who live in the Peoria/West Peoria region and the Bartonville/Limestone region.
- **Access to prescription medication** tends to be rated lower for residents who live in the Peoria/West Peoria region.
- **Access to dental care** tends to be rated lower for residents who live in the Bartonville/Limestone region and the North Tazewell County region.
- **Access to counseling** tends to be rated lower for residents who live in South Tazewell County region.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading cause of the inability to gain access to medical care was too long to wait for an appointment (55), could not afford co-pay (41) and no insurance (37) (Figure 28). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 28

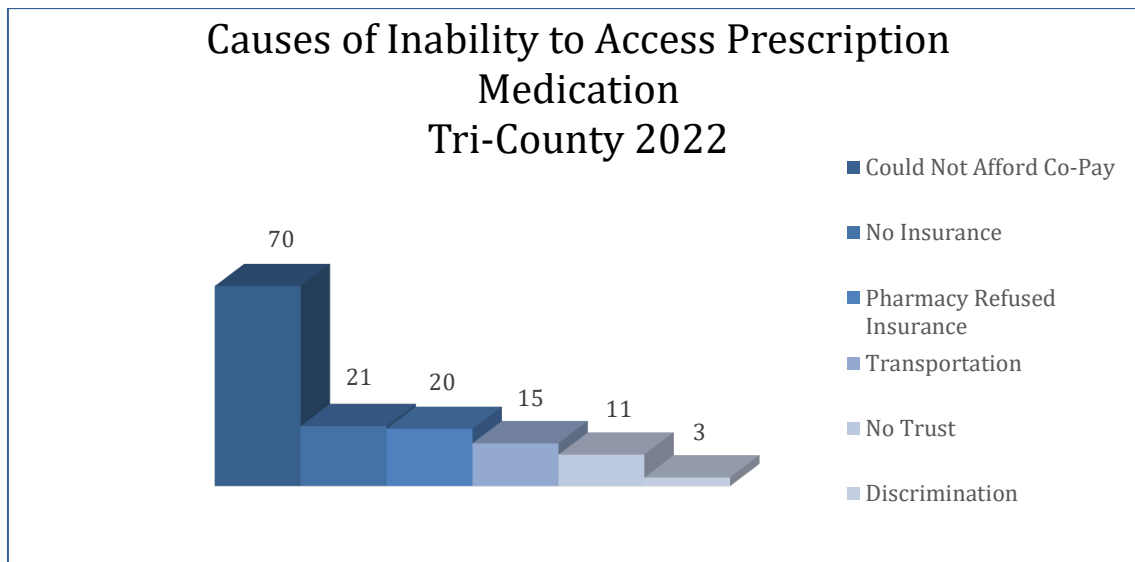


Source: CHNA Survey

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 (70) (Figure 29).

Figure 29

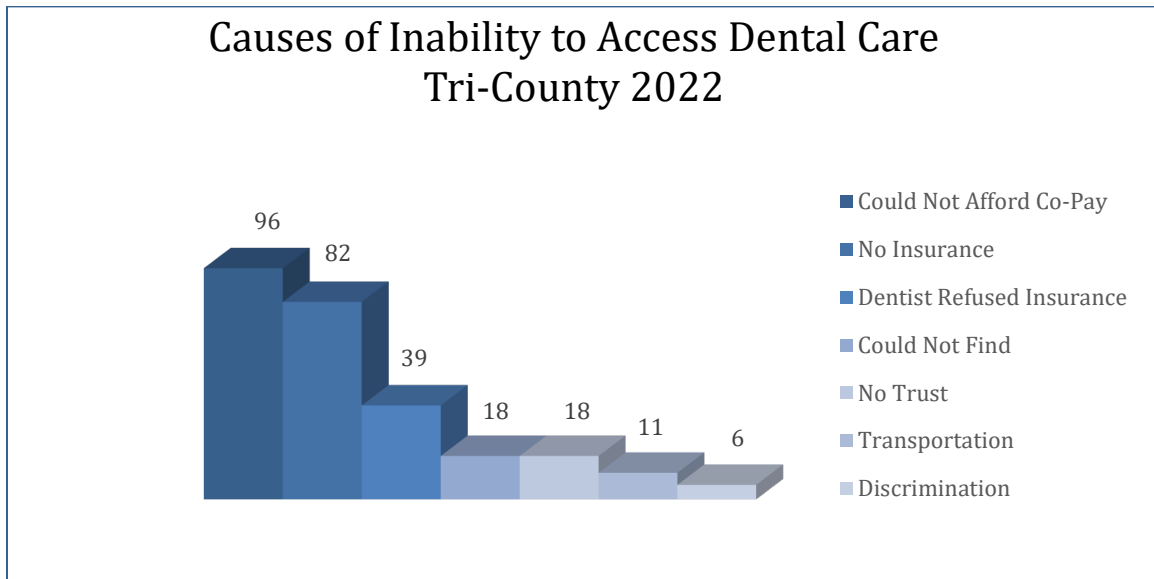


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause were inability to afford copay or deductible (96) and no insurance (82) (Figure 30). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 30

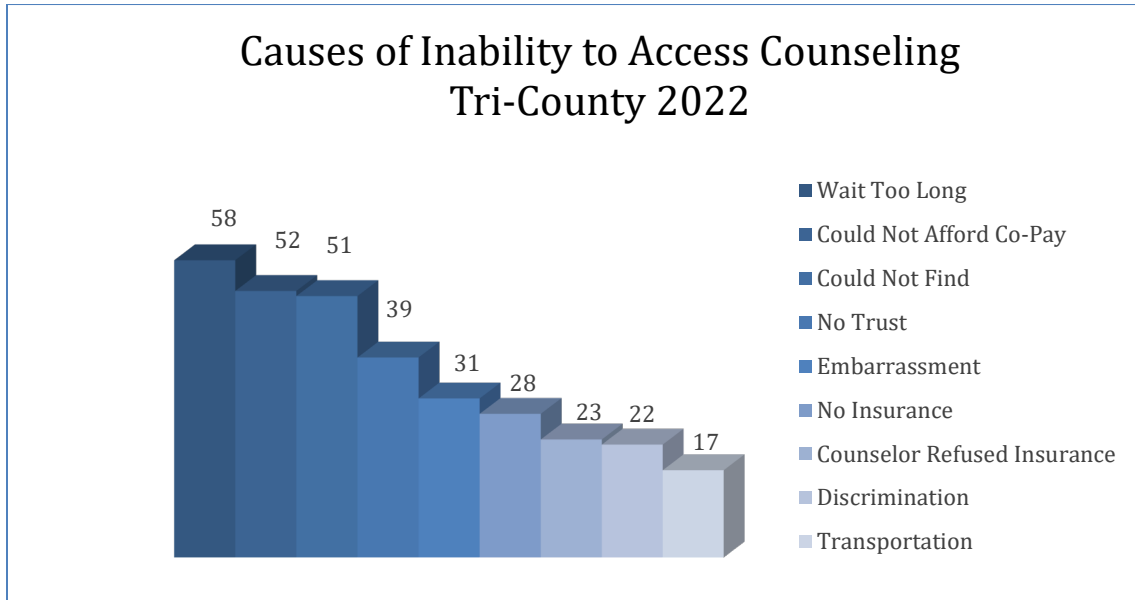


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the wait was too long (58), inability to afford co-pay (52) and could not find counselor (51) (Figure 31). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 31



Source: CHNA Survey

Comparison to 2019 CHNA

Access to Medical Care increased by 4%.

Access to Prescription Medication increased by 1%.

Access to Dental Care decreased by 3%.

Access to Counseling decreased by 8%.

Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for the Tri-County region, 14% of the population is at elevated risk for transportation network. This is higher to the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

2.2 Wellness

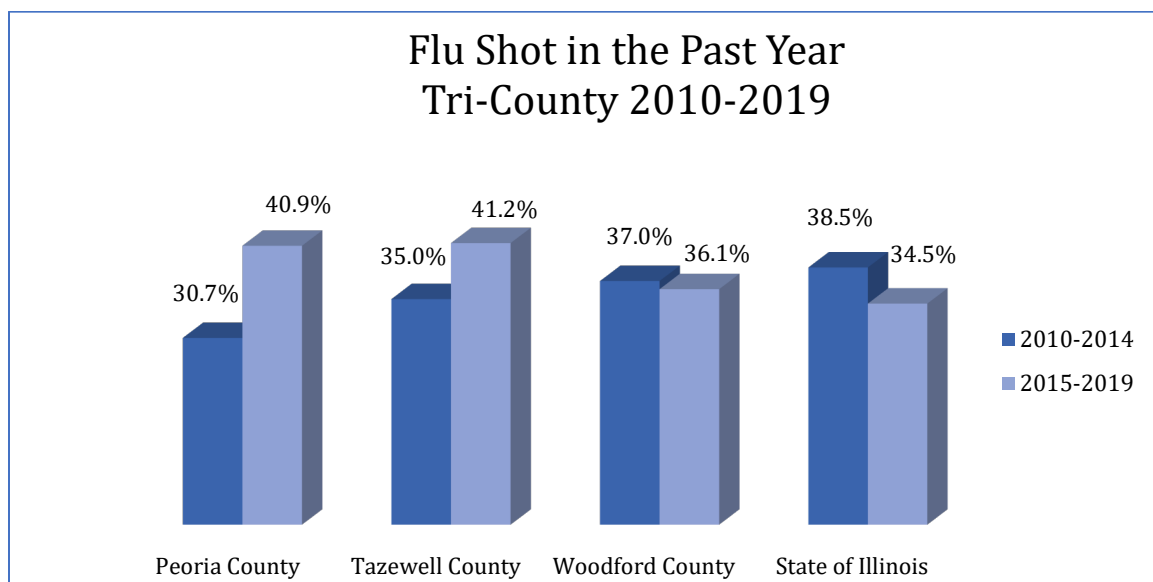
Importance of the measure: Preventative health-care measures, including getting a flu shot, engaging in a healthy lifestyle and undertaking screenings for diseases are essential to combating morbidity and

mortality while reducing health-care costs. The overall health of a community is impacted by preventative measures including immunizations and vaccinations.

Frequency of Flu Shots

Figure 32 shows that the percentage of people who have had a flu shot in the past year increased for Peoria County (40.9%) for 2015-2019 compared to 30.7% for 2010-2014. Tazewell County had an increase from 2014 (35%) to 2015-2019 (41.2%). Woodford County experienced a minimal decrease from 2014 (37%) to 2015-2019 (36.1%). During the same timeframe, the State of Illinois realized a decrease of flu immunizations. Note that data have not been updated by the Illinois Department of Public Health.

Figure 32

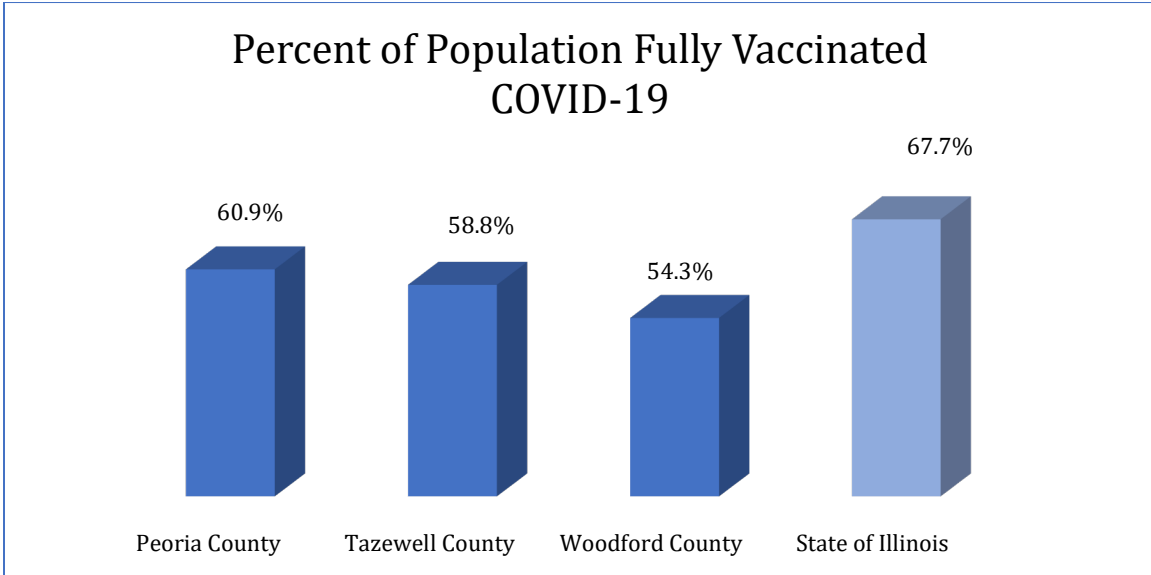


Source: Illinois Department of Health

COVID-19 Vaccinations

Figure 33 shows that the percentage of people who have been fully vaccinated from the COVID-19 virus. All three counties in the Tri-County area remain lower than the State rate of 67.7%. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 33

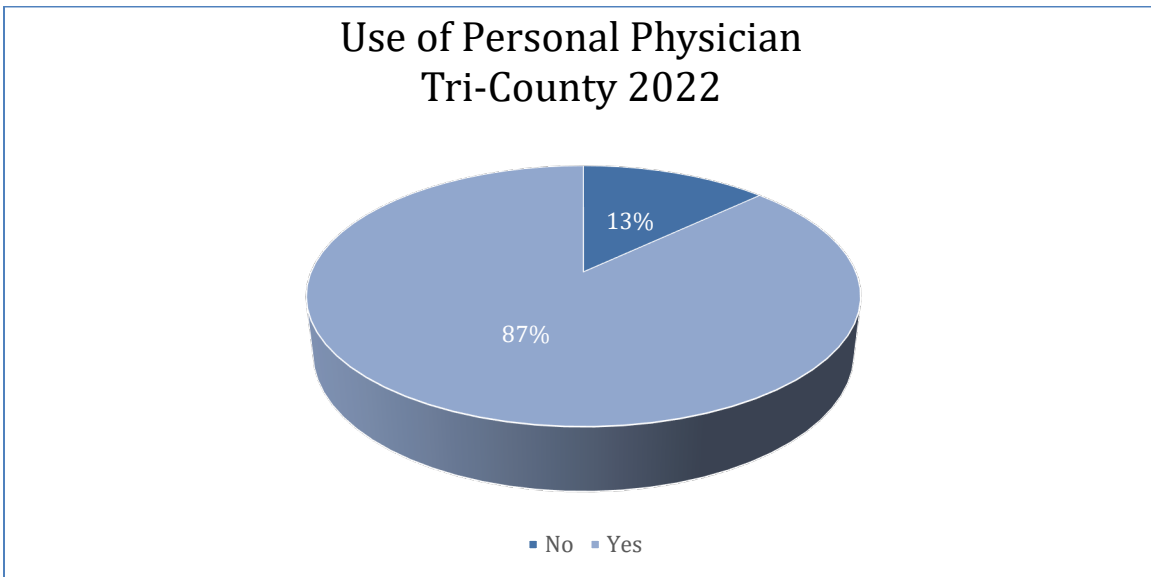


Source: Centers for Disease Control and Prevention (03-07-22)

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, 87% of residents have a personal physician (Figure 34).

Figure 34



Source: CHNA Survey

Comparison to 2019 CHNA

Results for having a personal physician are similar to the 2019 CHNA. Specifically, 88% of residents reported a personal physician in 2019 and 87% report the same in 2022.



Social Determinants 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 higher for women, older people and those with a higher income.



Tri-County Regions of Concern

As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationship was found using correlational analyses:

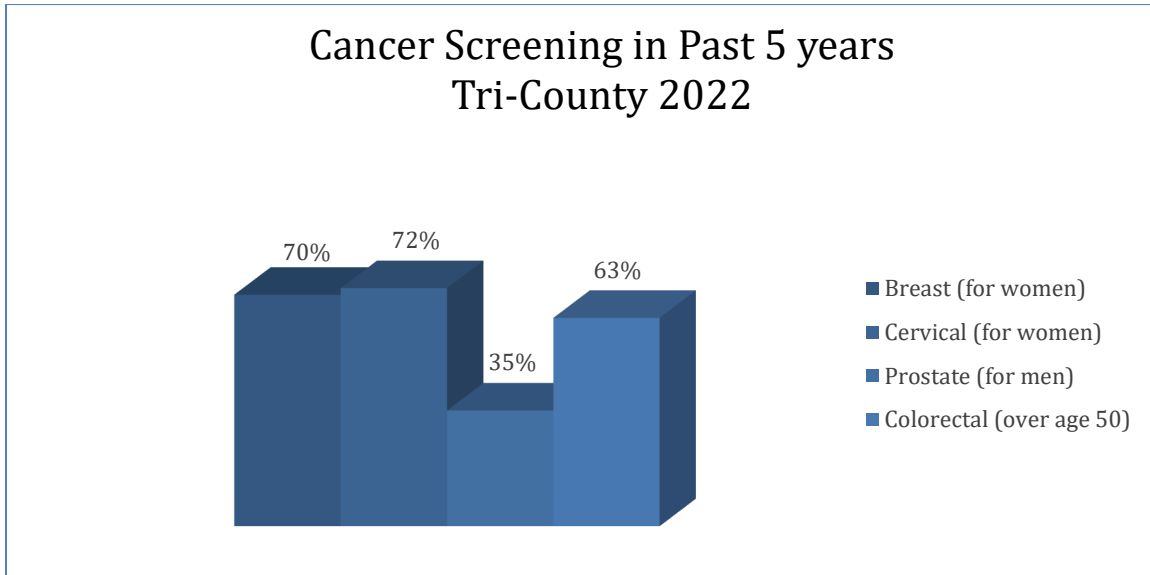
- **Having a personal physician** tends to be rated lower for residents who live in the Peoria/West Peoria region.

Cancer Screening

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

Results from the CHNA survey show that 70% of women had a breast screening in the past five years and 72% of women had a cervical screening. For men, 35% had a prostate screening in the past five years. For women and men over the age of 50, 63% had a colorectal screening in the last five years (Figure 35).

Figure 35



Source: CHNA Survey

Comparison to 2019 CHNA

Cancer screening were similar from 2019 to 2022. Specifically, in 2019, 72% of women had a breast screening in the past five years compared to 70% in 2022. For men, in 2019 36% reported they had a prostate screening in the past five years compared to 35% in 2022. For women and men over the age of 50, 61% had a colorectal screening in the last five years in 2019, compared to 63% in 2022. Note this was the first year that cervical screening was measured, so there is no comparison to 2019.



Social Determinants Related to Cancer Screenings

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

- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education, those with higher income and those from Tazewell County. Breast cancer screening tends to be lower for those in an unstable (e.g., homeless) housing environment and those from Peoria County.
- **Cervical screening** tends to be more likely for younger women, White women, those with a higher level of education, and those with higher income. Cervical cancer screening tends to be lower for those in an unstable (e.g., homeless) housing environment and those from Woodford County.

- **Prostate screening** tends to be more likely for older men, those with higher income and men from Woodford County.
- **Colorectal screening** tends to be more likely for older people, those with higher income and those from Woodford County. Colorectal screening tends to be less likely for those in an unstable (e.g., homeless) housing environment.



Tri-County Regions of Concern

As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

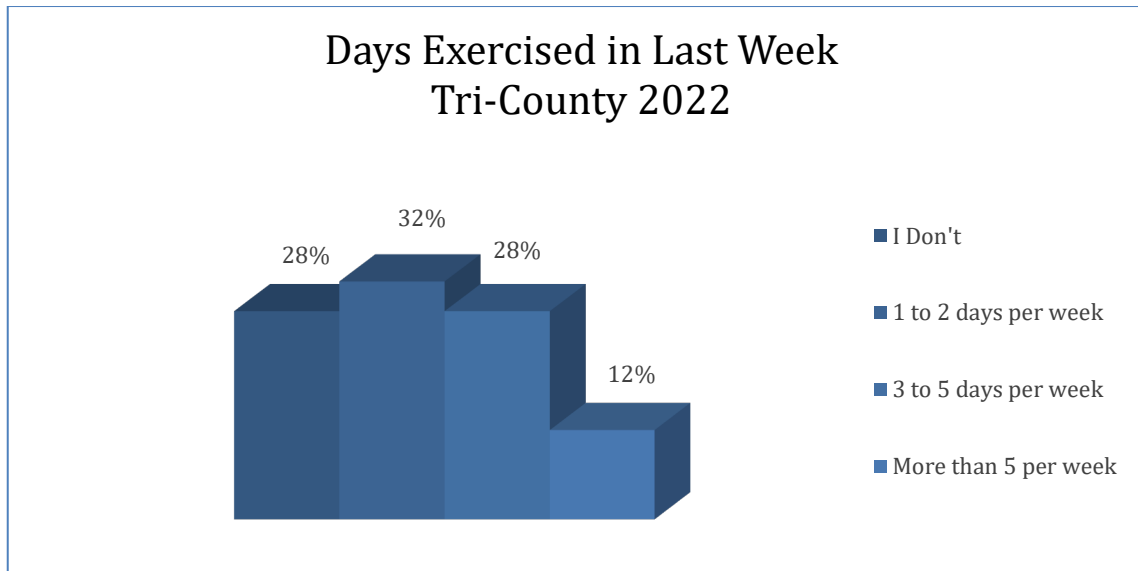
- **Breast screening** tends to be rated lower for residents who live in the Peoria/West Peoria region.
- **Cervical screening** tends to be rated lower for residents who live in the Peoria/West Peoria region.
- **Prostate screening** had no significant correlates.
- **Colorectal screening** tends to be rated lower for residents who live in the Peoria/West Peoria region, residents who live in the North-West Peoria County region and residents who live in the Western Tazewell County region.

Physical Exercise

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

Specifically, 28% of respondents indicated that they do not exercise at all, while the majority (60%) of residents exercise 1-5 times per week (Figure 36).

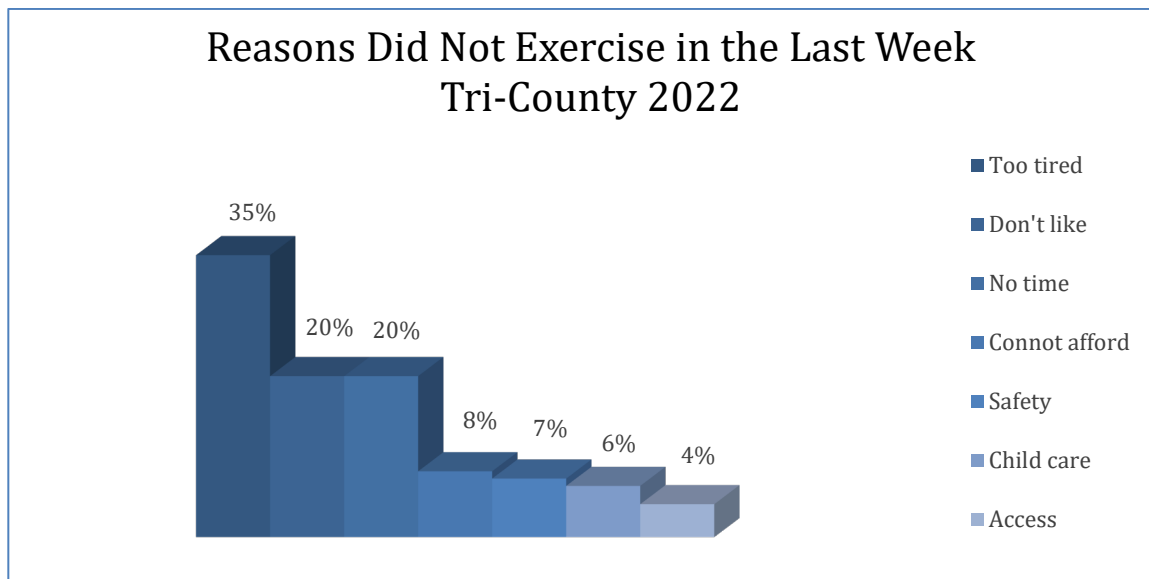
Figure 36



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 too tired (35%), dislike of exercise (20%) and not having enough time (20%) (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2019 CHNA

Results of the 2022 CHNA show the number of people who do not exercise has increased by 5%, compared to 2019.



Social Determinants Related to Exercise

One characteristic shows a significant relationship with frequency of exercise. The following relationships were found using correlational analyses:

- **Frequency of exercise** tends to be rated higher for men, those with higher education, and those with higher income.



Tri-County Regions of Concern

As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

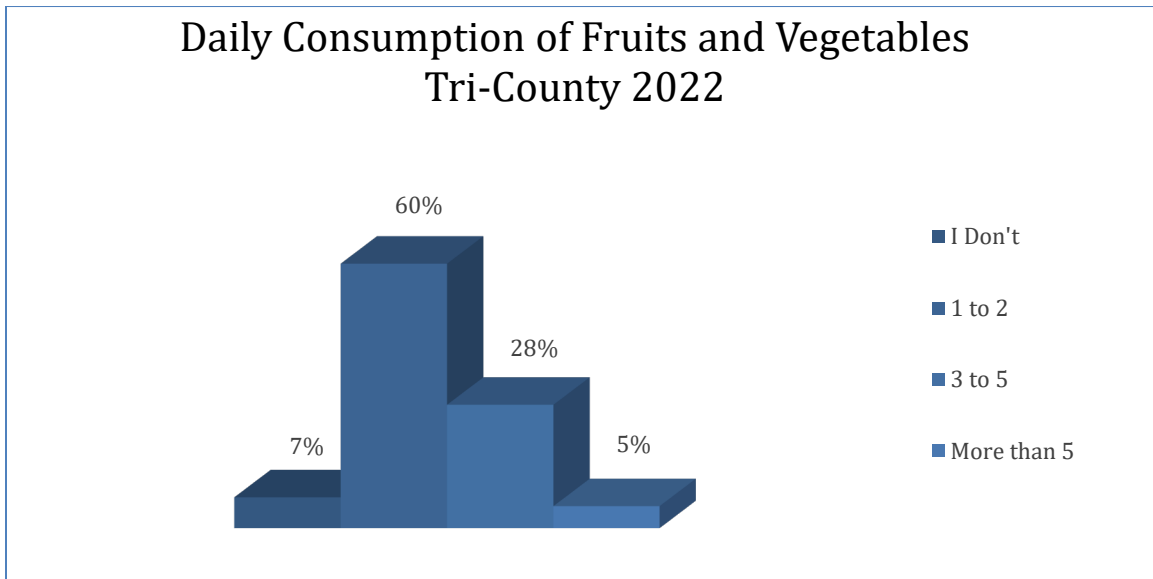
- **Frequency of exercise** tends to be rated lower for residents who live in the Eastern Woodford County region.

Healthy Eating

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

Two-thirds (67%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5% (Figure 38).

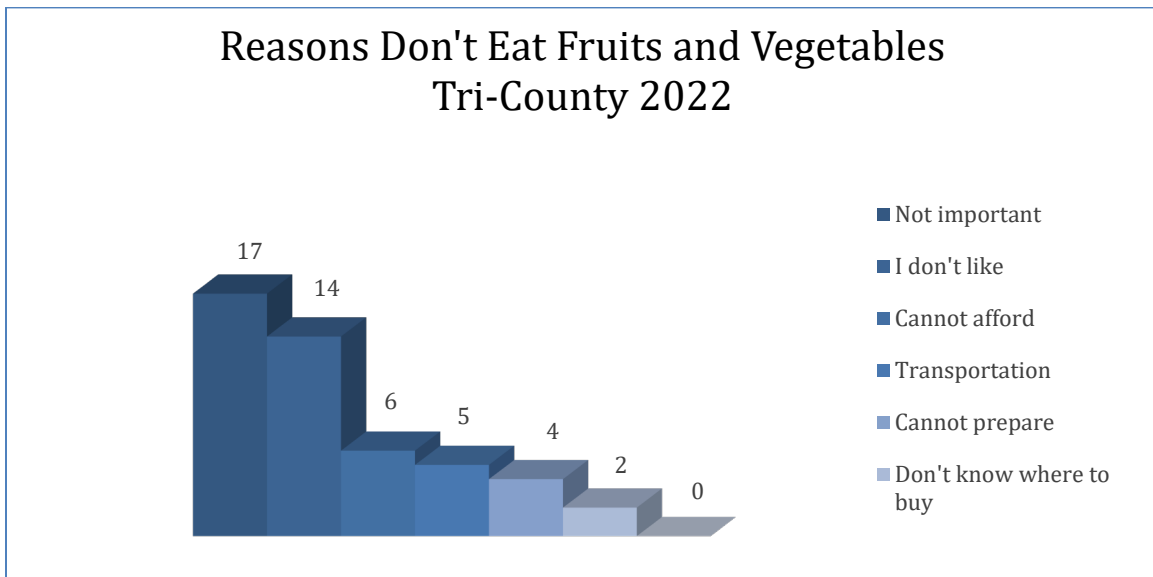
Figure 38



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently cited reasons for failing to eat more fruits and vegetables are lack of importance (17) and dislike (14) (Figure 39). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 39



Source: CHNA Survey

Comparison to 2019 CHNA

Results of the 2022 CHNA show decrease in consumption of fruits and vegetables compared to the 2019 CHNA. Specifically, in 2019, 60% of respondents indicated they had two or fewer servings of fruits and vegetables per day and in 2022, 67% indicated they had two or fewer servings of fruits and vegetables per day.



Social Determinants 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 older people, those with a higher level of education and those with higher income. Consumption of fruits and vegetables tends to be less likely for Black people.



Tri-County Regions of Concern

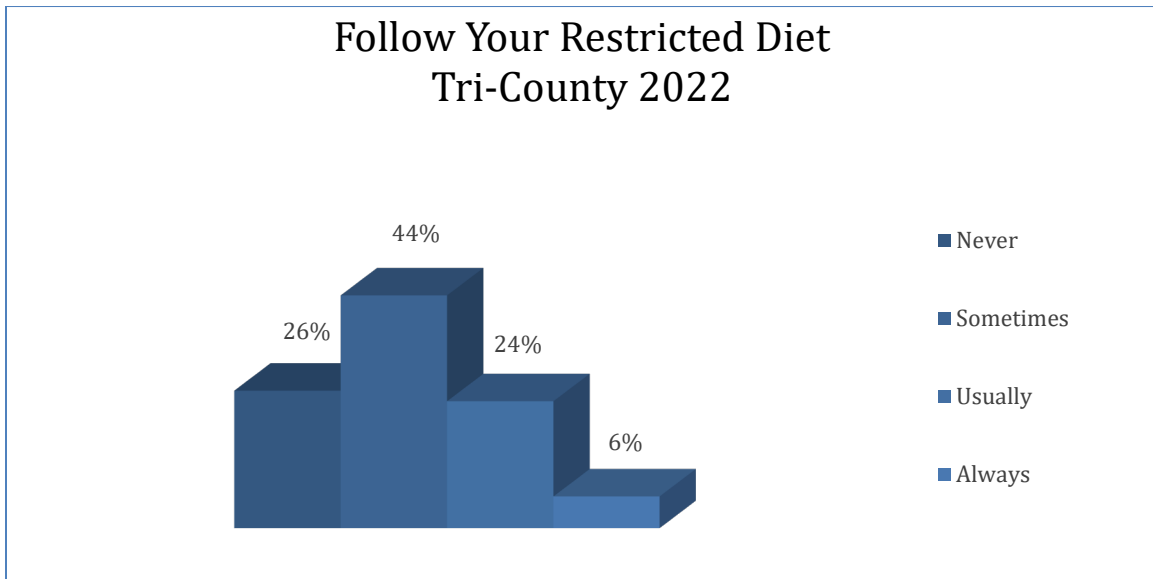
As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be rated lower for residents who live in the Peoria/West Peoria region.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 30% usually or always follow a restricted diet (Figure 40).

Figure 40



Source: CHNA Survey

Comparison to 2019 CHNA

Results of the 2022 CHNA show an 11% decrease in the number of people who usually or always follow a restricted diet if diagnosed with a morbidity.

Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For the Tri-County region, 16% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

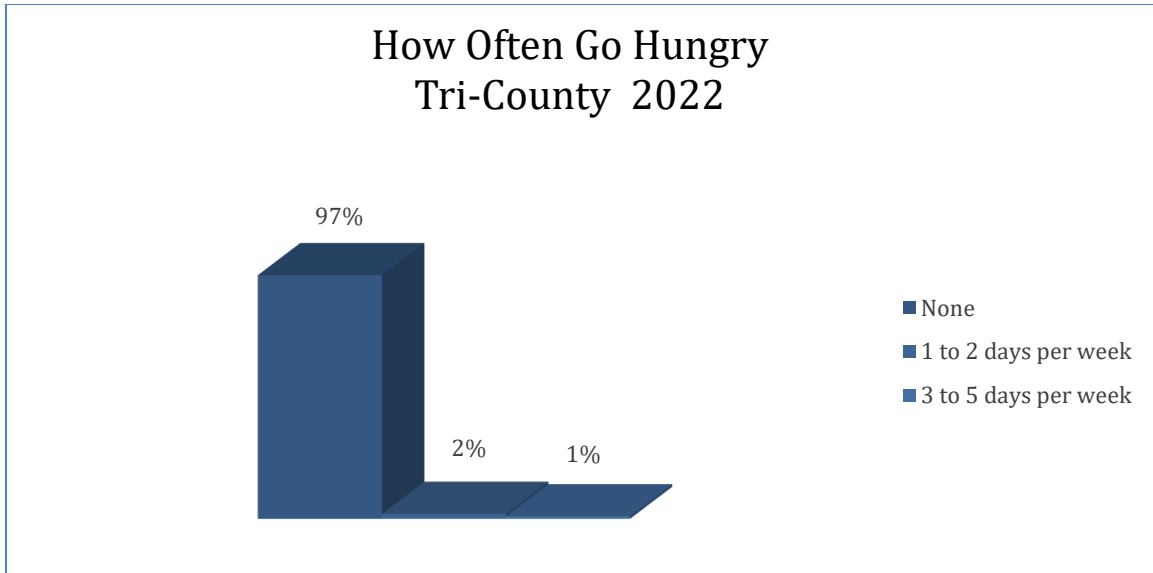
2.3 Understanding Food Insecurity

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 (97%); however, 3% indicate they go hungry between 1 and 5 days per week (Figure 41).

Figure 41



Source: CHNA Survey

Comparison to 2019

In 2022 results show a slight decrease in those who report going hungry. Prevalence of hunger was 96% in 2019, compared to 97% in 2022.



Social Determinants 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 less likely for White people, those with higher education, and those with higher income, Prevalence of hunger tends to be more likely for people in an unstable (e.g., homeless) housing environment and people from Woodford County.



Tri-County Regions of Concern

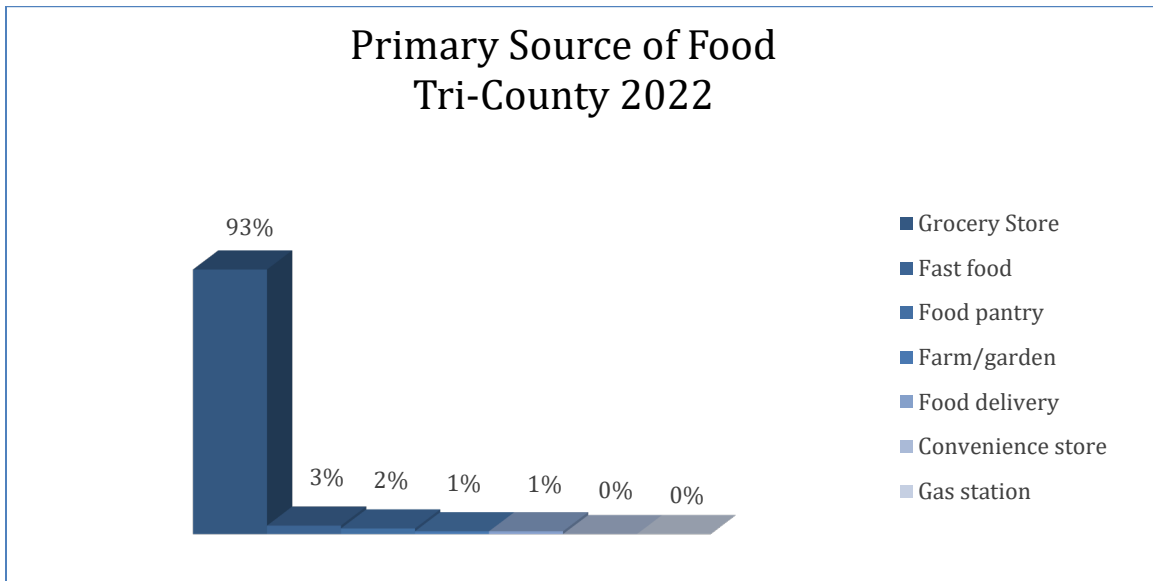
As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Prevalence of Hunger** tends to be rated higher for residents who live in the Peoria/West Peoria region and residents of the Eastern Woodford County region.

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (93%) identified a grocery store (Figure 42).

Figure 42



Source: CHNA Survey

Food Landscape

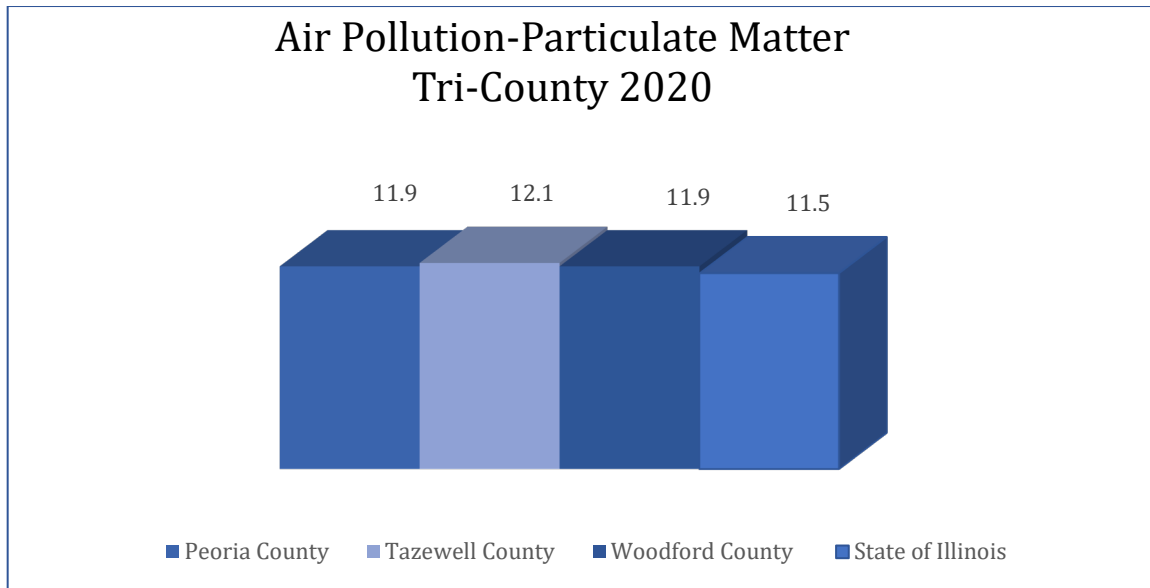
Food landscape is a measure of the conditions that affect the ability of residents to access health, affordable nutrition. Key risk influencers include accessibility, affordability and literacy. For the Tri-County region, 22% of the population is at elevated risk for food landscape. This is lower than the State of Illinois average of 25%. (SocialScape® powered by SociallyDetermined®, 2022).

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for the Tri-County region (11.5), which is the same as the State average (Figure 43).

Figure 43



Source: County Health Rankings 2021

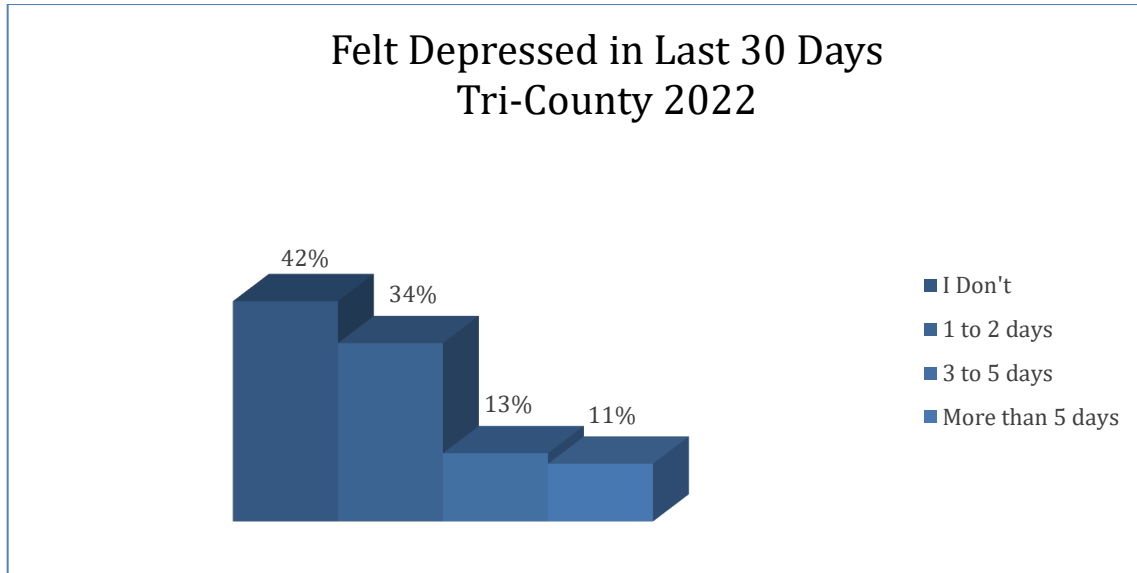
2.5 Health Status

Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Mental Health

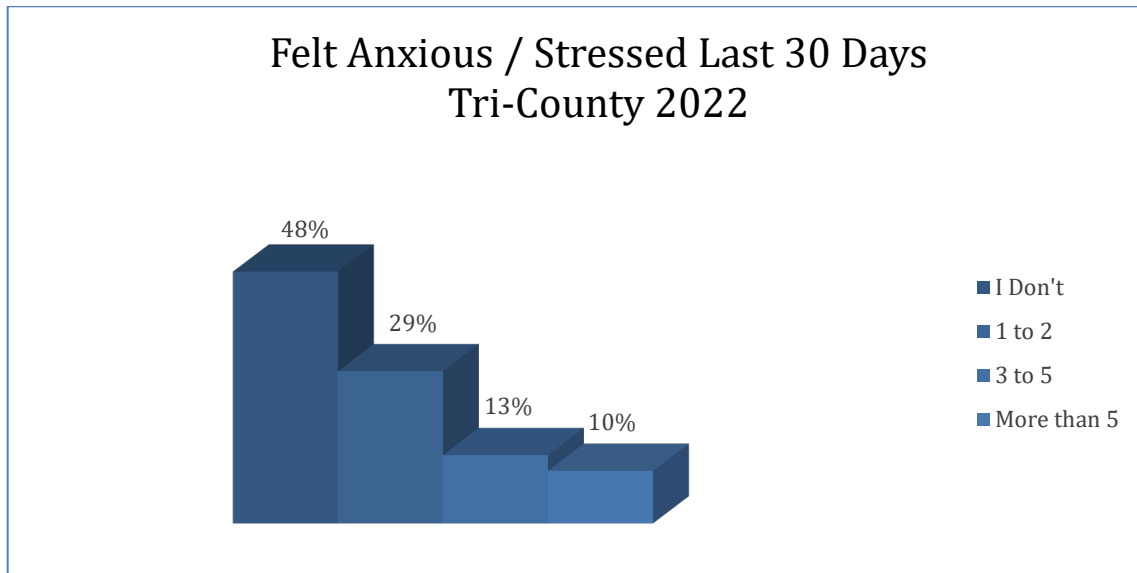
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 42% indicated they did not feel depressed in the last 30 days (Figure 44) and 48% indicated they did not feel anxious or stressed (Figure 45).

Figure 44



Source: CHNA Survey

Figure 45



Source: CHNA Survey

Comparison to 2019 CHNA

Results of the 2022 CHNA show a 12% increase in the number of people experiencing depression, compared to 2019. Similarly, results of the 2022 CHNA show a 12% increase in the number of people experiencing stress / anxiety, compared to 2019.



Social Determinants Related to Behavioral Health

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

- **Depression** tends to be rated higher for younger people, women, those with less income, and Tazewell County residents. Depression tends to be rated lower by Woodford County residents.
- **Stress and anxiety** tends to be rated higher for younger people, women, Black people, those with less income and Peoria County residents. Stress and anxiety tends to be rated lower by Woodford County residents.



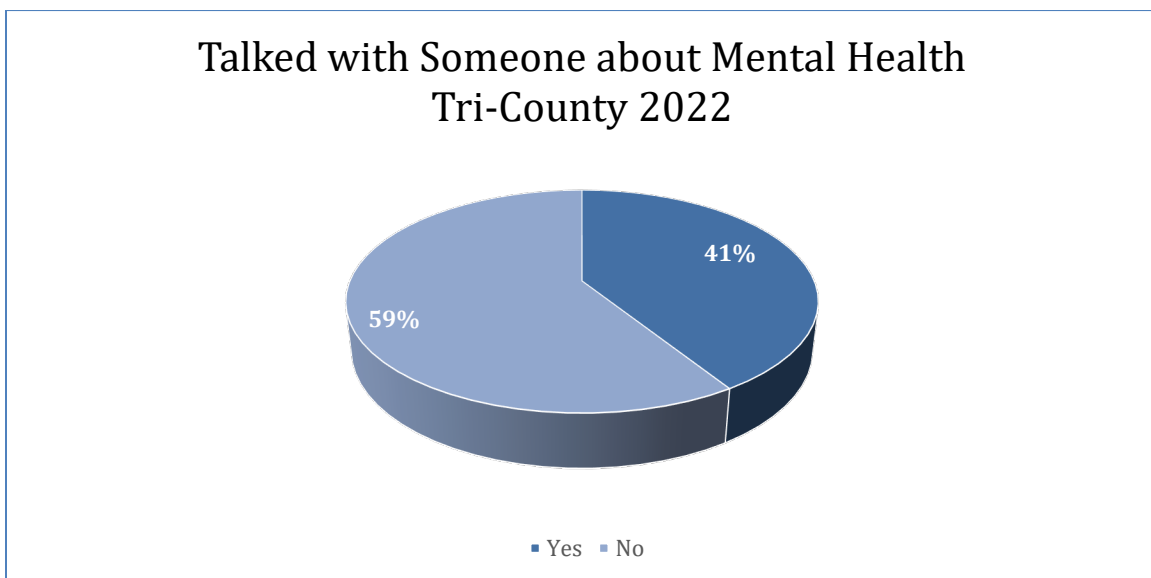
Tri-County Regions of Concern

As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for residents who live in the Peoria/West Peoria region and Northern, Southern and Eastern Tazewell County.
- **Anxiety** tends to be rated higher for residents who live in the Northern Peoria/Peoria Heights region.

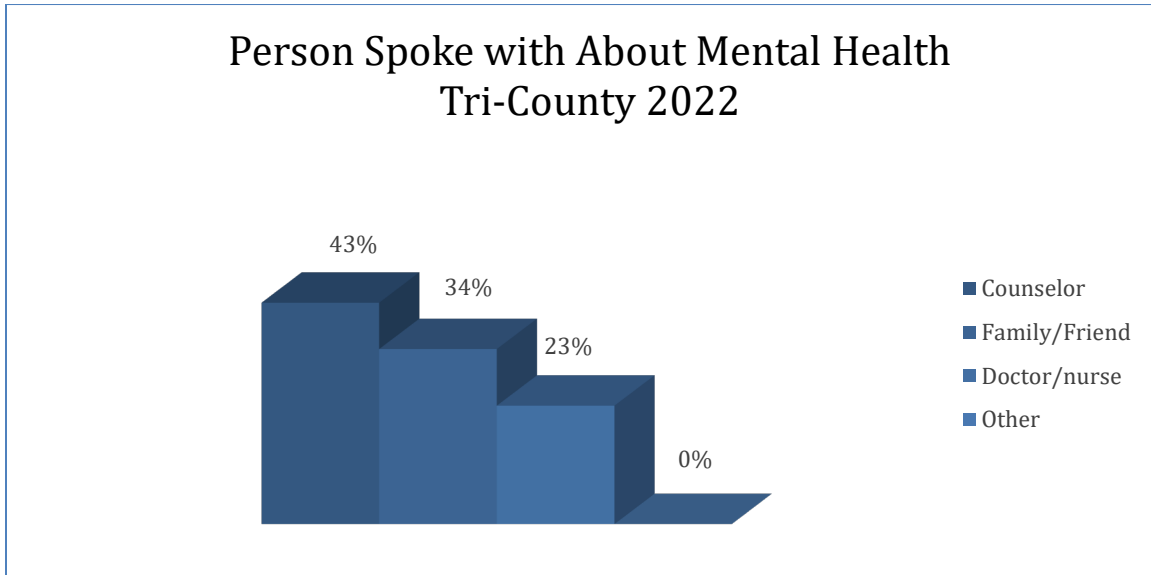
Respondents were asked if they spoke with anyone about their mental health in the past year. Of respondents, 41% indicated that they spoke to someone (Figure 46), the most common response was a Counselor (43%) (Figure 47).

Figure 46



Source: CHNA Survey

Figure 47



Source: CHNA Survey



Social Determinants Related to Behavioral Health

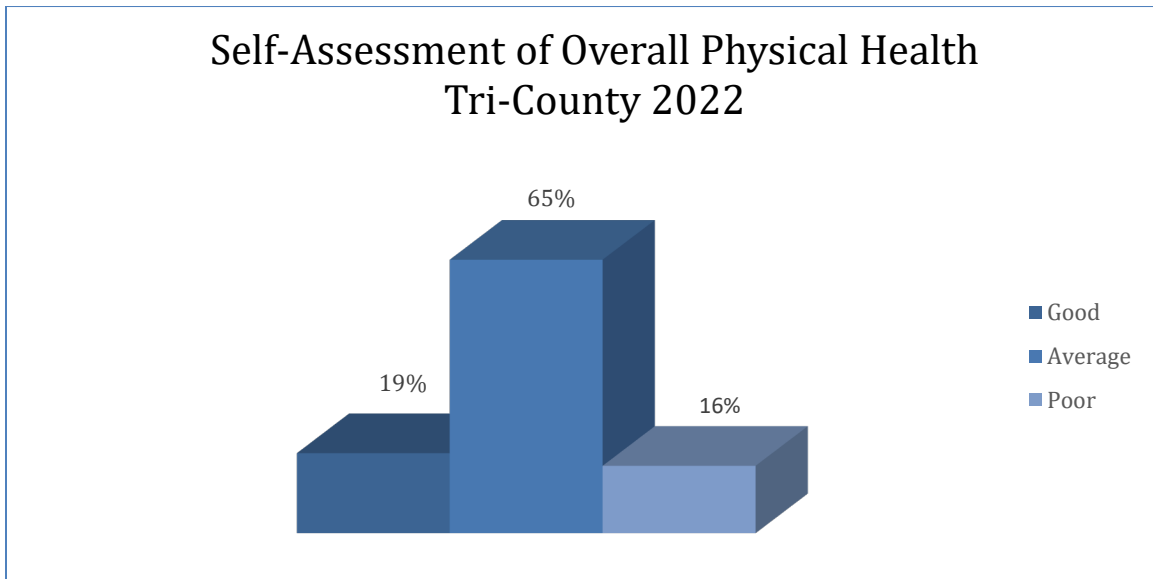
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for resident who live in Peoria/West Peoria region and Northern, Southern and Eastern Tazewell County.
- **Stress and anxiety** tends to be rated higher for young people, women, those with lower education and those with less income.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents report having poor physical health (Figure 48).

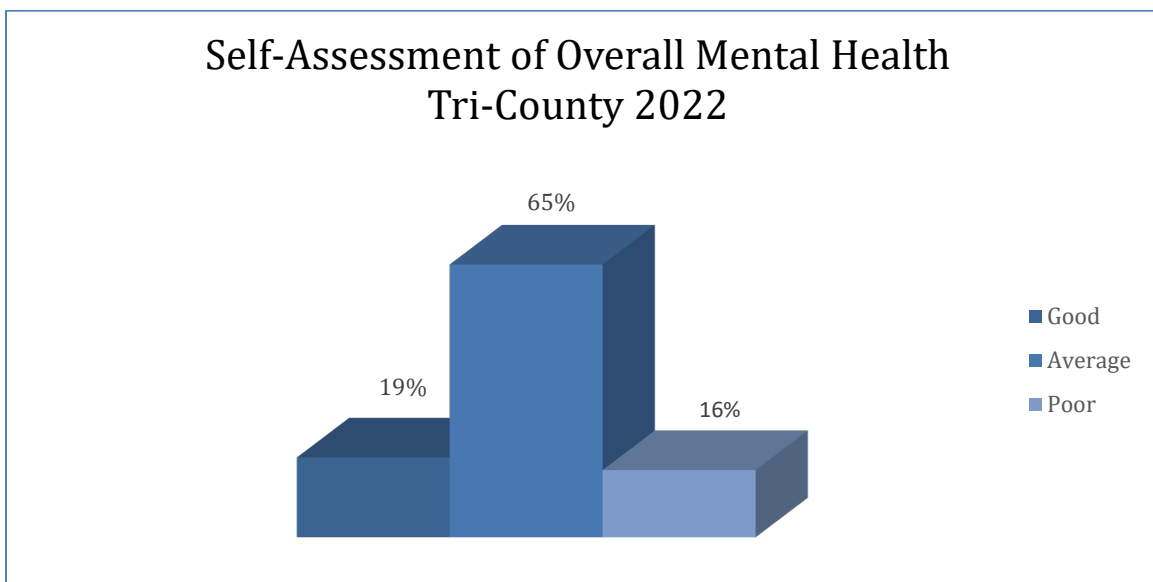
Figure 48



Source: CHNA Survey

In regard to self-assessment of overall mental health, 16% of respondents stated they have poor overall mental health (Figure 49).

Figure 49



Source: CHNA Survey

Comparison to 2019 CHNA

With regard to physical health, more people see themselves in poor health in 2022 (16%) than 2019 (12%). With regard to mental health, more people see themselves in poor health in 2022 (16%) than 2019 (8%).



Social Determinants 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 men, older people, those with higher education and those with higher income.
- **Perceptions of mental health** tend to be higher for men, older people, those with higher education, those with higher income and Woodford County residents.



Tri-County Regions of Concern

As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Perceptions of physical health** had no significant correlates.
- **Perceptions of mental health** tends to be rated lower for residents who live in the Bartonville/Limestone region.

2.6 Key Takeaways from Chapter 2

- ✓ **DECREASED UTILIZATION OF DOCTORS/CLINICS AS A PRIMARY SOURCE OF HEALTHCARE.**
- ✓ **INCREASED RATE OF PEOPLE WHO DO NOT HAVE ACCESS TO COUNSELING.**
- ✓ **PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO OTHER TYPES OF CANCER SCREENING.**
- ✓ **THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY. THESE NUMBERS ARE TRENDING NEGATIVELY.**
- ✓ **WHILE ELEVATED RISK OF HEALTH LITERACY IS RELATIVELY LOW, REASONS FOR LACK OF HEALTHY BEHAVIORS INDICATES CHALLENGES WITH HEALTH LITERACY.**
- ✓ **THERE WAS A SIGNIFICANT INCREASE IN PEOPLE WHO EXPERIENCE DEPRESSION AND A SIGNIFICANT INCREASE IN PEOPLE WHO EXPERIENCE STRESS/ANXIETY.**
- ✓ **COVID-19 VACCINATION RATES ARE BELOW STATE AVERAGES.**

CHAPTER 3 OUTLINE

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

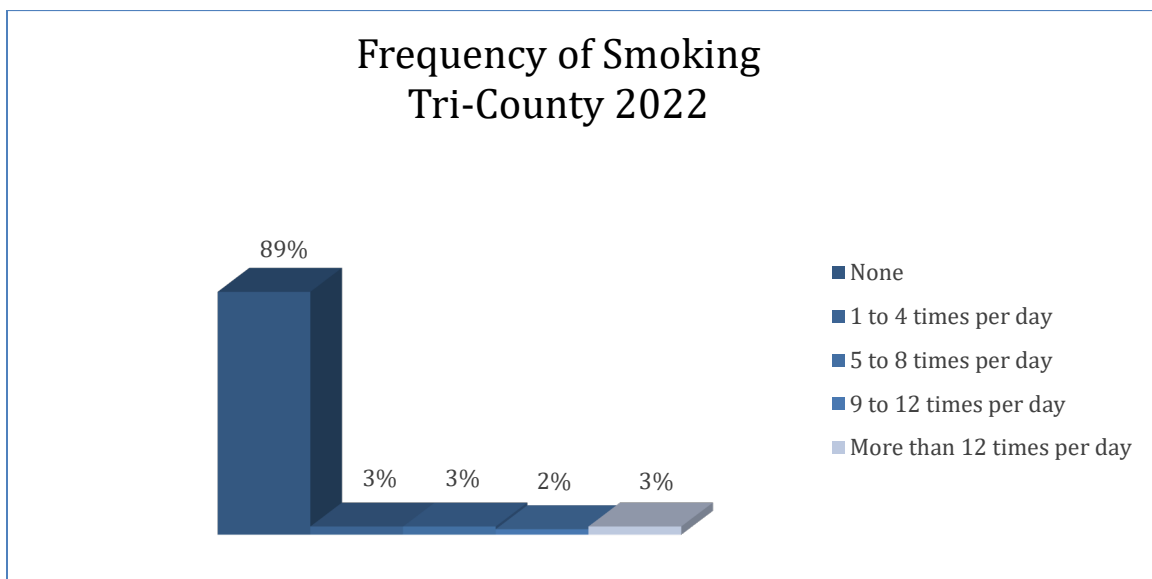
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

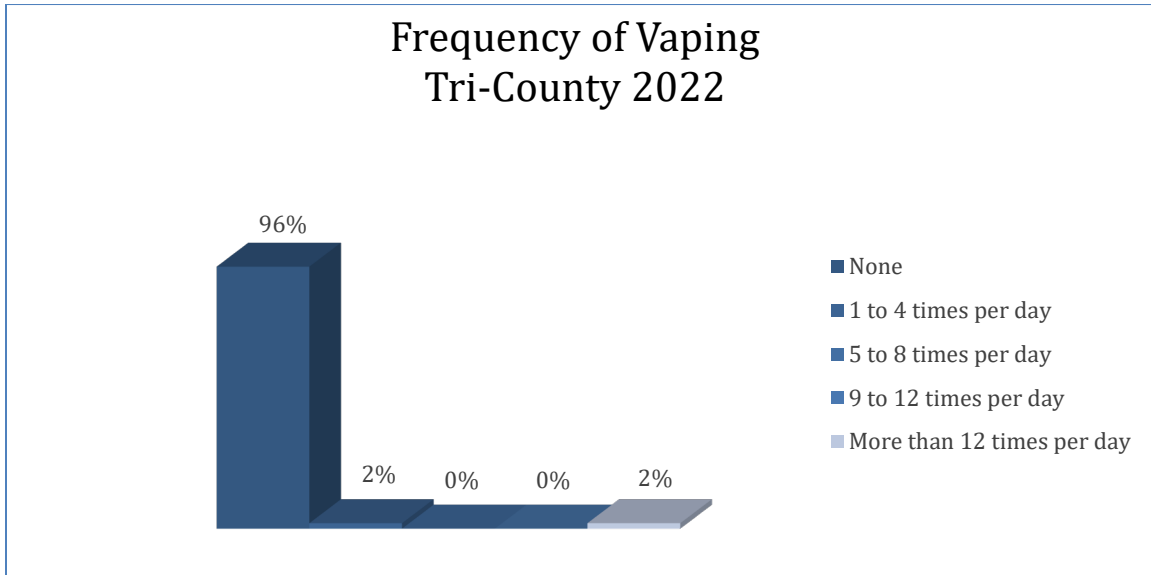
CHNA survey data show 89% of respondents do not smoke (Figure 50) and 96% of respondents do not vape (Figure 51).

Figure 50



Source: CHNA Survey

Figure 51



Source: CHNA Survey

Comparison to 2019 CHNA

Results improved for the percentage of people who smoke, where 87% of people did not smoke in 2019 and 89% do not smoke in 2022.



Social Determinants 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 for residents with less education and those with lower income.
- **Vaping** tends to be rated higher by younger people, those with less education and those with lower income.



Tri-County Regions of Concern

As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Smoking** tends to be rated higher for residents who live in the Peoria/West Peoria region and residents who live in the Bartonville/Limestone region.
- **Vaping** tends to be rated higher for residents who live in the Bartonville/Limestone region.

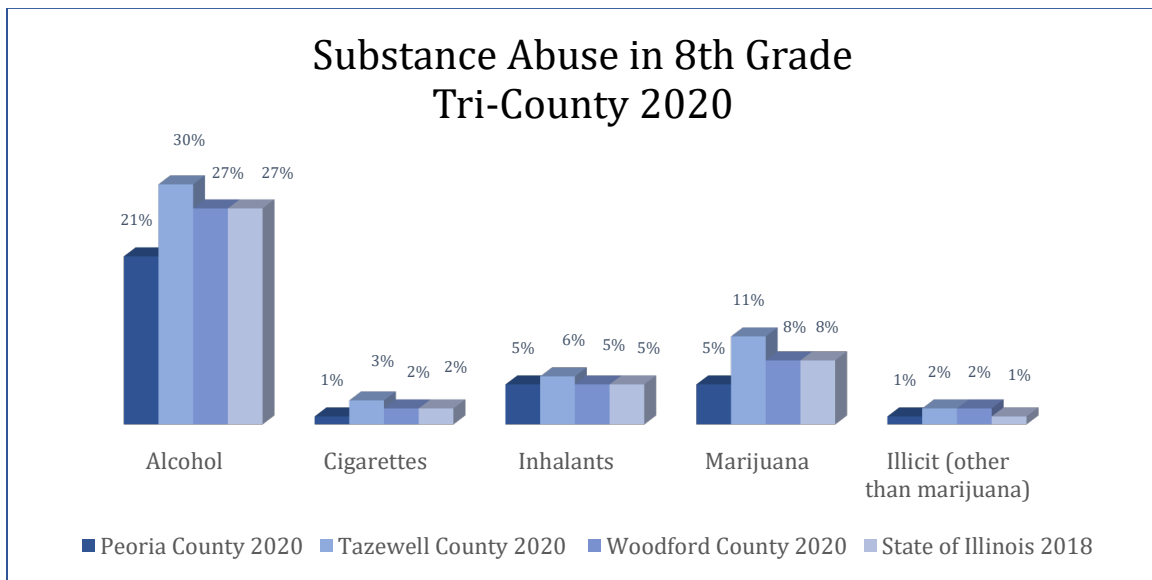
3.2 Drug and Alcohol Abuse

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 adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

Youth Substance Abuse

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Peoria County is at or below State averages in all categories among 8th graders. Tazewell County is above State averages in all categories among 8th graders. Woodford County is at state averages in all categories among 8th graders except for one category which it is slightly higher: illicit (Figure 52).

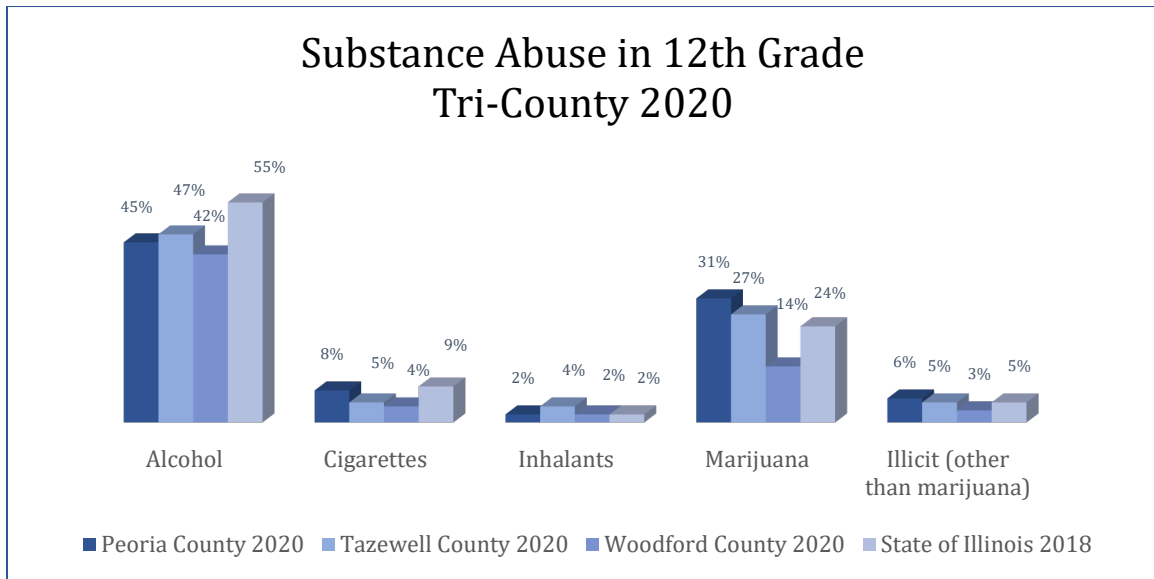
Figure 52



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, Peoria County is at or below State averages in all categories except marijuana and illicit. Tazewell County is at or below State averages in all categories except inhalants and marijuana among 12th graders. Woodford County is at or below State averages in all categories among 12th graders (Figure 53).

Figure 53

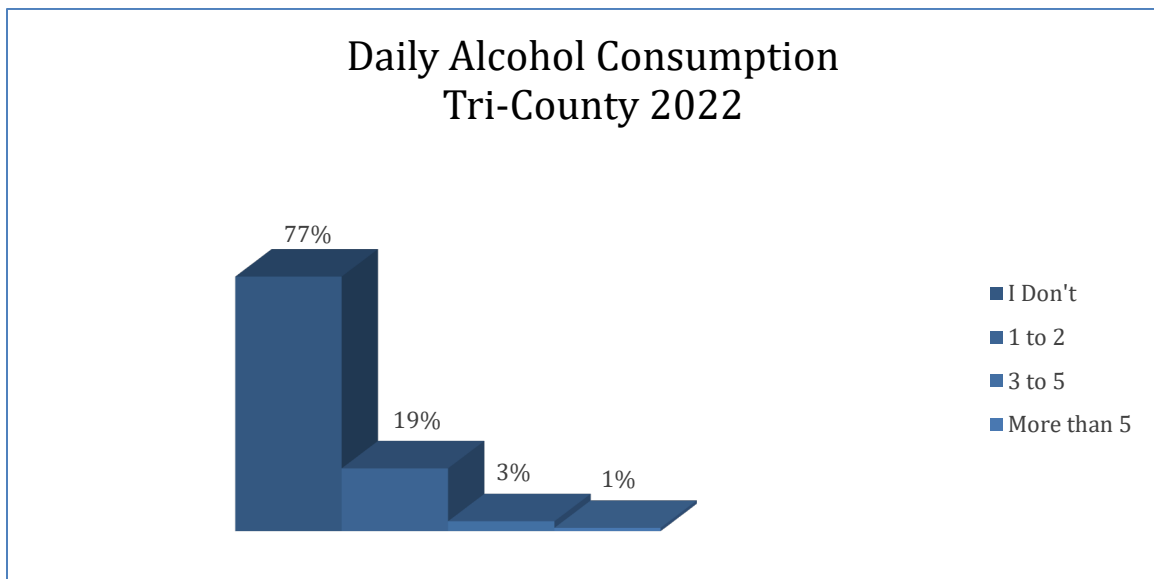


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

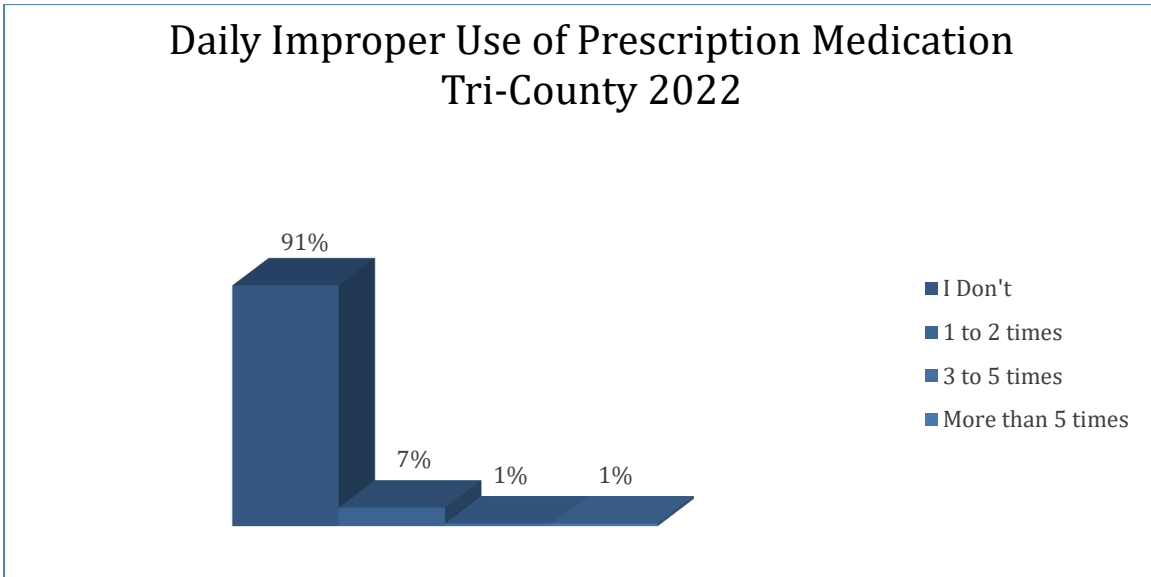
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 77% indicated they did not consume alcohol on a typical day, 91% indicated they do not take prescription medication improperly on a typical day, 91% indicated they do not use marijuana on a typical day and 99% indicated they do not use illegal substances on a typical day. Note this is the first year that the CHNA has measured separated categories of substance use, so there is no comparison to the 2019 CHNA.

Figure 54



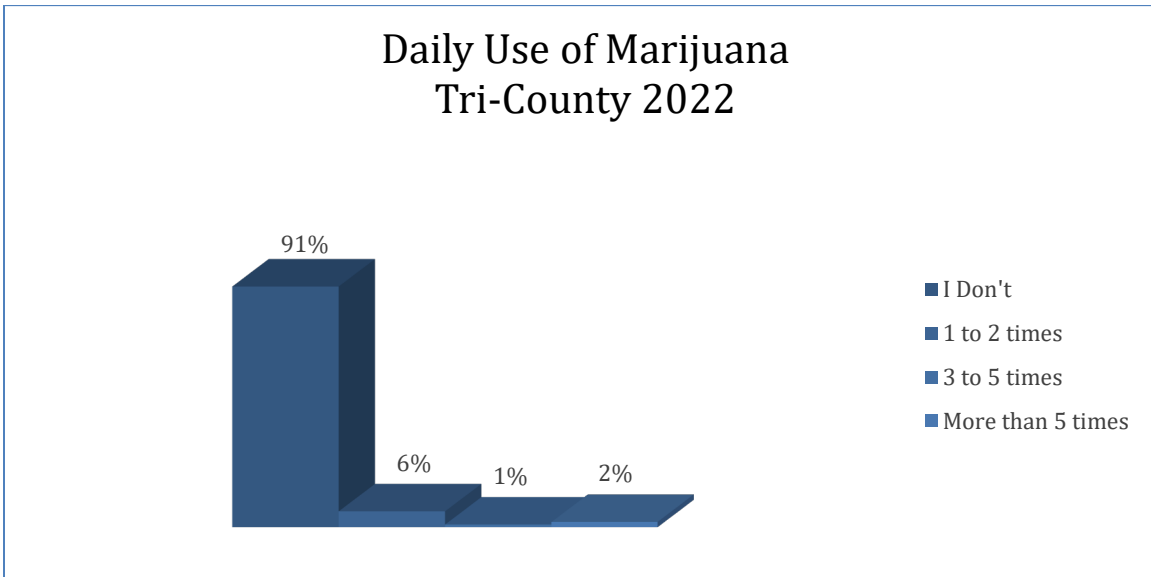
Source: CHNA Survey

Figure 55



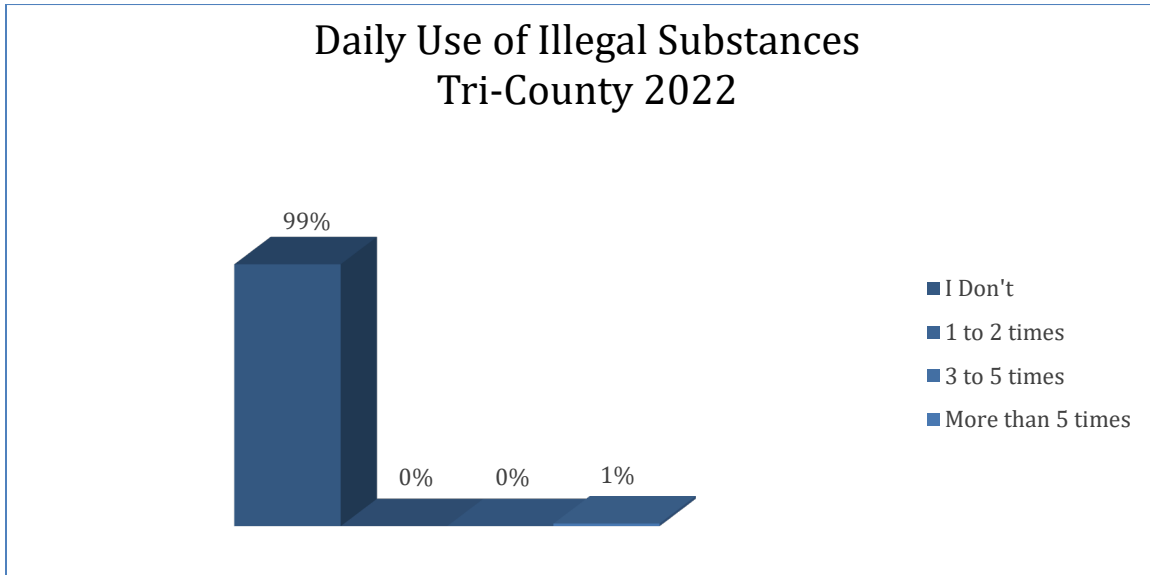
Source: CHNA Survey

Figure 56



Source: CHNA Survey

Figure 57



Source: CHNA Survey



Social Determinants Related to Substance Use

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

- **Consumption of Alcohol** tends to be rated higher by men and people from Woodford County. Consumption of alcohol tends to be rated lower by people from Tazewell County.
- **Misuse of prescription medication** tends to be rated higher by older people, and those with less education, people in an unstable (e.g., homeless) housing environment and people from Peoria County. Misuse of prescription medication tends to be rated lower by White people and people from Tazewell County.
- **Use of Marijuana** tends to be rated higher by men, younger people, Black people, those with lower education and those with less income. Use of marijuana tends to be rated lower by White people.
- **Use of illegal substances** tends to be rated higher by men, Black people, those with lower education and people from Peoria County. Use of illegal substances tends to be rated lower by White people.



Tri-County Regions of Concern

As seen in APPENDIX 3: REGIONAL ANALYSES, 13 regions within the Tri-County area were identified. The following relationships were found using correlational analyses:

- **Consumption of Alcohol** had no significant correlates.

- **Misuse of prescription medication** tends to be rated higher for residents who live in the Peoria/West Peoria region.
- **Use of Marijuana** tends to be rated higher for residents who live in the Peoria/West Peoria region and residents who live in the Bartonville/Limestone region.
- **Use of illegal substances** tends to be rated higher for residents who live in the Peoria/West Peoria region and for residents who live in the South-West Peoria region.

3.3 Overweight and Obesity

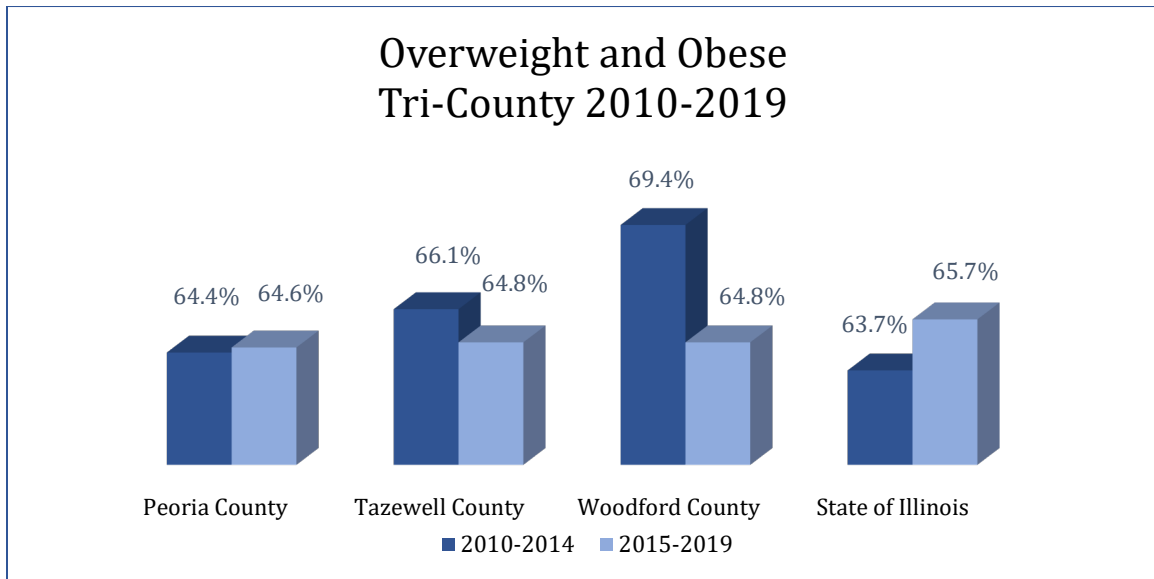
Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the Tri-County region. 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. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

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. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Peoria County, the number of people diagnosed with obesity and being overweight has increased slightly over the years from 2010-2014 to 2015-2019. Tazewell County has seen a decrease in the number of people diagnosed with being overweight and obese going from 66.1% to 64.8% in 2019. Woodford County has also seen a decrease in 2010-2014 from 69.4% to 64.8% in 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 63.7% to 65.7% for the State of Illinois. Data have not been updated by the Illinois Department of Public Health. However, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 58

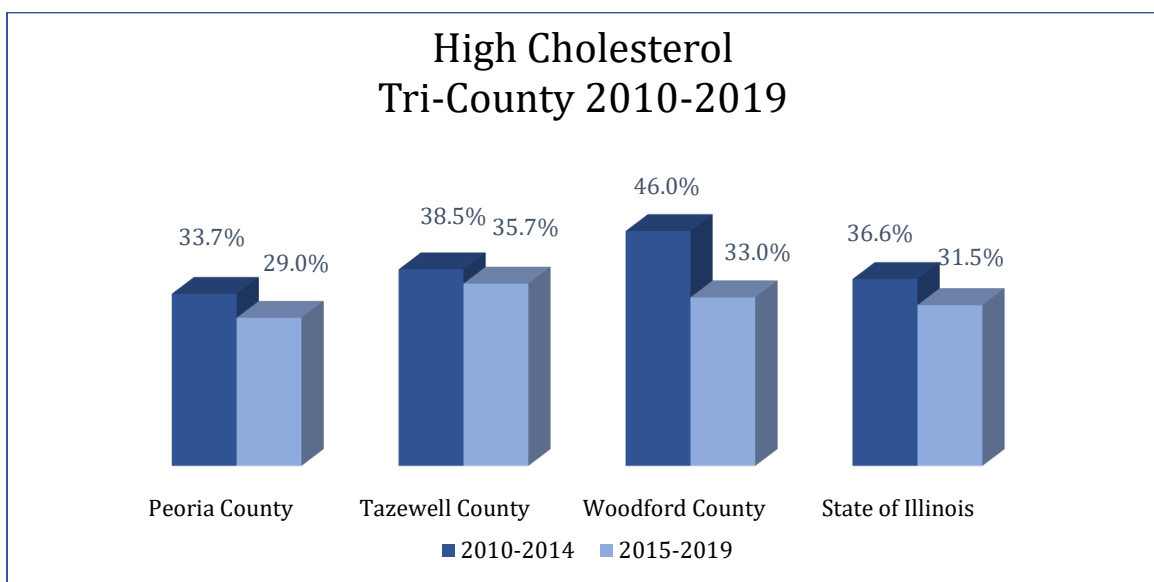


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in Tri-County report a higher than State average prevalence of high cholesterol, except Peoria County. Note that data have not been updated past 2019 by the Illinois Department of Public Health (Figure 59).

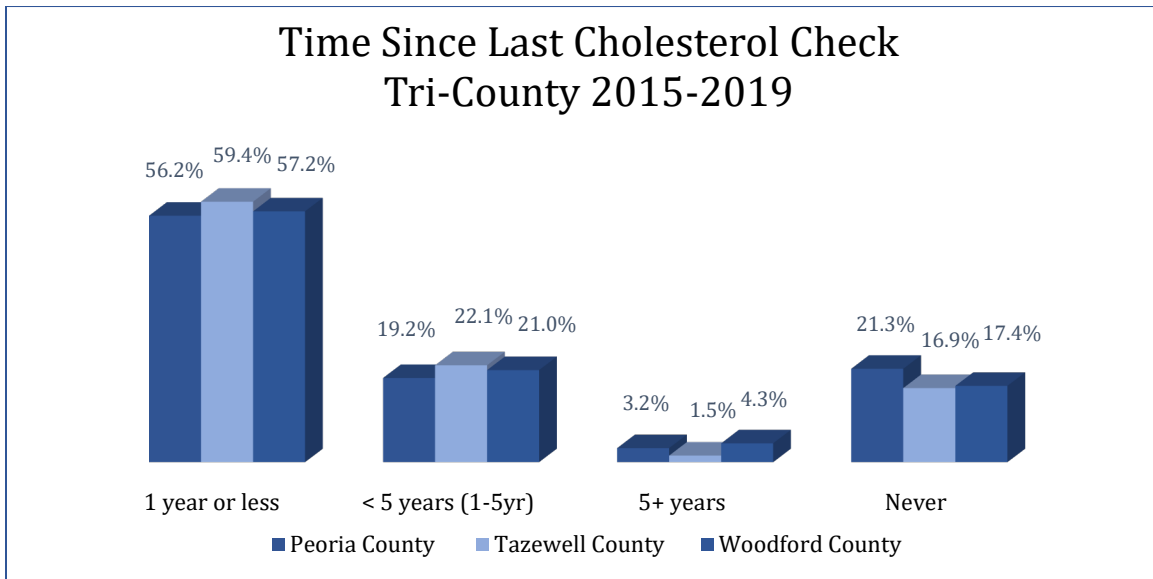
Figure 59



Source: Illinois Behavioral Risk Factor Surveillance System

However, most residents of the Tri-County report having their cholesterol checked recently (Figure 60). Note that data have not been updated by the Illinois Department of Public Health.

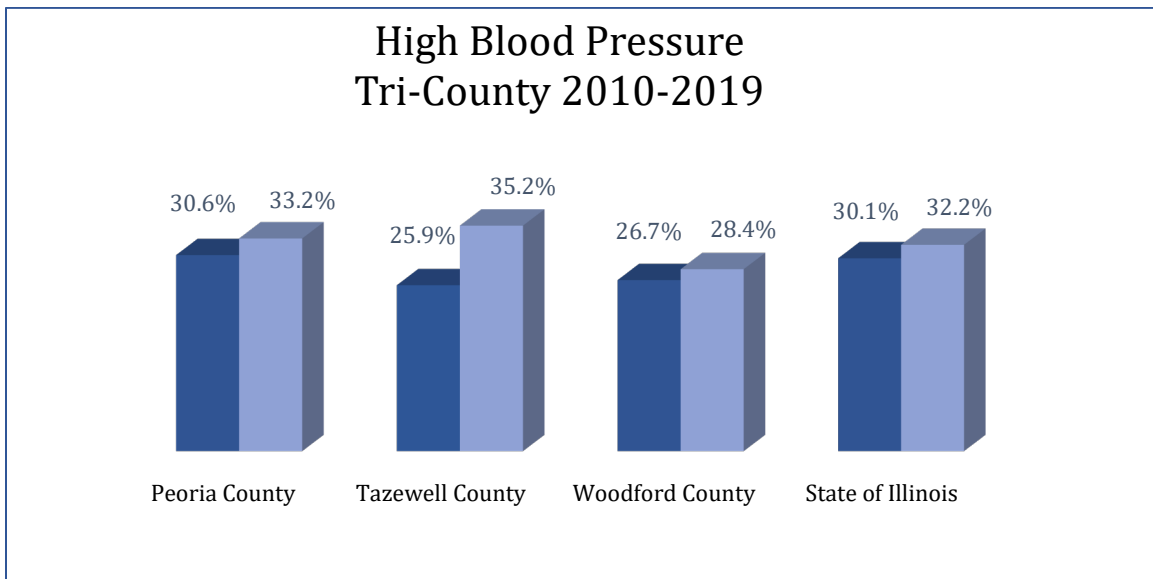
Figure 60



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Peoria and Tazewell County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Peoria County residents reporting they have high blood pressure in 2019 increased from 30.6% to 33.2%, in Tazewell County, the increase was from 25.9% to 35.2%, in Woodford County also saw an increase from 26.7% to 28.4% but was still lower than state averages. (Figure 61). The State of Illinois increased 30.1% to 32.2% during the same timeframe. Note that data have not been updated by the Illinois Department of Public Health.

Figure 61



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ **SUBSTANCE ABUSE AMONG 12TH GRADERS IS AT OR BELOW STATE AVERAGES IN MOST CATEGORIES. HOWEVER, AMONG 8TH GRADERS, AT LEAST ONE COUNTY IS ABOVE STATE AVERAGES IN EACH CATEGORY.**
- ✓ **WHILE DECREASING IN TAZEVELL AND WOODFORD COUNTIES, APPROXIMATELY TWO-THIRDS OF THE POPULATION IS OVERWEIGHT AND OBESE IN THE TRI-COUNTY AREA.**
- ✓ **9% OF RESPONDENTS INDICATE THAT THEY MISUSE PRESCRIPTION MEDICATION.**

CHAPTER 4 OUTLINE

- 4.1 Self-Identified Health Conditions
- 4.2 Healthy Babies
- 4.3 Cardiovascular Disease
- 4.4. Respiratory
- 4.5 Cancer
- 4.6 Diabetes
- 4.7 Infectious Disease
- 4.8 Injuries
- 4.9 Mortality
- 4.10 Key Takeaways from Chapter 4

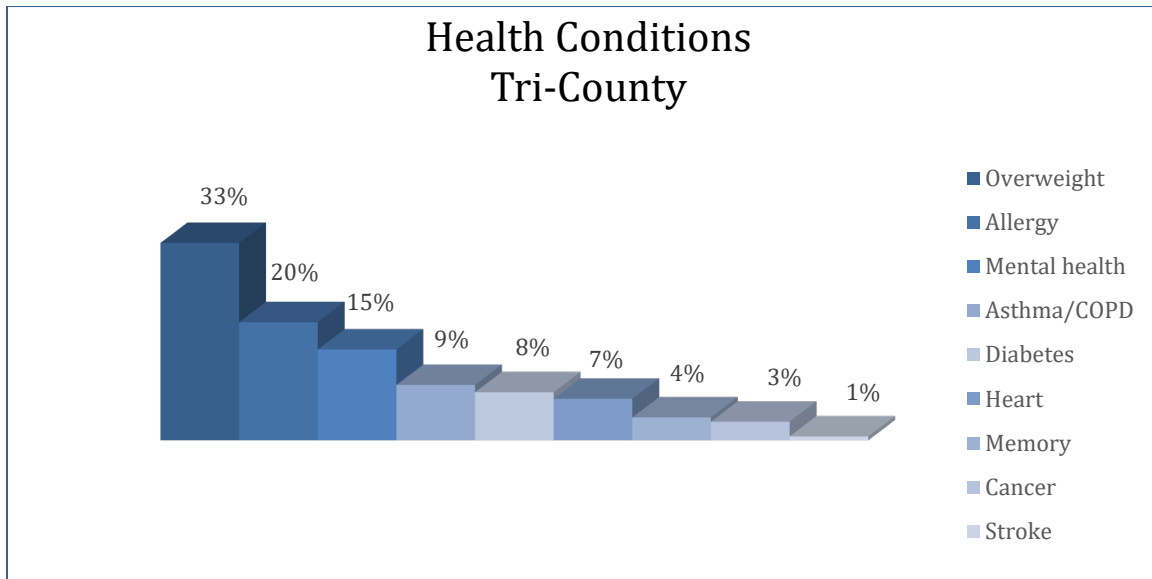
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (33%) was significantly higher than any other health conditions (Figure 62). This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., diabetes 9%).

Figure 62



Source: CHNA Survey

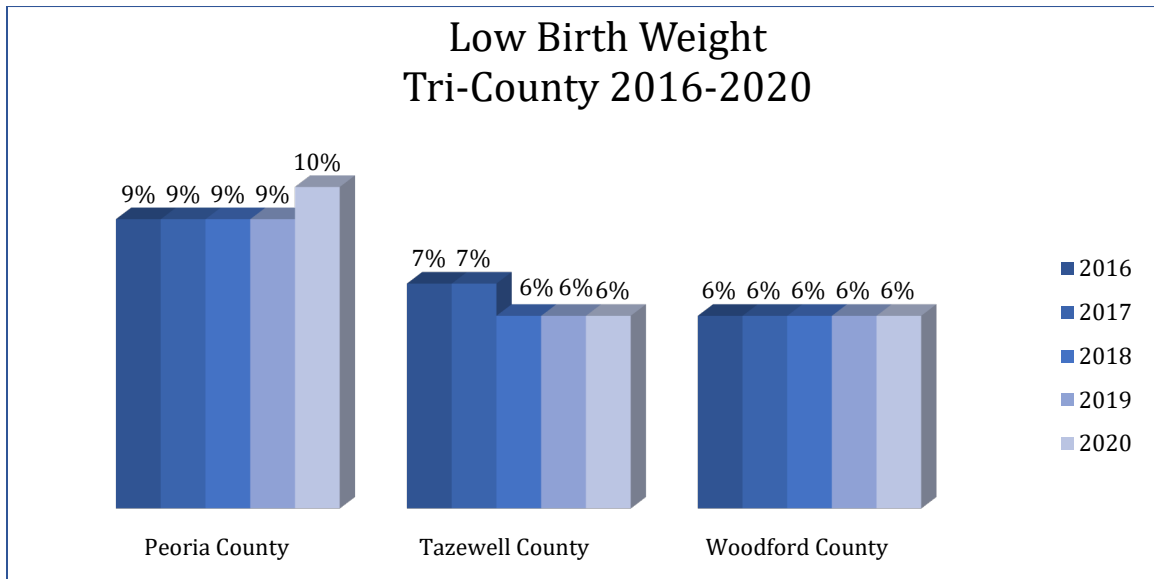
4.2 Healthy Babies

Importance of the measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. 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 Peoria County increased from 2016 (9%) to 2020 (10.0%). The percentage of babies born with low birth weight in Tazewell County decreased from 2016 (7%) to 2020 (6.0%). The percentage of babies born with low birth weight in Woodford County has remained stable (6.0%) between 2016 and 2020 (Figure 63).

Figure 63



Source: County Health Rankings

4.3 Cardiovascular Disease

Importance of the measure: Cardiovascular disease is defined as 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.

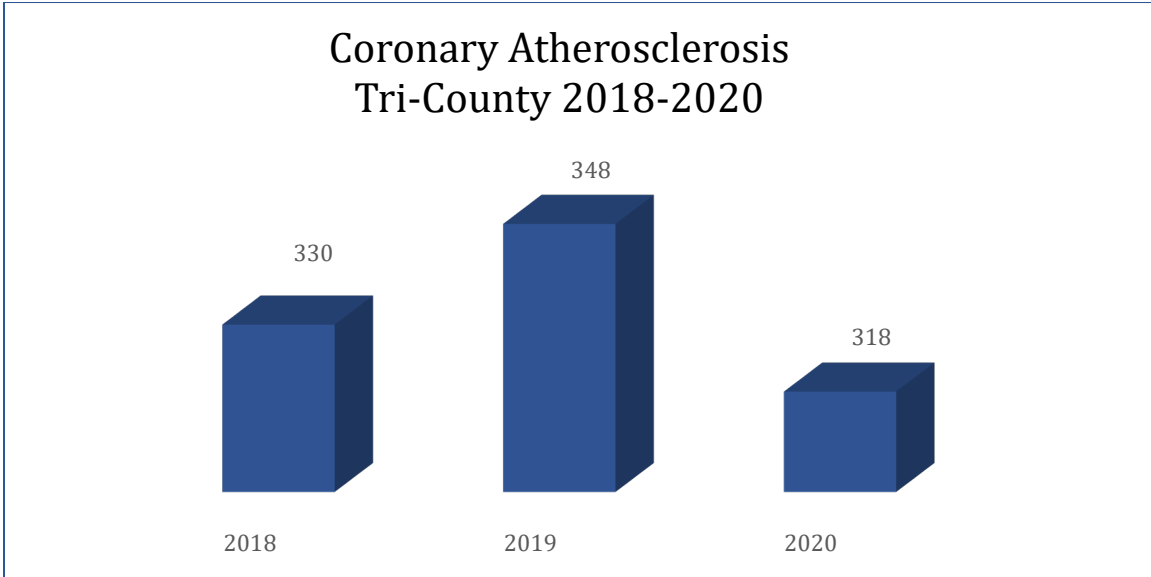
Coronary Atherosclerosis

Coronary Atherosclerosis, sometimes-called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

Coronary artery disease is a leading cause of death for Americans. Most of these deaths are from heart attacks caused by sudden blood clots in the heart’s arteries.

The number of cases of coronary atherosclerosis complication at Tri-County area hospitals has greatly fluctuated between 2018 and 2020 (Figure 64). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 64

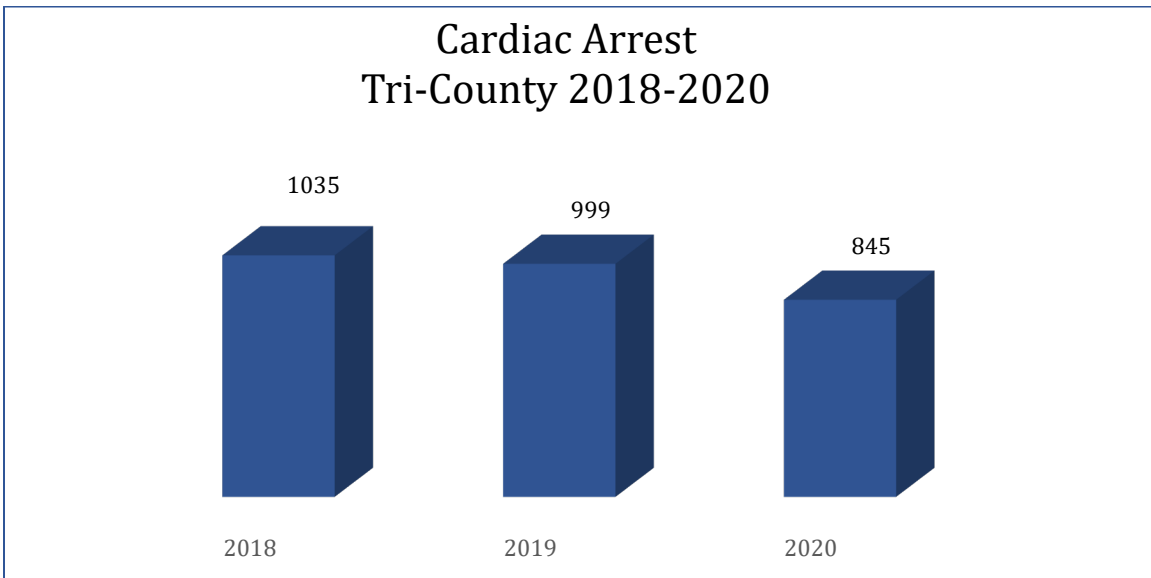


Source: COMPdata Informatics 2021

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Tri-County area hospitals decreased by 190 cases between 2018 and 2020. (Figure 65). Note that hospital-level data only show hospital admissions.

Figure 65

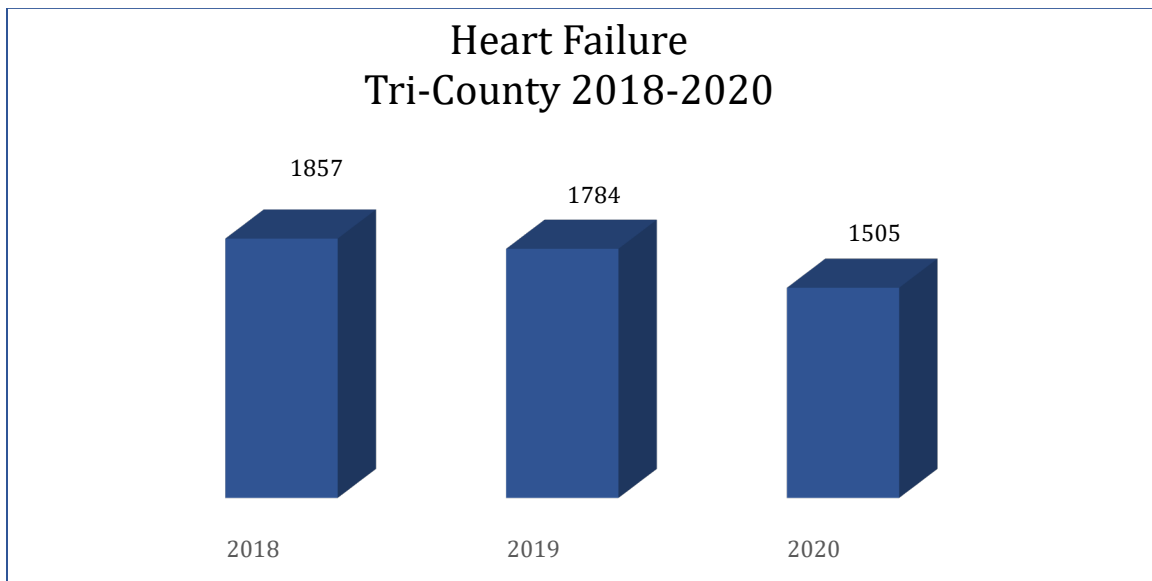


Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at Tri-County area hospitals fluctuated. In 2018, 1857 cases were reported, and in 2020, there were only 1505 cases reported (Figure 66). This decrease could be because of the COVID-19 pandemic. Note that hospital-level data only show hospital admissions.

Figure 66

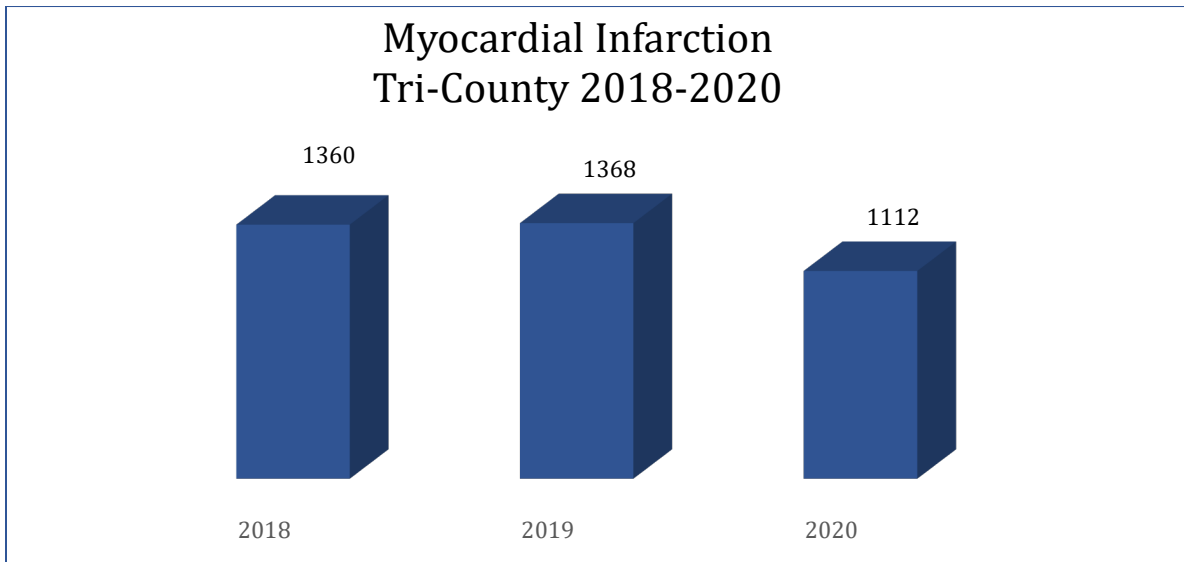


Source: COMPdata Informatics 2021

Myocardial Infarction

The number of treated cases of heart failure at Tri-County area hospitals fluctuated. In 2018, 1360 cases were reported, and in 2020, there were only 1112 cases reported. (Figure 67). Note that hospital-level data only show hospital admissions.

Figure 67

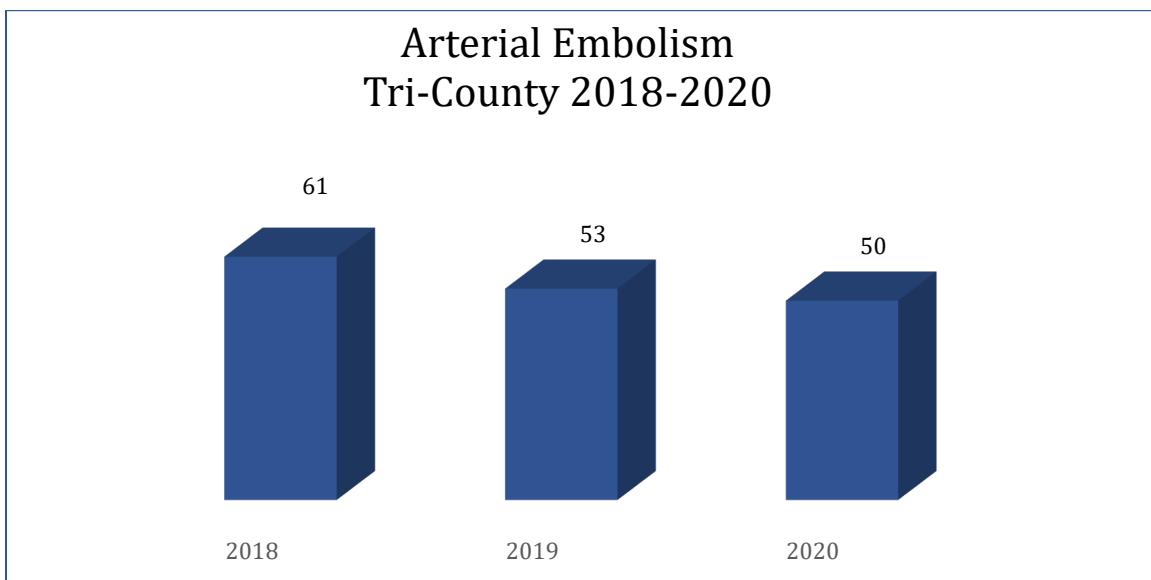


Source: COMPdata Informatics 2021

Arterial Embolism

The number of treated cases of arterial embolism at Tri-County area hospitals decreased between 2018 (61) and 2020 (50) (Figure 68). Note that hospital-level data only show hospital admissions.

Figure 68

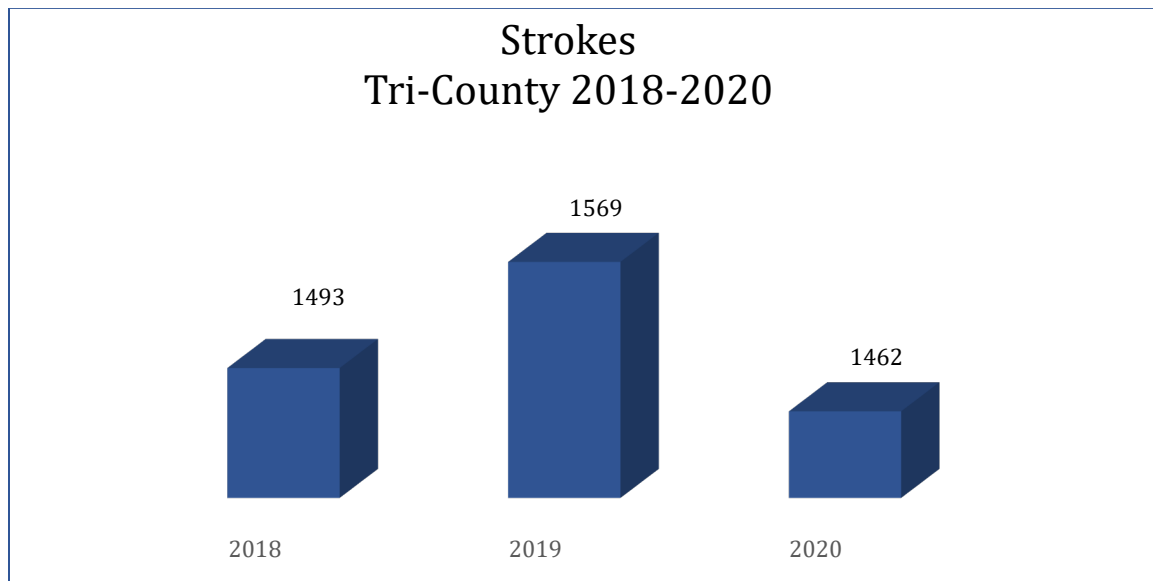


Source: COMPdata Informatics 2021

Strokes

The number of treated cases of stroke at Tri-County area hospitals increased between 2018 and 2019 but significantly decreased in 2020 (Figure 69). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 69



Source: COMPdata Informatics 2021

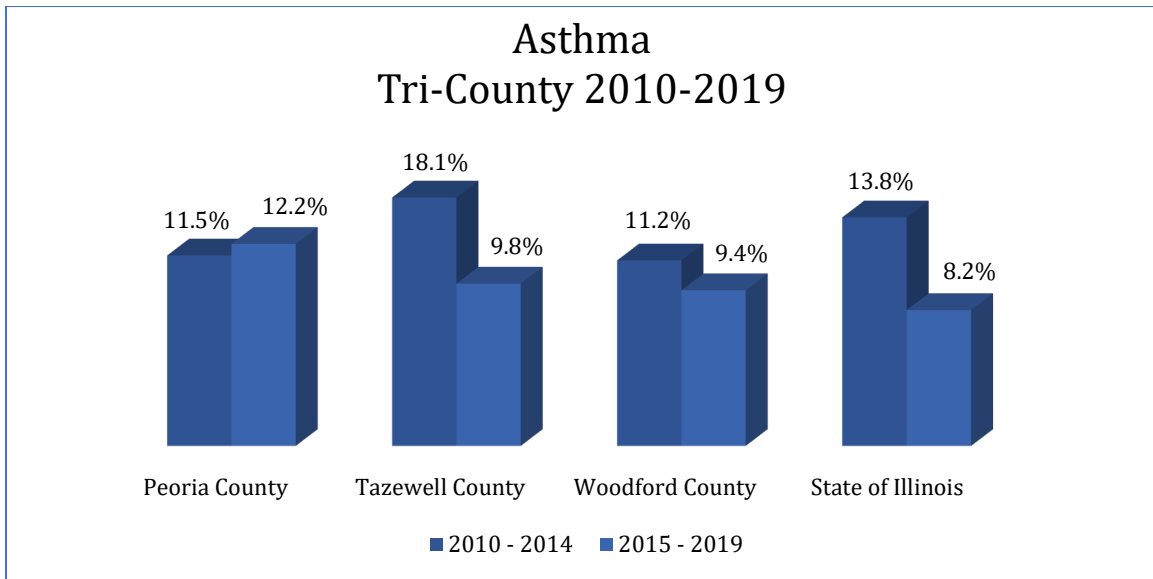
4.4 Respiratory

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

Asthma

The percentage of residents that have asthma in the Tri-County area has decreased in Tazewell and Woodford and increased in Peoria County between 2010-2014 and 2015-2019. State averages have decreased from 13.8% to 8.2% (Figure 70). Note that data have not been updated by the Illinois Department of Public Health.

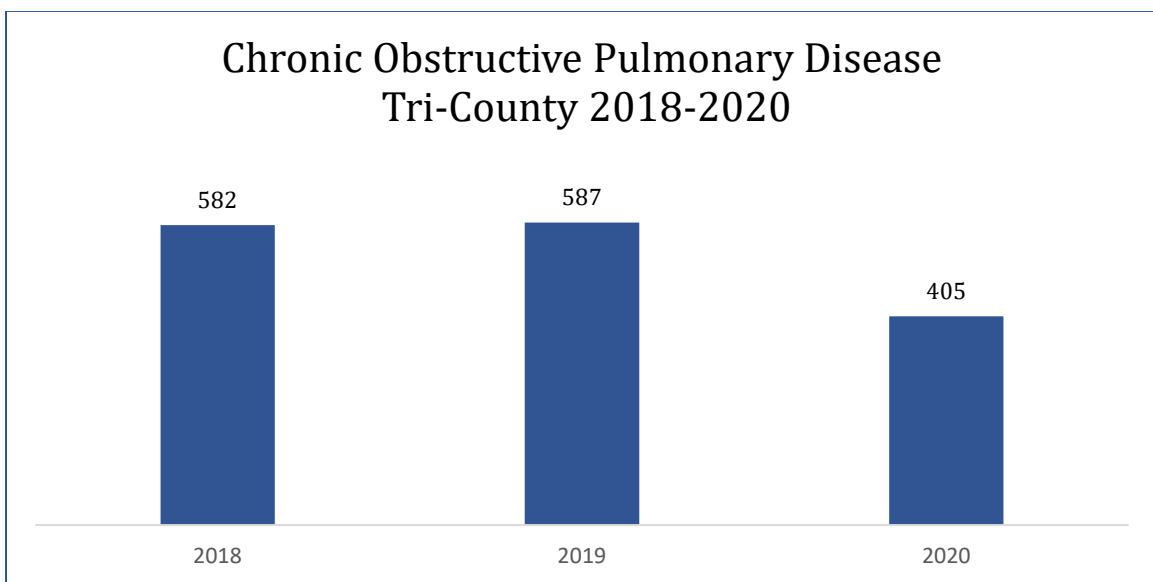
Figure 70



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Tri-County area hospitals fluctuated between 2018 and 2020 with a significant decline in 2020 (Figure 71). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 71



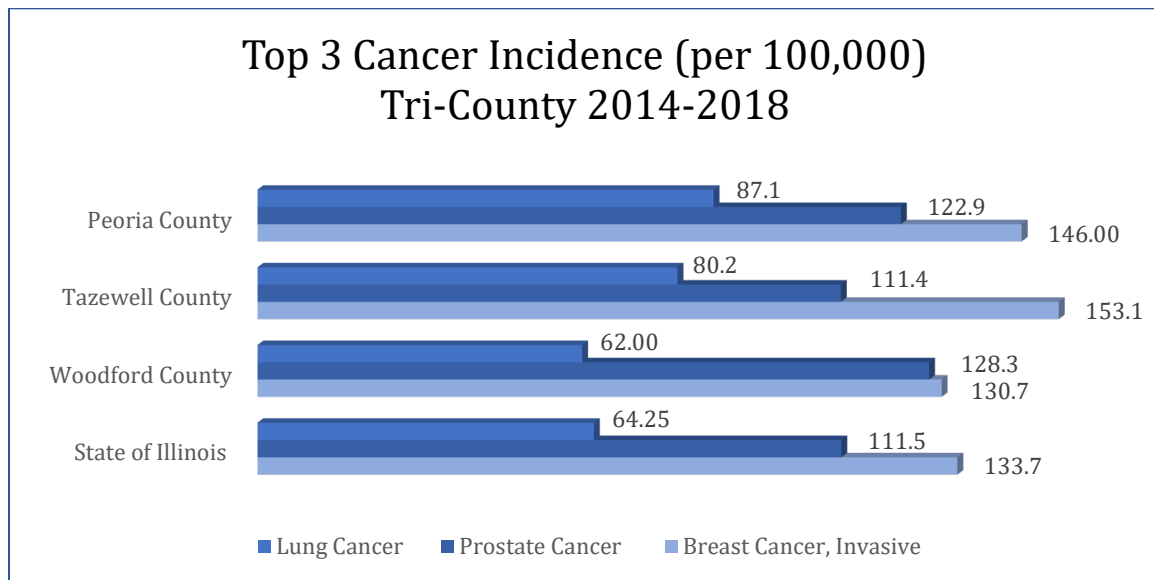
Source: COMPdata Informatics 2021

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 Tri-County.

The top three prevalent cancers in Tri-County, comparisons are illustrated in Figure 72. Specifically, all cancer rates in Peoria County are higher than the State of Illinois. Tazewell County reports significantly higher rates of lung and breast cancer compared to the State of Illinois. Woodford County reports significantly higher rates of prostate cancer than the State of Illinois.

Figure 72



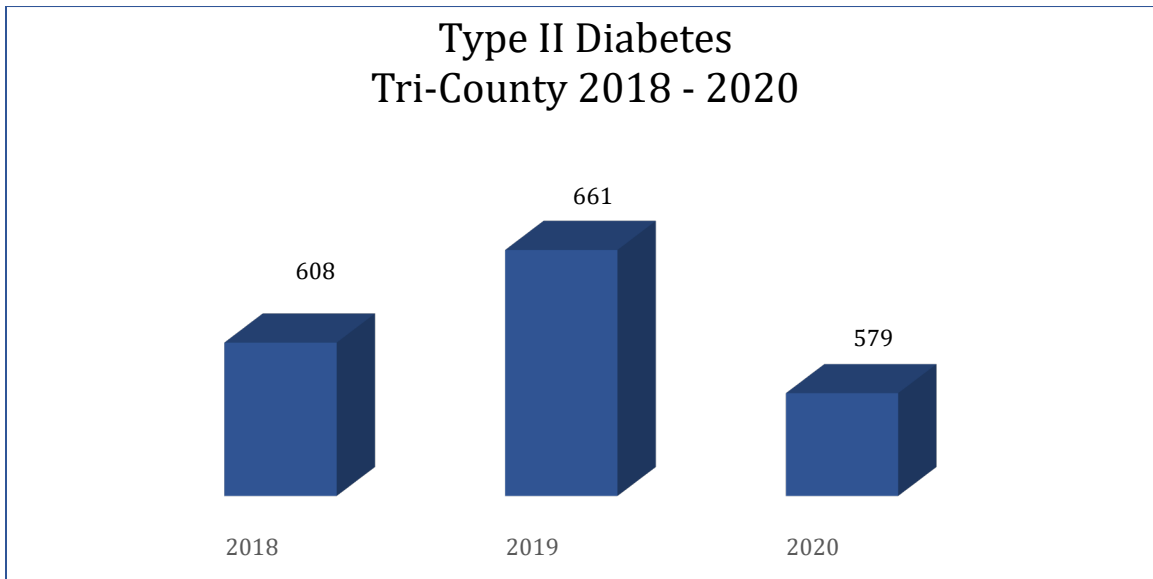
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from the Tri-County increased between 2018 (608) and 2019 (661) with a dramatic drop in 2020 (579) (Figure 73). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

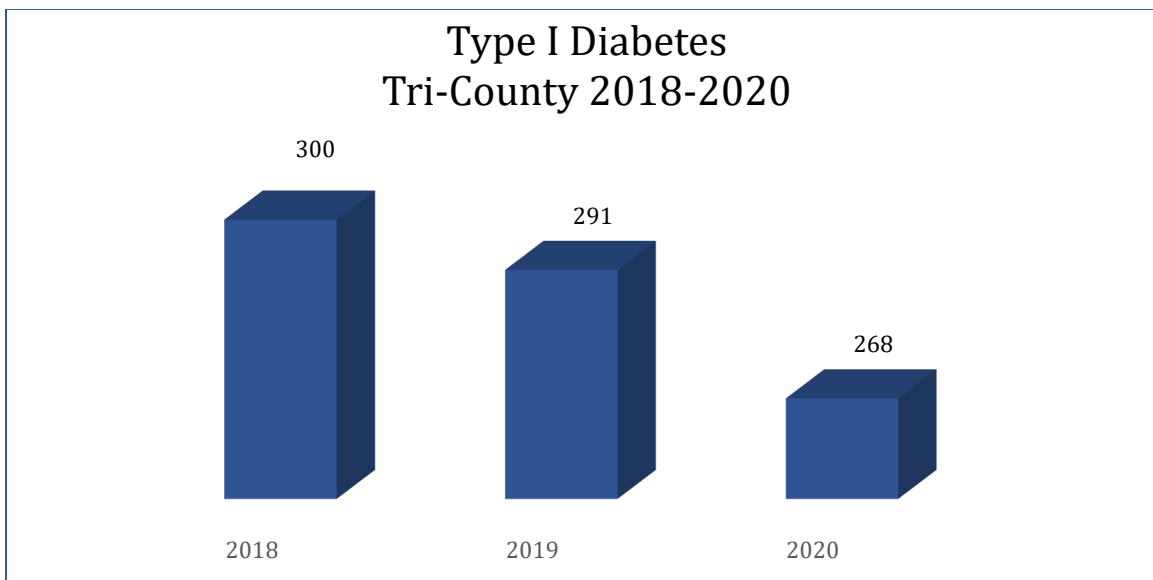
Figure 73



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2018 (300) to 2020 (268) (Figure 74). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

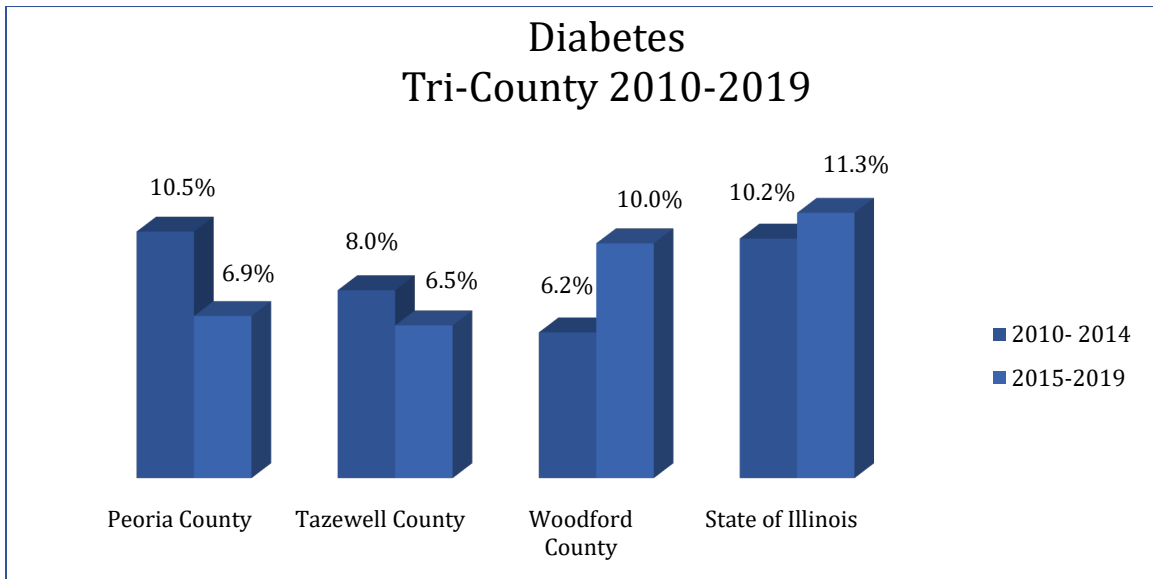
Figure 74



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 6.9% of Peoria County residents have diabetes and 6.5% of Tazewell County. For Woodford County residents, 10% have diabetes and trends are concerning as prevalence is increasing (Figure 75). Note that data have not been updated by the Illinois Department of Public Health.

Figure 75



Source: Illinois Behavioral Risk Factor Surveillance System

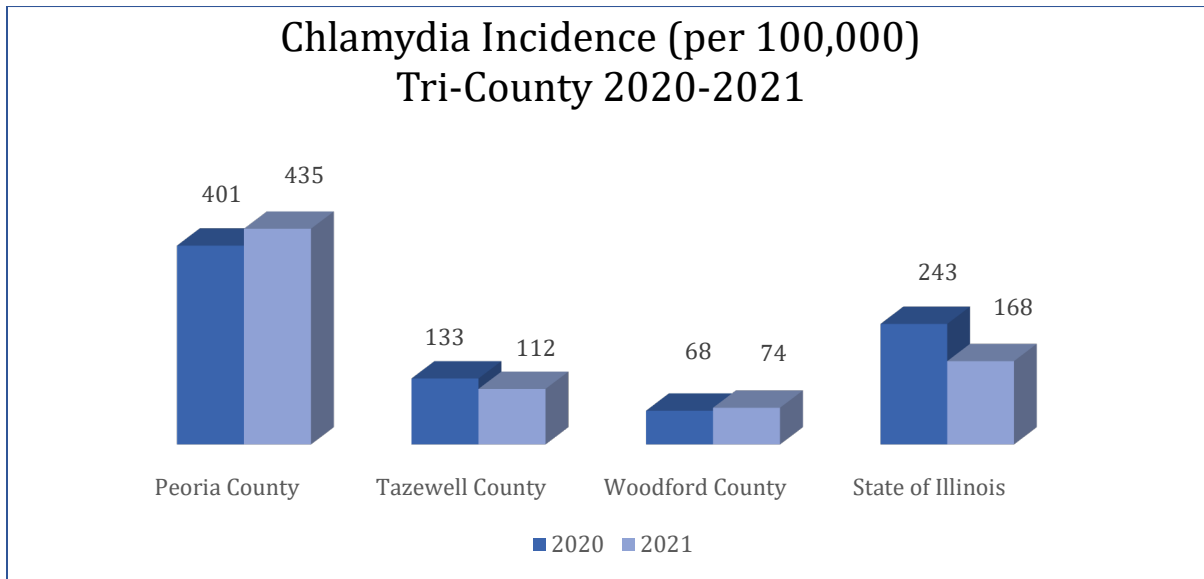
4.7 Infectious Diseases

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

Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in the Tri-County area from 2020-2021 indicate an increase, except in Tazewell County, which decreased. The State of Illinois, incidence of chlamydia decreased (Figure 76).

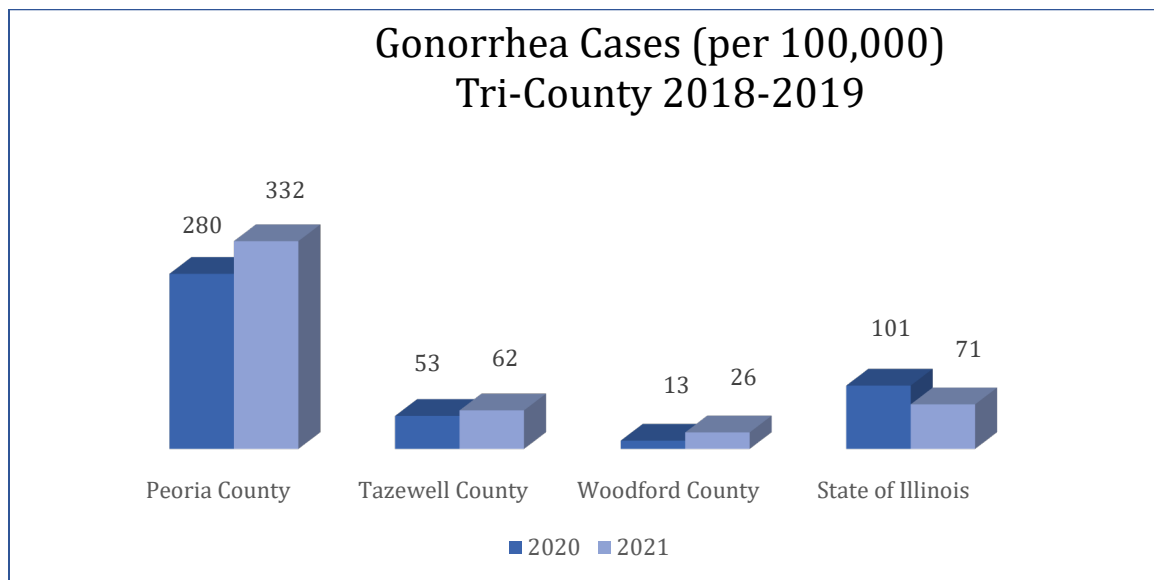
Figure 76



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in the Tri-County indicate an increase in 2018-2019 while the State of Illinois rate decreased. Note that the rates of gonorrhea in Peoria County are significantly higher than State rates. (Figure 77).

Figure 77



Source: Illinois Department of Public Health

Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-

preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubeola), Mumps, Rubella (German measles), Diphtheria, Hepatitis B and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. The Tri-County region has shown no significant outbreaks compared to state statistics, but there are limited data available (Table 1 and Table 2). Note data has not been updated by the State beyond years displayed in table. Also note that COVID-19 vaccine rates are presented in Chapter 2.

*Table 1
Vaccine Preventable Diseases 2013-2016 Tri-County Region*

Mumps	2013	2014	2015	2016
Peoria County	0	0	0	0
Tazewell County	0	0	1	1
Woodford County	0	0	0	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
Peoria County	8	12	3	4
Tazewell County	1	10	10	2
Woodford County	0	2	4	1
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Peoria County	9	7	4	3
Tazewell County	10	11	14	7
Woodford County	5	8	2	0
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

Table 2 Tuberculosis 2017-2019 Tri-County Region

Tuberculosis	2014	2015	2016	2017
Peoria County	9	7	4	3
Tazewell County	10	11	14	7
Woodford County	5	8	2	0
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

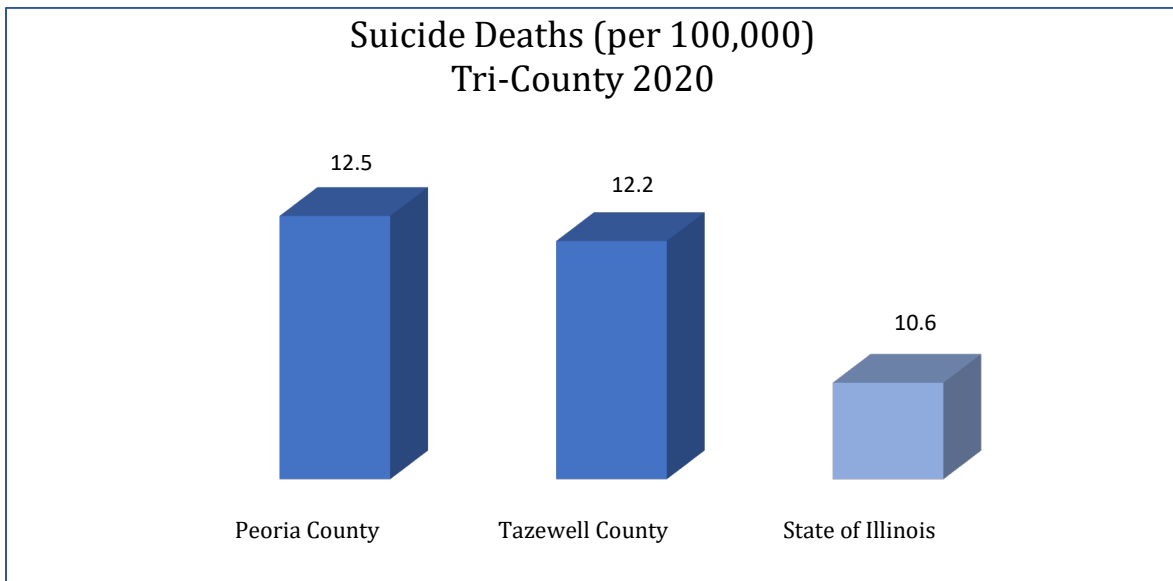
4.8 Injuries

Importance of the measure: Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues. Unintentional injuries can occur, in part, from violent crimes.

Suicide

The number of suicides in the Tri-County region indicate higher incidence than State of Illinois averages for 2020 (Figure 78). Note that IDPH data for Woodford County is not reported, as IDPH does not report the number of suicides in a county if 11 or less.

Figure 78



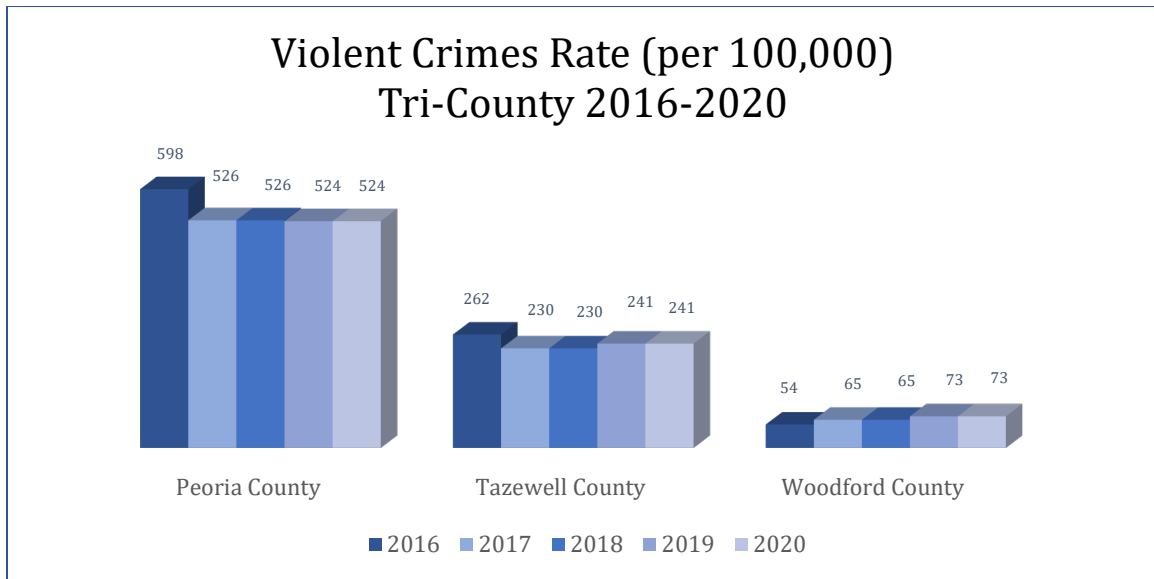
Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people.

The number of violent crimes remained consistent between 2016 and 2020 (Figure 79).

Figure 79



Source: Illinois County Health Rankings and Roadmaps

4.9 Mortality

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

The top two leading causes of death in the State of Illinois and the Tri-County are similar as a percentage of total deaths in 2020. Cancer (20%) and Diseases of the Heart (19.9%) are the leading causes of death in Peoria County. Diseases of the Heart (21.0%) and Cancer (17.6%) are the leading causes of death in Tazewell County. Diseases of the Heart (23.8%) and Cancer (18.5) are the leading causes of death in Woodford County (Table 3). Finally note that COVID-19 is the third leading cause of death in all three counties.

Table 3

Top 5 Leading Causes of Death for all Races by County & State 2020				
Rank	Peoria County	Tazewell County	Woodford County	State of Illinois
1	Malignant Neoplasm (20.0%)	Diseases of Heart (21%)	Diseases of the Heart (23.8%)	Diseases of Heart (20.7%)
2	Diseases of Heart (19.9%)	Malignant Neoplasm (17.6%)	Malignant Neoplasm (18.5%)	Malignant Neoplasm (18.1%)
3	COVID-19 (6.9%)	COVID-19 (6.6%)	COVID-19 (10.2%)	COVID-19 (11.8%)
4	Accidents (6.8%)	Chronic Lower Respiratory Disease (6.5%)	Alzheimer Disease (6.7%)	Accidents (5.4%)
5	Chronic Lower Respiratory Disease (4.9%)	Alzheimer Disease (4.6%)	Chronic Lower Respiratory Disease (5.1%)	Cerebrovascular Disease (5.1%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ PROSTATE, BREAST AND LUNG CANCER RATES ARE HIGHER THAN STATE AVERAGES IN AT LEAST ONE-OR-MORE COUNTIES.
- ✓ WHILE STATE AVERAGES HAVE SEEN AN INCREASE, DIABETES IS TRENDING DOWNWARD IN THE TRI-COUNTY REGION AND IS LOWER THAN STATE AVERAGES.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE AVERAGES.
- ✓ SEXUALLY TRANSMITTED INFECTIONS IN PEORIA COUNTY ARE SIGNIFICANTLY HIGHER THAN THE OTHER COUNTIES AND STATE AVERAGES.
- ✓ CANCER, HEART DISEASE AND COVID-19 ARE THE LEADING CAUSES OF MORTALITY.

CHAPTER 5 OUTLINE

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

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

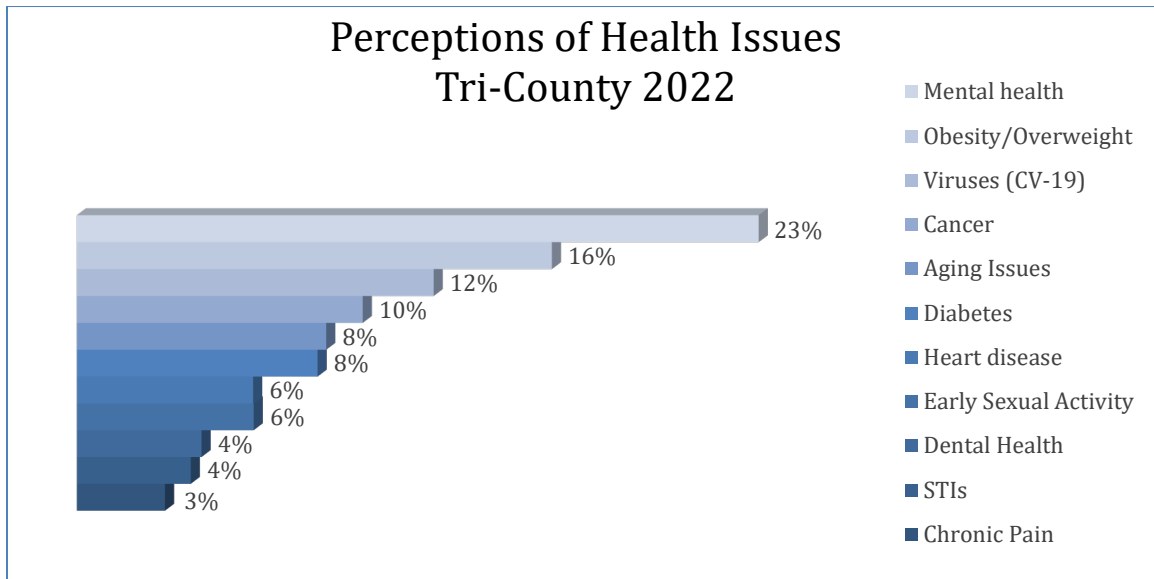
5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 11 different options.

The health issue that rated highest was mental health (23%), followed by obesity/overweight (16%) and viruses (12%) (Figure 80). These three factors were significantly higher than other categories based on *t-tests* between sample means.

Note that perceptions of the community were accurate in some cases. For example, mental health is a significant issue in the Tri-County area. Also, obesity is an important concern and the survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 80

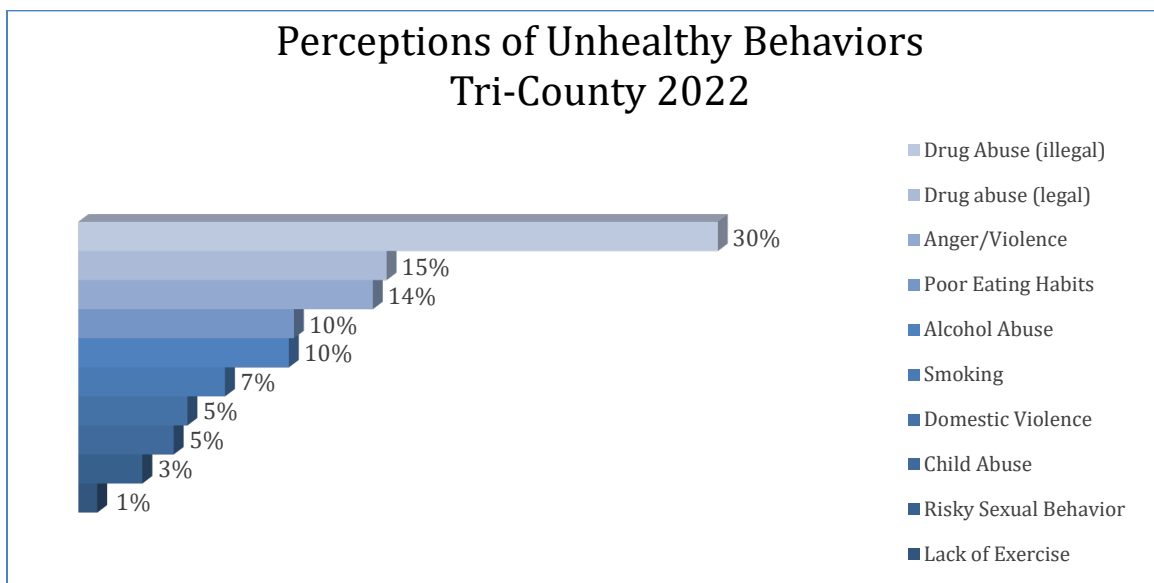


Source: CHNA Survey

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 three unhealthy behaviors that rated highest were drug abuse (illegal) at 30%, drug abuse (legal) at 15% and anger/violence at 14% (Figure 81).

Figure 81



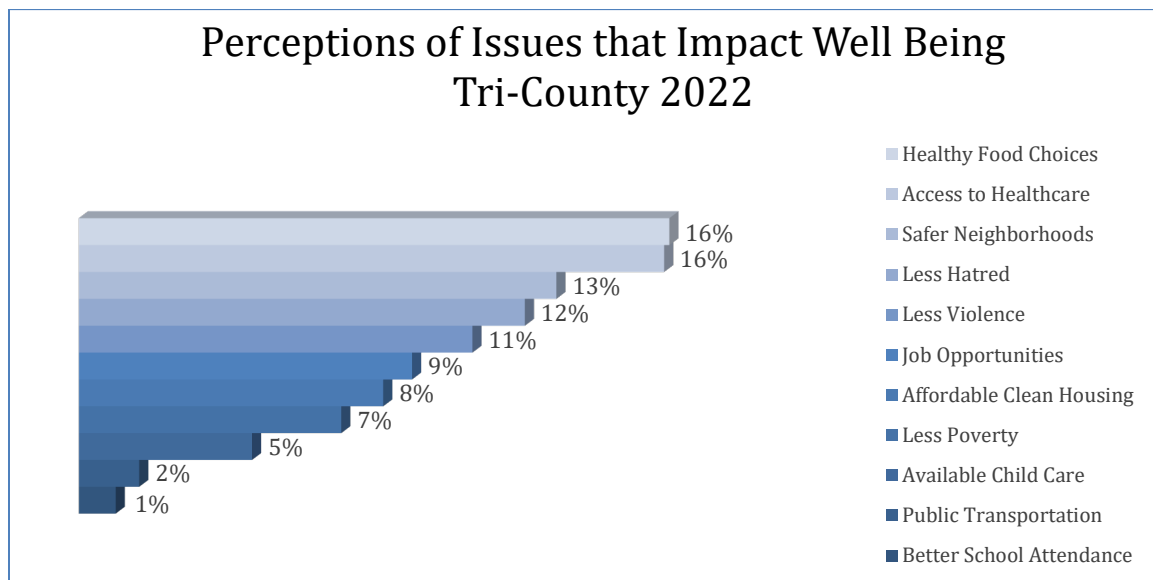
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issues impacting well-being that rated highest was healthy food choices (16%) and access to healthcare (16%) (Figure 82).

Figure 82



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 a significant percentage of the population
- Graduation rates are concerning in almost all of the Tri-County high schools

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

- Decreased utilization of doctors/clinics
- Access to counseling decreased
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Health literacy
- Depression and stress/anxiety
- COVID-19 issues

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

- Substance abuse
- Overweight and obesity

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

- Cancer rates
- Suicide rates
- Cancer, heart disease and COVID-19 are the leading causes of mortality
- Sexually transmitted infections (in Peoria County)

Potential Health-Related Needs Considered for Prioritization

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

- 1) Access to care
- 2) Cancer
- 3) Healthy eating and active living (including access to food)
- 4) Mental health (including anxiety and depression)
- 5) Obesity
- 6) Substance use

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, the PFHC CHNA steering committee reduced a list of 15 potential health needs to 6 potential health using the PEARL approach from the Hanlon Method. A comprehensive analysis of existing community resources was performed to identify the efficacy to which these 6 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: CHARACTERISTICS OF SURVEY RESPONDENTS relating to the 6 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: RESOURCE MATRIX.

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 8: PRIORITIZATION METHODOLOGY), and supplementary information on health needs (as seen in APPENDIX 8: PRIORITIZATION METHODOLOGY), a group comprised of diverse representation from the community identified three significant health needs and considered them equal priorities:

- **Healthy Eating / Active Living** – defined as healthy eating and active living, access to food and food insecurity
- **Mental Health** – defined as depression, anxiety and suicide
- **Obesity** - defined as overweight and obese

HEALTHY EATING / ACTIVE LIVING

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

Two-thirds (67%) of Tri-County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of Tri-County residents who consume five or more servings per day is only 5%. According to survey results, for those respondents who do not consume fruits and vegetables, the leading causes are eating fruits and vegetables is not important; and dislike of fruits and vegetables. Consumption of fruits and vegetables tends to be rated lower for residents who live in the Peoria/West Peoria region.

ACTIVE LIVING. A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being. Consequently, regular physical activity is critical to preventative care.

Note that 28% of respondents in the Tri-County region indicated that they do not exercise at all, and 32% of residents exercise only 1-2 times per week. Note the Healthy People 2030 target for adults that do not exercise is 21.2%. According to survey results, for those respondents that do not exercise, the leading causes for not exercising too tired, no time and dislike for exercise. Frequency of exercise tends to be rated lower for residents who live in the Eastern Woodford County region.

ACCESS TO FOOD AND FOOD INSECURITY. 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. In the Tri-County

region, approximately 3% of residents go hungry at least 1-2 times per week. Prevalence of Hunger tends to be rated higher for residents who live in the Peoria/West Peoria region and residents who live in the Eastern Woodford County region.

Mental Health

Mental health was rated as the most important health issue in the community (23%). According to the CHNA survey, 41% of respondents talked to someone about their mental health in the last 30 year.

DEPRESSION AND ANXIETY. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 58% indicated they felt depressed in the last 30 days and 52% indicated they felt anxious or stressed. Results from the 2022 CHNA show a 12% increase in the number of people experiencing depression, compared to 2019. Similarly, results from the 2022 CHNA show a 12% increase in the number of people experiencing stress / anxiety, compared to 2019. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents 41% indicated that they spoke to someone, the most common response was to a counselor (43%). In regard to self-assessment of overall mental health, 16% of respondents stated they have poor overall mental health. In the 2022 CHNA survey, respondents indicated that mental health was the most important health issue (23%).

Depression tends to be rated higher by women, younger people, and those with lower income. Additionally, depression tends to be rated higher for residents who live in the Peoria/West Peoria region and Northern, Southern and Eastern Tazewell County. In general, depression is rated lower for residents who live in Woodford County.

Anxiety tends to be rated higher by women, Black people, and younger people. Additionally, anxiety tends to be rated higher for residents who live in the Northern Peoria/Peoria Heights region.

SUICIDE. The number of suicides in Peoria and Tazewell Counties indicate higher incidences than State of Illinois averages for 2020. Note that IDPH data for Woodford County is not reported, as IDPH does not report the number of suicides in a county if 11 or less.

Obesity

Nearly two-thirds of Tri-County residents are overweight or obese. In the Tri-County region, the number of people diagnosed with obesity and being overweight is near State averages in all counties, ranging from 64.6% to 64.8%. Overweight and obesity rates in Illinois have increased from 63.7% in 2009 to 65.7% in 2019. Moreover, survey respondents were asked to self-identify any health conditions. Note that being overweight was significantly higher than any other health conditions.

In the 2022 CHNA survey, respondents indicated that being overweight 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 youth and adults nationally, in Illinois, and within the Tri-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. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

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:

Hillary Aggertt is the Administrator at the Woodford County Health Department. She holds a Bachelor's Degree in Community Health/Health Education from Southern Illinois University and a Master's Degree in Prevention Science from the University of Oklahoma. Hillary has ten years of public health experience including emergency preparedness, health education, grant writing and community collaboration. She is passionate in improving health outcomes. Ms. Aggertt is also currently president-elect for Illinois Association of Public Health Administrators and currently the co-chair of the Partnership for a Healthy Community Board.

Holly Bill, MPH, CHES, earned a Master of Public Health from Benedictine University and a Bachelor of Science Degree in Community Health Education from Illinois State University. Holly received certification through the National Commission for Health Education Credentialing as a Certified Health Education Specialist (CHES). Holly has worked at Hult Center for Healthy Living since August 2011 where she has been dedicated to giving back to the community that shaped who she is today. As a Peoria Public Schools graduate (Hines, Von Steuben, and Woodruff High School) and former Hult Center fan from yearly school fieldtrips, Holly is the Assistant Manager at Hult Center for Healthy Living and responsible for ensuring quality health education programs and services are being delivered to our community. She is also an Adjunct Professor for Family and Consumer Science Department at Bradley University teaching Leadership and Management in Public Health. Holly has served as a board member on the Partnership for a Healthy Community board since it was formed. She is currently serving as a Co-Chair of the Substance Use and Mental Health Committees. She has previously served on the Reproductive Health and Healthy Eating Active Living (HEAL) Committees. Through the Partnership's Reproductive Health workgroup she served as the curriculum coordinator for Peoria Public School District's Division of Adolescent and School Health (DASH) Committee since 2013; her work in this group earned her an *Outstanding Accomplishments & Achievements Recognition for Promotion of Civil Liberties* from the American Civil Liberties Union of Illinois in 2016 for her efforts in decreasing teen pregnancies and sexually transmitted infections throughout Peoria County. Holly was also awarded *iBi Magazine's 40 Leaders Under 40 Award* in 2017. Holly has served on a variety of committees over the years including Bright Futures PI Advisory Board, Central Illinois Area Health Education Center (AHEC) Community Advisory Committee, Children's Mental Health Initiative Steering Committee, a variety of Heart of Illinois United Way committees including the steering & curriculum committees for Healthy Minds, Healthy Neighborhoods, Positive Health Solutions Fiscal Committee, Peoria Substance Abuse Prevention Coalition (SAP), and more. She is a Dale Carnegie graduate, QPR (Question, Persuade, Refer) Suicide Prevention Gatekeeper Trainer, National Diabetes Prevention Program Lifestyle Coach, and a Certified CATCH (Coordinated Approach to Child Health) Implementation Trainer. To learn more about Holly, connect with her on LinkedIn here. www.linkedin.com/in/hollybill

Beth Crider is a native to Central Illinois, graduating from Dunlap High School. She went on to earn a teaching degree in Early Childhood Education from Illinois State University. Upon graduating, she was hired as a first year teacher at the brand new Valeska Hinton Early Childhood Education Center. During her tenure with the Peoria Public Schools, Beth taught PreKindergarten, Kindergarten, First Grade and Special Education for over 17 years. Beth attended Bradley University for graduate school where she earned a Masters Degree in Curriculum and Instruction and then went on to complete additional work to

earn a certificate in Educational Administration. She then joined the Peoria Regional Office of Education when Dr. Gerry Brookhart appointed her as the Assistant Regional Superintendent in 2011. With Dr. Brookhart's retirement in 2013, Beth was appointed by the Peoria County Board and has been serving as the Regional Superintendent since January of 2014. Beth lives in Peoria with her husband, Brien Dunphy, and two daughters, Abby and Kate.

Greg Eberle is the Community Health Coordinator for Hopedale Medical Complex where he leads community health initiatives and related programs. He is passionate about creating healthy environments, enhancing the places where people live, work and play so that they promote health and well-being. Greg graduated with a BS in physical education and athletic training from Illinois State University. He is currently a certified athletic trainer.

Amy Fox is the administrator at Tazewell County Health Department. Ms. Fox has worked in public health for over 28 years in areas of community health improvement planning, health promotion, substance abuse prevention, coalition development and emergency preparedness. Currently, in addition to responsibilities in Tazewell County, Ms. Fox is the Co-Chair of the Public Health Committee of the Illinois Terrorism Task Force and the Co-Chair of PHIST- Public Health is Stronger Together, a statewide group made up of all associations that work in governmental public health.

Lisa Fuller, MS, MHA, is the Vice President of Outpatient and Ancillary Services at OSF Healthcare, Saint Francis Medical Center. She is responsible for Saint Francis Medical Center Outpatient Departments, including, but not limited to outpatient services at the Centers for Health Rt 91, Morton Center for Health, Washington Outpatient Center, Glen Park Center for Health, Sleep Lab, Cancer Services, Sisters' Clinic, SFMC Imaging, Lab Services, RiverPlex and Behavioral Health. She is currently the co-chair for the Partnership for a Healthy Community Board.

Sally Gambacorta is the Community Health Director for Carle BroMenn Medical Center and Carle Eureka Hospital. Both hospitals are in central Illinois. She has worked for Carle (formerly Advocate Health Care) for 27 years in Wellness and Community Health. Sally holds a Bachelor of Science degree in Business Administration from Augustana College, a Master of Science degree in Industrial/Organizational Science from Illinois State University and a Master of Arts degree in Leisure Studies with a concentration in Corporate Fitness and Health Promotion from the University of Iowa. In her community health role, Sally is responsible for the Community Health Needs Assessment and Community Benefits at both hospitals. She has extensive experience in collaborating with community partners to improve the health of the community. Sally is a member of the McLean County Community Health Council Executive Steering Committee and facilitates the McLean County Behavioral Health Priority Action Team. She is also a member of the McLean County Mental Health First Aid Collaborative, the Bloomington – Invest Health team and is on the Partnership for a Healthy Community Board for Woodford, Tazewell and Peoria Counties. She is also an ad hoc member of the John M. Scott Health Commission Grants Committee.

Kate Green is the Executive Director of Home for All. Kate is focused on leveraging resources across the region to meet the ultimate goal of ending homelessness. Her approach to the work is informed by her experience in public administration and innovation. From strategic partnerships to capacity building, Kate works to enrich the network of organizations and individuals that touch the lives of those experiencing homelessness.

Eric Rahn is the director of strategy and business development for UnityPoint Health Peoria. Previously he worked in the role of director of operations. He has been with UnityPoint for 6 years. Prior to

UnityPoint he worked for Walgreens for 25 years in a variety of leadership roles. Eric holds a bachelor's degree in business management.

Monica Hendrickson has been the Public Health Administrator for the Peoria City/County Health Department since July 2017. She initially began working at Peoria City/County Health Department in 2009, as the Emergency Preparedness Planner until she left in 2010 to be the Director of Health Protection as Knox County Health Department. She returned to Peoria in 2013 as the agency's Epidemiologist until she transitioned into her new role. Monica received her MPH in 2008 from the University of Michigan School of Public Health and her BS in 2005 from the University of Illinois Urbana-Champaign. In addition to having served on the Heart of Illinois United Way as a grant reviewer and Solution Council member, Monica is on the Board of Directors, as well as a member of the WTVP Board of Directors, a member of the Phoenix Community Development Services Board, and President-Elect for the Illinois Public Health Association. She is currently the co-chair of the Partnership for a Healthy Community, the tri-county community health improvement initiative that aligns healthcare, health departments and other agencies towards improving outcomes.

Tricia Larson, MA, LCPC, is the Director of Behavioral Health Outpatient for UnityPoint Health – UnityPlace. She earned her Master of Arts in Human Development Counseling from the University of Illinois at Springfield and is a Licensed Clinical Professional Counselor. Tricia has been dedicated to the field of behavioral health for the past 16 years and has served in both clinician and leadership roles. Tricia has also served on numerous committees and Boards. She is dedicated to assisting individuals in achieving overall wellness through quality behavioral healthcare.

Chris Setti is the CEO of the Greater Peoria Economic Development Council, a public-private organization that helps drive economic success in a five county region of Central Illinois. Chris joined the EDC three and a half years ago after a 12 year career with the City of Peoria where he served in a variety of roles including Director of Economic Development and Assistant City Manager. Prior to his work with the city, Chris spent 10 years working in social services in Chicago, Denver and Peoria. Chris has a bachelor's degree in political science from the University of Notre Dame and a master's degree in public administration from the University of Colorado-Denver. Chris grew up in Southern California but has called Peoria his home since 2003. He lives on Peoria's historic West Bluff with his wife and two daughters.

Kaitlyn Streitmatter works for University of Illinois Extension as a SNAP-Education educator in Fulton, Mason, Peoria and Tazewell counties. Kaitlyn earned a Masters of Public Health and a Masters of Science in Kinesiology. She is a certified health education specialist having earned her degree in Community Health at University of Illinois. Her work focuses on implementing policy and systems change to promote a healthier environment and ultimately encouraging behavior change. She collaborates with community partners to provide evidence-based nutrition and physical activity education for limited resource families and communities. Kaitlyn is co-chair Healthy Eating Active Living and co-founded Food Pantry Network.

Dr. Adam Sturdavant, MD is a pediatrician with OSF Healthcare. His practice is located at OSF Center for Health Route 91. He is a member of the Tazewell County Board of Health.

Nicole Robertson, MPH is Senior Manager, Cancer Control Strategic Partnerships at the American Cancer Society and is Clinical Associate Faculty in the Department of Health Sciences Education and Pathology at the University of Illinois College of Medicine- Peoria. Her professional experience includes population health, innovation, interdisciplinary education, community engagement and outreach, and

strategic partnership development. She has been engaged in numerous volunteer advocacy initiatives and worked closely with local/state elected officials on public health injury prevention and health equity campaigns.

Jennifer Zammuto is President of the Heart of Illinois United Way. They invest community dollars based on the needs in our communities, using an outcomes-based process to ensure the best return on investment. Jennifer came to the Heart of Illinois United Way in 2018 with more than 24 years of experience in philanthropy, communications, strategic planning, consulting, team building and project management. She joined the United Way team after ten years at the Caterpillar Foundation where she implemented new approaches to philanthropy and advocacy while growing the Foundation's thought leadership position through processes and procedures focused on supporting and mitigating risk. Prior to the Caterpillar Foundation, her years at Converse Marketing and L.R. Nelson Corporation built her communications, international business, public relations, brand and marketing expertise. She has been actively involved with the Heart of Illinois United Way including serving as the Solution Council's Vice Chair of the Children and Youth Allocation Committee as well as a member of the Board of Directors, Campaign Cabinet, and Heart of Illinois Homeless Continuum of Care Governing Board. She is currently on the board of LISI Peoria, CEO Council, Greater Peoria Economic Development Council, Regional Workforce Alliance, Greater Peoria Black Leadership Initiative, Tri-County Partnership for a Healthy Community, the Health Care Collaborative and more, and has served on the board for the Center for Prevention of Abuse, and is a former member of Downtown Rotary. She received a Bachelor of Arts degree in French-Business and Translation from Northern Illinois University in 1994 and has lived and worked abroad in addition to studying at the Université d'Avignon in France. Zammuto completed Bradley University's EMBA program in 2011.

FACILITATORS

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and 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 McMahan-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 McMahan-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 2019 CHNA PRIORITIZED NEEDS

OSF Saint Francis Medical Center

- **Healthy Eating/Active Living** – defined as healthy eating and active living, and their impact on obesity, access to food, and food insecurity.
- **Cancer** - defined as incidence of breast, lung, and colorectal cancer and cancer screenings.
- **Mental Health** - defined as depression, anxiety, and suicide
- **Substance Use** - defined as abuse of illegal and legal drugs, alcohol, and tobacco/vaping use

Healthy Behaviors – Active Living, Healthy Eating and Obesity

Goal 1: *Reduce the proportion of adults considered obese in the Tri-County area by 2%.*

- 1) Increase number of persons receiving produce vouchers by 2%.
 - a) 2020 - 500 vouchers
 - b) 2021- 744 vouchers
- 2) Provide healthy eating and active living education and awareness through community outreach and public or social media.
 - a) 2020 - 52 community outreach events and social media activities
 - b) 2021-124 community outreach events and social media activities
- 3) Increase participation in the Medical Exercise program.
 - a) 2020 - 8,955 encounters (Impacted because of closure due to COVID-19)
 - b) 202 - 24,363 encounters
- 4) Increase enrollment in the Weight Management Clinic
 - a) 2020 - 5,544 visits
 - b) 2021 - 9,614 visits

Goal 2: *Reduce the proportion of youth (Grades 8-12) in the Tri-County area, who self-report being overweight and obese.*

- 7) Expand the Breast Feeding Resource Center's community outreach efforts.
 - a) 2020 -1462 encounters and 16 community outreach events
 - b) 2021 -1492 encounters and 46 community outreach events

Continue to collaborate to offer Healthy Kids U in Motion program.

- a) 2020 - Two programs offered, then the program was postponed to due to COVID-19
- b) 2021- Four programs offered, with a total of 36 participants

Goal 3: Decrease food insecurity in populations residing in the Tri-County area.

- 1) Assess for social determinants of health. Pilot in 61603 & 61605 zip codes. Determine baseline for number of assessments for social determinant of health completed. Determine baseline for food insecurity.
 - a) The pilot was implemented, but the patient population adjusted due to COVID-19. 767 patients completed a social determinant of health assessment. 145 (19%) patients were determined to be food insecure.
- 2) Pilot Smart Meals Program. Piloted in Wound Clinic, Sisters Clinic and Care-A-Van. Determine baseline for number of Smart Meals distributed.
 - a) Smart Meals program was piloted in Cancer Services and Wound Clinic. 78 Smart Meals were distributed.
- 3) Expand Gardens of Hope community outreach efforts. Increase number of volunteer hours by 10%. Baseline: 1000 hours. Increase number of children educated from by 10%. Baseline: 23.
 - a) 2020- 1292 volunteer hours 32 children were educated
 - b) 2021- 1,376 volunteer hours, 80 children were educated
- 4) Expand FCN/Care-A-Van outreach. Increase number of referrals by 2%. Baseline: 4163.
 - a) 2020- 4443 referrals
 - b) 2021- 5952 referrals

Cancer – Breast, Lung and Colorectal

Goal 1: Reduce the female breast cancer death rate in the Tri-County area

- 1) Increase screening mammograms provided by 200. Baseline: 25,025.
 - a) 2020- 27,621 screening mammograms
 - b) 2021- 21,562 screening mammograms
- 2) Increase number of high-risk assessments provided by 10%. Baseline: 435 high risk assessments.
 - a) 2020- 9164 high risk assessments
 - b) 2021- 8864 high risk assessments.
- 3) Increase number of education and awareness activities from 10 to 12.
 - a) 2020- 7 education and awareness activities.
 - b) 2021- 7 education and awareness activities.

Goal 2: Reduce the colorectal cancer death rate in the Tri-County area

- 1) Increase number of colonoscopies provided by 1000.
 - a) 2020- 4539 colonoscopies
 - b) 2021- 4965 colonoscopies.

- 2) Provide colorectal cancer education and awareness through community outreach.
 - a) 2020- 105 persons reached; 2 education and awareness activities
 - b) 2021- 532+ persons reached & 4 education and awareness activities

- 3) Evaluate the distribution of non-invasive screening test kits.
 - a) Distribution of non-invasive colorectal cancer screening test kits was implement on the CARE-A-VAN

Goal 3: Reduce the lung cancer death rate in the Tri-county area

- 1) Increase number of participants in the smoking cessation program.
 - a) 2020- 192 patients
 - b) 2021- 40 patients

- 2) Provide lung cancer awareness and prevention education through community outreach.
 - a) 2020- 360 persons reached 2 education and awareness activities.
 - b) 2021- 560+ persons reached and 8+ education and awareness activities

- 3) Increase the number of low does CT Lung cancer screenings provided.
 - a) 2020- 2223 lung cancer screenings
 - b) 2021- 2647 lung cancer screenings

Mental Health**Goal 1: Decrease the number of suicides in the Tri-County area**

- 1) Screen patients receiving outpatient behavioral health services for suicide risk.
 - a) Upon implementation, issues were discovered regarding documentation of suicide risk screening. This was corrected in 2020 and implemented in 2021. 91% of patients were screened 2021.

Goal 2: Decrease the number of residents in the Tri-County area who reported feeling depressed or anxious in the past 30 days.

- 1) Implement Prescriptions for Play program.
 - a) 18 Prescriptions for Play

- 2) Increase outpatient Behavioral Health encounters by 2%.
 - a) 2020- 15,716 encounters
 - b) 2021- 16,752 encounters

- 3) Increase Resource Link encounters.
 - a) 2020- 301 encounters
 - b) 2021- 472 encounters

- 4) Increase Strive Trauma Recovery services provided in a community setting.
 - a) 2020- 2061 visits
 - b) 2021- 2216 visits

- 5) Provide free access to digital Behavioral Health solution – Silvercloud.
 - a) Over 1,000 Utilizing app

- 6) Provide free Behavioral Health Navigation services.
 - a) Over 1,600 services provided

Goal 3: *Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.*

- 1) Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.
 - a) 19,163

- 2) Track number of patients referred to community based organizations (CBO)
 - a) 889

- 3) Track number of Mission Partners educated for continued roll-out
 - a) 80

- 4) Track number of patient referrals to OSF Care Management and social workers
 - a) 134

Substance Abuse

Goal 1: *Reduce the rate of drug induced deaths within the Tri-County.*

- 1) Increase pounds of medication collected and destroyed by 10%.
 - a) 2020- 537 lbs.
 - b) 2021- 365 lbs.

- 2) Practice opioid stewardship. Track high-risk opioid medication data. Report high-risk opioid medication data to hospital leadership monthly. Achieve target for parenteral opioid reduction.
 - a) Opioid medications are tracked and monitored through the Opioid database, which is routinely updated. High-risk medication data is reported to hospital leadership monthly. Targets have been achieved.
- 3) Collaborate to promote community Narcan efforts. Collect and provide Narcan administration data monthly
 - a) Implement Overdose Education and Naloxone Distribution (OEND) program.
 - b) Narcan administration data is shared with the Peoria City/County Health Department monthly. It was determined to not implement an OEND program, but to continue to collaborate with Jolt Harm Reduction. Patients are referred to Jolt for education and supplies.

UNITYPOINT HEALTH - CENTRAL ILLINOIS

- **Healthy Eating/Active Living** – defined as active living and healthy eating, and their impact on obesity, access to food, and food insecurity.
- **Cancer** - defined as incidence of breast, lung, and colorectal cancer and cancer screenings.
- **Mental Health** - defined as depression, anxiety, and suicide
- **Substance Use** - defined as abuse of illegal and legal drugs, alcohol, and tobacco/vaping use

Healthy Behaviors – Active Living, Healthy Eating and Obesity

Goal 1: *Reduce the proportion of adults considered obese in the Tri-County area by 2%.*

- 1) Provide evidence-based lifestyle interventions using the National Diabetes Prevention Program (DPP) curriculum to decrease obesity and increase physical activity among prediabetic individuals to decrease or delay the onset of type 2 diabetes.
 - a) 2021- Hult Center for Healthy Living ended Diabetes Prevention Program (DPP) due to lack of resources to provide the program and is continuing to refer patients to Tazewell County Health Department's active DPP program.
 - b) In response to an increased request for providing health education and chronic disease prevention among the community's adolescent population, Hult Center for Healthy Living's team began providing the WELL Program (Wellness Education for Lifestyle Learning) that will serve adolescents ages 8-17 who are at-risk for developing type 2 diabetes. A part of the WELL Program includes parent/caregiver education. The program was newly launched in 2021 and served one new patient at-risk for type 2 diabetes. Additional patients were being recruited to participate in this no-cost program at the end of 2021.
 - c) 2021- Hult Center's Health Education Specialists participated in the Healthy Eating, Active Living Action Team under the tri-county's Partnership for a Healthy Community.
- 2) UnityPoint Health's Community Registered Dietitians will participate in five community health fairs each year to reduce the proportion of adults who are considered obese.

- a) 2021- Community health fairs were extremely limited in 2021 due to the pandemic restrictions for gatherings. In addition, UnityPoint Health and each department experienced extreme staffing shortages that made it difficult to reach proposed objectives. Instead of in-person educational opportunities, Hult Center's Registered Dietitians hosted four virtual cooking demonstrations that were streamed live via social media platforms.
- b) Hult Center's Registered Dietitians also coordinated professional Registered Dietitian (RD) rotations from three programs- Illinois State University, Bradley University, and OSF St. Francis Medical Center. The RD students assisted with all community efforts including cooking demonstrations, snack days for healthy snack sampling and recipe distributions, and educational sessions with patients and community members. All services were provided at no cost.

(3) Continue to provide Well Power classes that are focused on weight management and are also available to all UPH employees

- a) 2021-Well Power classes are no longer being provided; instead, the organization is focusing on Journey to Wellness individualized lifestyle coaching for UnityPoint Health employees and their spouses. This program provides four personalized health coaching sessions at no cost. In 2021 there were 191 participants.

(4) Journey to Wellness Lifestyle Coaching – UPH employees (and their spouses) can participate in these 4 free sessions every year for wellness credit. These counseling sessions help participants identify personal health and wellness goals and establish criteria to meet these goals.

- a) 2021- Journey to Wellness individualized lifestyle coaching for UnityPoint Health employees and their spouses. This program provides four personalized health coaching sessions at no cost. In 2021 there were 191 participants.

(5) Discover Healthy Concept classes – these 12-week sessions are available to UPH employees and community members. This class pairs exercise with different nutrition education topics each week

- a) 2021- Discover Healthy Concept class is no longer provided by UPH. The organization decided to provide alternative activities as a result of the pandemic. During 2021, free screenings were provided to the community including real-time education by UnityPoint Health staff.
 - 2,027 Blood Pressure Screenings
 - 1,828 Glucose Screenings
 - 1,828 Lipid Screenings
 - 1,971 Pulse Ox Screenings
- b) Referrals to providers were provided to increase access to care for patients at elevated risk

Goal 2: *Reduce the proportion of youth (Grades 8-12) in the Tri-County area, who self-report being overweight and obese by 2%.*

- 1) Hult Center for Healthy Living's collaborative effort with Peoria Public Schools to increase knowledge and healthy behaviors among youth through nutrition and physical activity interventions.
 - a) 2021 – 3,240 students participated in nutrition and physical activity health interventions.

- (2) UnityPoint Health Community Registered Dietitians will provide one-on-one consultations with at-risk students enrolled in In-School Health Clinics to improve healthy behaviors and decrease obesity.
- a) 2021-3,240 students participated in nutrition and physical activity interventions; Hult Center has created a new program in response to community requests for youth health coaching for adolescents at risk for type 2 diabetes.
 - b) Hult Center for Healthy Living has launched the WELL Program (Wellness Education and Lifestyle Learning) in collaboration with In-School Health Clinics and UPH providers to make direct referrals for at-risk patients. One client participated in health coaching sessions in 2021 and the program will continue to grow in 2022 and beyond.
- (3) Discover Healthy Concept classes – these 12-week sessions are available to UPH employees and community members. This class pairs exercise with different nutrition education topics each week.
- a) 2021- Discover Healthy Concept class is no longer provided by UPH. The organization decided to provide alternative activities as a result of the pandemic. During 2021, free screenings were provided to the community including real-time education by UnityPoint Health staff.
 - 2,027 Blood Pressure Screenings
 - 1,828 Glucose Screenings
 - 1,828 Lipid Screenings
 - 1,971 Pulse Ox Screenings
 - b) Referrals to providers were provided to increase access to care for patients at elevated risk
- (4) Clinical nutrition education classes-free of charge and topics include MyPlate, label reading, meal planning, smart snacking and grocery shopping.
- a) 2021- 3,240 students participated in nutrition and physical activity interventions

Goal 3: *Decrease food insecurity in populations residing in the Tri-County area by 1%.*

- 1) Peoria Grown – This is a program that provides food and education to low-income families in Peoria. Participants can receive WIC credit for certain classes. Both school-aged children and adults participate in separate classes. For the WIC mothers cooking classes, they are sent home with ingredients to make the recipes that were made in class.
 - a) UnityPoint Health’s Health Education Specialists support the food insecurity efforts through serving on Partnership for a Healthy Community’s HEAL (Healthy Eating, Active Living) Committee where updates for Peoria Grown and other food insecurity updates are shared.
 - b) Hult Center’s Health Education Specialists are working with School-Based Health Center’s clinic staff at Peoria High, Trewyn School, and Manual Academy to incorporate food insecurity and other social determinants of health screening questions into every one-on-one health coaching visit. These clinics are located in Peoria high-risk zip codes where disparities are among the highest in the tri-county. The team is working on establishing community partners to effectively address social determinants of health at each visit.

- 2) Family Medical Center (UPH FMC) will provide a community garden for Peoria County residents.
 - a) Family Medical Center (FMC) started the community garden in 2020 as part of a research project that two of their medical residents initiated. Currently, it is maintained by a group comprised of medical students at University of Illinois College of Medicine and faculty/staff/residents at the Family Medical Center. Most of the food grown is donated to Sophia's Kitchen, a local food pantry, and the garden is open to medical students and staff that are experiencing food insecurity. In 2020, the first year, 217 pounds of fresh produce were donated from the community garden. In 2021 over 600 pounds of fresh produce was donated. The goal for 2022 is to donate 800 pounds of fresh produce.
 - b) There are 20 raised garden beds, a grape trellis, and 50 fruit trees in the garden.
 - c) Future plans include a teaching space, walking path through the garden, composting, and additional raised beds.

Cancer – Breast, Lung and Colorectal

Goal 1: *Reduce the female breast cancer death rate in the Tri-County area by 1%.*

- 1) Hult Center for Healthy Living will continue to offer Survivorship programs at no charge to those with cancer diagnosis, survivors, and caregivers
 - a) 2021- 404 individuals were served through Hult Center's oncology healthy living programs in 2021; healthy living programs included massage therapy, meditation, and strength-training classes
 - b) 2021- Virtual oncology support groups were offered at no cost to patients with a cancer diagnosis, survivors, and caregivers. 333
- 2) Continue to offer oncology specific medical nutrition therapy through Hult Center for Healthy Living's oncology support programs and services at no charge to those with a cancer diagnosis
 - a) 2021- 3,434 no-cost individual medical nutrition therapy sessions were provided for patients in treatment for cancer (initial and follow-up appts) by Registered Dietitians
- 3) Collaborate with Tazewell County Health Department and other community partners to implement Free Mammography Day.
 - a) 2021- UnityPoint Health collaborated with Tazewell County Health Department to provide Free Mammography Day. The event served 63 patients who all received breast cancer screenings and health education from community partners.

Goal 2: *Reduce the colorectal cancer death rate in the Tri-county area by 1%.*

- 1) Collaborate with community partners for a cancer screening and prevention day.
 - a) 2021 - 7 community partners collaborated to provide a comprehensive screening day in August 2021. At the event, 58 patients received a mammogram, 52 patients received a low-dose lung cancer screening, 33 patients received a pap smear for cervical cancer screening, and 100+ patients received skin cancer checks.
 - b) In November 2021, UnityPoint Health Oncology hosted a lung cancer screening day and provided an additional 45 patients with a low-dose lung cancer screening.

- 2) Direct mail to patients with no documented colon cancer screening in their chart that meet the recommendations for colon cancer screening
 - a) 2021- UnityPoint Health is working to increase the number of colon cancer screenings.
 - b) 77.5% of patients eligible for colon cancer screening have screening documented in EPIC.

Goal 3: *Reduce the lung cancer death rate in the Tri-county area by 1%.*

- 1) Continue with the low-cost CT lung screening in conjunction with Specialists in Medical Imaging.
 - a) 2021 - 1,137 patients were provided with lung cancer screenings
- 2) Identify UnityPoint Clinic [UPC] patients who meet the criteria for the low dose lung cancer screening
 - a) 2021- 161 lung cancer patients were provided navigation services
- 3) Promote lung screening with the at-risk population
 - a) 20,744 patients with a documented smoking history in EPIC.
 - b) Of patients with a documented smoking history in EPIC, 5% have had a Low-Dose CT (LDCT).
- 4) Direct mail to patients with documented smoking history in their chart recommending being evaluated for appropriateness for a lung cancer screening
 - a) Mailers were distributed in 2020 and helped to increase 2021 screenings

Mental Health

Goal 1: *Decrease the number of suicides in the Tri-County area by 10%.*

- 1) Reduce emergency room visits through access to services at UnityPlace
 - a) 2021- 103 Individuals were evaluated in the three UPH Hospitals for Suicidal Ideations.
 - b) 2021- The UnityPlace Access Center has been in operation since April 15, 2020. In 2021, the UnityPlace call line received 18,973 calls. Of those calls, 17,739 were in real time and 1,224 were abandoned. Of the abandoned calls, 6% were abandoned in less than 58 seconds. 94% of the calls were received in real time.
- 2) Reduce hospital readmissions through access to services at UnityPlace.
 - a) 2021- Individuals who received mental health evaluation due to depressed type symptoms were 894.
- 3) Actively lobby for virtual mental health consultations and services to increase access to mental health
 - a) 2021- 8 out of 10 outpatient psychiatric team members utilize virtual or telephone visits at least one per visit.
- 4) Collaborate with Everfi to provide virtual mental health education at no cost to all middle and high schools in tri-county.
 - a) 2021- Hult Center's team provided 1,294 middle and high school students with mental health education.
 - b) 2021- Hult Center launched a new program called Youth Mental Health Matters that focuses on empowering elementary and middle school students with knowledge and skills to promote social-

emotional learning. Hult Center's team is working with schools that serve low-income families to teach the five key areas of social-emotional learning.

- 5) Provide suicide prevention education programming to middle and high school students in tri-county
 - a) 2021- Hult Center's team provided 1,821 middle and high school students with suicide prevention education.
- 6) Provide suicide prevention education to adults through schools, businesses, and higher education institutions.
 - a) 2021- Hult Center's team provided 115 adults with evidence-based QPR Question, Persuade, Refer Suicide Prevention Education. Pre- and post-test from this evidence-based training demonstrates that 100% of participants increased knowledge and 100% of participants demonstrate behavior increase as it relates to the course objectives.
 - b) 2021- Hult Center is providing annual education to University of Illinois College of Medicine residents and medical students with evidence-based Question, Persuade, Refer as a part of their medical education requirements.
 - c) 2021- Hult Center's Assistant Manager served on the Partnership for a Healthy Community's Board of Directors, Co-Chair of the Mental Health Action Team, and Suicide Prevention workgroup.

Goal 2: *Decrease the number of residents in the Tri-County area who reported feeling depressed or anxious in the past 30 days by 10%.*

- 1) Distribute and promote National Alliance on Mental Illness (NAMI) participation among patients and families throughout all of UnityPlace.
 - a) 2021- Safety Planning with PHP/Intensive Outpatient participants given NAMI information= 253 participants
- 2) UnityPlace Access Center- will assist individuals looking for mental health and addiction services. This Access Center will schedule individuals with an appropriate provider within UnityPlace system which will allow them to figure out who to call within our system and helps them navigate it more effectively.
 - a) 2021- The UnityPlace Access Center has been in operation since April 15, 2022. In 2021, the UnityPlace call line received 18,973 calls. Of those calls, 17,739 were in real time and 1,224 were abandoned. Of the abandoned calls, 6% were abandoned in less than 58 seconds. 94% of the calls were received in real time.
- 3) Facilitate mental health education at local businesses and government agencies with a focus on mental wellness, resilience, suicide awareness and prevention.
 - a) 2021- Hult Center's team provided 115 adults with evidence-based QPR Question, Persuade, Refer Suicide Prevention Education.
 - b) 2021- Hult Center is providing annual education to University of Illinois College of Medicine residents and medical students with evidence-based Question, Persuade, Refer as a part of their medical education requirements.
 - c) 2021- Hult Center's Assistant Manager served on the Partnership for a Healthy Community's Board of Directors, Co-Chair of the Mental Health Action Team, and Suicide Prevention workgroup.

Substance Abuse

Goal 1: Reduce the rate of drug induced deaths within the Tri-County by 10%.

- 1) Introduce validated alcohol and drug use screening on inpatient and ED floors, increase the proportion of persons who are referred for followed up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department.
 - a) 2021- Screening/Referrals
 - 3,381 Total Patients Screened at Methodist Including OB screening using the 5Ps tool
 - 1,495 Total Patients Screened by Warm Handoff using AUDIT /DAST
 - 1,349 Total Patients that Screened positive by WHO on DAST/AUDIT: 857
 - 1,206 Total Patients screening positive on DAST/AUDIT that accepted Brief intervention (BI)
 - 169 Total Patients Referred by Warm Handoff to Substance Use services– all substances; (12.5% of positive screens; 14% of BI)

- 2) Increase awareness of Narcan hospital distribution program to hospital staff. Add Narcan distribution programs (funding dependent) to other campuses.
 - a) 2021- Narcan distribution has been made available in the Methodist Emergency Department and on inpatient units through the Warm Handoff program. A total of 102 distributions were made in 2021 through a consult in EMR. Education and awareness of Narcan Distribution has been provided to Emergency Department and all inpatient units through UnityPoint Health's Nursing Professional Development. Narcan distribution through the Warm Handoff program has been unable to expand to other campuses as funding has not yet been made available.
 - 2,139 trained
 - 10,124 Narcan kits distributed

- 3) Utilize Warm Handoff program to initiate contact with patients admitted to the ED or in-patient units for opioid related overdoses to connect them with community services including MAT and substance abuse counseling
 - a) 2021 Overdose Data*
 - # Patients with Opioid Related OD (Methodist) = 62
 - # Patients with Opioid Related OD seen by Warm Handoff = 34
 - Percent Opioid OD patients seen by Warm Handoff = 54.8%
 - *NOTE: The denominator for this Data is the Drug Overdose report. UPH team members are working on the data and how it defines overdose so that it is consistent over time. For example, some of the opioid-related overdoses on this list are inappropriately listed such as a COVID patient that tested positive for prescribed opiates is included. Additionally, many patients are not able to be seen/consult not placed due to being in police custody, left against medical advice (AMA) immediately, agitated or other behavioral health concerns, etc. The team is continuing to work to get the most accurate data.

- 4) UnityPlace MAT at Rochelle- grant funding for Naloxone distribution
 - a) 2021- Narcan distribution has been made available in the Methodist Emergency Department and on inpatient units through the Warm Handoff program. A total of 102 distributions were made in 2021 through a consult in EMR. Education and awareness of Narcan Distribution has been provided to Emergency Department and all inpatient units through UnityPoint Health's Nursing

Professional Development. Narcan distribution through the Warm Handoff program has been unable to expand to other campuses as funding has not yet been made available.

- 2,139 trained
- 10,124 Narcan kits distributed

5) Measure the number of substance use calls transfer to crisis or 911

a) 2021 Addiction Recovery Center:

- 818 total assessments
- 59 that cancelled and rescheduled
- 70 that were a no show for the assessment for a total of
- 129 total cancelled assessments

6) Measure the number of substance use assessment appointments kept

a) 2021 Addiction Recovery Center:

- 818 total assessments
- 59 that cancelled and rescheduled
- 70 that were a no show for the assessment for a total of
- 129 total cancelled assessments

Goal 2: Increase the proportion of youth reporting never using substances in the tri-county area by 5%.

1) Collaborate with Everfi to provide virtual substance use education at no cost to all middle and high schools in tri-county

a) 2021- UPH discontinued the Everfi contract over summer 2021; no plans to continue this service at this time as services can be provided through the UnityPoint Health Education Center- Hult Center for Healthy Living

b) 2021- Hult Center For Healthy Living's Health Education Specialists provided substance abuse prevention education to 1,572 4th-12th grade students.

c) Substance use education provided by Hult Center for Healthy Living utilizes theory-based and evidence-informed resources to empower youth in making the healthiest decisions regarding preventing or delaying the use of illegal and legal substances.

d) The following substance use health education programs were offered in 2021:

- Generation RX- The Dangers of Prescription Drug Abuse: 591 students
- Decisions- It's Up to You: 369 students
- Drugs: Choice or Chance: 308 students
- Marijuana 101: 304 students

e) 2021-Health Education Specialists promoted voluntary adoption of stronger tobacco-free policies throughout Peoria, Tazewell, and Woodford Counties through social media campaigns and banner advertisements at Northwoods Mall. The regional Illinois Tobacco-Free Communities team (Tazewell County Health Department, Woodford County Health Department, and Hult Center for Healthy Living) worked together to successfully assist business owners, event planners, and other stakeholders in implementing ten new tobacco-free policies in the tri-county region.

2) Participate in Regional wellness and conference opportunities to provide education to teens on the risks of substance use

- a) 2021- There were no conference opportunities during this time frame due to gathering restrictions; UnityPoint Health provided health education in classroom settings and virtually to provide education to teens on the risks of substance use.
 - b) 2021- Hult Center For Healthy Living's Health Education Specialists provided substance abuse prevention education to 1,572 4th-12th grade students.
 - c) 2021- Substance use education provided by Hult Center for Healthy Living utilizes theory-based and evidence-informed resources to empower youth in making the healthiest decisions regarding preventing or delaying the use of illegal and legal substances.
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 - e) 2021- Health Education Specialists promoted voluntary adoption of stronger tobacco-free policies throughout Peoria, Tazewell, and Woodford Counties through social media campaigns and banner advertisements at Northwoods Mall. The regional Illinois Tobacco-Free Communities team (Tazewell County Health Department, Woodford County Health Department, and Hult Center for Healthy Living) worked together to successfully assist business owners, event planners, and other stakeholders in implementing ten new tobacco-free policies in the tri-county region.
- 3) Provide substance use health education programming to middle and high school students in tri-county
- a) 2021- Hult Center For Healthy Living's Health Education Specialists provided substance abuse prevention education to 1,572 4th-12th grade students.
 - b) 2021- Substance use education provided by Hult Center for Healthy Living utilizes theory-based and evidence-informed resources to empower youth in making the healthiest decisions regarding preventing or delaying the use of illegal and legal substances.
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APPENDIX 3: REGIONAL ANALYSES

REGION (Zip Codes)	NAME
PEORIA COUNTY	
Region 1 (61602, 61603, 61604, 61605, 61606, 61625)	Peoria/West Peoria
Region 2 (61612, 61614, 61615, 61616)	North Peoria/Peoria Heights
Region 3 (61607, 61547)	Bartonville/Limestone
Region 4 (61569,61533, 61536)	South West Peoria County
Region 5 (61529, 61517, 61559)	North West Peoria County
Region 6 (61528, 61525, 61626, 61523, 61552)	North East Peoria County
TAZEWELL COUNTY	
Region 1 (61611, 61571, 61610)	North Tazewell County
Region 2 (61534, 61734, 61747, 61759, 61721)	South Tazewell County
Region 3 (61550, 61755, 61568)	East Tazewell County
Region 4 (61564, 61554)	West Tazewell County
WOODFORD COUNTY	
Region 1 (61738, 61760, 61771, 61561, 61516)	East Woodford County
Region 2 (61570, 61545, 61530, 61729, 61742)	Central Woodford County
Region 3 (61548, 61611)	West Woodford County

REGIONAL CORRELATIONAL ANALYSES. Using correlational analyses, significant relationships within the 13 regions in the Tri-County Area were identified. **Red** indicates a negative significant correlation. **Green** indicates a positive significant correlation.

Access to Healthcare													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Medical Care	-0.065*	0.012	-0.057*	-0.033	0.009	0.02	0.035	0.022	0.003	-0.037	0.035	0.04	-0.003
Rx Meds	-0.126**	.056*	-0.048	-0.014	0.028	0.05	0.001	-0.004	0.009	-0.029	0.028	0.021	0.045
Dental Care	-0.053	0.026	-0.076**	0.015	0.04	0.051	-0.056*	-0.039	0.047	-0.044	-0.016	.057*	0.007
Mental Health Counseling	-0.051	-0.016	-0.034	0.021	0.016	0.042	0.022	-0.080**	0.015	-0.002	0.029	0.016	0.032

Access to Internet													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Internet Access	.081**	-0.076**	-0.017	.099**	0.012	-0.039	-0.035	-0.039	-0.029	-0.036	0.043	.064*	-0.043

Behavioral Health													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Depre- ssion	.085**	0.012	0.051	-0.023	-0.004	-.080**	.057*	.068*	.056*	0.041	-.065*	-.092**	0.009
Anxiety	0.039	.101**	0.039	-0.023	0.015	-0.051	0.02	0.053	0.024	0.029	-.058*	-.105**	-0.02

Cancer Screenings													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Breast	.134**	-0.007	0.041	0.043	0.038	-0.013	-0.053	-0.04	-0.018	-0.007	-0.011	-0.052	-0.061
Cervical	.070*	-0.061	0.025	0.022	0.006	-.081*	-0.017	0.057	-0.001	0.01	0.033	-0.026	-0.033
Prostate	0.04	0.063	0.061	0.03	0.057	-0.007	-0.045	-0.055	0.032	0.067	0.014	-.124**	-0.044
Colorectal	.070*	-0.042	0.033	-0.001	.065*	0.043	-0.027	0.033	0.008	.074*	-0.057	-.120**	-0.009

Frequency of Smoking and Vaping													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Smoke	.109**	-0.013	.058*	-0.005	-0.018	-0.025	0.002	0.051	-0.05	0.041	-0.025	-.064*	-0.017
Vape	0.007	0.001	.062*	-0.025	-0.009	-0.03	-0.01	0.036	0.005	0.004	-0.029	-0.016	-0.038

Healthy Eating Active Living													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Exercise	0.015	-0.015	-0.012	0.052	-0.025	0.001	0.014	-0.048	-0.038	-0.026	-.057*	0.023	0.052
Healthy Eating	-.069*	0.011	-0.019	0.004	-0.026	0.049	0.042	-0.008	-0.025	-0.022	-0.019	0.028	.075**

Hunger													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Hunger	.095**	-0.053	-0.008	-0.022	-0.025	-0.027	-0.047	0.01	-0.001	0.004	.117**	0.002	-0.034

Personal Physician													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Personal Physician	.057*	-0.034	0.046	0.013	0.002	-0.023	-0.033	0.003	-0.011	-0.01	0.042	-0.023	-0.047

Primary Choice for Medical Care													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Doctor/ Clinic	-.091**	-0.04	-0.043	-0.008	0.033	0.032	0.046	0.035	0.014	0	0.025	0.051	0.029
Urgent Care	-0.018	.071*	0.04	-0.036	-0.023	0.007	-0.017	-0.017	0.006	0.024	-0.007	-0.042	0.008
ED	.194**	-0.048	0.009	-0.02	-0.022	-0.024	-0.033	-0.025	-0.03	-0.019	-0.034	0.001	-0.03
Health Dept.	-0.01	-0.01	-0.005	-0.004	-0.005	-0.005	-0.011	-0.005	-0.006	.092**	-0.007	-0.011	-0.01
None	.076**	-0.003	0.014	.074**	-0.006	-0.046	-0.025	-0.017	-0.013	-0.024	-0.008	-0.022	-0.033

Safety													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Feel Safe Where I live	.153**	-0.024	0	-0.024	-0.026	-0.029	0.001	0	-0.011	0.026	-0.019	-0.046	-0.026

Self-Assessment of Health													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Physical Health	-0.029	0.038	-0.034	-0.016	-0.017	-0.011	-0.043	0.011	-0.017	-0.041	-0.004	.069*	0.007
Mental Health	-0.043	-0.013	-.070*	0.004	0.001	0.05	-0.033	-0.04	-0.028	-0.019	-0.036	.074**	0.015

Substance Use													
	Peoria/ W Peoria	N Peoria/ Peoria Heights	Barton- ville/ Limestone	SW Peoria County	NW Peoria County	NE Peoria County	North Tazewell County	South Tazewell County	East Tazewell County	West Tazewell County	East Woodford County	Central Woodford County	West Woodford County
Alcohol	0.026	0.029	0	-0.006	-0.026	0.016	-0.018	-0.04	0.019	-0.054	0.025	0.038	-0.024
Opioids	.060*	0.055	0.03	0.009	0.027	-0.031	-.057*	-0.031	-0.023	-0.025	-0.007	-0.017	-0.027
Marijuana	.105**	-0.013	.063*	-0.01	-0.016	-0.021	0.012	-0.022	0.018	-0.023	-0.021	-.069*	-0.045
Illegal Drugs	.118**	-0.023	-0.012	.082**	-0.011	-0.012	-0.025	-0.012	-0.014	-0.02	-0.017	-0.025	-0.024

** Correlation is significant at the 0.01 level

* Correlation is significant at the 0.05 level

APPENDIX 4: SURVEY

Tri-County 2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

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COMMUNITY PERCEPTIONS

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

- | | |
|---|---|
| <input type="checkbox"/> Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis, falls | <input type="checkbox"/> Early sexual activity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease/heart attack |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Mental health issues (including depression, anger) |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually transmitted infections |
| | <input type="checkbox"/> Viruses (including COVID-19) |

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

- | | |
|---|---|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Drug abuse (legal drugs) |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Drug abuse (illegal drugs) | <input type="checkbox"/> Smoking/vaping (tobacco use) |

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

- | | |
|---|---|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Affordable healthy housing | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty |
| <input type="checkbox"/> Better school attendance | <input type="checkbox"/> Less violence |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Safer neighborhoods/schools |
| <input type="checkbox"/> Healthy food choices | |

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? (Please choose only one answer).

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I don't seek medical attention |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Health Department | <input type="checkbox"/> Other |

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

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

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

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

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

- Didn't have health insurance. Too long to wait for appointment.
 Couldn't afford to pay my co-pay or deductible. 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.
 Couldn't afford to pay my co-pay or deductible. 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
 Couldn't afford to pay my co-pay or deductible. 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.
 Couldn't afford to pay my co-pay or deductible. 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 the last WEEK how many times did you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasted for at least 30 minutes?

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

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

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

Healthy Eating

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

- None (please answer #4)
 1 - 2 servings
 3 - 5 servings
 More than 5 servings

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. Where is your primary source of food? (Please choose only one answer).

- Grocery store
 Fast food
 Gas station
 Food delivery program
 Food pantry
 Farm/garden
 Convenience store

6. 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 #8: Smoking.

- I do not have any health conditions
 Diabetes
 Mental-health conditions
 Allergy
 Heart problems
 Stroke
 Asthma/COPD
 Overweight
 Cancer
 Memory problems

7. If you identified any conditions in Question #6, how often do you follow an eating plan to manage your condition(s)?

- Never
 Sometimes
 Usually
 Always

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

10. 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.) _____

11. Do you have a personal physician/doctor? Yes No
12. How many days a week do you or your family members go hungry?
 None 1-2 days 3-5 days More than 5 days
13. 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
14. 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
15. In the last YEAR have you talked with anyone about your mental health?
 Yes (please answer #16) No (please go to #17)
16. If you talked to anyone about your mental health, who was it?
 Doctor/nurse Counselor Family/friend
17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
18. How many alcoholic drinks do you have on a typical DAY?
 None 1-2 drinks 3-5 drinks More than 5 drinks
19. How often do you use marijuana on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
20. 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
21. Do you feel safe where you live? Yes No
22. In the past 5 years, have you had a:
- | | | | |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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)

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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?

- Peoria Tazewell Woodford 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. During the COVID pandemic, how important have financial stimulus payments been to provide stability for your family, such as stimulus checks, SNAP benefits, unemployment benefits, loan/mortgage deferment, eviction protections?

- Not important Neutral Very important

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12. What is your housing status?

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

13. If you answered that you have housing, does your house have:

- leaking roof mold heat air conditioning
 running water rodents lead electricity Internet

14. How many people live with you? _____

15. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

- Less than once per week 1–2 times per week 3 - 5 times per week More than 5 times per week

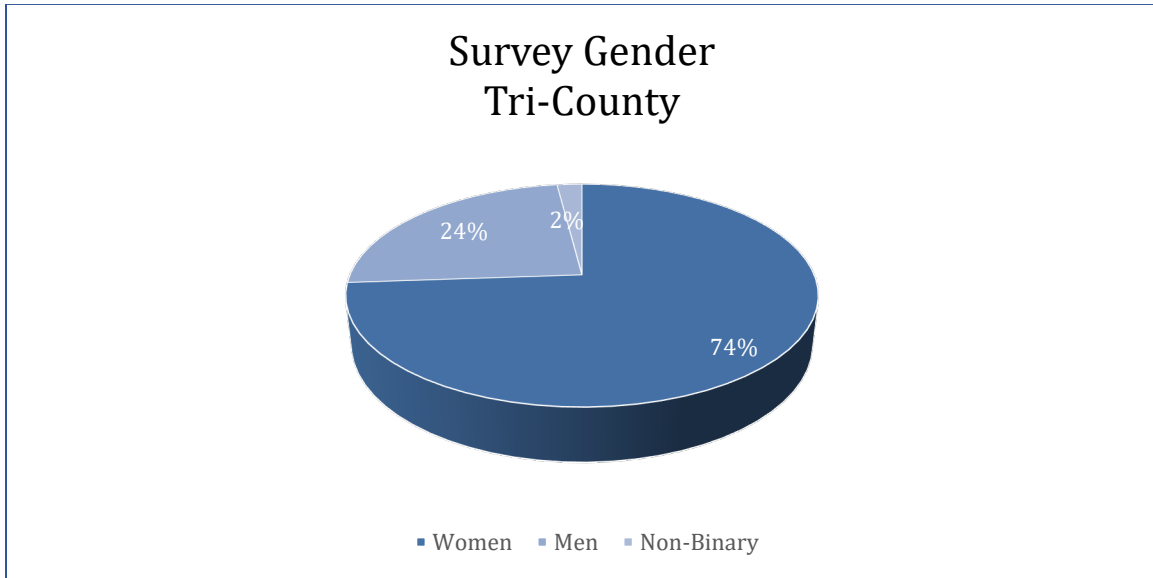
16. Prior to the age of 18, which of the following did you experience (check all that apply):

- 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

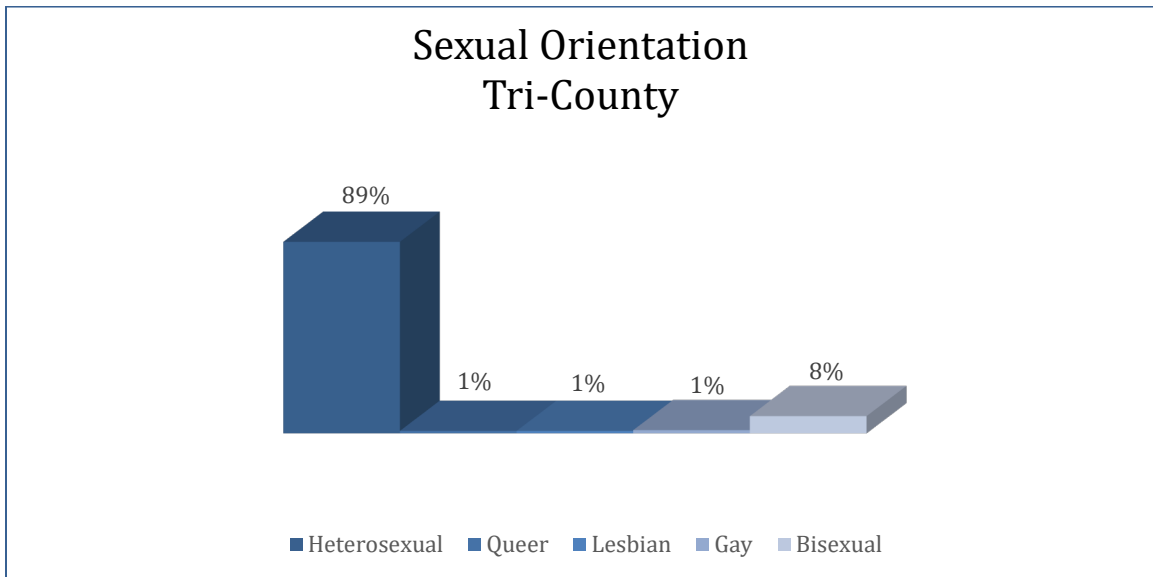
Is there anything else you'd like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

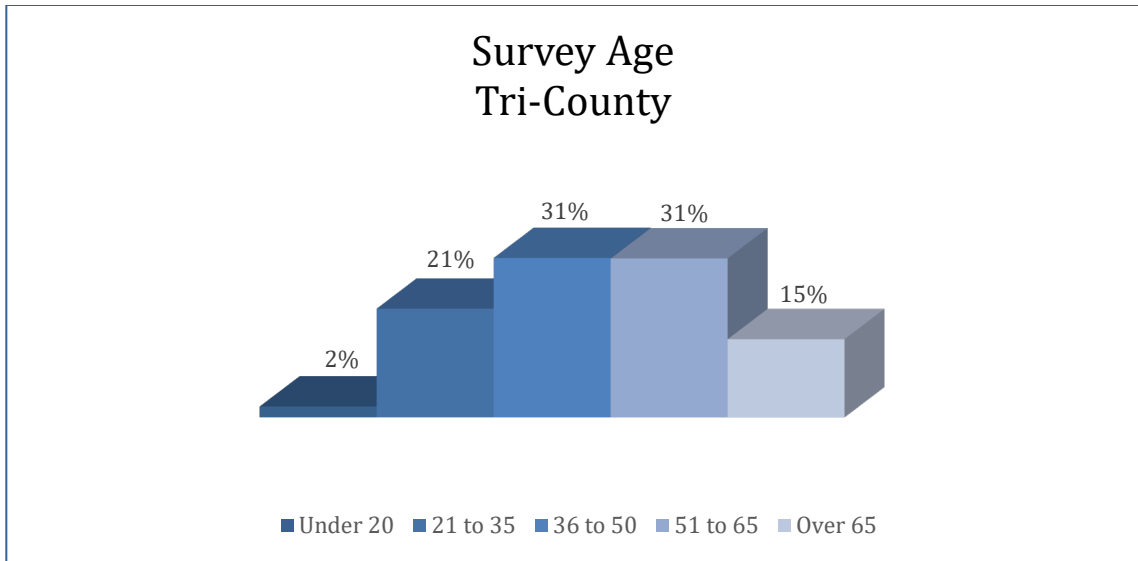
APPENDIX 5: CHARACTERISTICS OF SURVEY RESPONDENTS



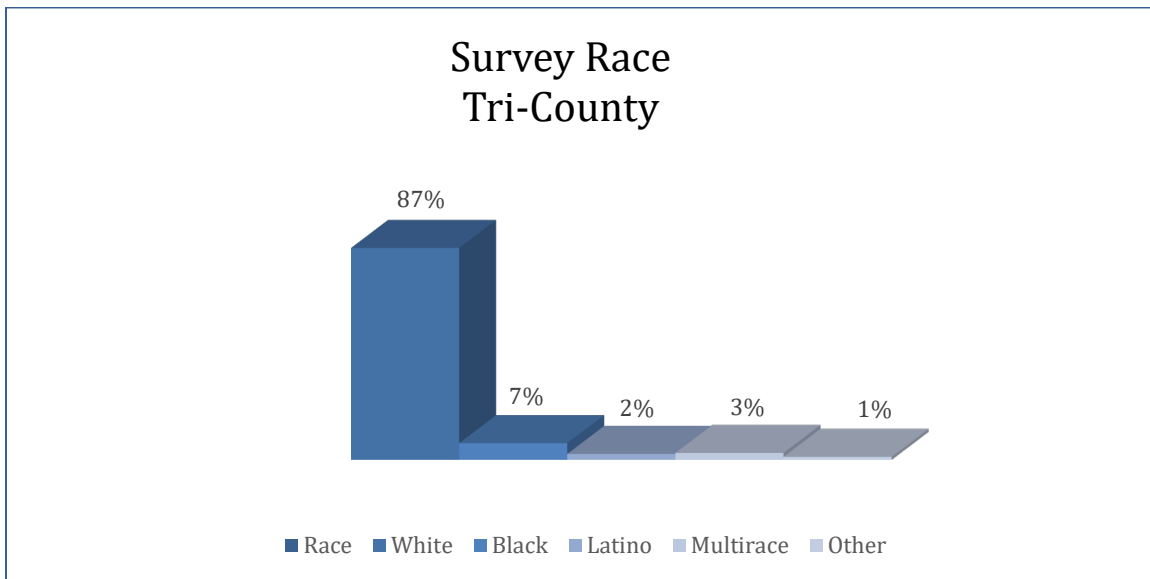
Source: CHNA Survey



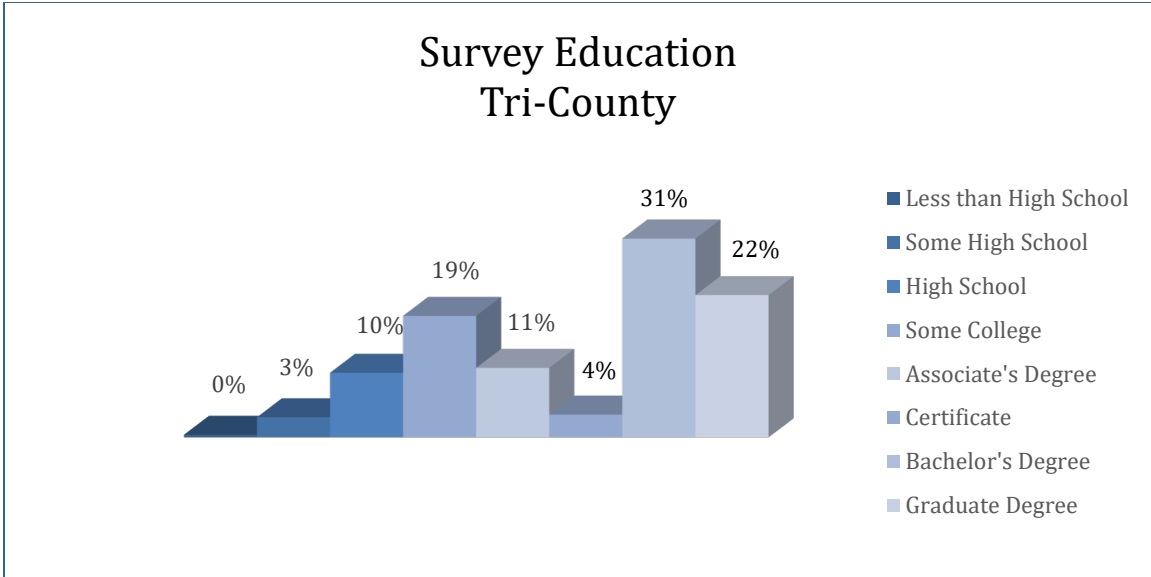
Source: CHNA Survey



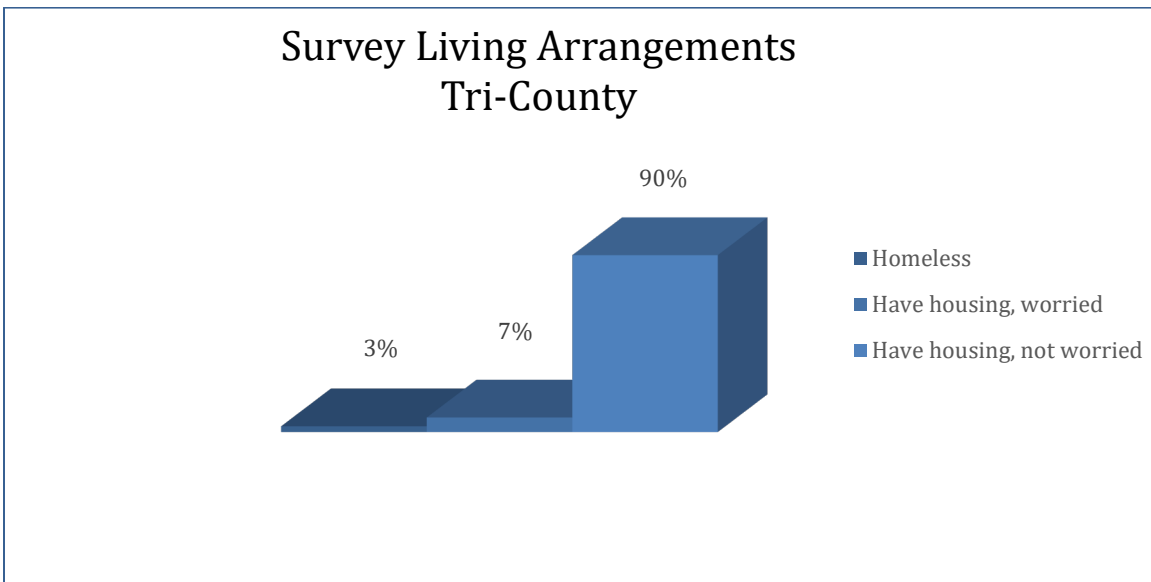
Source: CHNA Survey



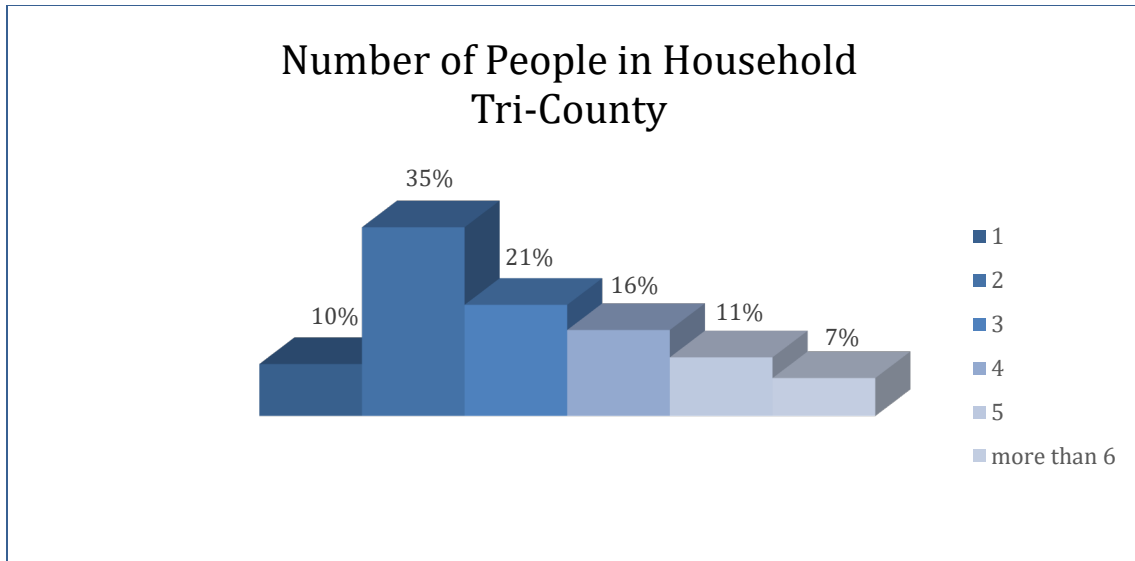
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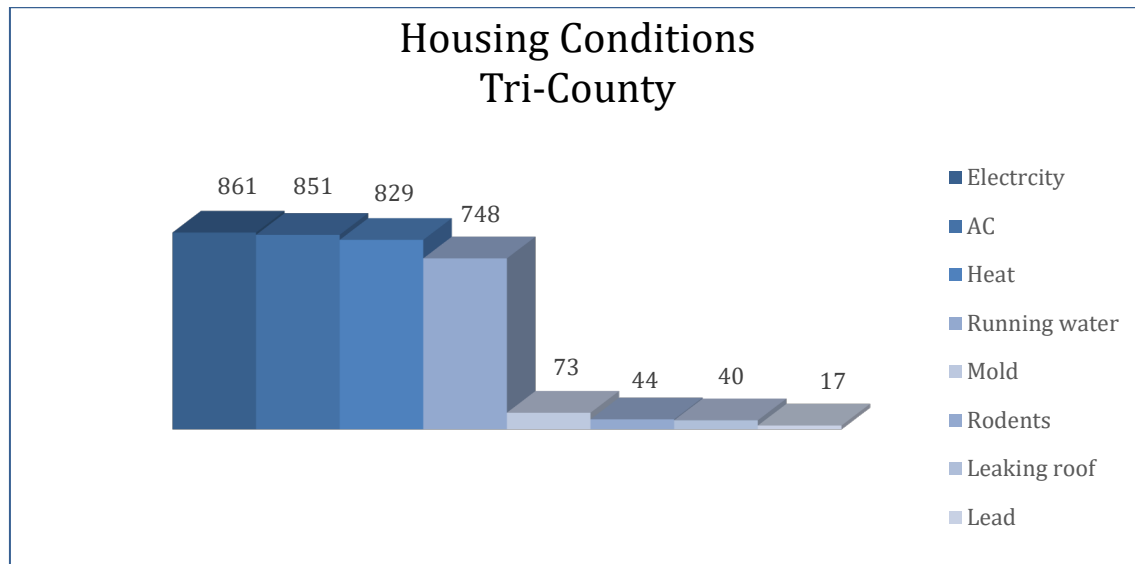
Source: CHNA Survey



Source: CHNA Survey



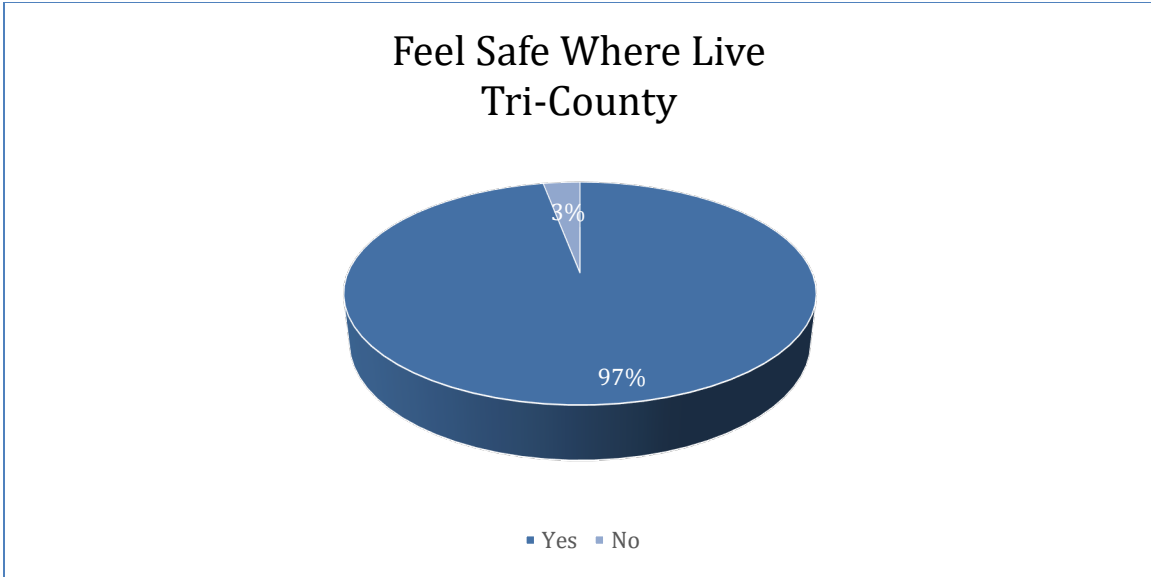
Source: CHNA Survey



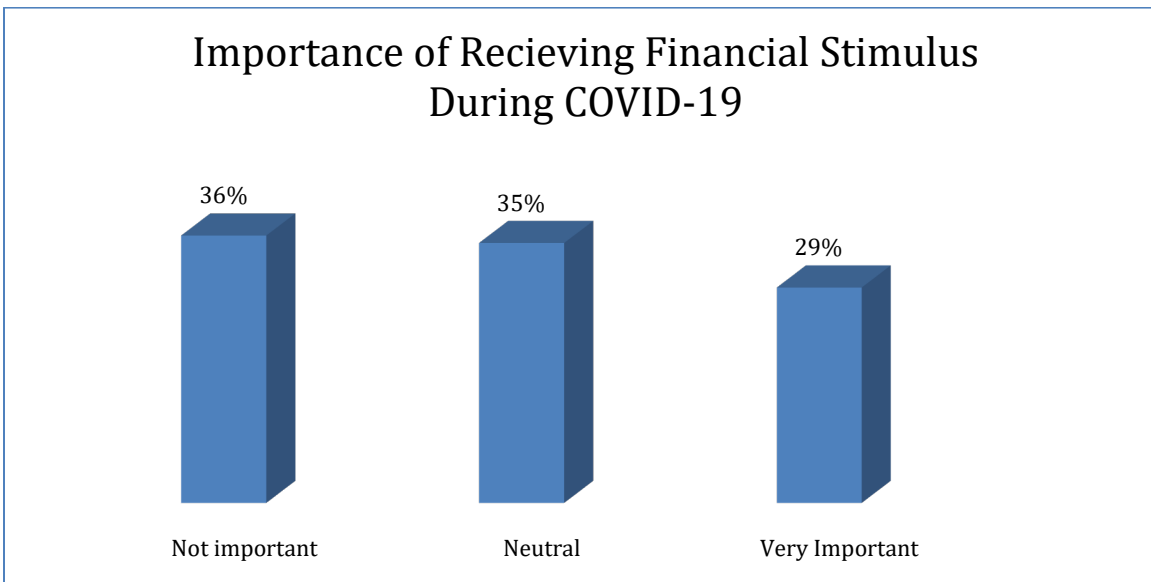
Source: CHNA Survey

Housing Environment

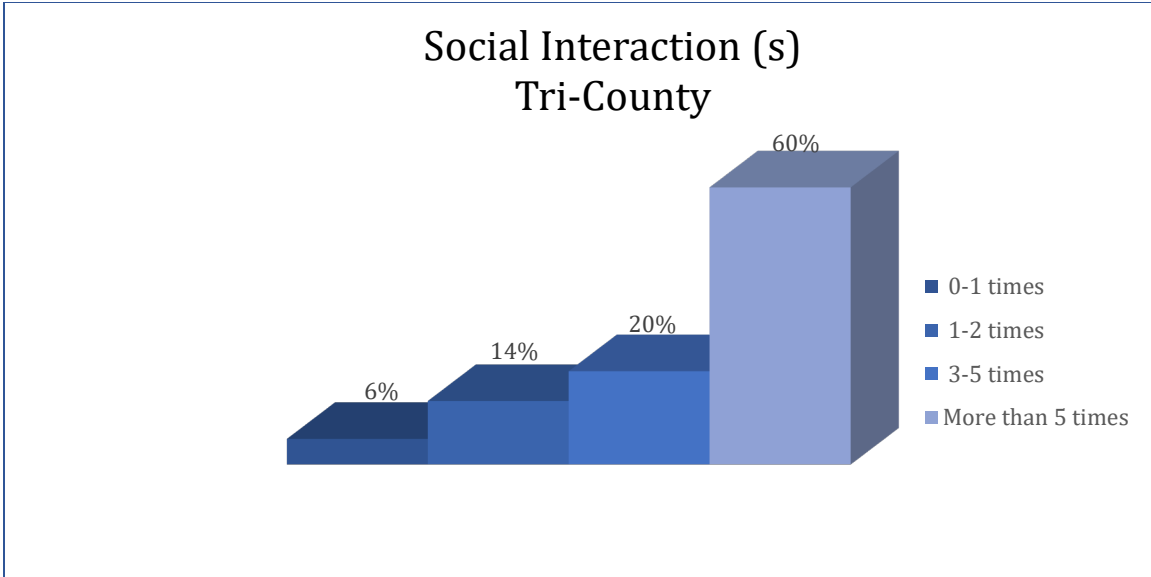
Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For the Tri-County region, 31% of the population is at elevated risk for Housing environment. This is lower than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).



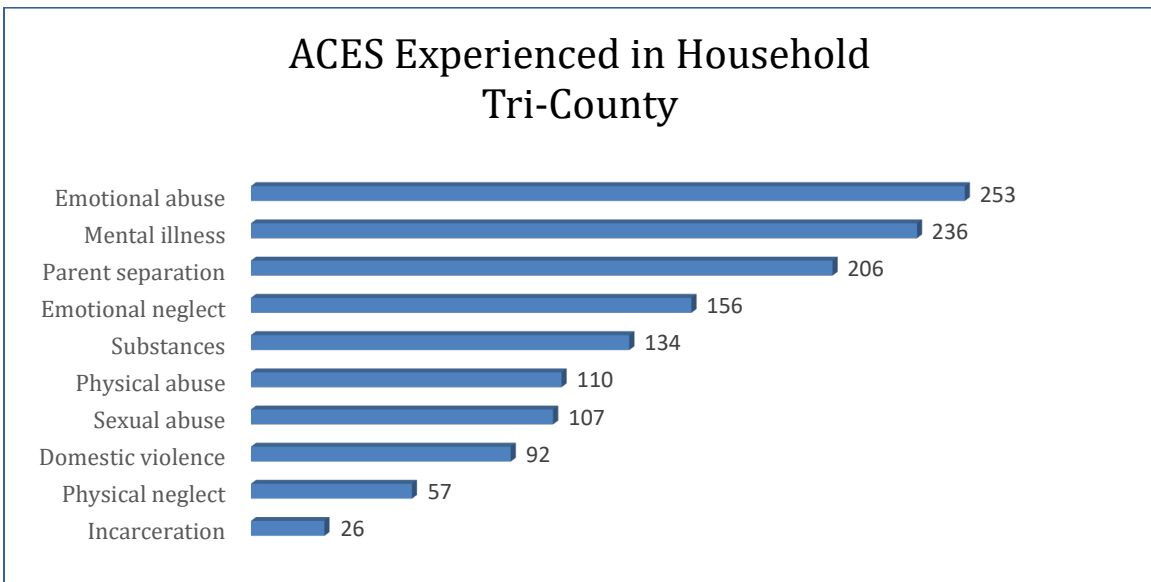
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 6: RESOURCE MATRIX

	Access to Care	Cancer	Health Eating/Active Living	Mental Health	Obesity	Substance Use
Health Departments						
Peoria County Health Department	S (2); T (2)	T(1);S(2)	T(3); S (3)	T(2) S(3)	T(3); S (3)	T(2) S(3)
Tazewell County Health Department	T (2); S (1)	T(3); S(3)	T(3); S (3)	T(2) S(2)	T(3); S (3)	T(2) S(2)
Woodford County Health Department	S (1); T(1)	T(1);S (2)	T(3); S (3)	T(1) S(2)	T(3); S (3)	T(1) S(2)
Hospital/Clinics						
Carle Eureka Hospital	S(3) T (3)	T(2) S(2)	T(2) S(2)	T(3) S(3)	T(2) S(2)	T(1) S(2)
Heartland Health Services	S(3);T(3)	S(2);T(3)	S(2):T(2)	S(3);T(3)	S(2):T(2)	S(3);T(3)
Hopedale Medical Complex	S(3);T(3)	S(2);T(2)	S(2):T(2)	S(3);T(3)	S(2):T(2)	S(2);T(2)
OSF Saint Francis Medical Center	S(3);T(3)	S(3);T(3)	S(2);T(2)	S(3);T(3)	S(2);T(3)	S(2);T(3)
Pekin Memorial Hospital	S(3);T(3)	S(1);T(1)	S(3):T(3)	S(1);T(1)	S(3):T(3)	S(1);T(1)
UnityPoint Health Peoria	S(3);T(3)	S(3);T(3)	S(3):T(3)	S(3);T(3)	S(3):T(3)	S(3);T(3)
Community Agencies						
Heart of Illinois United Way	S(3);T(3)	S(3)	S(3)	S(3)	S(3)	S(3)

*Note: S - indicates strategic focus, T- indicates tactical focus
 (1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

APPENDIX 7: DESCRIPTION OF COMMUNITY RESOURCES

HEALTH DEPARTMENTS

Peoria City/County Health Department

The goal of the Peoria City/County Health Department is to protect and promote health and prevent disease, illness and injury. Public health interventions range from preventing diseases to promoting healthy lifestyles and from providing sanitary conditions to ensuring safe food and water.

Tazewell County Health Department

The Tazewell County Health Department promotes and protects the public's health and wellbeing through programs targeting the following concerns: dental, emergency planning, environmental, health promotion, MCH/WIC, nursing, and concerns for the 21st century.

Woodford County Health Department

The Woodford County Health Department sponsors programs in the following areas: maternal and child health, infectious diseases, environmental health, health education, and emergency preparedness.

HOSPITALS/CLINICS

Carle Eureka Hospital

Carle Eureka Hospital is a 25-bed facility that has served and cared for the people of Woodford County and the surrounding area since 1901. Carle Eureka Hospital is the only hospital in Woodford County and is a critical access hospital as certified by the Centers for Medicare and Medicaid Services. By functioning in this capacity, Carle Eureka Hospital plays a vital role in serving the health needs of a primarily rural area. Carle Eureka Hospital is a part of Carle Health, an integrated system of healthcare services based in Urbana, Illinois, which includes five hospitals with 806 beds, multi-specialty physician group practices with more than 1,000 doctors and advanced practice providers, and health plans including FirstCarolinaCare and Health Alliance. Carle Health combines clinical care, health insurance, research and academics in a way that solves real-world problems today with an eye toward the future.

Heartland Health Services

The Heartland Health Services is a Federally Qualified Health Clinic which provides accessible, high quality, comprehensive primary health care services for the medically underserved, regardless of ability to pay, and to conduct high quality programs in health professions education through collaborative community partnerships.

Hopedale Medical Complex

Hopedale Hospital is a Critical Access Hospital with a total of 25 beds that are interchangeable between our acute care and swing bed services. Hopedale Hospital offers 24 hour emergency services, an

intensive care unit, general and advanced vascular surgery, orthopedic surgery, cardiopulmonary services, diagnostic radiology imaging services, and numerous outpatient services.

OSF Healthcare Saint Francis Medical Center

Since our founding in 1877, the Mission of OSF HealthCare Saint Francis Medical Center has been to serve persons with the greatest care and love in a community that celebrates the Gift of Life. Over the years, OSF Saint Francis has grown to become the fourth largest medical center in Illinois. Our facility has a medical staff of 850+ physicians, 5,000+ employees and 649 patient beds. OSF St. Francis is the area's only Level 1 Trauma Center and a major affiliate of the University of Illinois College of Medicine at Peoria. OSF Saint Francis is the home of OSF Children's Hospital of Illinois, OSF Illinois Neurological Institute (INI), OSF Cardiovascular Institute, OSF Richard L. Owens Hospice Home, Jump Trading Simulation and Education Center and more. Specific programs of interest include OSF Dental Clinics, Faith Community Nursing, Care-A-Van, Saint Francis Community Clinic, Gardens of Hope, Child Advocacy, Strive Trauma Recovery and Street Medicine.

UnityPoint Health – Central IL (including Methodist, Proctor and Pekin campuses, UnityPlace, and UnityPoint Clinics]

UnityPoint Health – Central IL includes 646 licensed beds across three hospital campuses with over 5,000 employees and over 750 participating board-certified providers in the Tri-County area; UnityPlace including UPH Behavioral Health Services, the Human Service Center, and Tazewood Center for Wellness; and UnityPoint Clinic including over 50 clinical sites, seven urgent care centers, and over 250 employed physician and advanced practitioner providers. UPH – Central IL also includes two University of Illinois College of Medicine programs in Family Practice and Psychiatry; Methodist College with over 600 students in baccalaureate, masters and certification programs; UnityPoint at Home home health, hospice and DME services; HULT Center for Healthy Living; Illinois Institute for Addiction Recovery; and other OP services, joint ventures, and partnerships throughout the community. Specific centers of interest for the community impact include UPH Methodist Wellmobile, UPH Mammography and High Risk Breast Clinics, UPH Wellness Center programs, HULT Center for Healthy Living educational programs; and UnityPoint Health In-School Health programs at over 25 locations.

COMMUNITY AGENCIES

Heart of Illinois United Way

The Heart of Illinois United Way brings together people from business, labor, government, health and human services to address community's needs. Money raised through the Heart of Illinois United Way campaign stays in community funding programs and services in Marshall, Peoria, Putnam, Stark, Tazewell and Woodford Counties.

APPENDIX 8: 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 Method²

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

² “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)

APPENDIX 9: ADDITIONAL INFORMATION FOR PRIORITIZATION

Access To Care

National Target Data

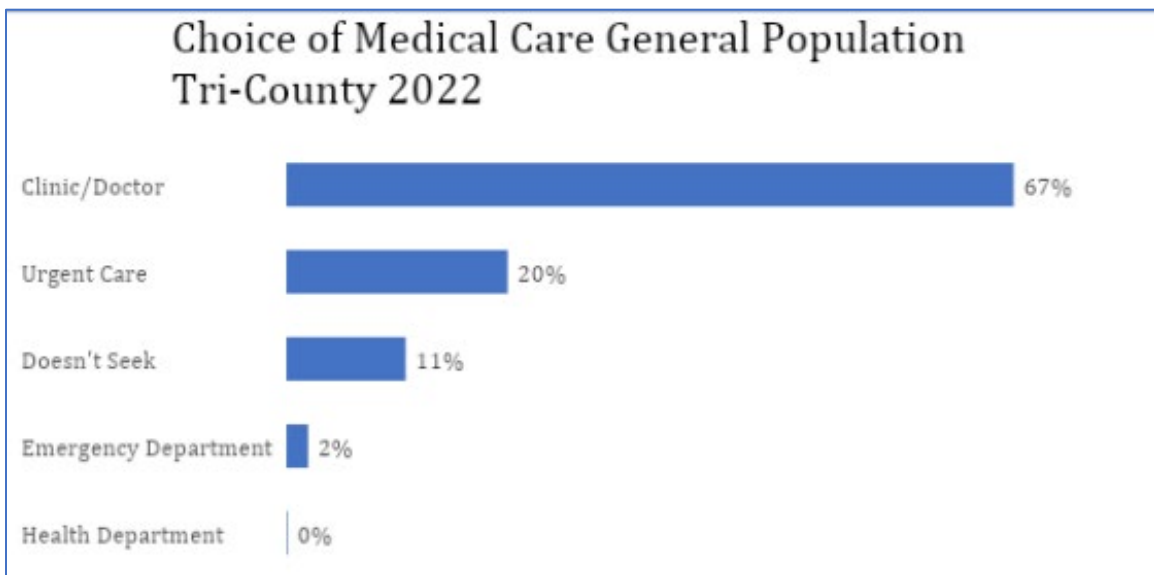
Healthy People 2030 aims to reduce the portion of individuals who cannot get medical care when needed to 3.3%.

Healthy People 2030 aims to increase the proportion of people using a primary care provider to 84%.

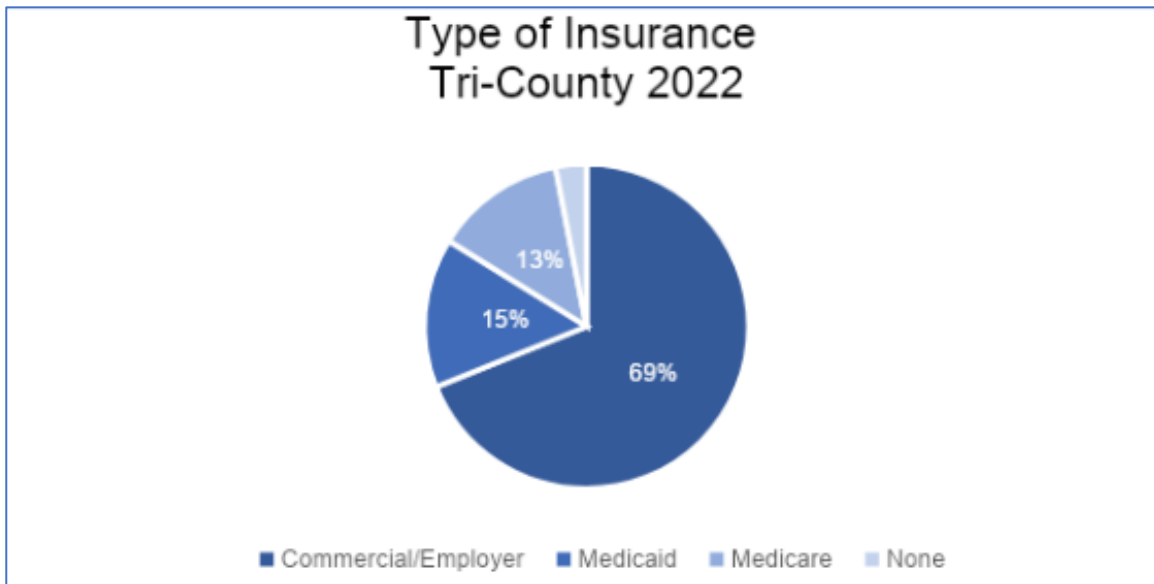
Healthy People 2030 aims to increase the proportion of individuals under age 65 with health insurance to 92.1%.

Community Status Assessment Data

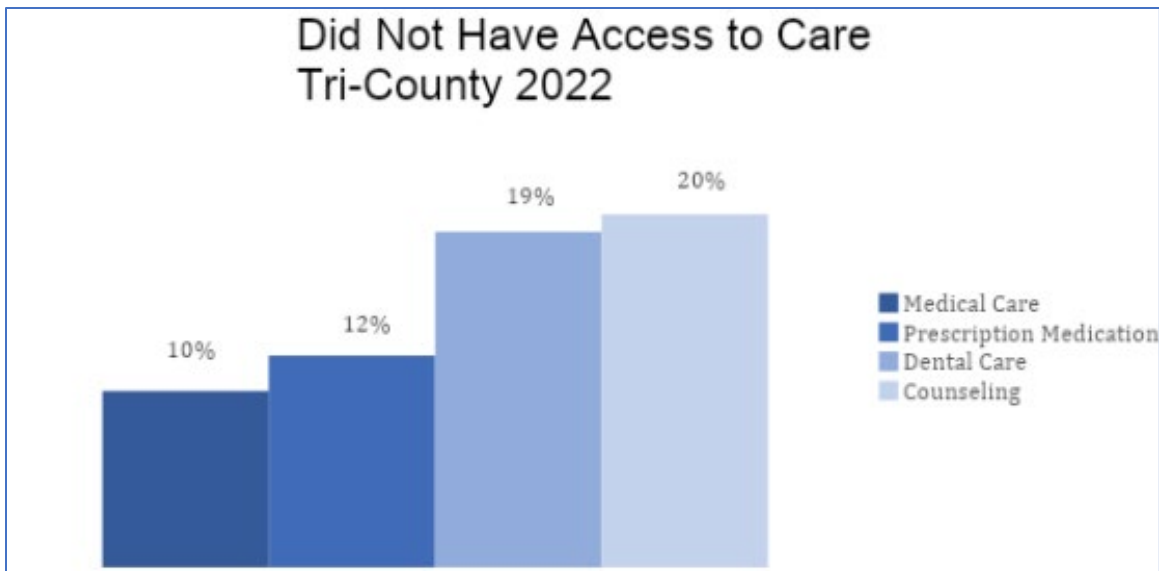
Survey respondents were asked to select the type of health-care facility used when sick. The most common response for source of medical care was clinic/doctor’s office, chosen by 67% of survey respondents. This was followed by urgent care (20%), not seeking medical attention (11%), the emergency department (2%) and the health department (0%).



CHNA survey data show 69% of the residents are covered by commercial/employer insurance, followed by Medicare (15%) and Medicaid (13%). Only 3% of respondents indicated they did not have any health insurance. Data from the survey show that for the 3% individuals who do not have insurance, the most prevalent reason was cost.



Access to four types of care were assessed: medical care, prescription medication, dental care, and counseling. Survey results show that 10% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medication when needed; 19% of the population did not have access to dental care when needed; and 20% of the population did not have access to counseling when needed.



Supplemental Conduent’s Healthy Communities Institute (HCI) Data

Peoria County: scored above for adults having a routine medical check-up and adults having medical insurance compared to other counties in Illinois.

Region 1, 3, 4, 5, 6 scored **below** the county for adults having a routine medical check-up.

Region 1, 2, 3, 5, 6 scored **below** the county as whole for without medical insurance.

Tazewell County: was comparable for adults for having a routine medical check-up and above for adults having medical insurance compared to other counties in Illinois.

Region North, South, West scored **below** the county for adults having a routine medical check-up.

Region East, North, West, South scored **below** the county for adults without medical insurance.

Woodford County: scored above for adults having a routine medical check-up and adults having medical insurance compared to other counties in Illinois.

Region Central, East, West scored **below** the county for adults having a routine medical check-up.

Region Central, East, West scored **below** the county for adults without medical insurance.

Focus Group Data

Challenges to staying health across all counties included:

- Unhealthy eating/lack of health literacy around eating/lack of access to healthy food
- Lack of providers for preventative care
- Other challenges included: Lack of healthcare for women with a particular emphasis on having more female providers (Woodford), lack of dental providers (Tazewell), lack of exercise (Peoria) or safe spaces to ride bikes (Tazewell).

Challenges to accessing healthcare included:

- Lack of transportation
- Lack of insurance/fear of cost
- Long wait times to see PCP and longer wait times for specialist care
- Other challenges included a lack of diverse providers and providers who listen (Peoria), a lack of interpreters and who speak the same dialect (Peoria and Tazewell), and prejudice in the healthcare systems (Peoria and Tazewell).

Social Determinants of Health Data

Health Care Access and Quality

69% of the Tri-County population used a clinic or doctor office for care. (CHNA Survey Data)

13.3% of the Tri-County population reported no access to medical care. (CHNA Survey Data)

11.6% of the Tri-County population receive Medicaid Insurance, with 20% of that population being Peoria County. (CHNA Survey Data)

2.7% of the Tri-County population reported have no insurance. (CHNA Survey Data)

Survey respondents reported too long of wait for inability to access medical care and counseling services and could not afford co-pay regarding access to dental care and prescriptions. (CHNA Survey Data)

Health literacy For the Tri-County region, 16% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

Education Access and Quality

Students who entered 9th grade in 2021 in Peoria County school districts, except Peoria HS, Manual Academy, Limestone Community HS, Il Valley Central HS, Illini Bluffs HS and Farmington HS reported high school graduation rates that were comparable to the State average of 86%. (CHNA Survey Data)

Students who entered 9th grade in 2021 in Tazewell County school districts, except East Peoria HS and Delavan HS reported high school graduation rates that were comparable to the State average of 86%. (CHNA Survey Data)

Students who entered 9th grade in 2021 in Woodford County school districts, except Eureka HS, Low Point-Washburn JR SR HS and Roanoke-Benson HS reported high school graduation rates that were comparable to the State average of 86%. (CHNA Survey Data)

Healthy People 2030 aims to decrease the proportion of adolescents and young people who are not in school or working to 10.1% from 11.2%.

Social and Community Context

62.3% of the Tri-County population reported have 5 or more social interactions weekly. (CHNA Survey Data)

5.3% of the Tr-County population reported having 1 or less social interactions weekly. (CHNA Survey Data)

Social support is when someone can talk to friends and family about their concerns and get help coping. Research shows that when people don't have social support, they're at

increased risk for physical and mental health problems. People who have social support are more likely to make healthier choices and have better health outcomes, like reduced stress. (CHNA Survey Data)

Healthy People 2030 has a target to increase adults who talk to friends or family about their health to 92.3% from 86.9 (2017).

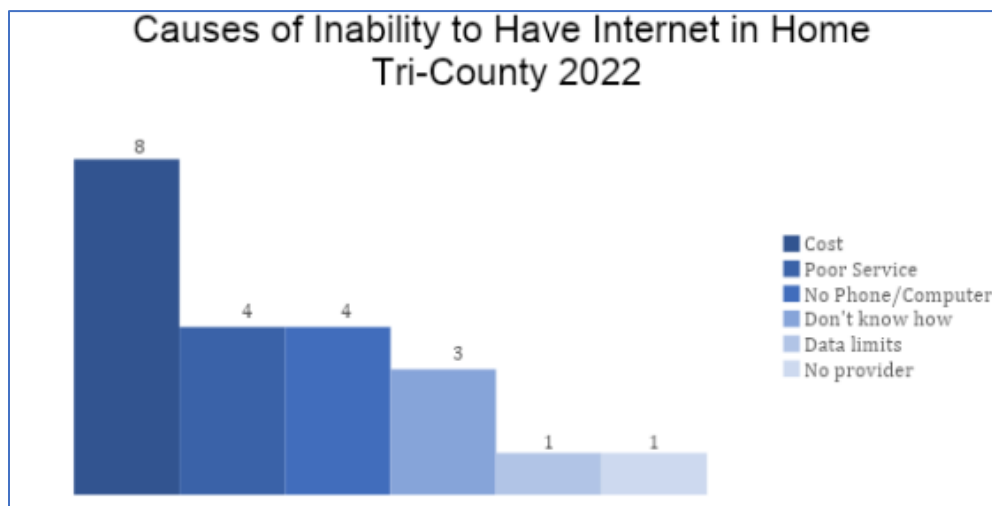
Economic Stability (Healthy People 2030)

An estimated \$8.3 billion is spent each year on emergency department (ED) care that could be provided in another location. (Healthcare Financial Management Association)

Neighborhood and Built Environment (CHNA Survey Data)

For Tri-County, 9% of the population is at elevated risk for digital landscape. This is the same as the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

Survey respondents were asked if they had Internet access. Of respondents, 95% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason. Note that these data are displayed in frequencies rather than percentages given the low number of responses. (CHNA Survey Data)



Tri-County Regions of Concern

- **Access to healthcare provider:**
 - Having a personal physician tends to be higher for women, older people, and those with a higher income.

- Having a personal physician tends to be rated lower for residents who live in the Peoria/West Peoria region. Clinic/Doctor's Office tends to be rated lower for residents who live in the Peoria/West Peoria region. Emergency Department tends to be rated higher for residents who live in the Peoria/West Peoria region. Do Not Seek Medical Care tend to be rated higher for residents who live in the Peoria/West Peoria region and the South/West Peoria County region
- **Insurance**
 - Medicare tends to be used more frequently by men, older people, White people, those with lower education, those with lower income, Peoria County residents and people in Woodford County. Medicare tends to be used less often by Black people and people from Tazewell County.
 - Medicaid tends to be used more frequently by younger people, Black people, those with lower education, those with lower income, Peoria County residents, and people with an unstable (e.g., homeless) housing environment. Medicaid is used less by White people and Tazewell County residents.
 - Commercial/employer insurance is used more often by younger people, women, White people, and those with higher education, Tazewell County resident, those with higher education and those with higher income. Private insurance is used less by Woodford County residents.
 - No Insurance tends to report more often by those with lower income.
- **Access to prescription medications**
 - Tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment.
 - Access to prescription medications tends to be lower for Black people and Peoria County residents. Additionally, tends to be rated lower for residents who live in the Peoria/West Peoria region.
- **Access to dental care**
 - Tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment.
 - Access to dental care tends to be lower for Black people, Latino (LatinX) people, Peoria County residents, who live in the Bartonville/Limestone region and the North Tazewell County region.
- **Access to counseling**
 - Tends to be higher for White people, those with higher education, those with higher income and those with a stable housing environment.

- Access to counseling tends to be lower for Black people, and for residents who live in South Tazewell County region.
- **Access to Internet**
 - Tends to be rated higher for women, younger people, those with higher education, those with higher income and those in Tazewell County.
 - Access to Internet tends to be rated lower for those living in an unstable (e.g., homeless) housing environment and those in Woodford County.

CANCER

Malignant Neoplasms were the 1st or 2nd top leading causes of death in the tri- county in 2020 as well as the 2nd leading in Illinois. It was also the number 1 underlying cause of death in individuals aged 45-84 in Illinois.

National Target Data

Healthy People 2030 has a target of 77.1% for women being screened for breast cancer with a baseline of 72.8% (2018).

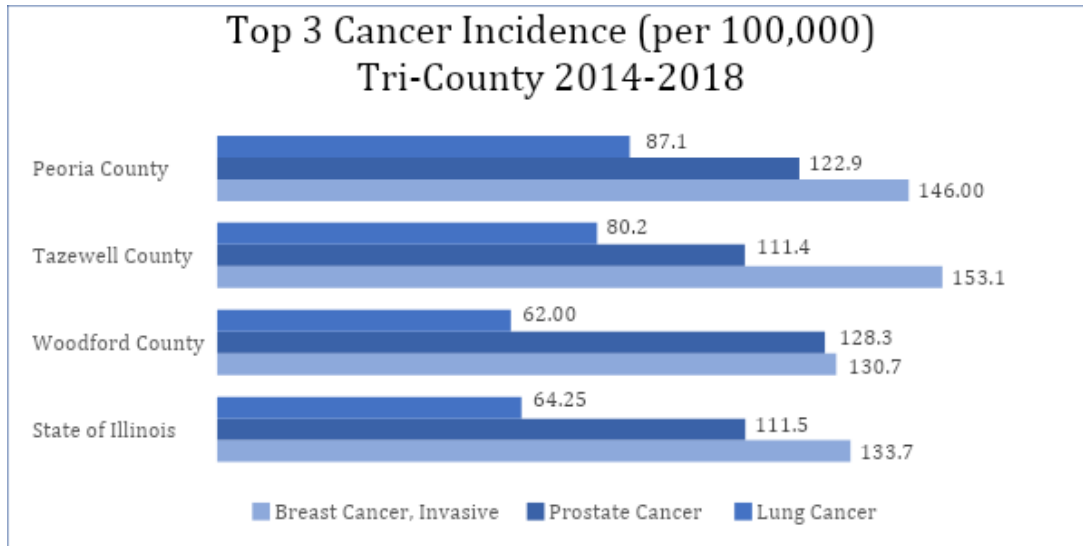
Healthy People 2030 has a target of 74.4% of adults being screened for colorectal cancer with a baseline of 65.2% (2018).

Healthy People 2030 has a target of 16.9 per 100,000 deaths for prostate cancer with a baseline 18.3 per 100,000 (2019).

Healthy People 2030 has a target for lung cancer screening is 7.5% with a baseline of 4.5% (2015) for adults aged 55-80.

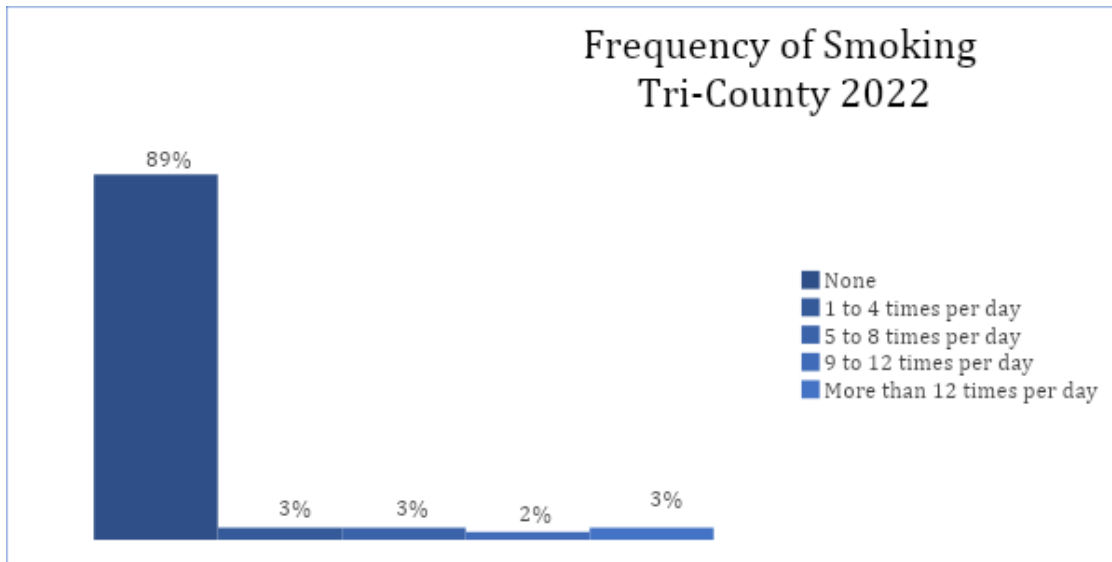
Community Status Assessment Data

The top three prevalent cancers in Tri-County, comparisons are illustrated in figure. Specifically, all cancer rates in Peoria County are higher than the State of Illinois. Tazewell County reports significantly higher rates of lung and breast cancer compared to the State of Illinois. Woodford County reports significantly higher rates of prostate cancer than the State of Illinois.



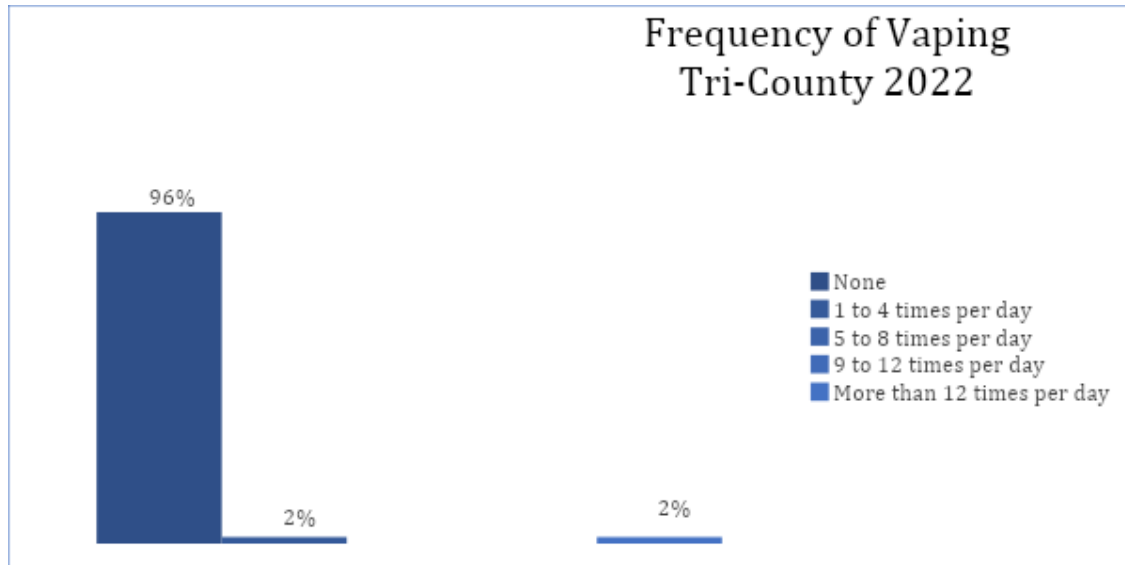
Source: Illinois Department of Public Health – Cancer in Illinois

CHNA survey data show 89% of respondents do not smoke and 96% of respondents do not vape.



Source: CHNA Survey

Community Health Rankings reports the percentage of the population who smoke is 18% for both Peoria and Tazewell Counties and 16% for Woodford County. This is above both the state and national levels at 15% and 12.5%, respectively.



Source: CHNA Survey

In 2019, 19.9% of high school students in Illinois used electronic vaping products on at least one day in the past 30 days. Nationally the rate is 32.7%, according to truth initiative.

Results from the CHNA survey show that 70% of women had a breast screening in the past five years and 72% of women had a cervical screening. For men, 35% had a prostate screening in the past five years. For women and men over the age of 50, 63% had a colorectal screening in the last five years.

Supplemental Conduent's Healthy Communities Institute (HCI) Data

Peoria County: scored above for adults having cancer compared to other counties in Illinois but had a higher incidence rate than the state. Breast, cervical, and colorectal cancer incidence rates were worse compared to other counties and the state. Lung cancer had a higher incidence rate than the state and prostate cancer incidence was worse than other counties in Illinois and the state.

Region 2, 3, 4, 5 scored **below** the county for adults with cancer.

Region 1, 3 scored **below** the county for colon screenings.

Region 1 scored **below** the county for cervical screenings.

Tazewell County: scored above for adults having cancer compared to other counties in Illinois but had a higher incidence rate than the state. Breast and cervical cancer incidence rates were worse compared to other counties and the state. Lung cancer had a higher incidence rate than the state. Mammogram screenings for women aged 50-74 were lower compared to the state.

Region East, West, North scored **below** the county for colon screenings.

Region West scored **below** the county for cervical screenings.

Woodford County: scored above for adults having cancer compared to other counties in Illinois but had a higher incidence rate than the state. Prostate cancer incidence rates were worse than other counties in Illinois and the state.

Region Central, East, West scored **below** the county for colon screenings

Regions Central scored **below** the county for cervical screenings.

Focus Group Data

Challenges to staying healthy across all counties included:

- Unhealthy eating/lack of health literacy around eating/lack of access to healthy food
- Lack of providers for preventative care
- Other challenges included: Lack of healthcare for women with a particular emphasis on having more female providers (Woodford), lack of dental providers (Tazewell), lack of exercise (Peoria) or safe spaces to ride bikes (Tazewell).

Challenges to accessing healthcare included:

- Lack of transportation
- Lack of insurance/fear of cost
- Long wait times to see PCP and longer wait times for specialist care
- Other challenges included a lack of diverse providers and providers who listen (Peoria), a lack of interpreters and who speak the same dialect (Peoria and Tazewell), and prejudice in the healthcare systems (Peoria and Tazewell).

Social Determinants of Health Data

Health Care Assess and Quality

70% of the women in the Tri-County have been screened for breast cancer in the past 5 years. (CHNA Survey Data)

35% of men in the Tri-County have been screened for prostate cancer in the past 5 years. (CHNA Survey Data)

63% of adults in the Tri-County have been screened for colorectal cancer in the past years. (CHNA Survey Data)

72% of female were screened for cervical cancer in the past 5 years. (CHNA Survey Data)

69% of the Tri-County population used a clinic or doctor office for care. (CHNA Survey Data)

13.3% of the Tri-County population reported no access to medical care. (CHNA Survey Data)

11.6% of the Tri-County population receive Medicaid Insurance, with 20% of that population being Peoria County. (CHNA Survey Data)

2.7% of the Tri-County population reported have no insurance. (CHNA Survey Data)

Education Access and Quality

31.3% of the Tri-county population have a bachelor's degree. (CHNA Survey Data)

13.3% of the Tri-County population have a high school diploma or less. (CHNA Survey Data)

Social and Community Context

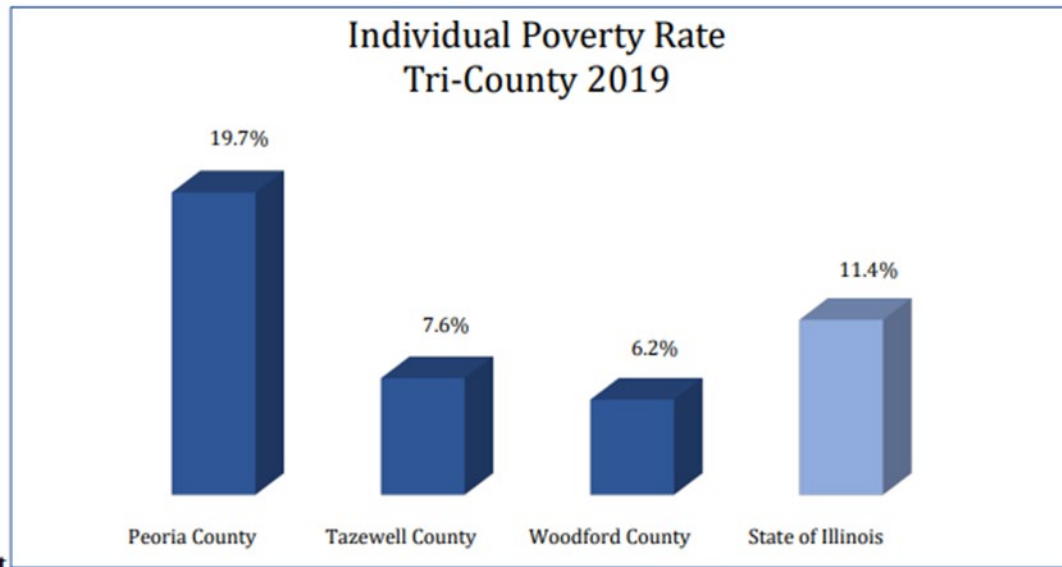
62.3% of the Tri-County population reported have 5 or more social interactions weekly. (CHNA Survey Data)

5.3% of the Tr-County population reported having 1 or less social interactions weekly. (CHNA Survey Data)

Economic Stability

Poverty has a significant impact on the development of children and youth. Below is the poverty rate for all individuals across the Tri-County area for 2019. (CHNA Survey Data)

In Peoria County, the percentage of individuals living in poverty was 19.7%, which is higher than the State of Illinois individual poverty rate of 11.4%. In Tazewell County, the percentage of individuals living in poverty 7.6%, which is significantly lower than the State of Illinois poverty rate of 11.4%. In Woodford County, the percentage of individuals living in poverty is 6.2%, which is also significantly lower than the State of Illinois poverty rate of 11.4%.

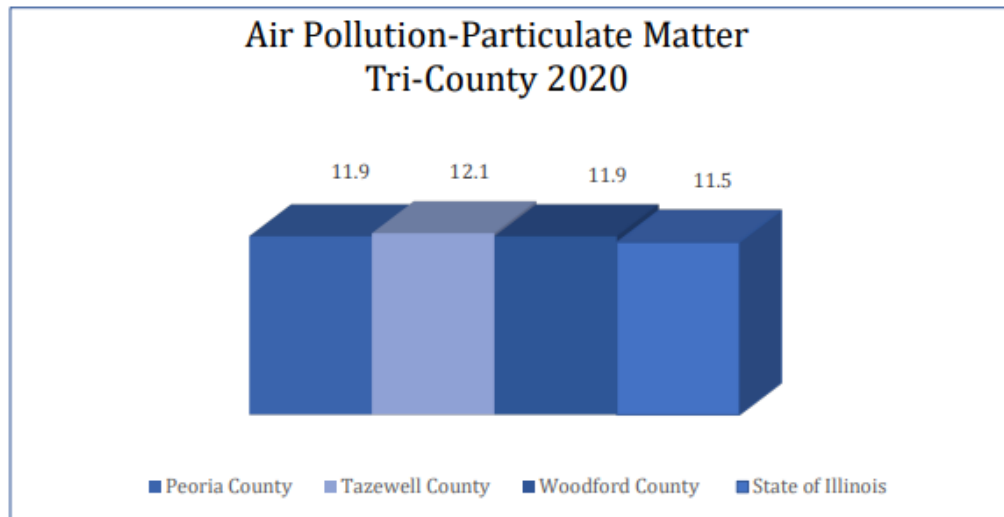


Source: US Census

In 2019, the national patient economic burden associated with cancer care was \$21.09 billion, made up of patient out-of-pocket costs of \$16.22 billion and patient time costs of \$4.87 billion (National Cancer Institute).

Neighborhood and Built Environment

According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM_{2.5}) 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 the Tri-County region (11.5) is slightly higher than the State average of 11.5.



Source: County Health Rankings 2021

Tri-County Regions of Concern

Access to medical care

- Tends to be rated lower for residents who live in the Peoria/West Peoria region and the Bartonville/Limestone region.

Breast screening

- Tends to be more likely for older women, White women, those with a higher level of education, those with higher income and those from Tazewell County.
- Breast cancer screening tends to be lower for those in an unstable (e.g., homeless) housing environment and those from Peoria County residents who live in the Peoria/West Peoria region.

Cervical screening

- Tends to be more likely for younger women, White women, those with a higher level of education, and those with higher income.
- Cervical cancer screening tends to be lower for those in an unstable (e.g., homeless) housing environment, those from Woodford County, and for residents who live in the Peoria/West Peoria region.

Prostate screening

- Tends to be more likely for older men, those with higher income and men from Woodford County.

Colorectal screening

- Tends to be more likely for older people, those with higher income and those from Woodford County.
- Colorectal screening tends to be less likely for those in an unstable (e.g., homeless) housing environment, for residents who live in the Peoria/West Peoria region, residents who live in the North-West Peoria County region and residents who live in the Western Tazewell County region.

Smoking

- Tends to be rated higher for residents with less education and those with lower income. In addition, it is higher for residents who live in the Peoria/West Peoria region and residents who live in the Bartonville/Limestone region.

Vaping

- Tends to be rated higher by younger people, those with less education and those with lower income, as well as for residents who live in the Bartonville/Limestone region.

HEALTHY EATING & ACTIVE LIVING

National Target Data

Healthy People 2030 Nutrition and Healthy Eating

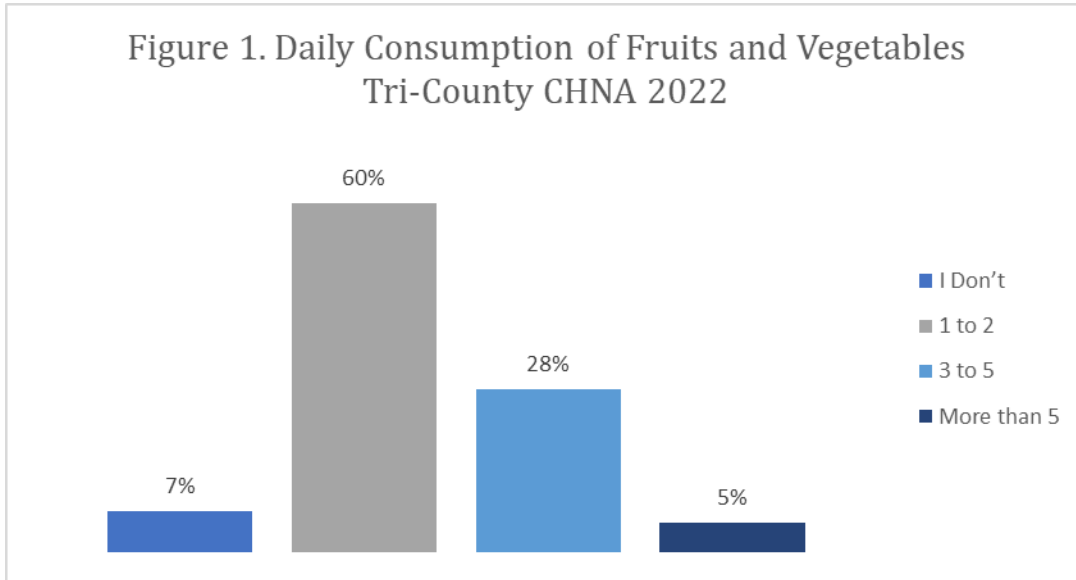
- Reduce household food insecurity and hunger from 11.1% (2018) to 6.0%
- Eliminate very low food security in children from .59% in 2018 to 0.0%

Healthy People 2030 Physical Activity

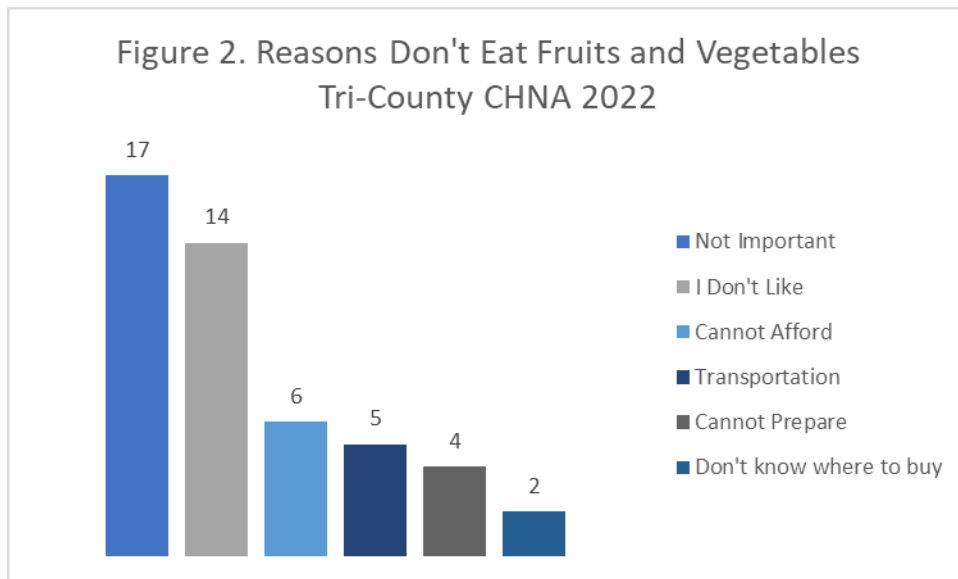
- Reduce the proportion of adults who do no physical activity in their free time from 25.4 % (2018) to 21.2% (NHIS)
- Increase the proportion of adults who do enough physical activity substantial health benefits from 54.2 % in 2018 to 59.2% (NHIS)

Community Status Assessment Data

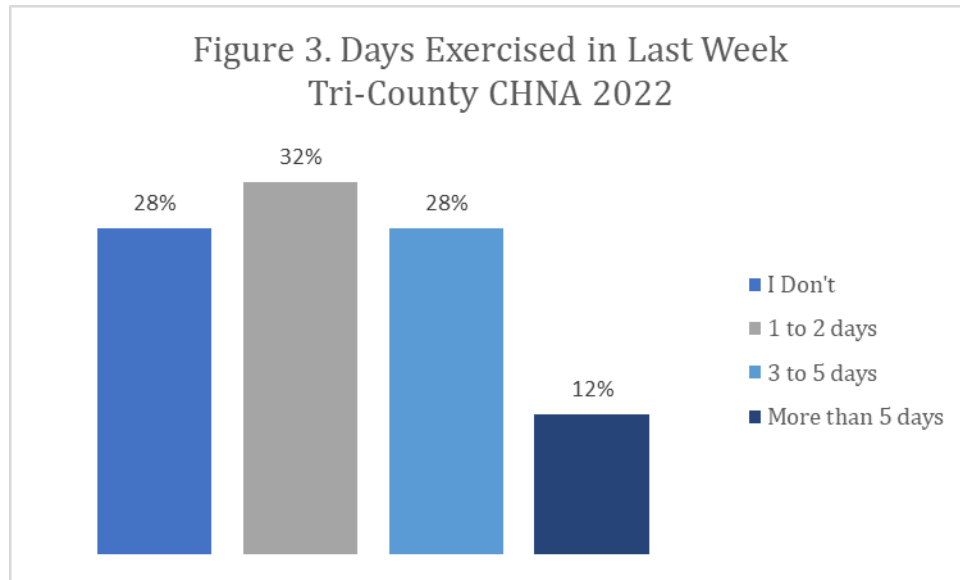
The CHNA survey asked respondents to report how many servings of fruits and vegetables they consumed each day. Over two-thirds (67%) of residents reported that they consumed little or no fruits and vegetables each day as shown in Figure 1.



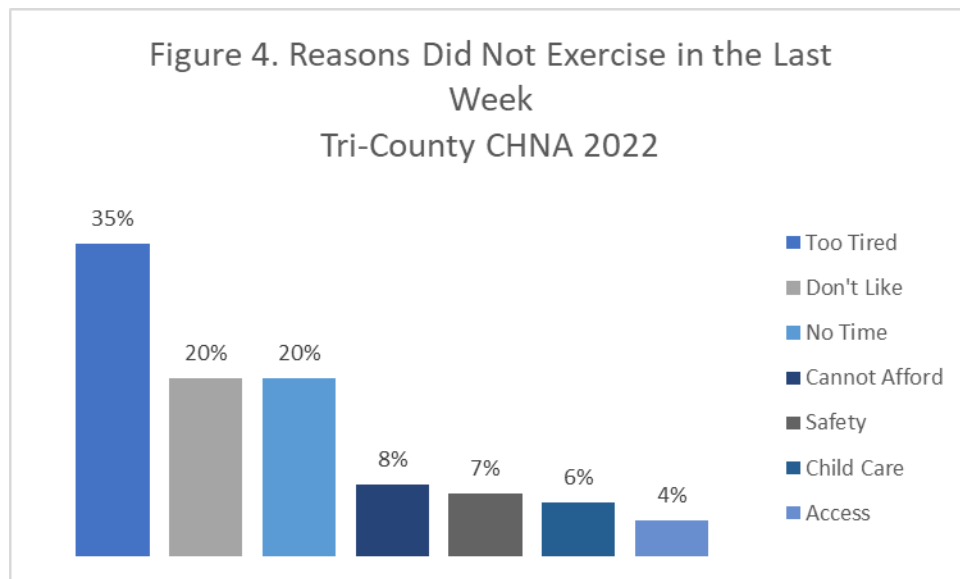
Individuals that indicated that they do not eat fruits or vegetables were asked to follow-up with their reasons for not eating them which are displayed in Figure 2. The most cited reasons for not eating fruits and vegetables were “not important” and “I don’t like”. Note that this only represents a small sample of the survey population and is displayed in frequencies rather than percentages.



A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being. Specifically, 28% of respondents indicated that they do not exercise at all, while the majority (60%) of resident’s exercise 1-5 times per week (Figure 3).



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 too tired (35%), dislike of exercise (20%) and not having enough time (20%) (Figure 4).



Supplemental Conduent’s Healthy Communities Institute (HCI) Data

Peoria County has a higher average amount spent on fast food than most counties in Illinois, but it is lower than the average for Illinois and the U.S. Peoria County has a lower average amount spent on fruits and vegetables than most counties in Illinois, but it is higher than the average for Illinois.

Region 1 scored **below** the tri-county area for healthy eating

Tazewell County has a higher average amount spent on fast food than most counties in Illinois, but it is lower than the average for Illinois and the U.S. Tazewell County has a lower average amount spent on fruits and vegetables than most counties in Illinois, but it is higher than the average for Illinois. No regional disparities identified through CHNA Survey Data.

Woodford County has a higher average amount spent on fast food than most counties in Illinois, but it is lower than the average for Illinois and the U.S. Woodford County has a lower average amount spent on fruits and vegetables than most counties in Illinois, but it is higher than the average for Illinois.

East Region scored **below** the tri-county area for exercise

Focus Group Data

Challenges to staying health across all counties included:

- Unhealthy eating/lack of health literacy around eating/lack of access to healthy food
- Lack of providers for preventative care
- Other challenges included: Lack of healthcare for women with a particular emphasis on having more female providers (Woodford), lack of dental providers (Tazewell), lack of exercise (Peoria) or safe spaces to ride bikes (Tazewell).

Challenges to accessing healthcare included:

- Lack of transportation
- Lack of insurance/fear of cost
- Long wait times to see PCP and longer wait times for specialist care
- Other challenges included a lack of diverse providers and providers who listen (Peoria), a lack of interpreters and who speak the same dialect (Peoria and Tazewell), and prejudice in the healthcare systems (Peoria and Tazewell).

Social Determinants of Health Data

Education Access and Quality

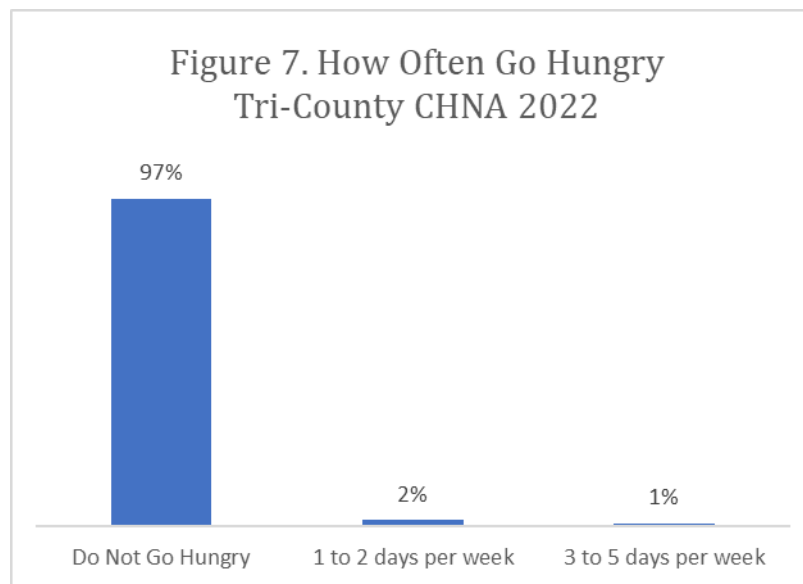
Students who entered 9th grade in 2021 in Peoria County school districts, except Peoria HS, Manual Academy, Limestone Community HS, Il Valley Central HS, Illini Bluffs HS and Farmington HS reported high school graduation rates that were comparable to the State average of 86%.

Students who entered 9th grade in 2021 in Tazewell County school districts, except East Peoria and Delavan HS reported high school graduation rates that were comparable to the State average of 86%.

Students who entered 9th grade in 2021 in Woodford County school districts, except Eureka HS, Low Point-Washburn JR SR HS and Roanoke-Benson HS reported high school graduation rates that were comparable to the State average of 86%.

Economic Stability

Assessing food insecurity is an essential measure to ensure 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.



Respondents were asked, “How many days a week do you or your family members go hungry?” Most respondents indicated they do not go hungry (97%); however, 3% indicate they go hungry between 1 and 5 days per week.

Neighborhood and Built Environment

Food landscape is a measure of the conditions that affect the ability of residents to access health, affordable nutrition. Key risk influencers include accessibility, affordability, and literacy. For the TriCounty region, 22% of the population is at elevated risk for food landscape. This is lower than the State of Illinois average of 25% (SocialScape® powered by SociallyDetermined®, 2022).

Tri-County Regions of Concern

Frequency of exercise

- Tends to be rated higher for men, those with higher education, those with higher income and people from an unstable (e.g., homeless) housing environment.
- Rated lower for residents who live in the Eastern Woodford County region.

Consumption of fruits and vegetables

- Tends to be more likely for older people, those with a higher level of education and those with higher income.
- Consumption of fruits and vegetables tends to be less likely for Black people, and lower for residents who live in the Peoria/West Peoria region.

MENTAL HEALTH

National Target Data

Healthy People 2030 aims to increase the proportion of adults with serious mental illness get the treatment they need from 64.1% to 68.8% (2018).

Healthy People 2030 aims to increase the proportion of children with mental health problems who get treatment from 73.3% to 82.4% (2018).

Healthy People 2030 aims to reduce the suicide rate from 13.9 to 12.8 suicide per 100,000 population (2019).

Community Status Assessment Data

The CHNA survey asked respondents to self-assess their overall mental health status which is displayed in Figure 1. “Good” mental health status fell over 73% between 2016 and 2022 from 72% down to 19%. In 2019, only 8% of respondents answered “Poor”, and in 2022 that number doubled to 16%.

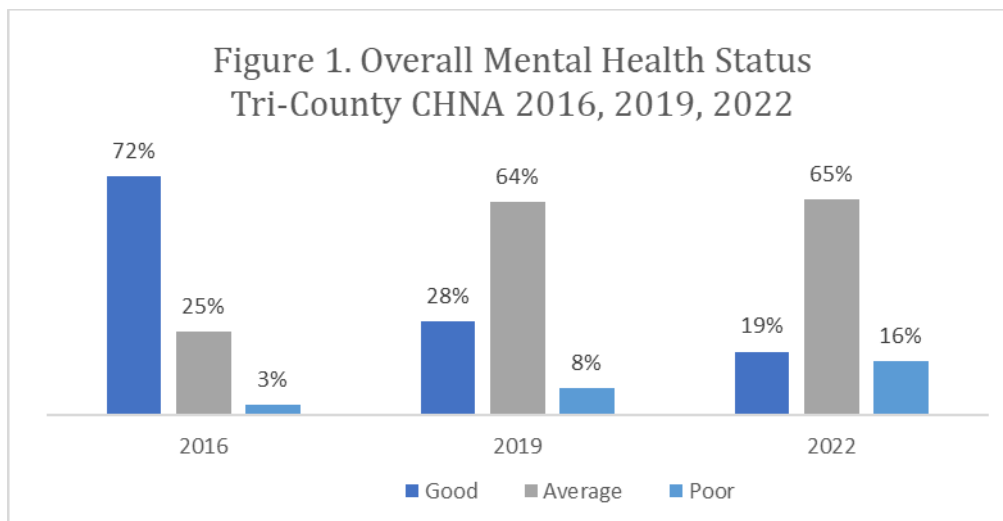


Figure 2 examines how often respondents have felt depressed in the past 30 days. 58% stated that they felt depressed at least 1 to 2 days in the past 30 days, and 11% of respondents feeling depressed more than 5 days in the past 30 days.

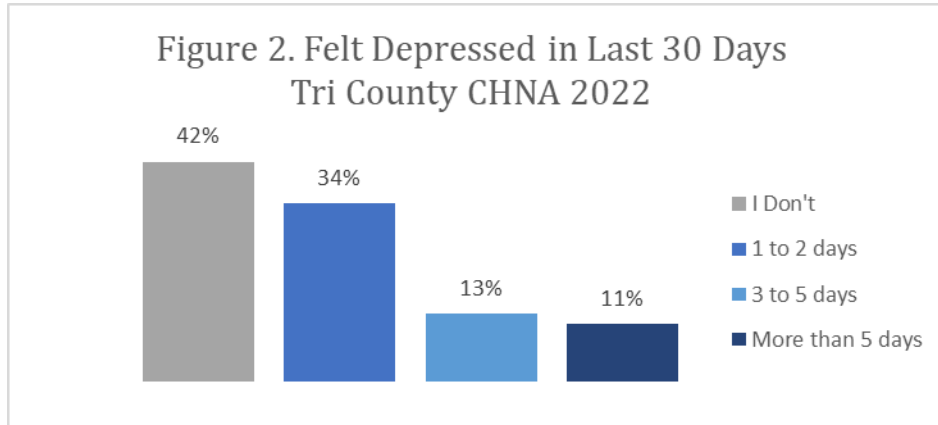
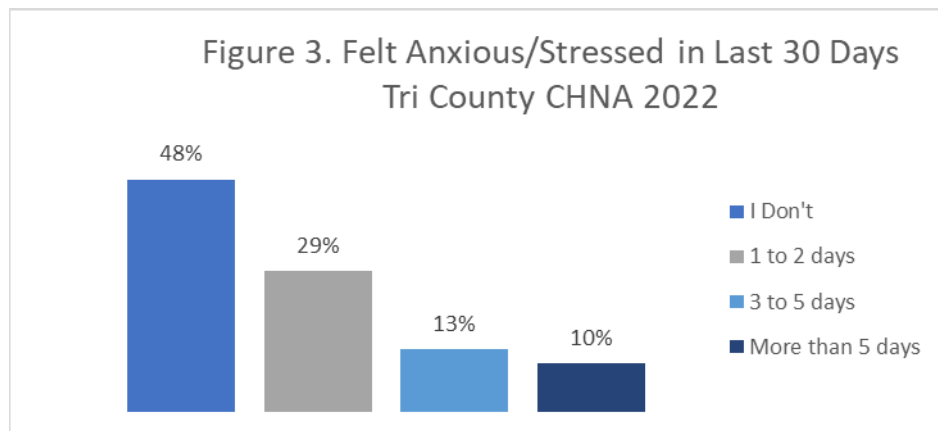


Figure 3 examines the prevalence of anxiety and stress among respondents in the previous 30 days. 52% stated that they felt anxious or stressed at least 1 to 2 days in the past 30 days. 10% of individuals experienced anxiety or stress more than 5 days in the past 30 days.



Results of the 2022 CHNA show a 12% increase in the number of people experiencing depression, compared to 2019. Similarly, results of the 2022 CHNA show a 12% increase in the number of people experiencing stress / anxiety, compared to 2019.

Supplemental Conduent’s Healthy Communities Institute (HCI) Data

Peoria County:

Region 1 scored **below** the tri-county area for adults with depression

Region 2 scored **below** the tri-county area for adults with anxiety

Region 3 scored **below** the tri-county area adults with lower overall mental health

Tazewell County:

North, South and East regions scored **below** the tri-county area for adults having depression

Woodford County:

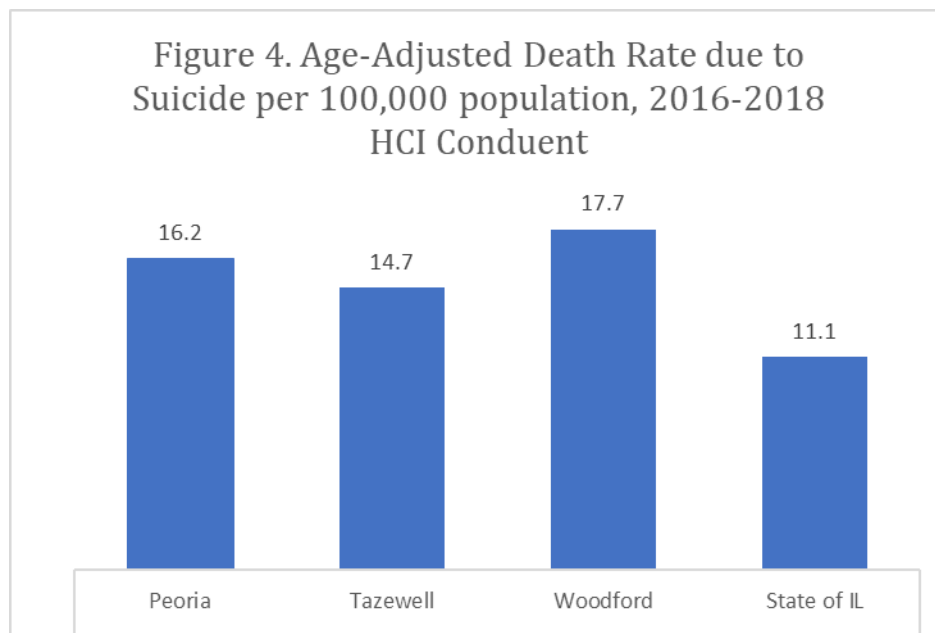
No regional disparities identified through CHNA Survey Data

Suicide:

Peoria County has a lower age-adjusted suicide rate than most counties in Illinois, but it is higher than the Illinois rate and is trending upward.

Tazewell County has a lower age-adjusted suicide rate than most counties in Illinois, but it is higher than the Illinois rate and is trending upward.

Woodford County is in the middle of Illinois counties when comparing age-adjusted suicide rates and is trending downward, but it is higher than the Illinois rate.



Pediatric Hospitalization:

Peoria County has a higher age-adjusted ER rate due to pediatric mental health than most counties in Illinois and is higher than the Illinois rate.

Tazewell County has a higher age-adjusted ER rate due to pediatric mental health than most counties in Illinois and is higher than the Illinois rate.

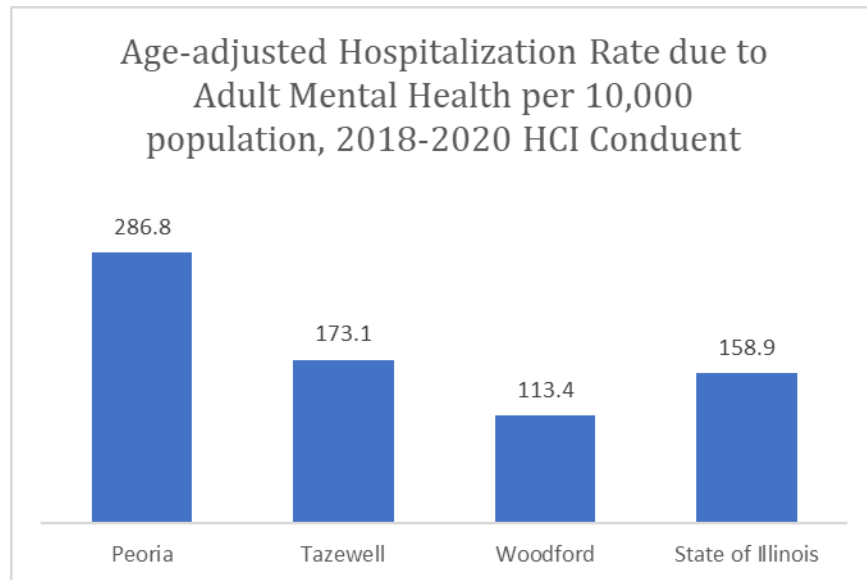
Woodford County has a lower age-adjusted ER rate due to pediatric mental health than most counties in Illinois and is lower than the Illinois rate.

Adult Hospitalization:

Peoria County has a higher age-adjusted hospitalization rate due to adult mental health than most counties in Illinois and is higher than the Illinois rate.

Tazewell County has a higher age-adjusted hospitalization rate due to adult mental health than most counties in Illinois and is higher than the Illinois rate.

Woodford County has a higher age-adjusted hospitalization rate due to adult mental health than most counties in Illinois but is lower than the Illinois rate.



Focus Group Data

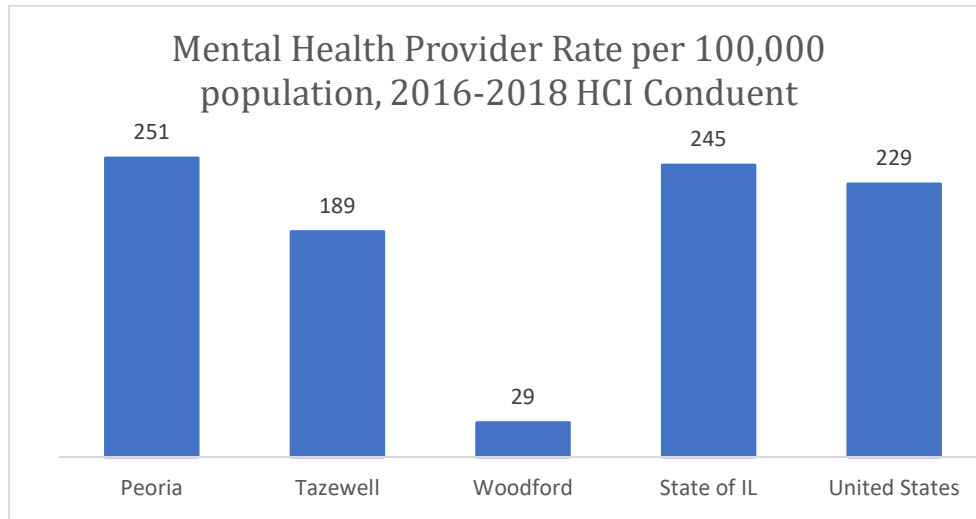
Challenges to staying mentally healthy among the tri-county area included: stigma, unstable home environment, and lack of teacher training to recognize symptoms.

Challenges associated with accessing mental health services among the tri-county area included: lack of knowledge or resources, lack of providers and diverse providers (people of color, multiple languages, LGBTQ+ friendly), lack of inpatient beds, lack of money, lack of insurance, and lack of transportation.

Social Determinants of Health Data

Health Care Assess and Quality (CHNA Survey Data)

Peoria County has a higher rate of mental health providers per 100,000 population than the State of Illinois. Tazewell and Woodford both have lower rates than the state and national level.



Education Access and Quality

Students who entered 9th grade in 2021 in Peoria County school districts, except Peoria HS, Manual Academy, Limestone Community HS, Il Valley Central HS, Illini Bluffs HS and Farmington HS reported high school graduation rates that were comparable to the State average of 86%.

Students who entered 9th grade in 2021 in Tazewell County school districts, except East Peoria HS and Delavan HS reported high school graduation rates that were comparable to the State average of 86%.

Students who entered 9th grade in 2021 in Woodford County school districts, except Eureka HS, Low Point-Washburn JR SR HS and Roanoke-Benson HS reported high school graduation rates that were comparable to the State average of 86%.

Healthy People 2030 has a goal to increase the proportion of public schools with a counselor or social worker which is still in the research phase

Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For the Tri-County region, 16% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022)

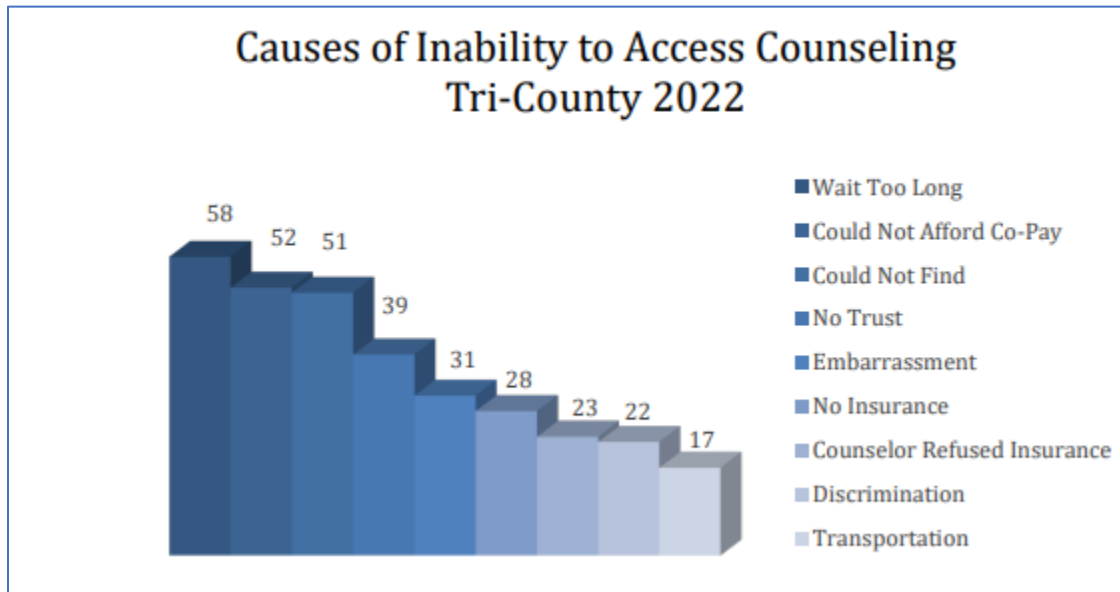
Social and Community Context

59% of the Tri-county population identified that they have been able to talk with someone about their mental health, while 41% did not.

Of those that spoke to someone about their mental health, 43% spoke to a counselor, 34% spoke to family or friends, and 23% spoke to a doctor or nurse.

Economic Stability

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the wait was too long (58), inability for afford co-pay (52) and could not find counselor (51).



Neighborhood and Built Environment

Another factor in accessing mental health care is transportation. Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for the Tri-County region, 14% of the population is at elevated risk for transportation network. This is higher to the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022)

Tri-County Regions of Concern

- **Depression** tends to be rated higher for residents who live in the Peoria/West Peoria region and Northern, Southern and Eastern Tazewell County.
- **Anxiety** tends to be rated higher for residents who live in the Northern Peoria/Peoria Heights region.
- **Perceptions of mental health** tends to be rated lower for residents who live in the Bartonville/Limestone region.
- **Access to counseling** tends to be rated lower for residents who live in South Tazewell County region

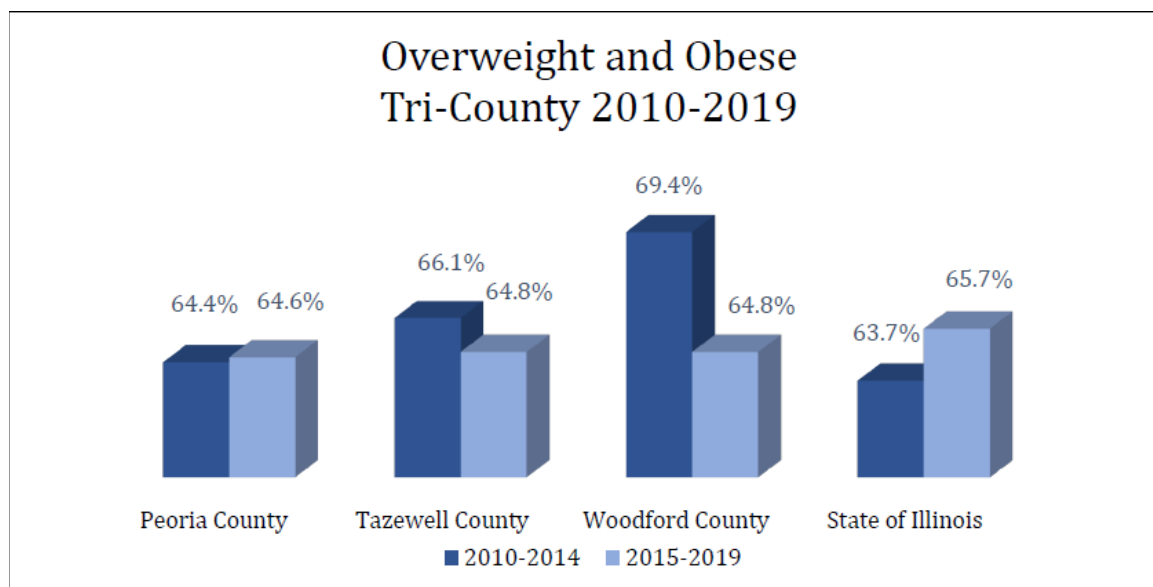
OBESITY

National Target Data

- **Healthy People 2030 (HP 2030)** Reduce the proportion of children and adolescents with obesity to 15.5%.
- **HP 2030** Reduce the proportion of adults with obesity to 36.0%.
- **HP 2030** Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity to 32.6%.
- **HP 2030** Increase the proportion of women who had a healthy weight before pregnancy to 47.1%.

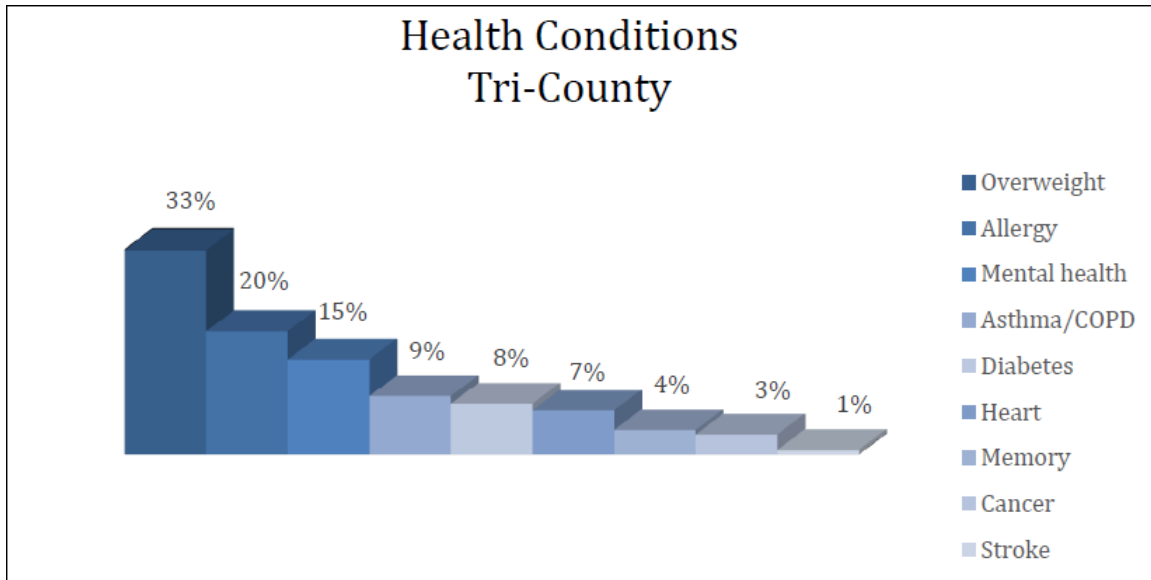
Community Status Assessment Data

Peoria County has seen an increase in the number of people diagnosed as overweight or obese from 2010-2014 to 2015-2019 from 64.4% to 64.6%. Tazewell County has seen a decrease in the number of people diagnosed with being overweight and obese from 2010-2014 to 2015-2019 from 66.1% to 64.8%. Woodford County has also seen a decrease from 2010-2014 to 2015-2019 from 69.4% to 64.8%. For the State of Illinois, the percentage of obese and overweight people has increased from 63.7% to 65.7% with all three counties being slightly below the State of Illinois.



Source: Illinois Behavioral Risk Factor Surveillance System

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



Source: CHNA Survey

Supplemental Conduent’s Healthy Communities Institute (HCI) Data

Peoria County: scored **below** other counties in Illinois for adults 20+ who are obese.

Region 2, 3, 4 & 5 scored **below** the county for adults who are obese.

Region 6 scored above the county for adults who are obese.

Tazewell County: has an obese population of 29.9%.

Region East, North, South & West scored above the county for adults who are obese

Woodford County: scored **below** other counties in Illinois for adults 20+ who are obese.

Region Central, East, & West scored above the county for adults who are obese.

Social Determinants of Health Data

Health Care Access and Quality

According to a 2016 paper, various studies indicate that weight bias and discrimination in the healthcare setting can lead to negative outcomes for patients. This paper found that around 79% of people who are overweight or obese report eating more to cope with weight discrimination and around 52% of women report their weight as a barrier to receiving healthcare. Weight bias can lead to disordered eating, avoiding preventative care, gaining weight and having negative healthcare experiences.

Education Access and Quality

According to Centers for Disease Control and Prevention (CDC) for children aged 2-19 years the prevalence of obesity decreased as household education level increased.

Adults with college degrees have a lower prevalence of obesity, but this can differ by sex and race/ethnicity (CDC).

Social and Community Context

Involves relationships, specifically positive ones. Positive relationships at home, work, and in the community can help reduce negative health impacts on individuals.

Economic Stability

According to Harvard T.H. Chan School of Public Health there are direct and indirect costs associated with the treatment of obesity and obesity-related conditions. Direct costs involve outpatient and inpatient health services, lab and radiological tests and drug therapy. Indirect costs are harder to measure, but include the categories of value of lost work, insurance, and wages.

The CDC estimates the annual cost of obesity in the United States (U.S.) was \$147 billion in 2008. Medical costs were \$1,429 higher for obese individuals compared to those with a healthy weight.

The prevalence of obesity decreases in adolescents aged 2-19 years as income level increases (CDC).

Neighborhood and Built Environment

National data provides evidence that greater walkability in residential neighborhoods may lead to lower child BMI and obesity. According to a study by Kaiser Permanente, barriers to walkability include lack of sidewalks, vehicles not obeying speed limits, distracted drivers, crime and lack of places to walk to.

Substance Use

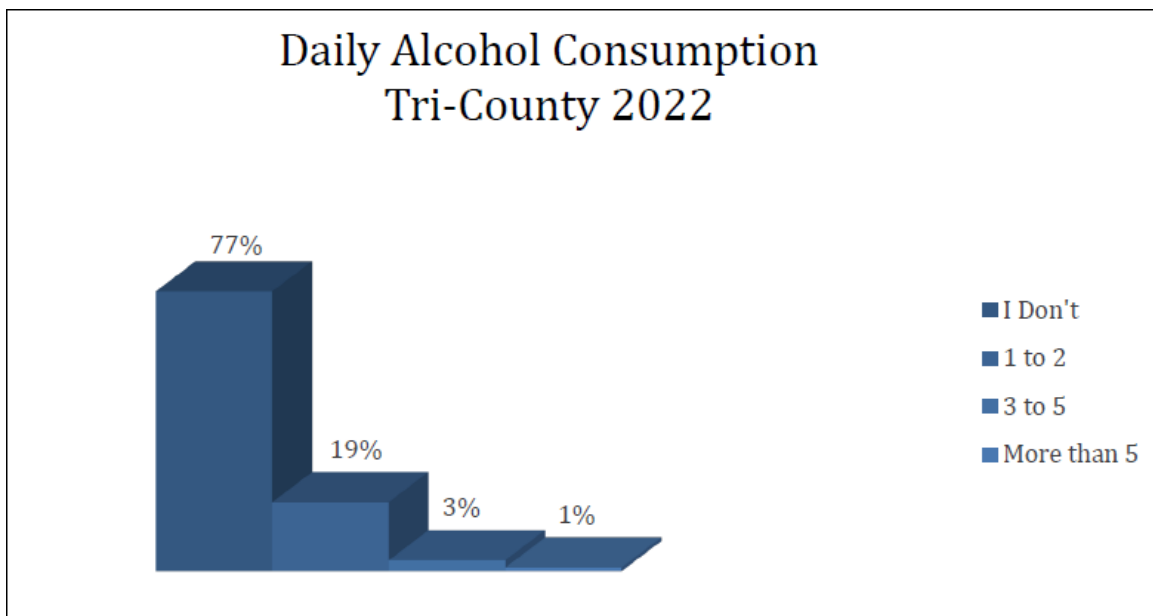
National Target Data (Healthy People 2030):

- Reduce the portion of adults who used drugs in the past month to 12%.
- Reduce the proportion of adults who use marijuana daily or almost daily to 3.4%.
- Reduce the proportion of people aged 21 years and over engaged in binge drinking in the past month to 25.4%.
- Reduce the proportion of motor vehicle crash deaths that involve a drunk driver in the past year to 28.3%.
- Reduce the proportion of people who misused prescription drugs in the past year 3.6%.
- Reduce drug overdose deaths to 20.7 per 100,000.
- Reduce the proportion of adolescents who drank alcohol in the past month to 6.3%.
- Reduce the proportion of adolescents who used drugs in the past month to 5.5%.
- Reduce the proportion of adolescents who used marijuana in the past month to 5.8%.

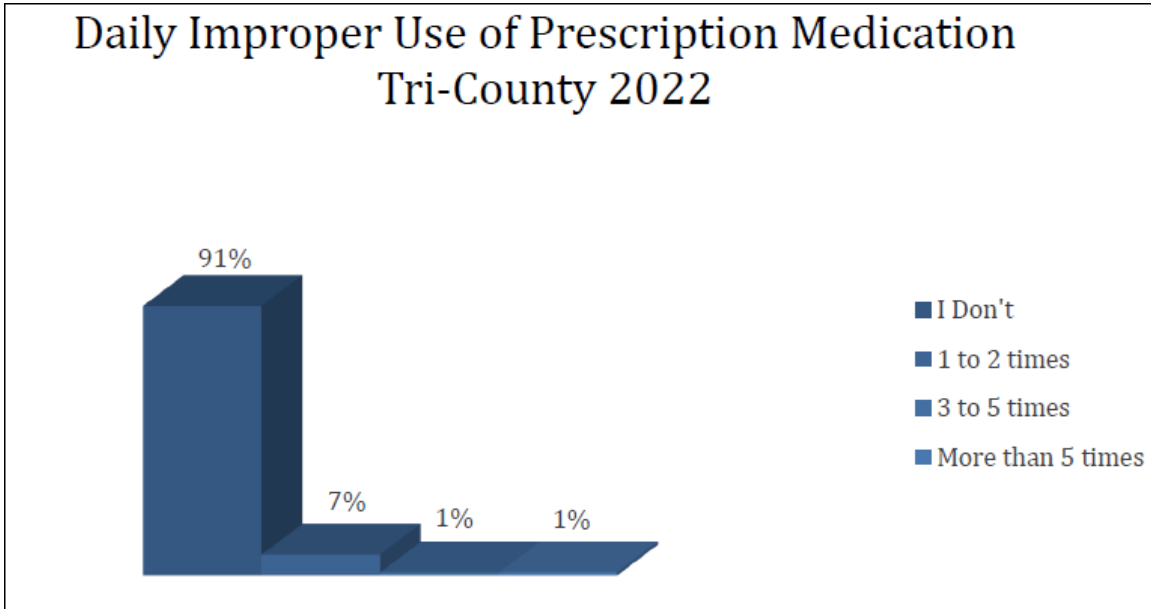
- Reduce the proportion of people under 21 years who engaged in binge drinking in the past month to 8.4%.

Community Status Assessment Data

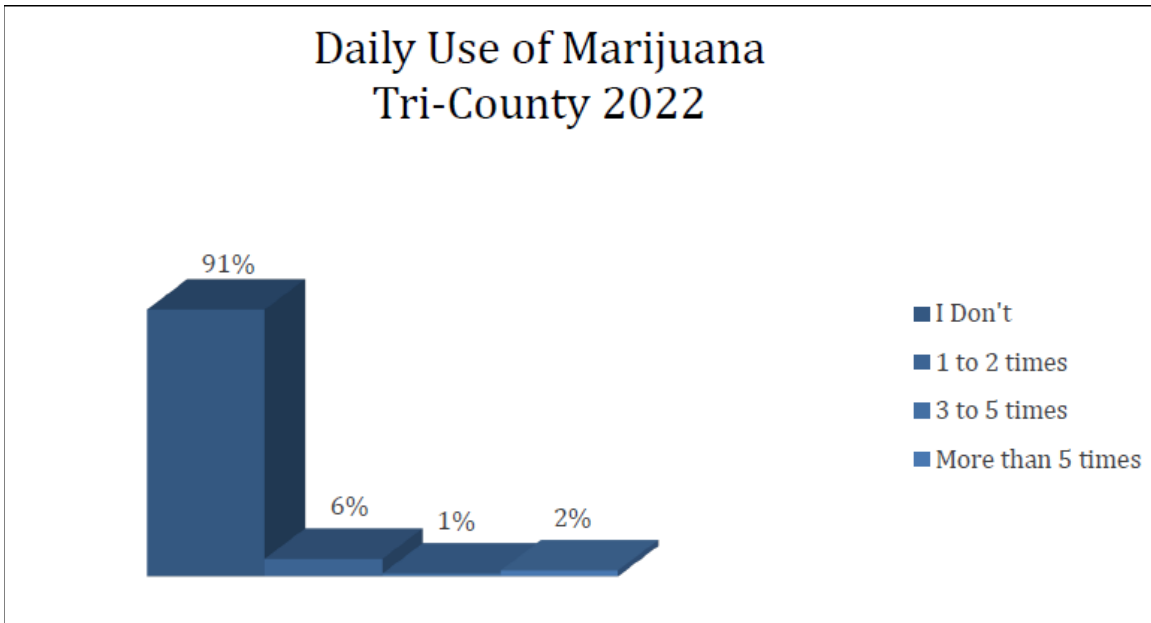
The CHNA helped to identify the typical daily usage of several substances in the Tri-County area including alcohol, prescription medication, marijuana and illegal substances. Alcohol is consumed by 23% of respondents on a typical day, while all other substances (prescription medication, marijuana, and illegal substances) had 8% or less usage on a typical day. In the CHNA, drug abuse (illegal) at 30% and drug abuse (legal) at 15% were the two top perceived unhealthy behaviors. For this same measure, alcohol abuse was the 5th out of 10 at 10%.



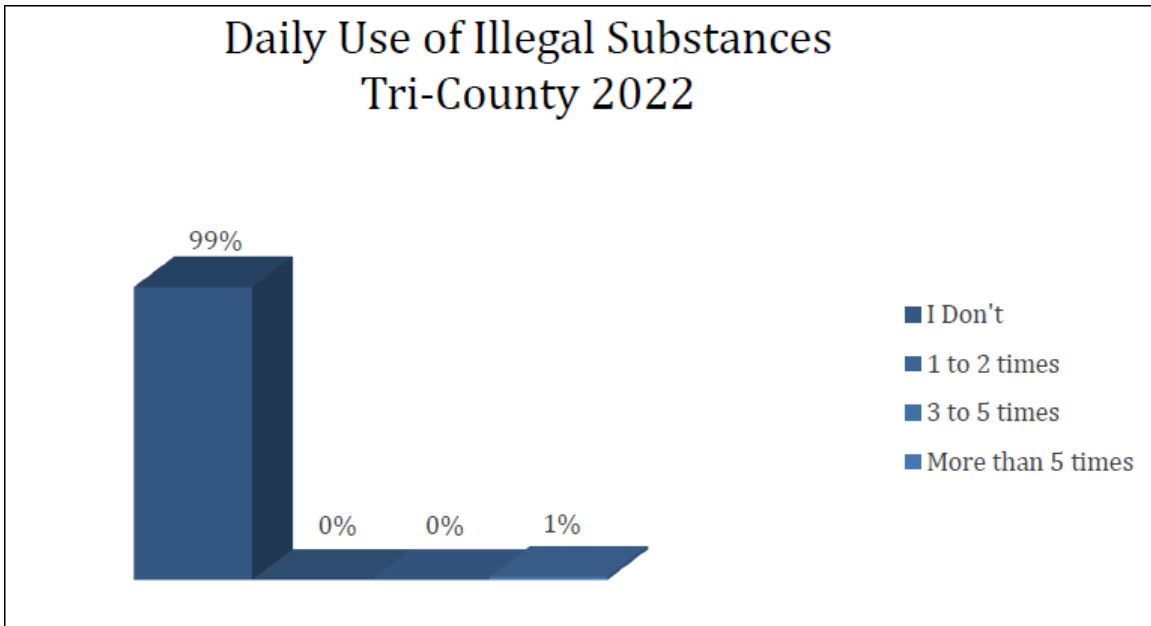
Source: CHNA Survey



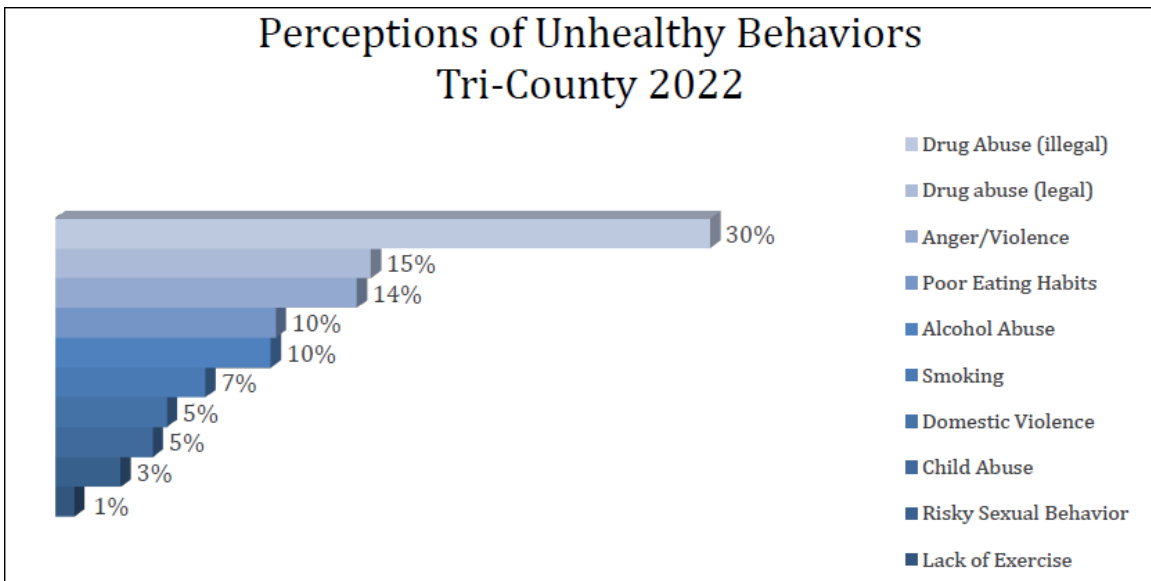
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

Supplemental Conduent’s Healthy Communities Institute (HCI) Data

Peoria County: scored above other counties in Illinois for adults who binge drink, adults who drink excessively, and teens who use alcohol.

Region 2, 3, 4, 5 & 6 scored above the county for adults who binge drink.

Peoria County scored above the State of Illinois for fatal opioid overdoses, age-adjusted drug and opioid-involved overdose death rate, and death rate due to drug poisoning.

Tazewell County: scored above other counties in Illinois for teens who use alcohol and the percent of driving deaths with alcohol involvement.

Region East, North, South & West scored above the county for adults who binge drink.

Tazewell County scored above other counties in Illinois teens who use marijuana and hospitalization rate due to opioid use.

Woodford County:

Woodford County scored **below** other counties in Illinois for adults who binge drink and adults who drink excessively. Additionally, scored above other counties in Illinois for teens who use alcohol and the ER rate due to adult alcohol use.

Region Central & East scored above the county for adults who binge drink.

Woodford County scored above the State of Illinois for the age-adjusted drug and opioid-involved overdose death rate and fatal opioid overdoses.

Woodford County scored above other counties in Illinois for death rate due to drug poisoning, non-fatal opioid overdose, ER rate due to opioid use. ER rate due to substance use, hospitalization rate due to opioid use, hospitalization rate due to substance use and teens who use marijuana.

Social Determinants of Health Data

Health Care Access and Quality

69% of the Tri-County population used a clinic or doctor office for care. (CHNA Survey Data)

13.3% of the Tri-County population reported no access to medical care. (CHNA Survey Data)

11.6% of the Tri-County population receive Medicaid Insurance, with 20% of that population being Peoria County. (CHNA Survey Data)

2.7% of the Tri-County population reported have no insurance. (CHNA Survey Data)

Survey respondents reported too long of wait for inability to access medical care and counseling services and could not afford co-pay regarding access to dental care and prescriptions. (CHNA Survey Data)

Health literacy For the Tri-County region, 16% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

Education Access and Quality

Students who entered 9th grade in 2021 in Peoria County school districts, except Peoria HS, Manual Academy, Limestone Community HS, Il Valley Central HS, Illini Bluffs HS and Farmington HS reported high school graduation rates that were comparable to the State average of 86%. (CHNA Survey Data)

Students who entered 9th grade in 2021 in Tazewell County school districts, except East Peoria HS and Delavan HS reported high school graduation rates that were comparable to the State average of 86%. (CHNA Survey Data)

Students who entered 9th grade in 2021 in Woodford County school districts, except Eureka HS, Low Point-Washburn JR SR HS and Roanoke-Benson HS reported high school graduation rates that were comparable to the State average of 86%. (CHNA Survey Data)

Healthy People 2030 aims to decrease the proportion of adolescents and young people who are not in school or working to 10.1% from 11.2%.

Social and Community Context

62.3% of the Tri-County population reported have 5 or more social interactions weekly. (CHNA Survey Data)

5.3% of the Tr-County population reported having 1 or less social interactions weekly. (CHNA Survey Data)

Social support is when someone can talk to friends and family about their concerns and get help coping. Research shows that when people don't have social support, they're at increased risk for physical and mental health problems. People who have social support are more likely to make healthier choices and have better health outcomes, like reduced stress. (CHNA Survey Data)

Healthy People 2030 has a target to increase adults who talk to friends or family about their health to 92.3% from 86.9 (2017).

Economic Stability

According to the National Institute on Drug Abuse, substance use costs the U.S. over \$600 billion annually. Drug addiction treatment can help to reduce associated health and social costs. Elements that should be looked at includes economic wellbeing and housing stability.

Neighborhood and Built Environment

For Tri-County, 9% of the population is at elevated risk for digital landscape. This is the same as the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

Survey respondents were asked if they had Internet access. Of respondents, 95% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason. Note that these data are displayed in frequencies rather than percentages given the low number of responses. (CHNA Survey Data)

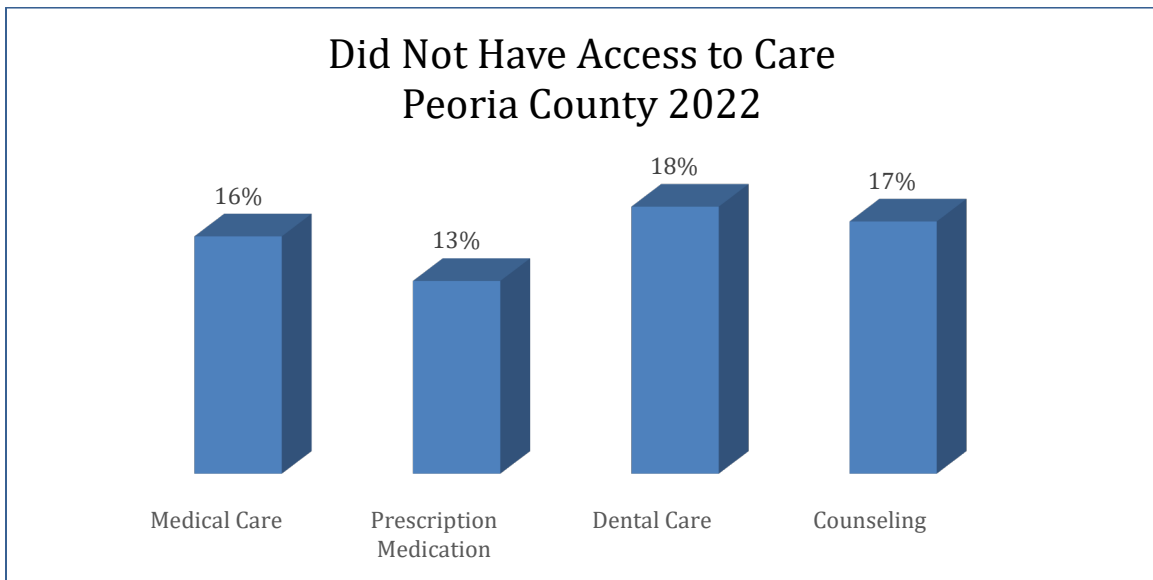
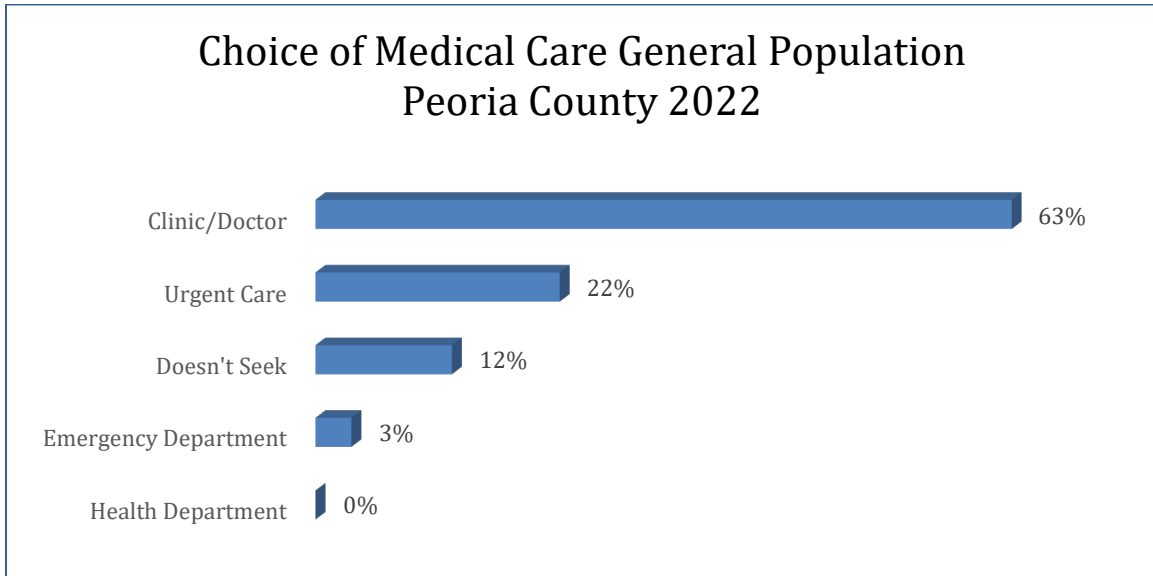
Tri-County Regions of Concern

Misuse of prescription medication tends to be rated higher for residents who live in the Peoria/West Peoria region.

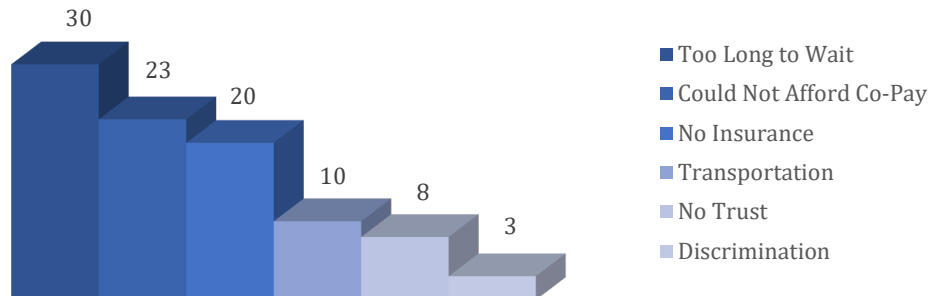
Use of Marijuana tends to be rated higher for residents who live in the Peoria/West Peoria region and residents who live in the Bartonville/Limestone region.

Use of illegal substances tends to be rated higher for residents who live in the Peoria/West Peoria region and for residents who live in the South-West Peoria region.

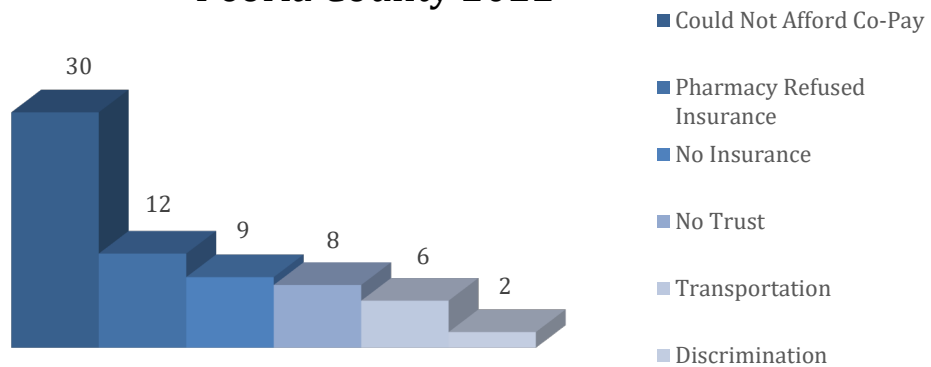
APPENDIX 10: CHNA SURVEY RESULTS FOR PEORIA COUNTY 2022



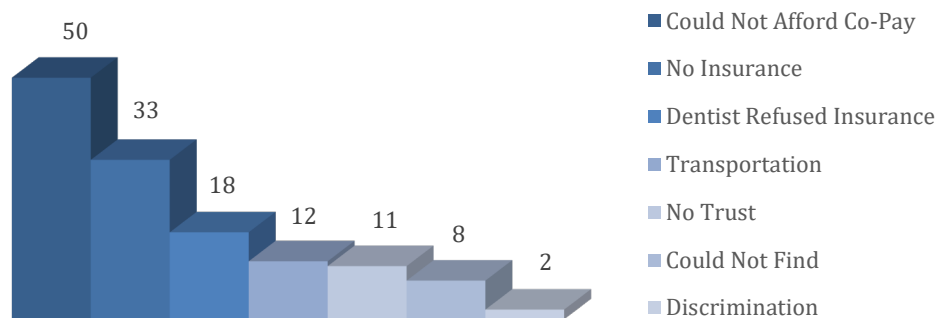
Causes of Inability to Access Medical Care Peoria County 2022



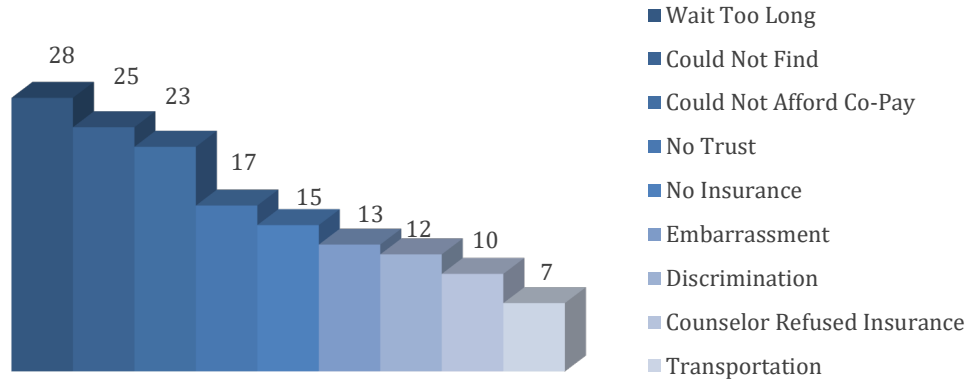
Causes of Inability to Access Prescription Medication Peoria County 2022



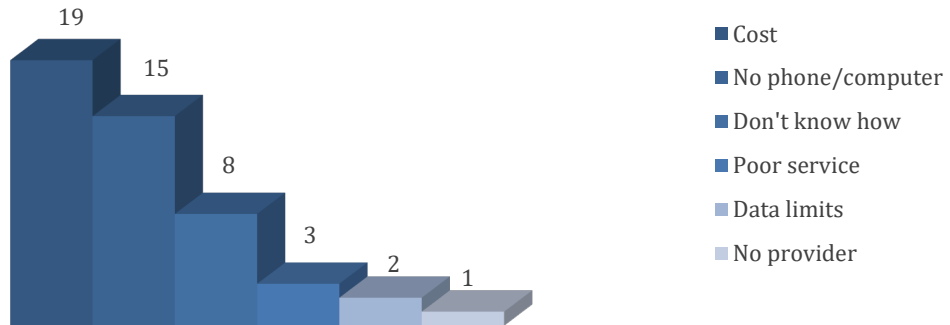
Causes of Inability to Access Dental Care Peoria County 2022



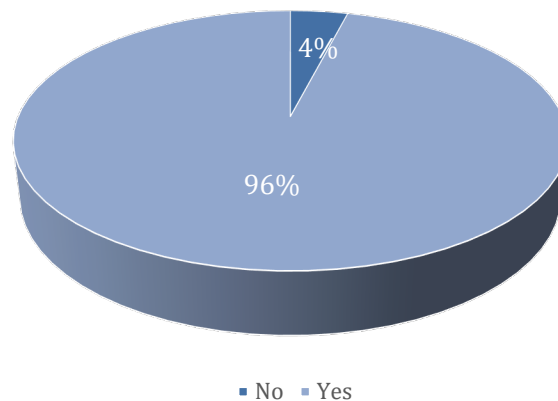
Causes of Inability to Access Counseling Peoria County 2022



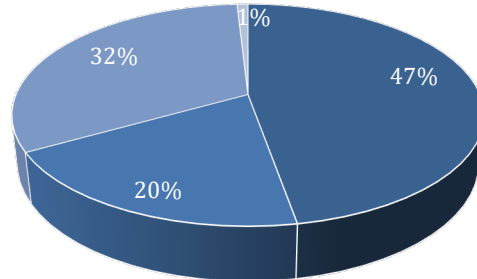
Causes of Inability to Have Internet in Home Peoria County 2022



Use of Personal Physician Peoria County 2022

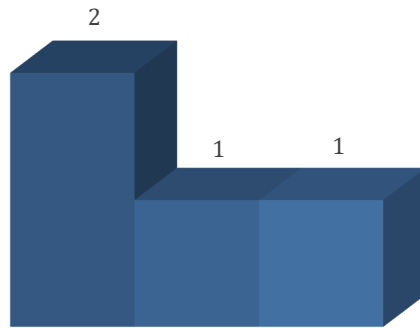


Type of Insurance Peoria County 2022



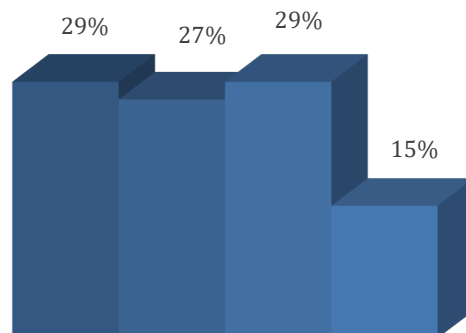
■ Commercial/Employer ■ Medicaid ■ Medicare ■ None

Reasons for No Insurance Peoria County 2022



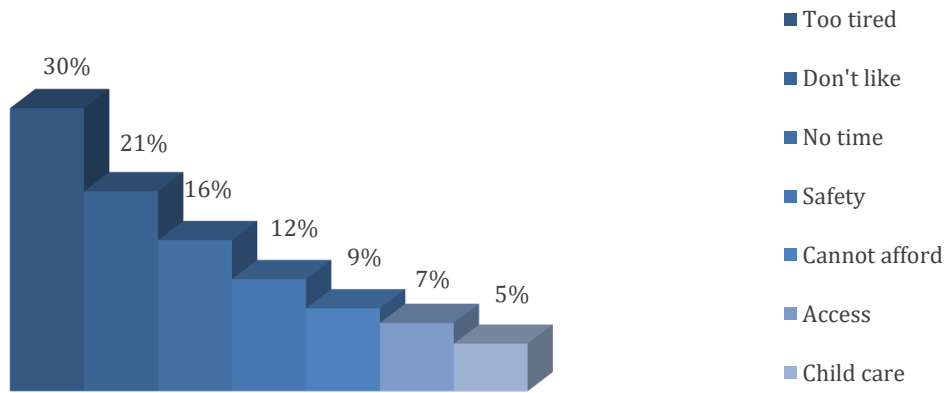
■ I Cannot Afford
■ I Don't Need
■ I Don't Know How

Days Exercised in Last Week Peoria County 2022

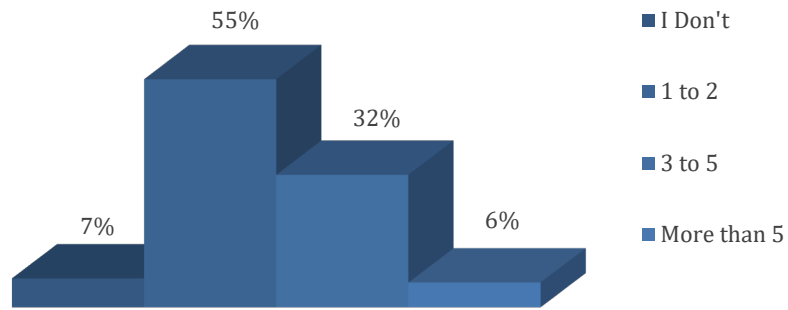


■ I Don't
■ 1 to 2 days per week
■ 3 to 5 days per week
■ More than 5 per week

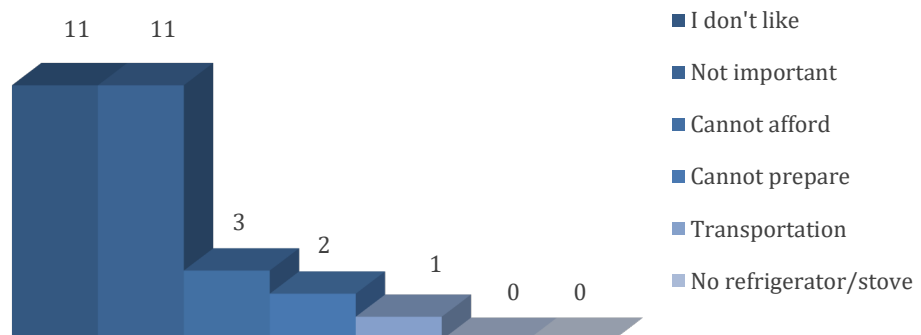
Reasons Did Not Exercise in Last Week Peoria County 2022

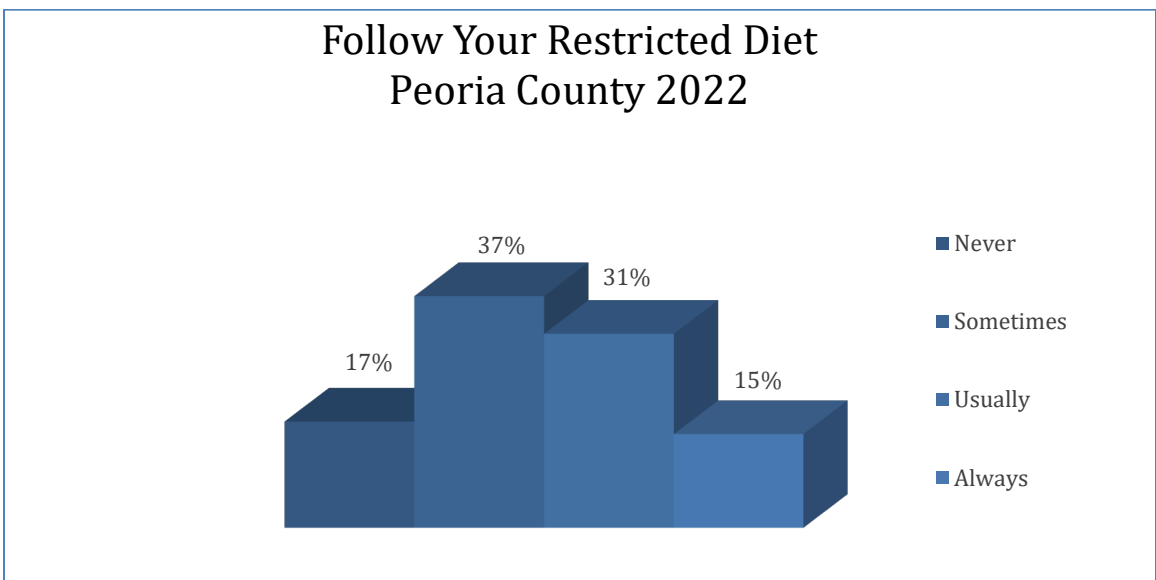
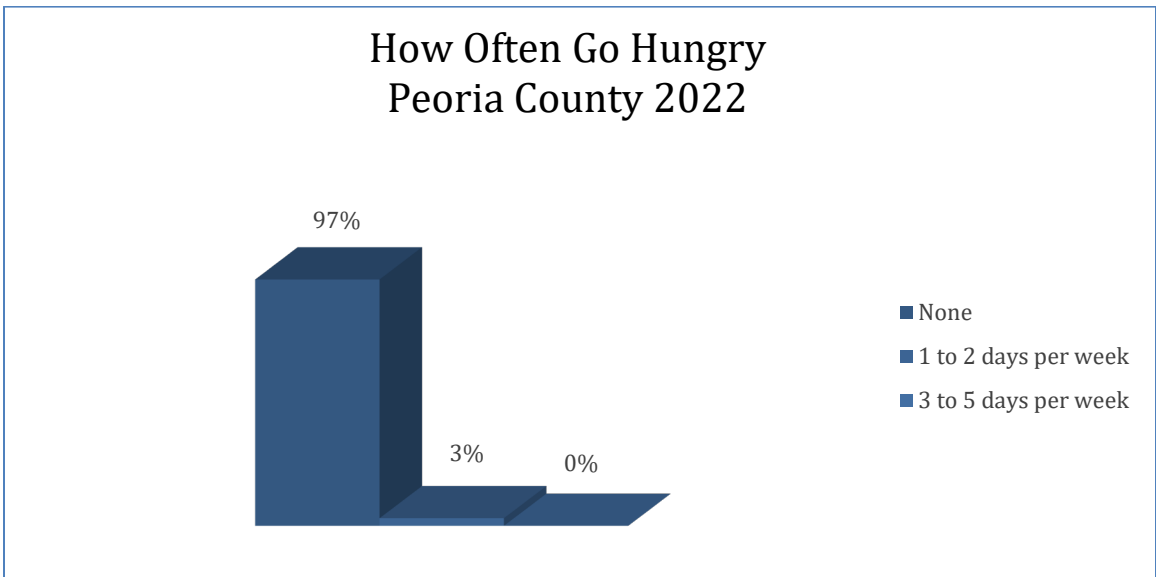
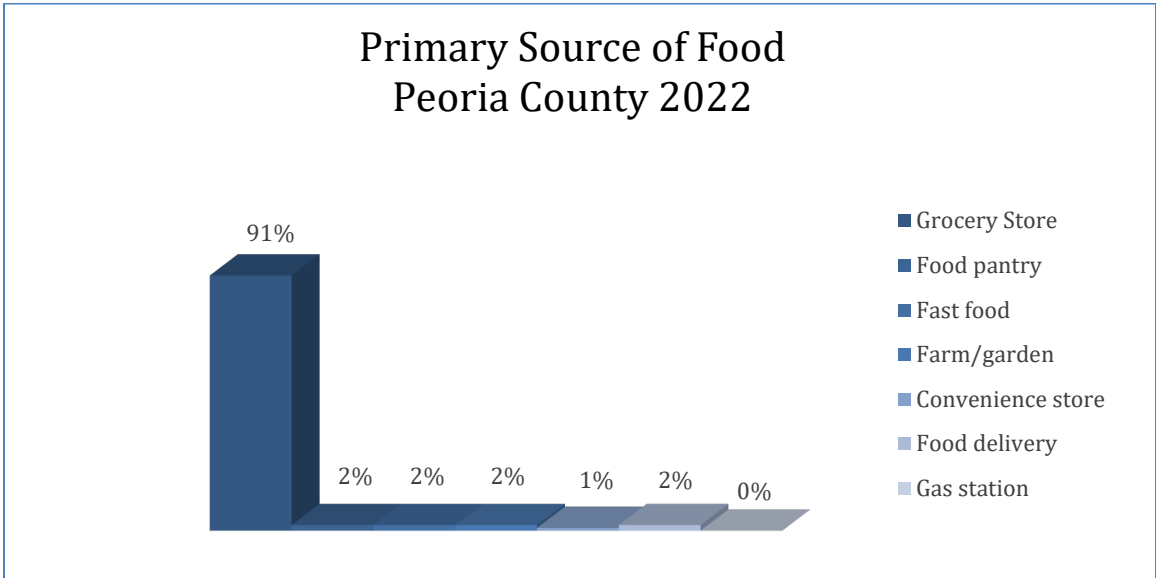


Daily Consumption of Fruits and Vegetables Peoria County 2022

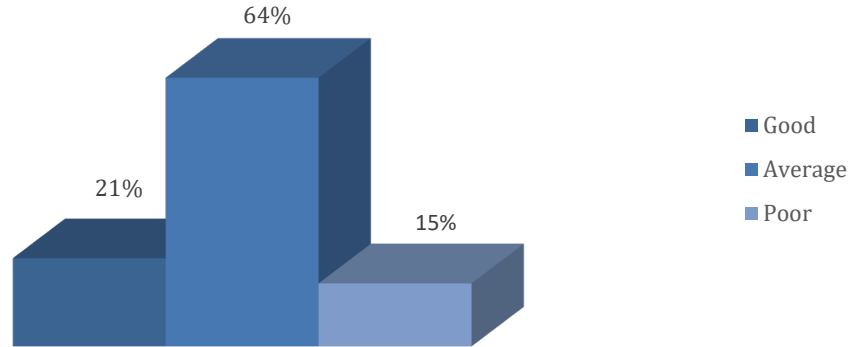


Reasons Do Not Eat Fruits and Vegetables Peoria County 2022

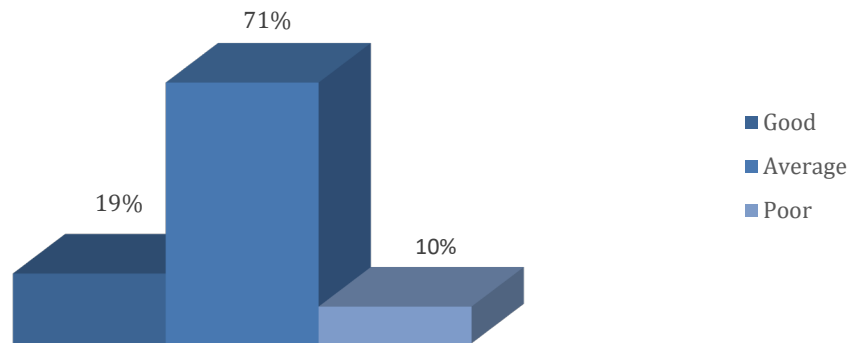




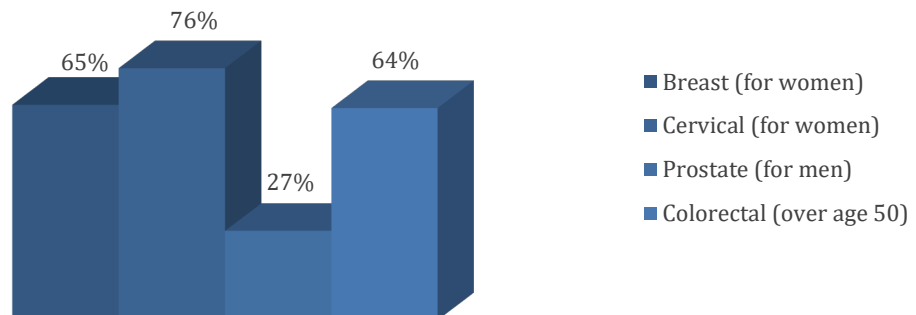
Self-Assessment of Overall Physical Health Peoria County 2022



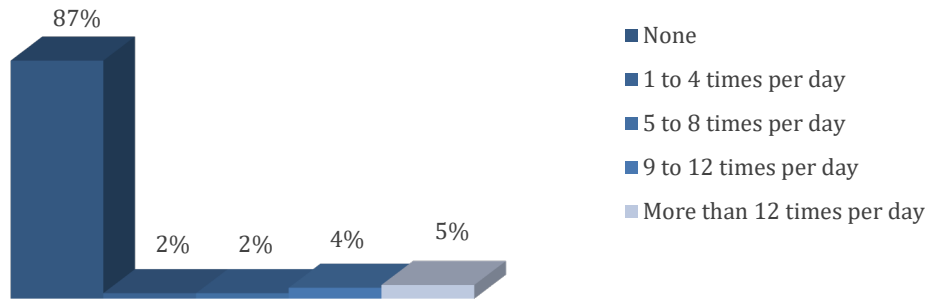
Self-Assessment of Overall Mental Health Peoria County 2022



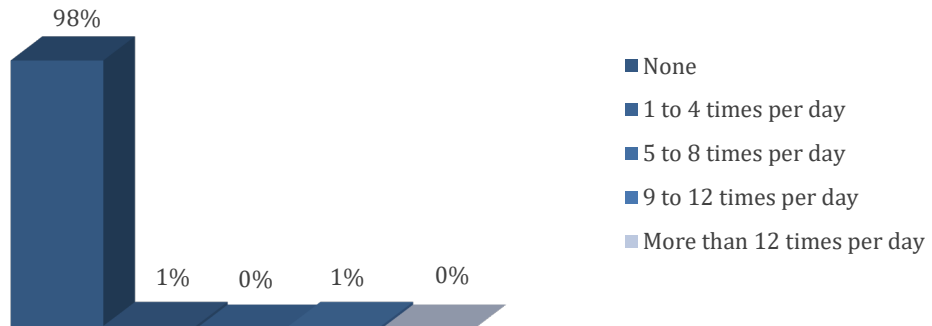
Cancer Screening in Past 5 years Peoria County 2022



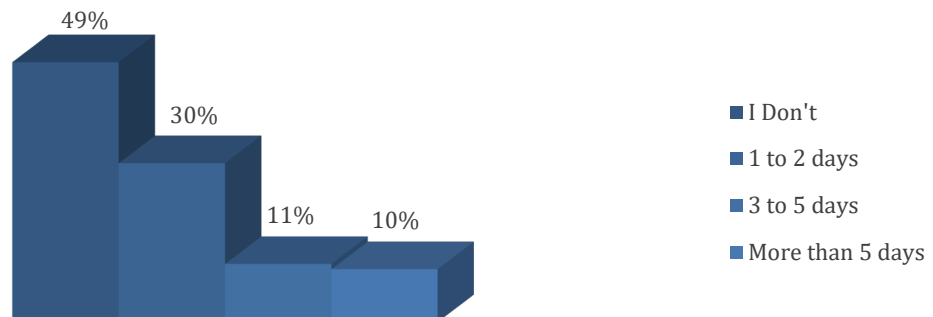
Frequency of Smoking Peoria County 2022



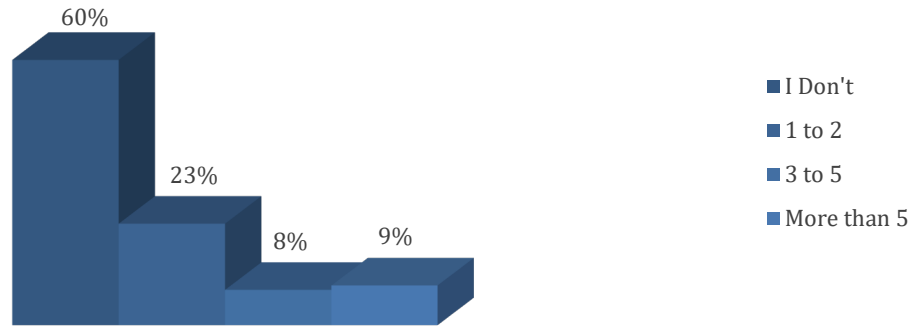
Frequency of Vaping Peoria County 2022



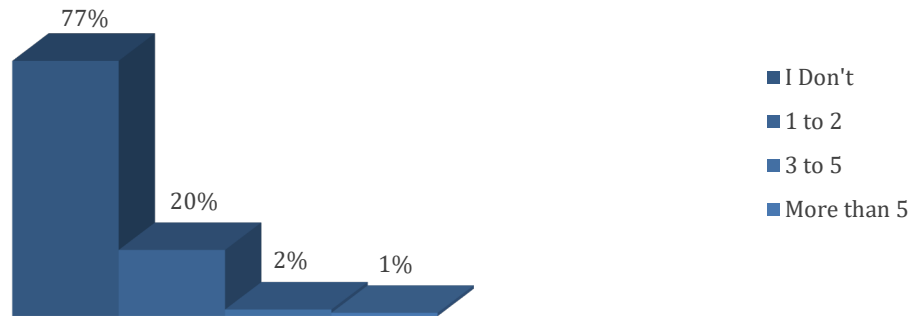
Felt Depressed Last 30 Days Peoria County 2022



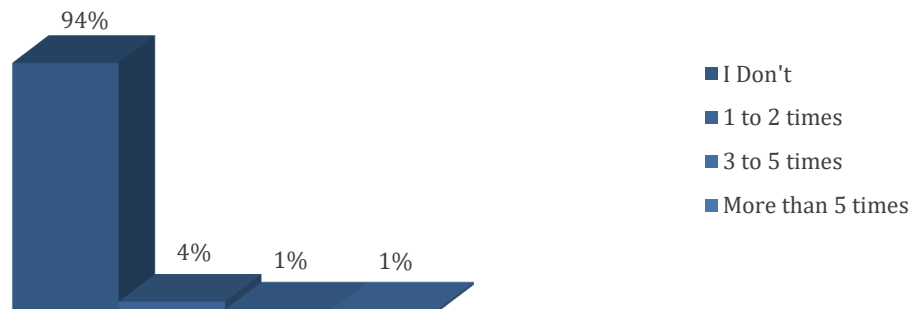
Felt Stressed / Anxious Last 30 Days Peoria County 2022



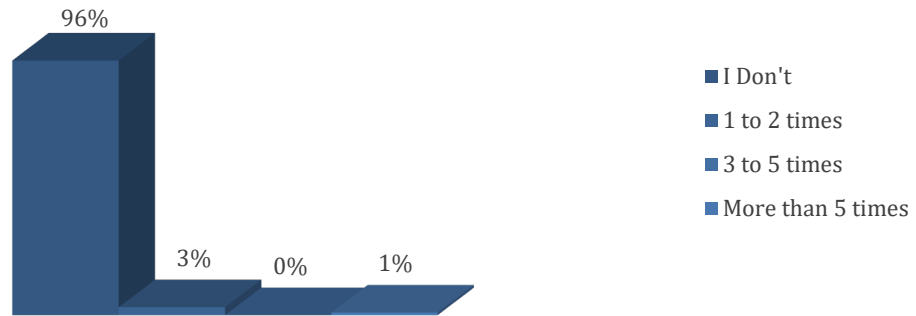
Daily Alcohol Consumption Peoria County 2022



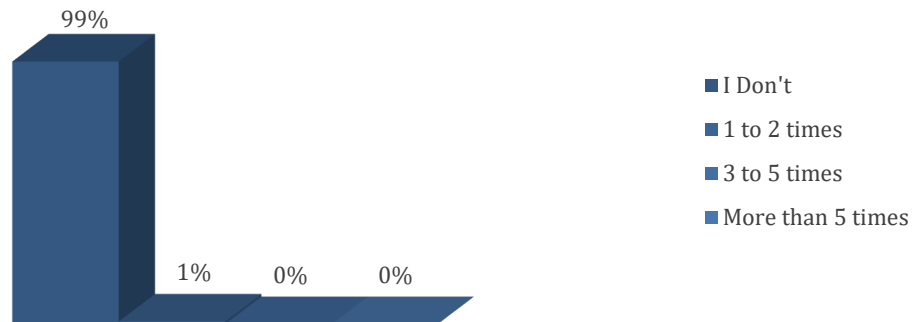
Daily Improper Use of Prescription Medication Peoria County 2022



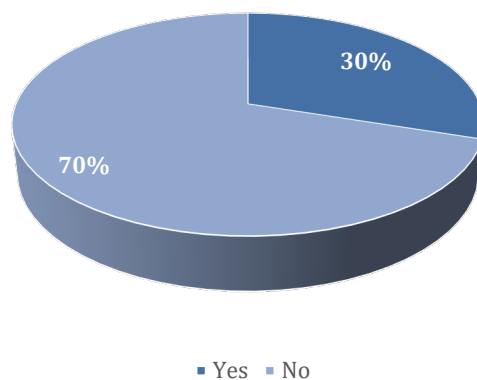
Daily Use of Marijuana Peoria County 2022



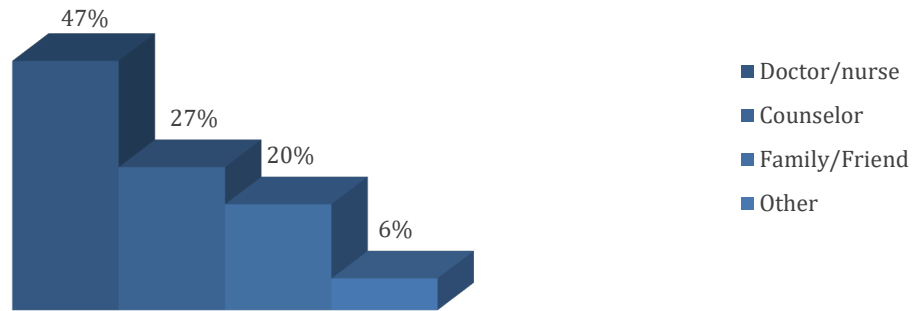
Daily Use of Illegal Substances Peoria County 2022



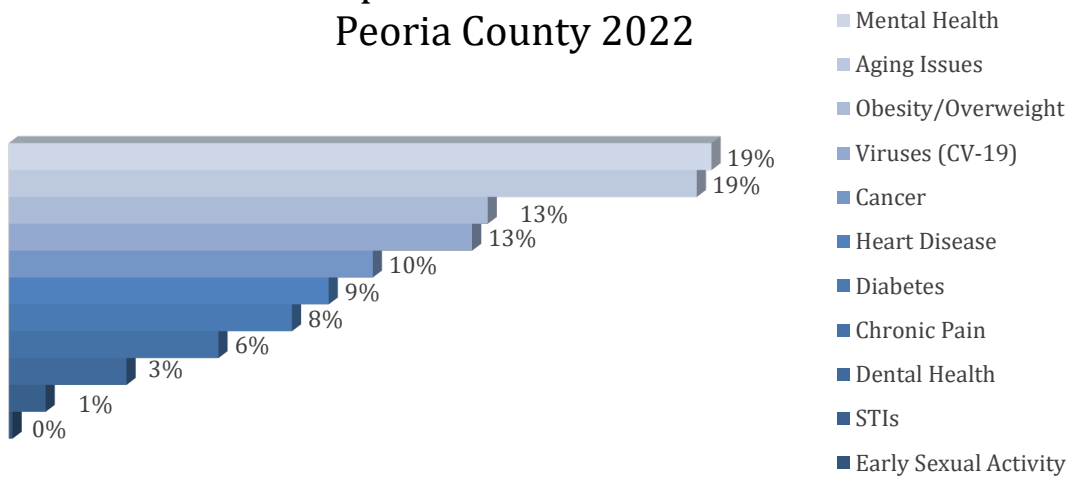
Talked with Someone About Mental Health Peoria County 2022



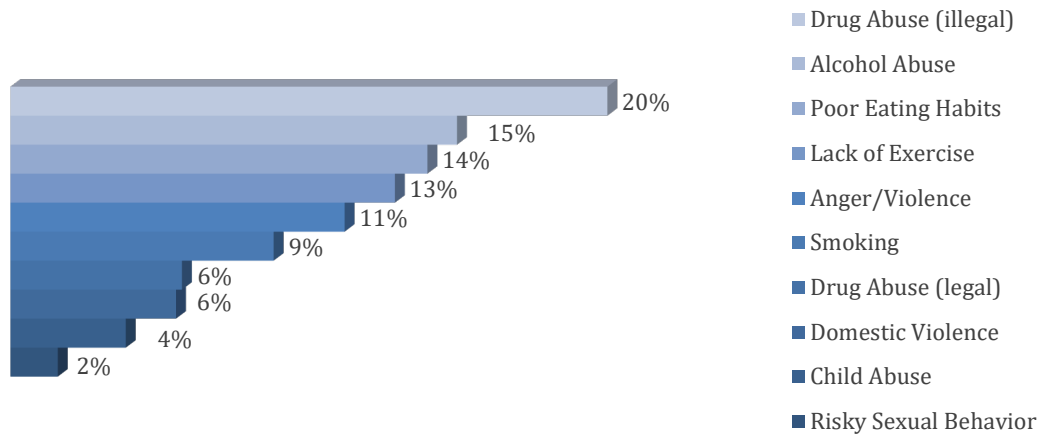
Person Spoke with About Mental Health Peoria County 2022



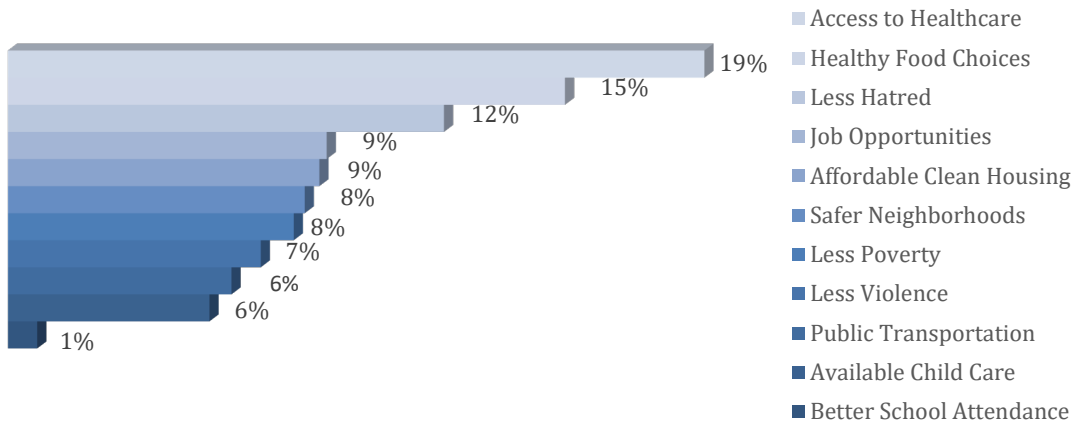
Perceptions of Health Issues Peoria County 2022



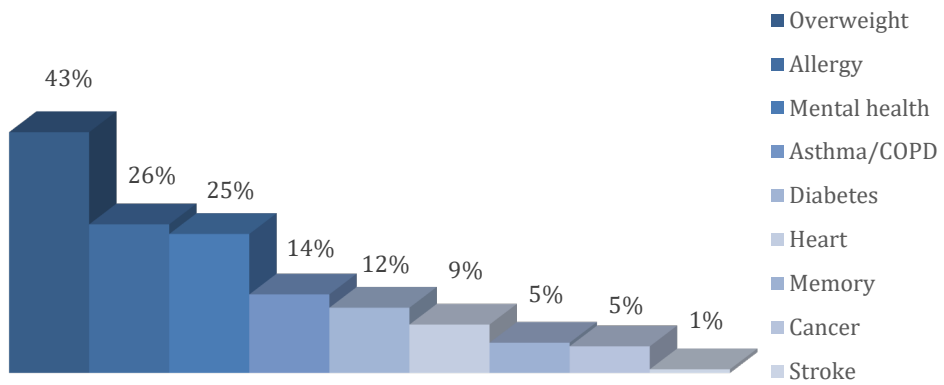
Perceptions of Unhealthy Behaviors Peoria County 2022



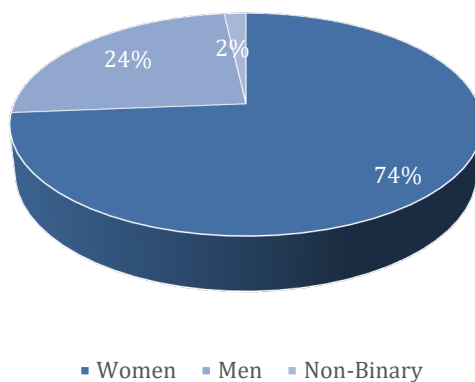
Perceptions of Issues that Impact Well Being Peoria County 2022

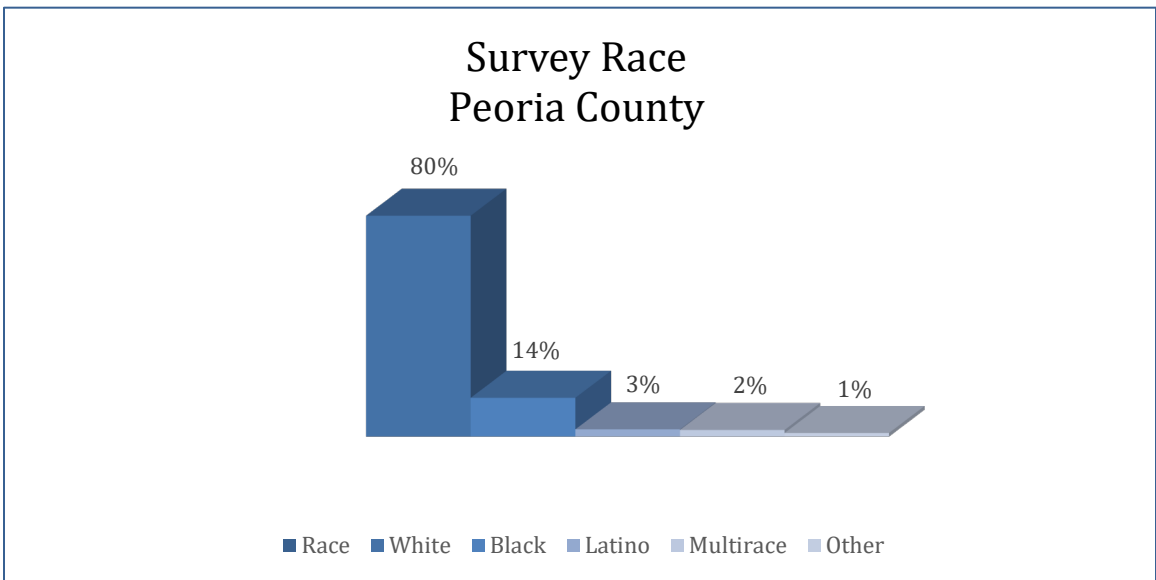
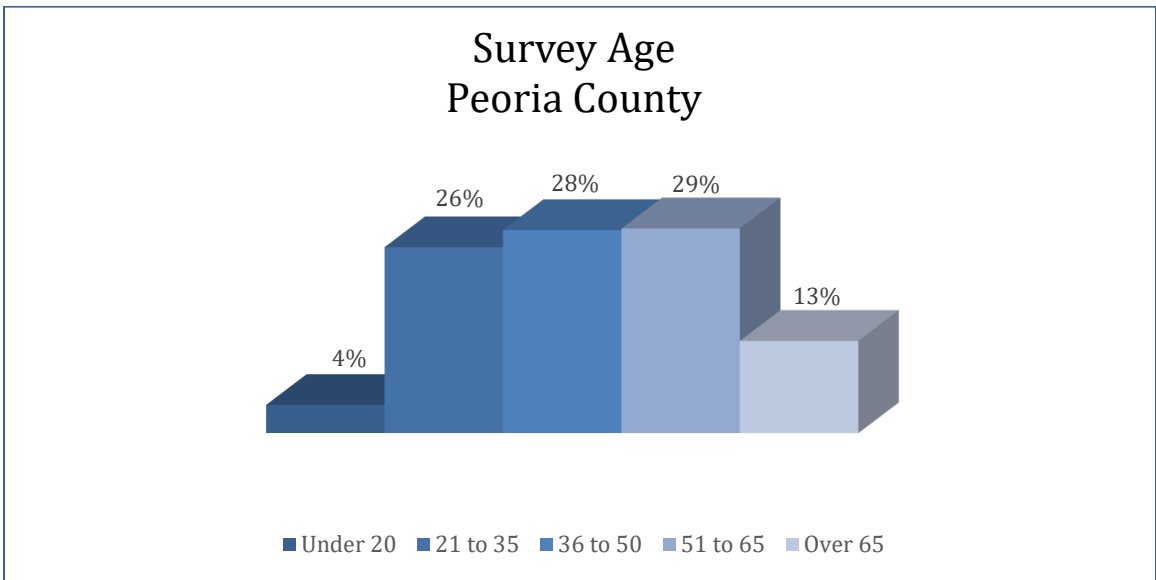
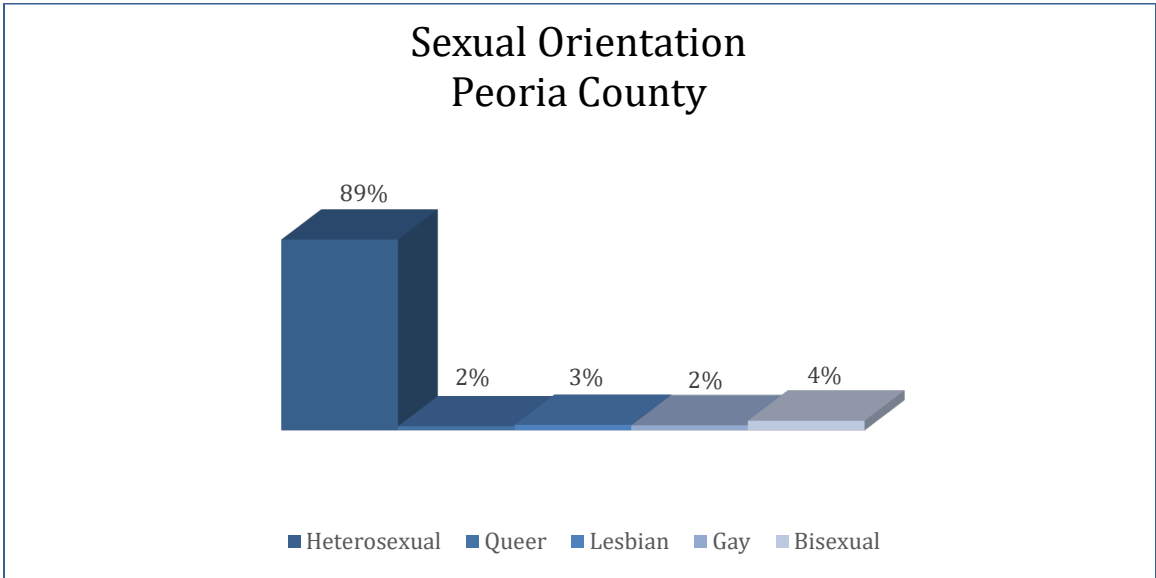


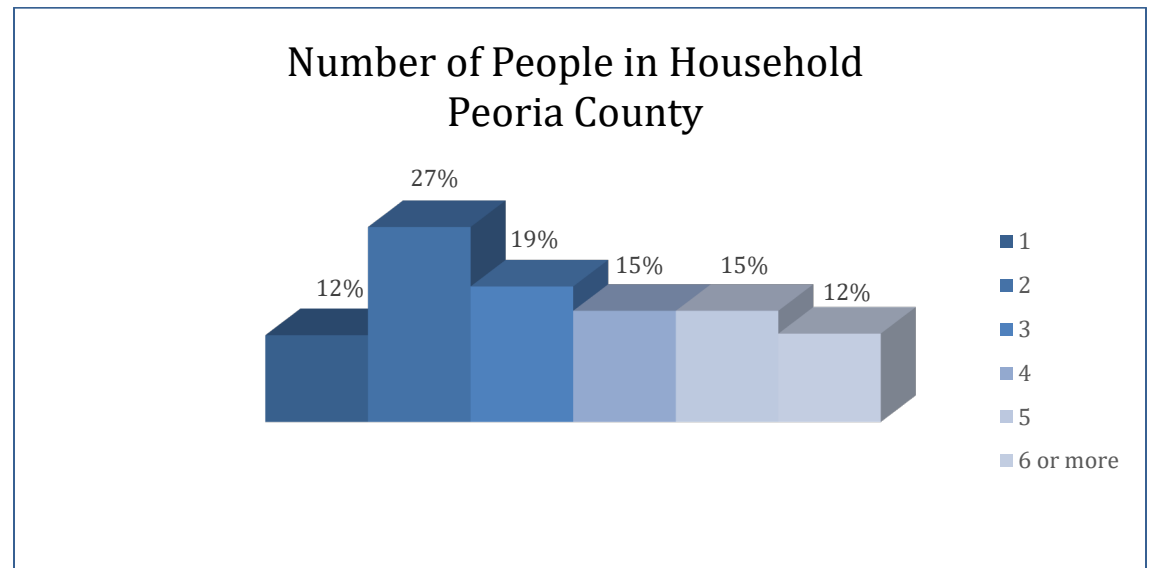
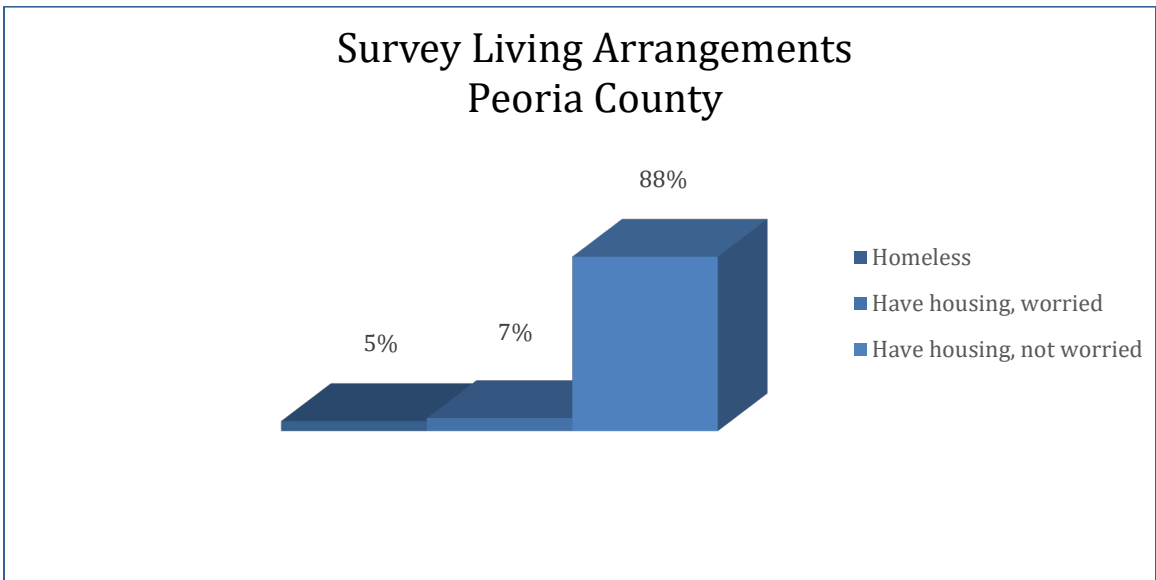
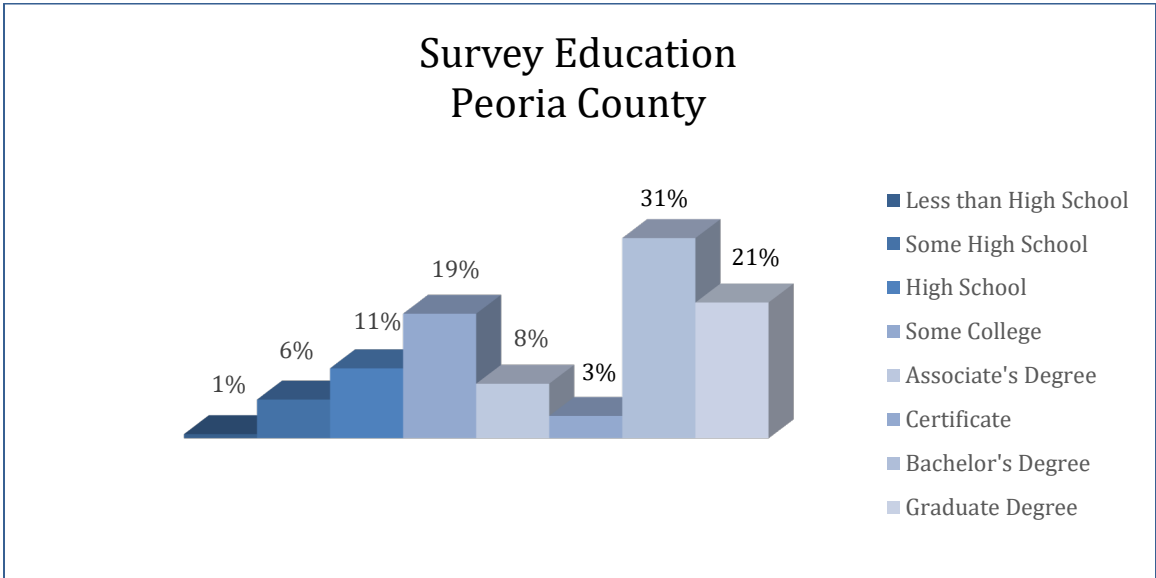
Health Conditions Peoria County

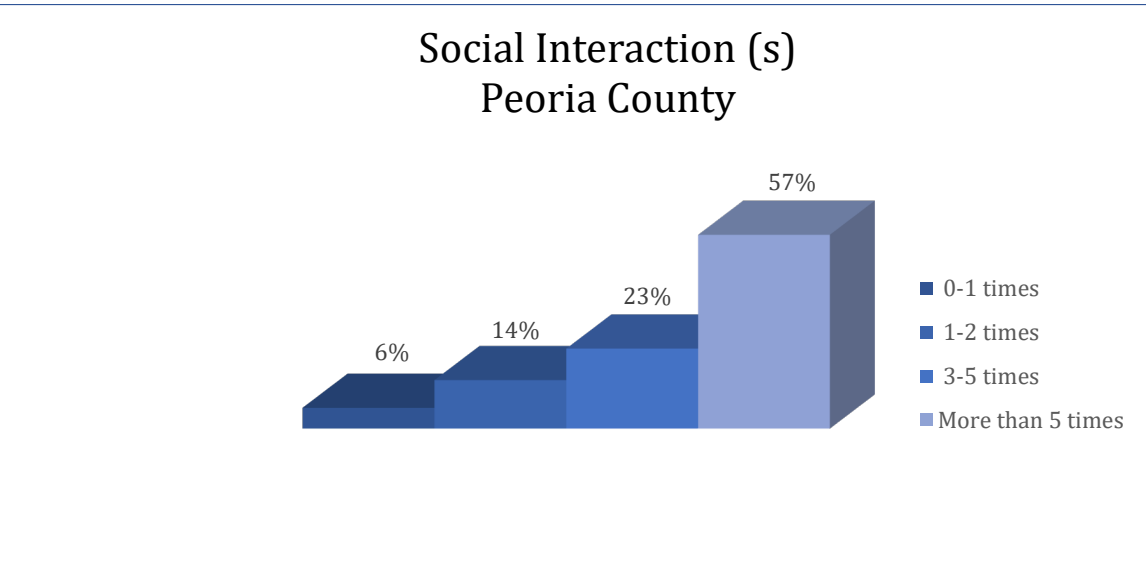
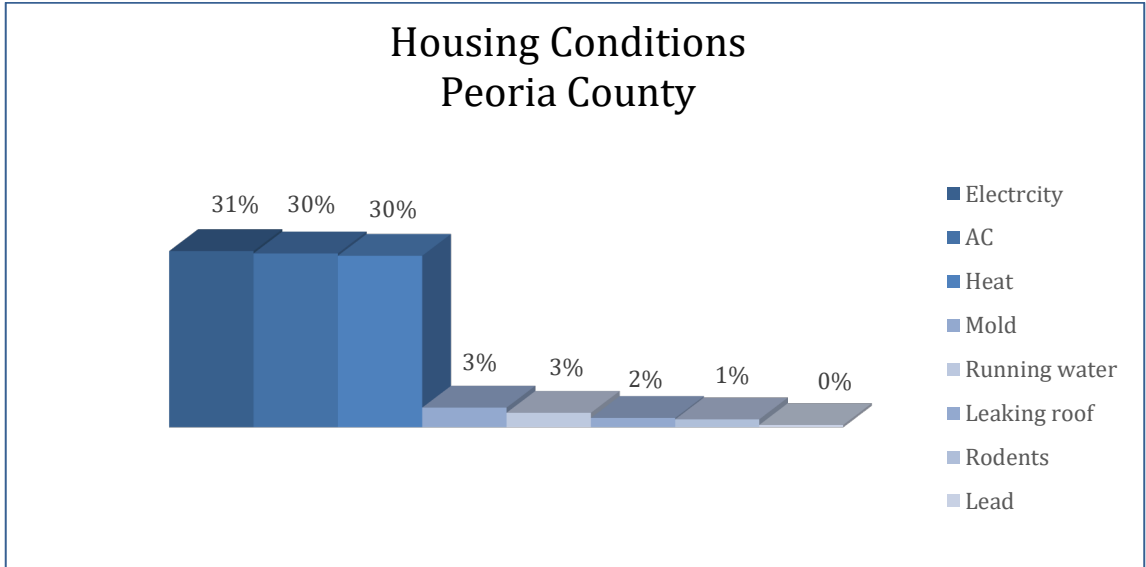
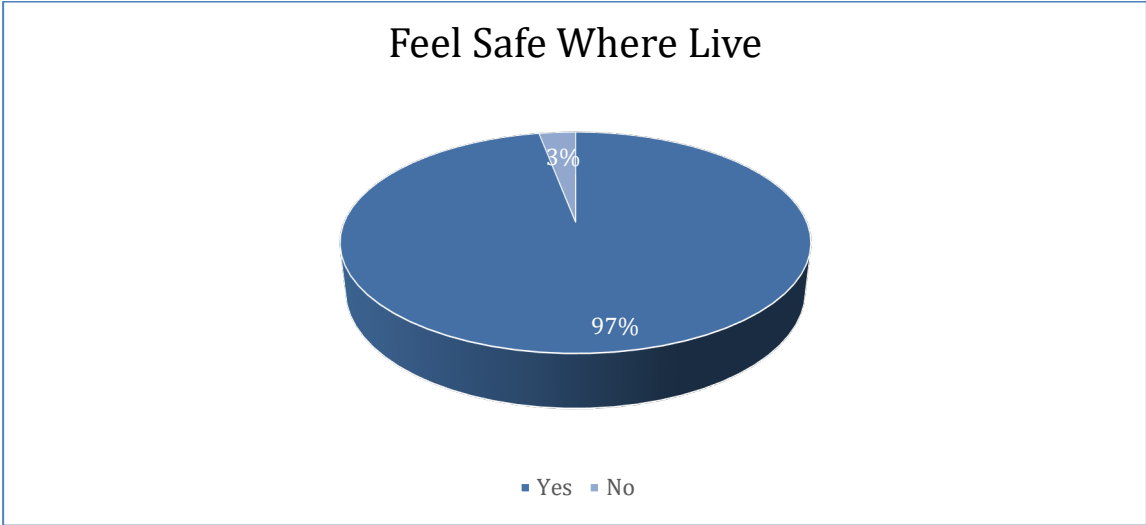


Survey Gender Peoria County

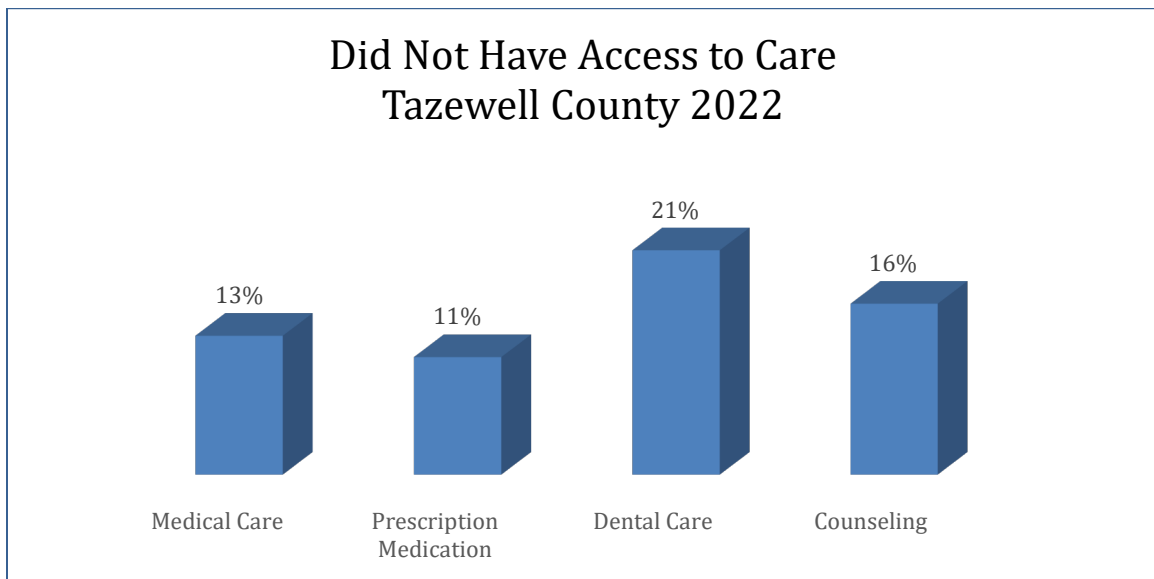
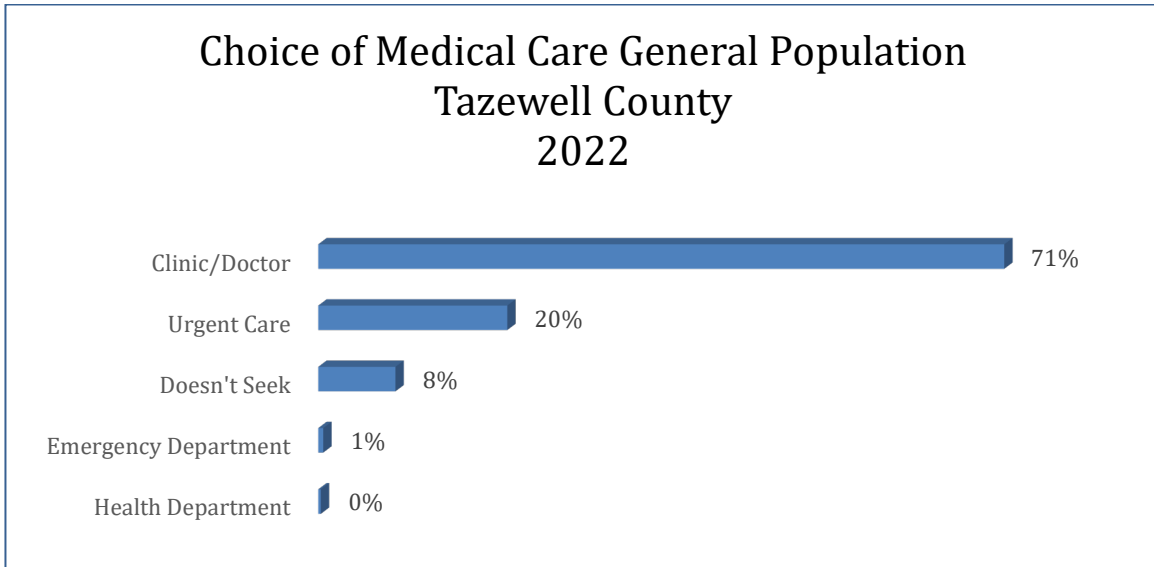




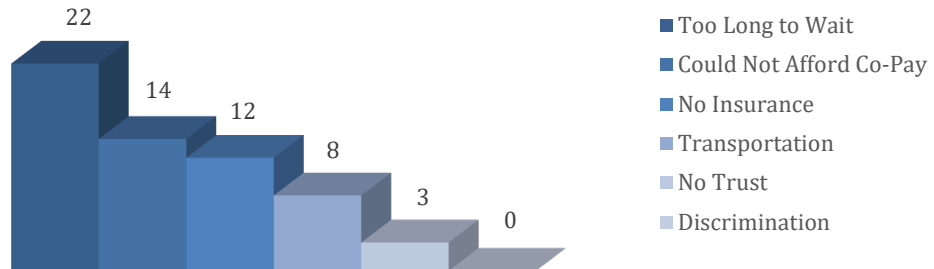




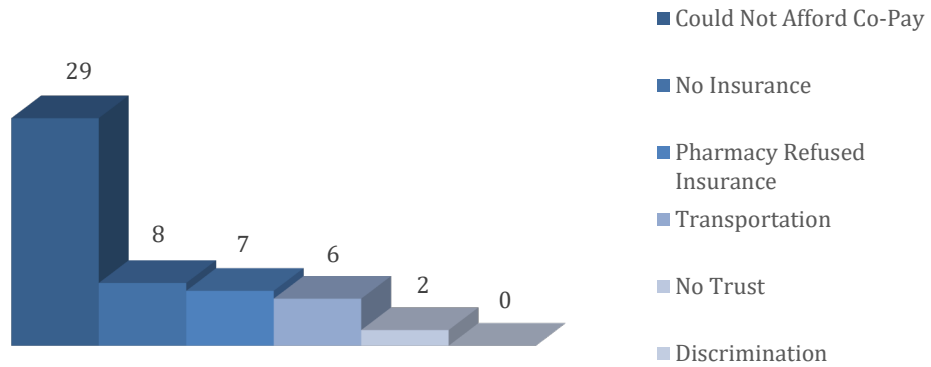
APPENDIX 11: CHNA SURVEY RESULTS FOR TAZEWELL COUNTY 2022



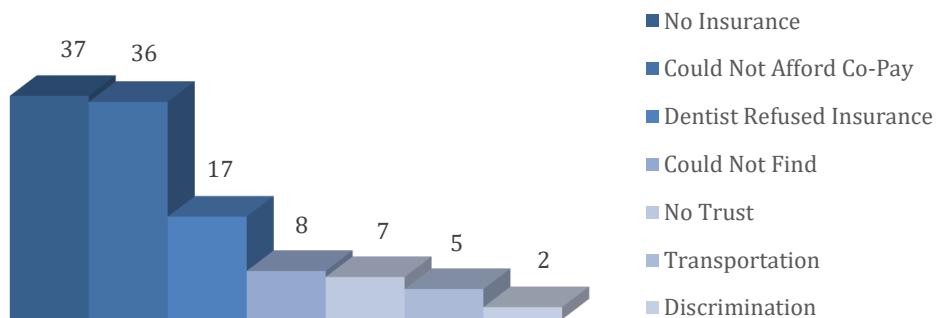
Causes of Inability to Access Medical Care Tazewell County 2022



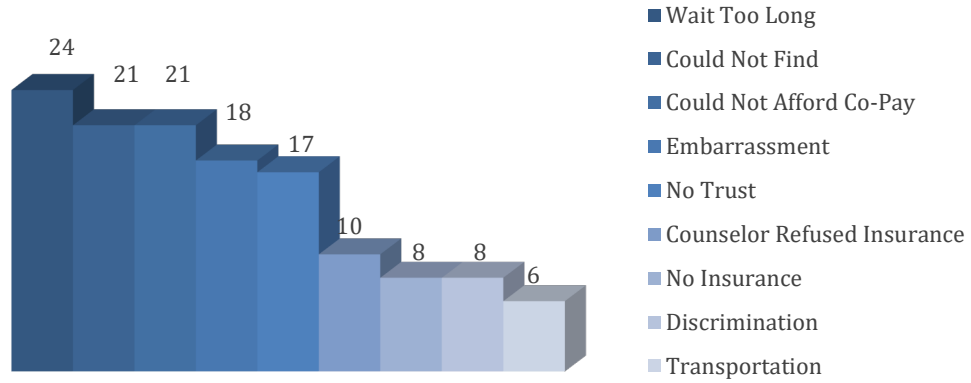
Causes of Inability to Access Prescription Medication Tazewell County 2022



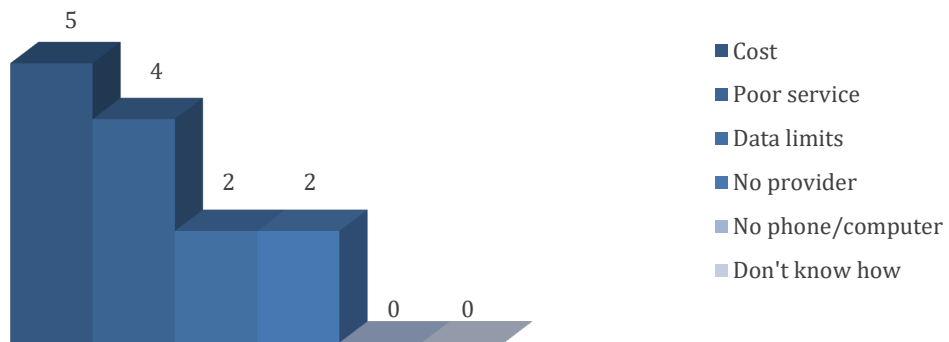
Causes of Inability to Access Dental Care Tazewell County 2022



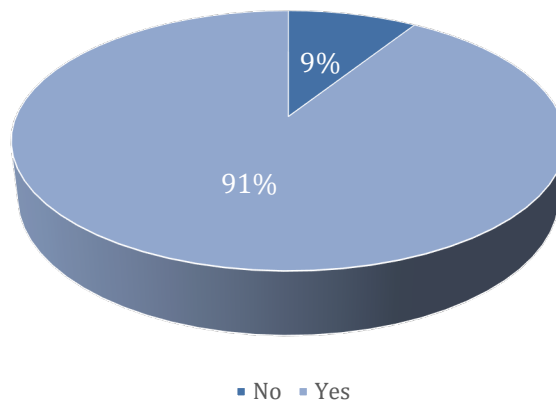
Causes of Inability to Access Counseling Tazewell County 2022



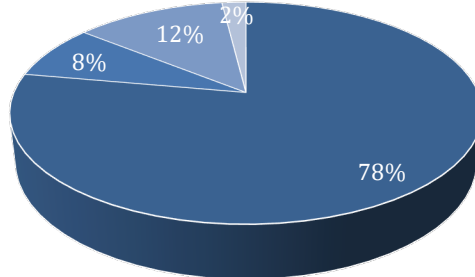
Causes of Inability to Have Internet in Home Tazewell County 2022



Use of Personal Physician Tazewell County 2022

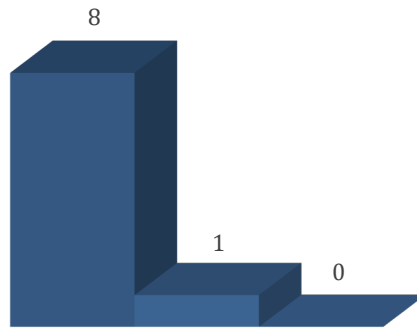


Type of Insurance Tazewell County 2022



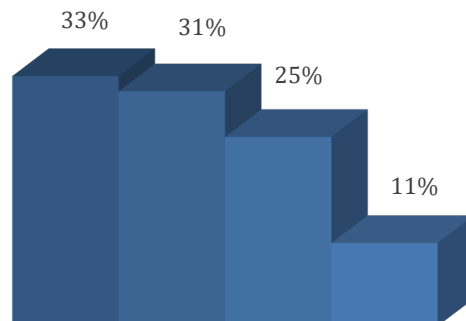
■ Commercial/Employer ■ Medicaid ■ Medicare ■ None

Reasons for No Insurance Tazewell County 2022



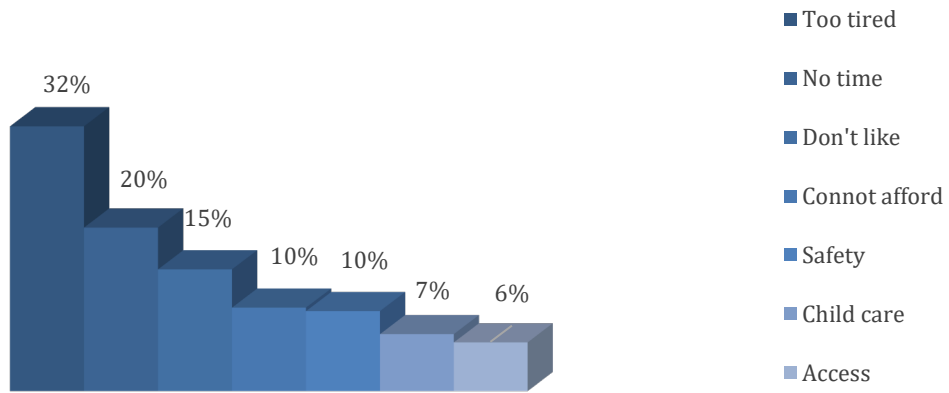
■ I Cannot Afford
■ I Don't Know How
■ I Don't Need

Days Exercised in Last Week Tazewell County 2022

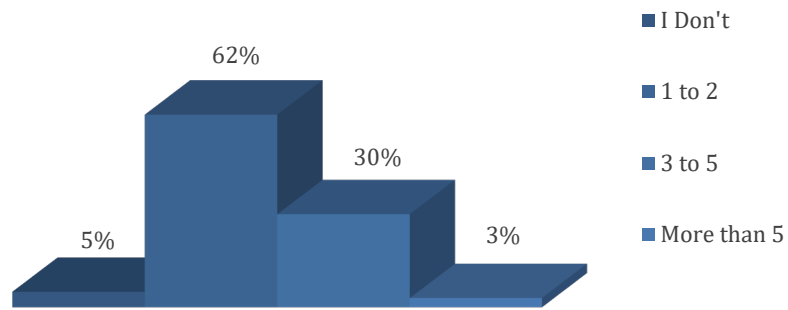


■ I Don't
■ 1 to 2 days per week
■ 3 to 5 days per week
■ More than 5 per week

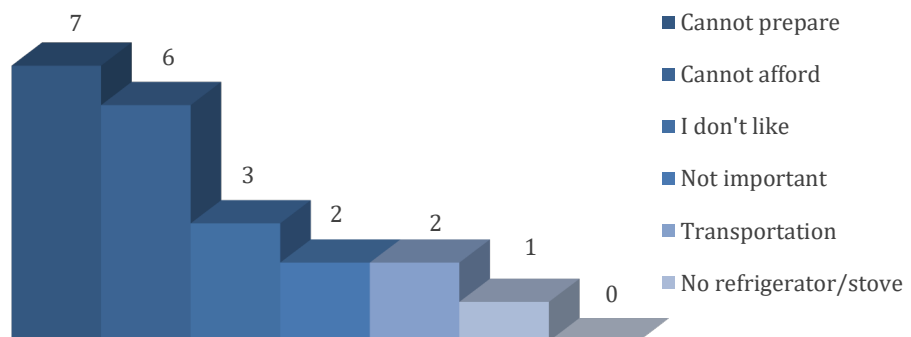
Reasons Did Not Exercise in Last Week Tazewell County 2022

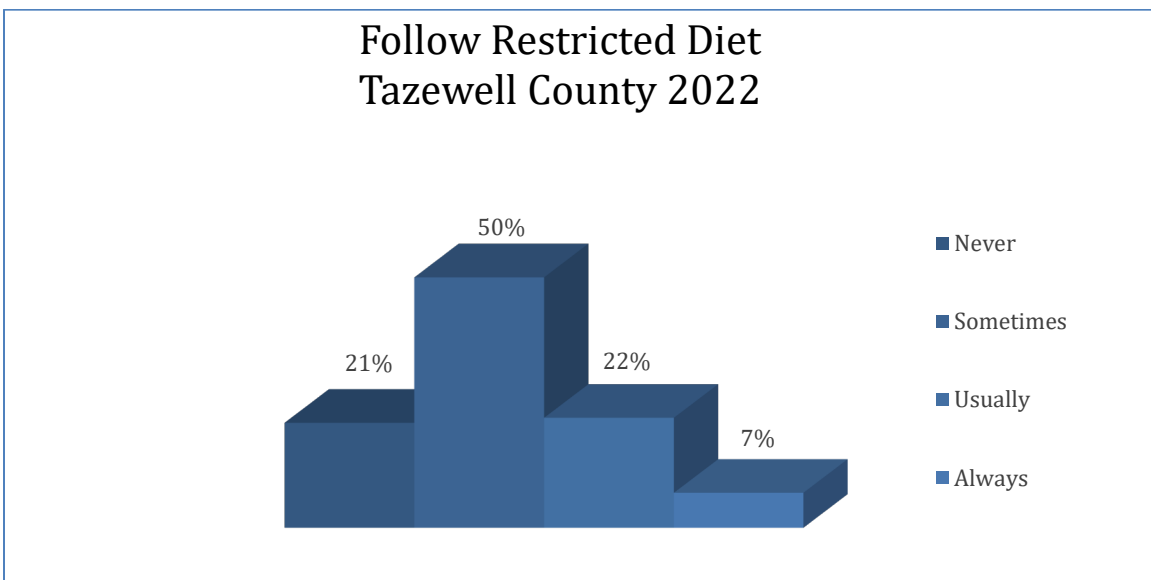
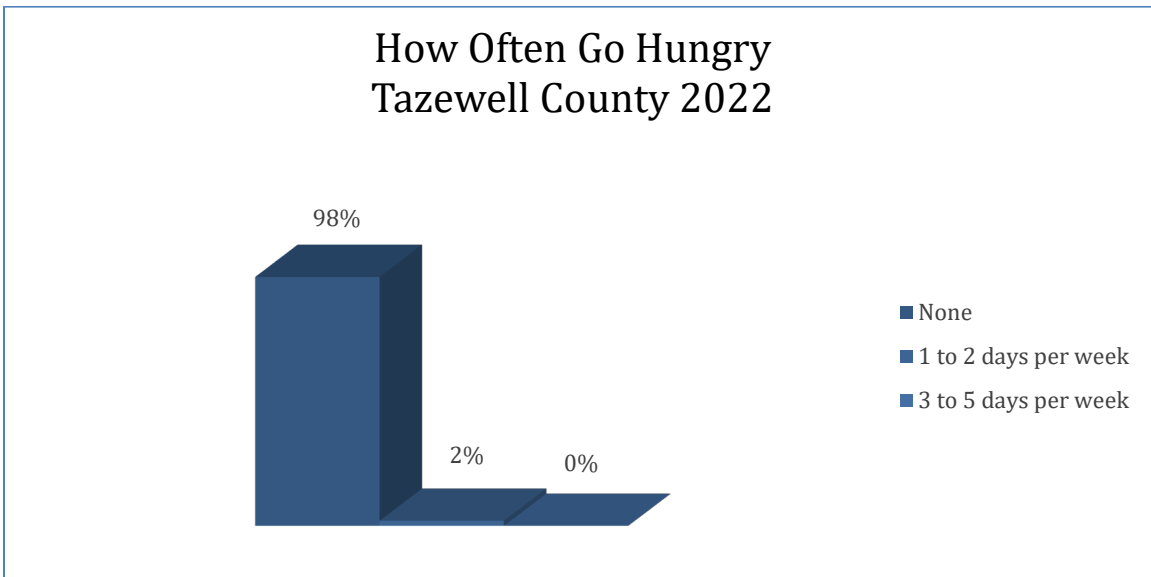
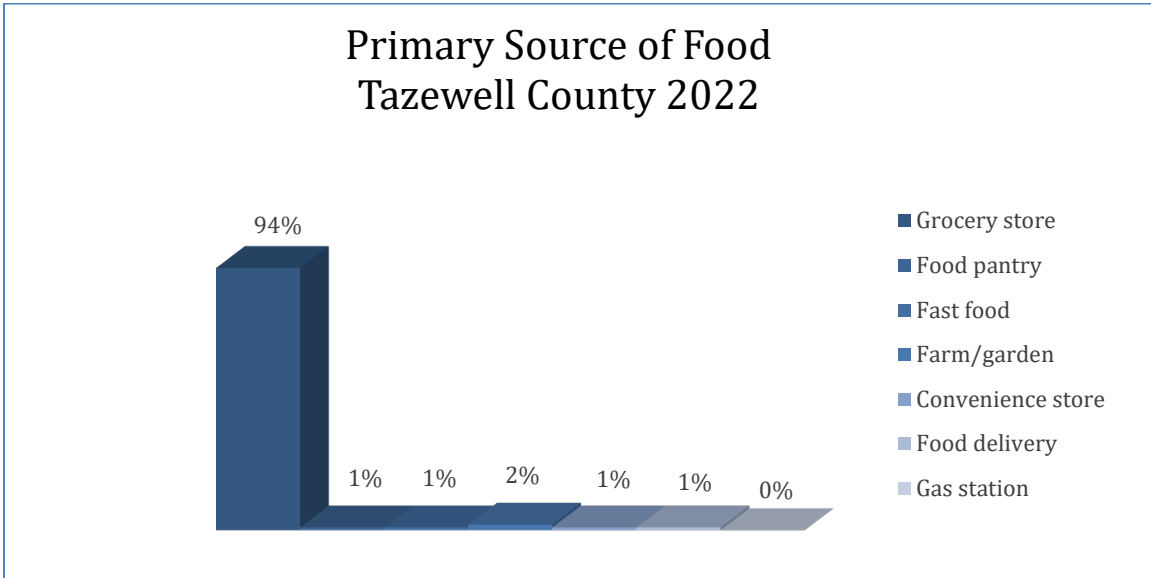


Daily Consumption of Fruits and Vegetables Tazewell County 2022

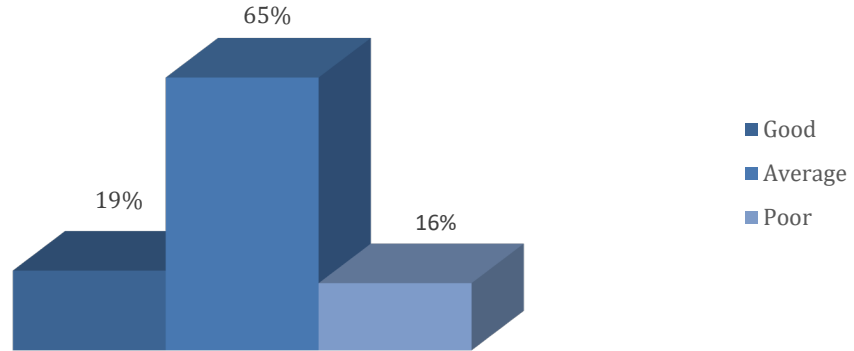


Reasons Do Not Eat Fruits and Vegetables Tazewell County 2022

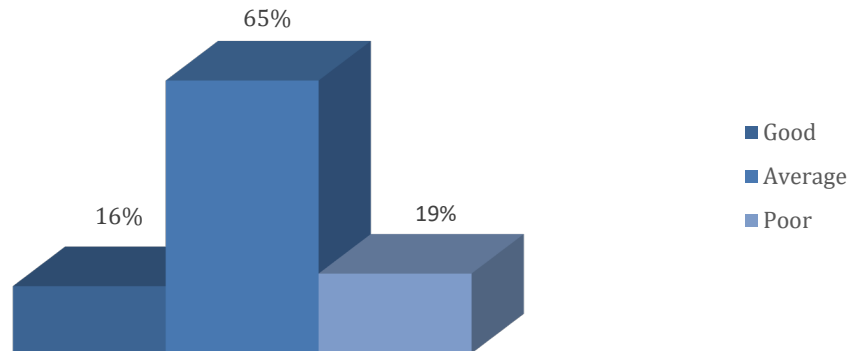




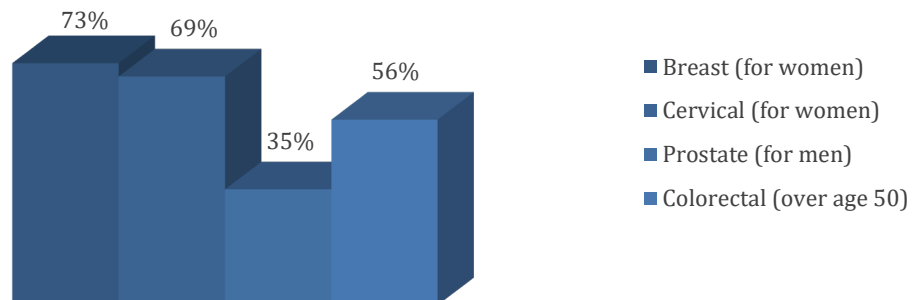
Self-Assessment of Overall Physical Health Tazewell County 2022



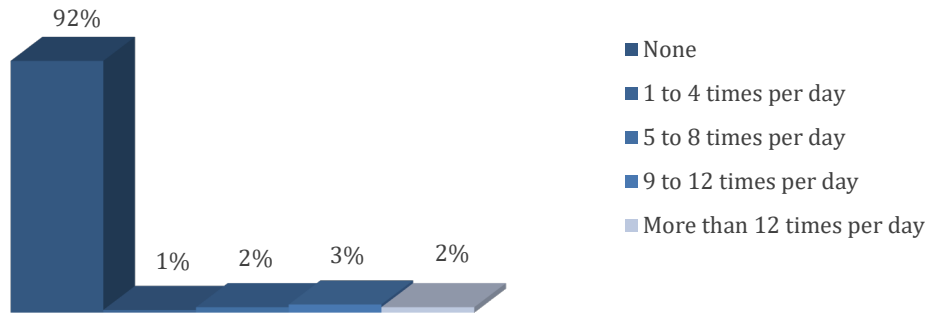
Self-Assessment of Overall Mental Health Tazewell County 2022



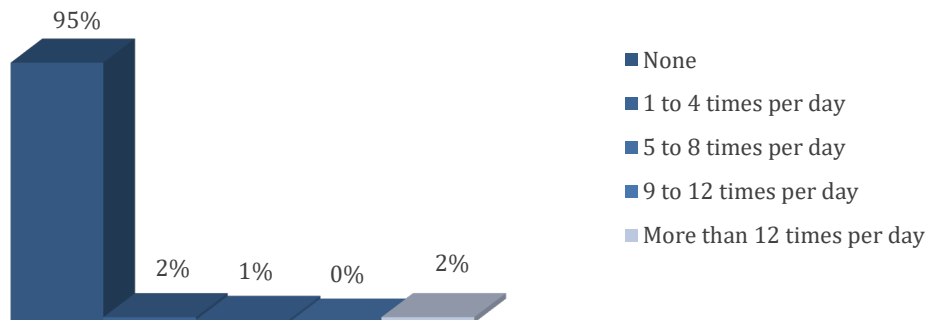
Cancer Screening in Past 5 years Tazewell County 2022



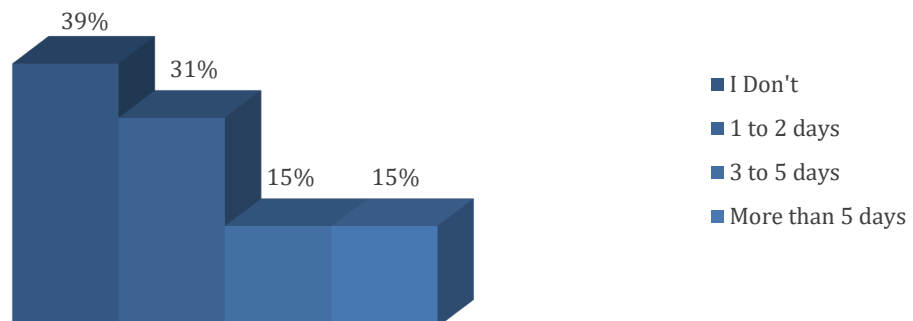
Frequency of Smoking Tazewell County 2022



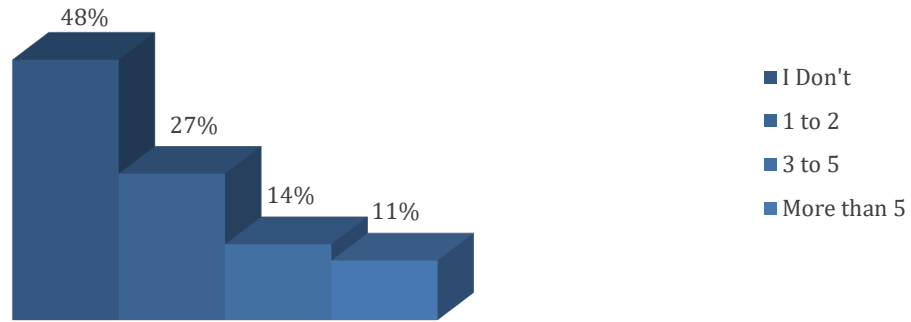
Frequency of Vaping Tazewell County 2022



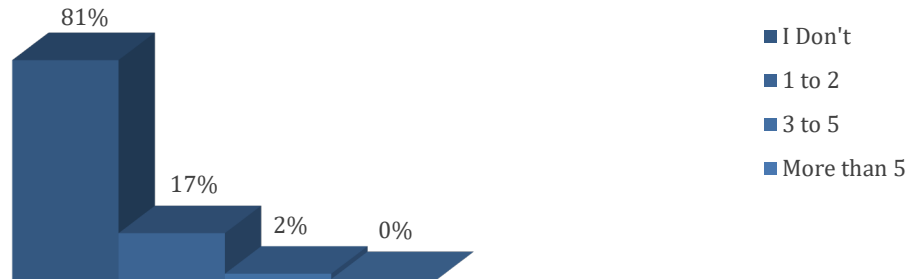
Felt Depressed Last 30 Days Tazewell County 2022



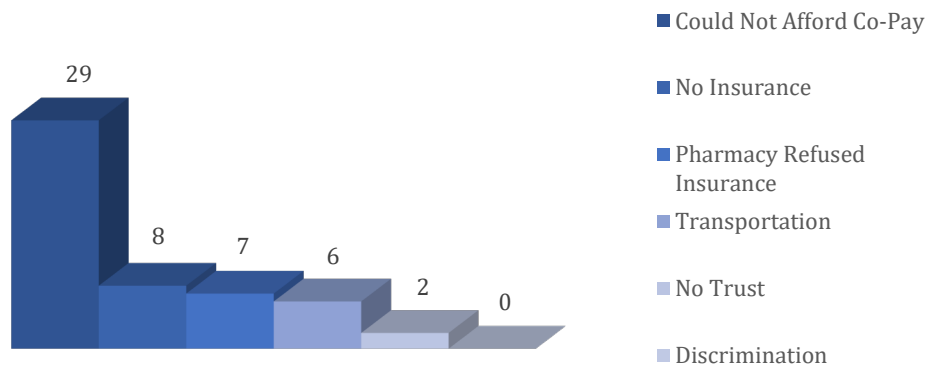
Felt Stressed / Anxious Last 30 Days Tazewell County 2022



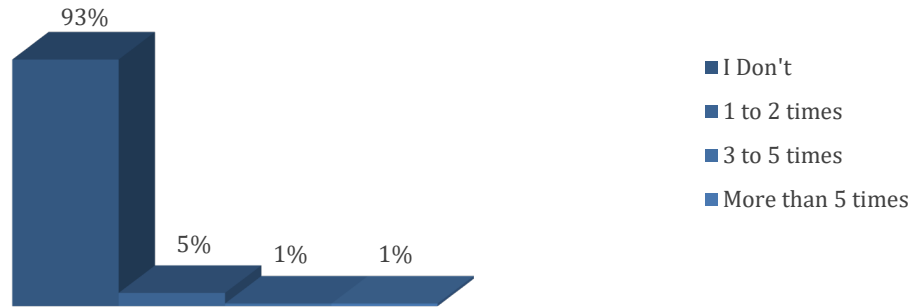
Daily Alcohol Consumption Tazewall County 2022



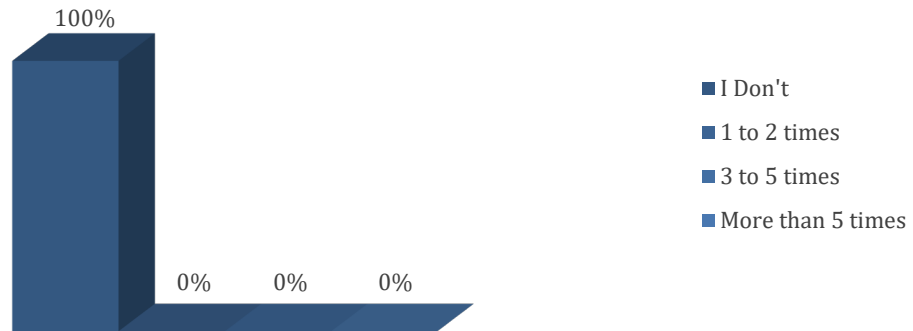
Causes of Inability to Access Prescription Medication Tazewell County 2022



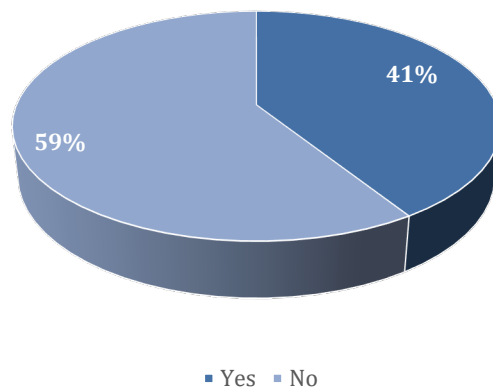
Daily Use of Marijuana Tazewell County 2022



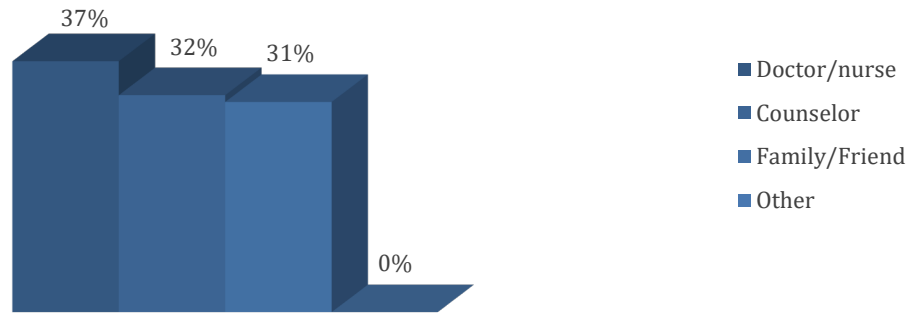
Daily Use of Illegal Substances Tazewell County 2022



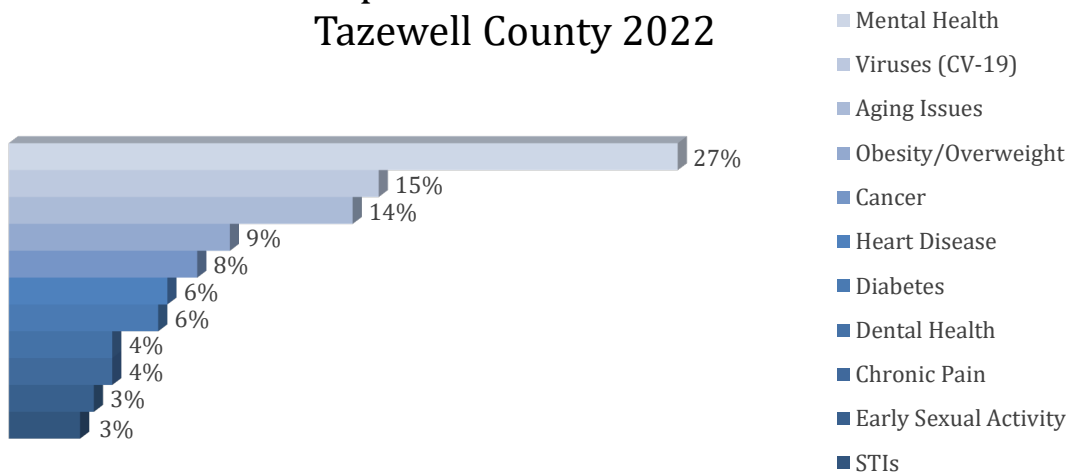
Talked With Someone About Mental Health Tazewell County 2022



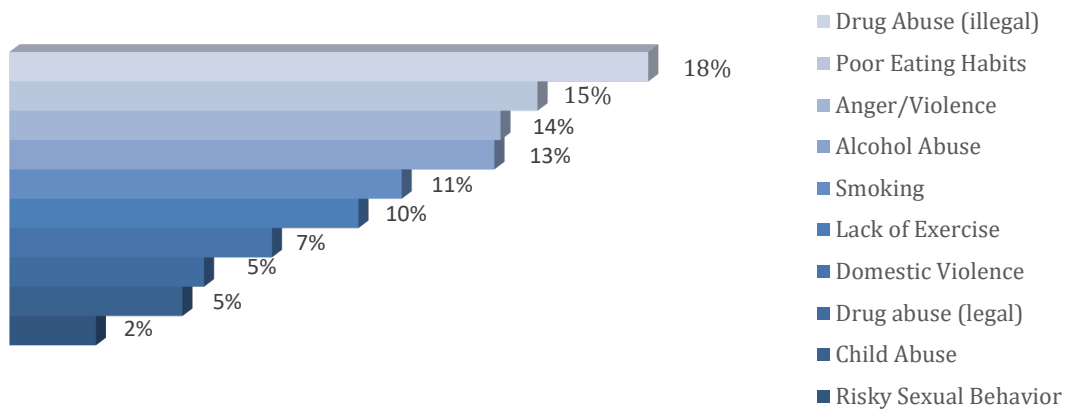
Person Spoke with About Mental Health Tazewell County 2022



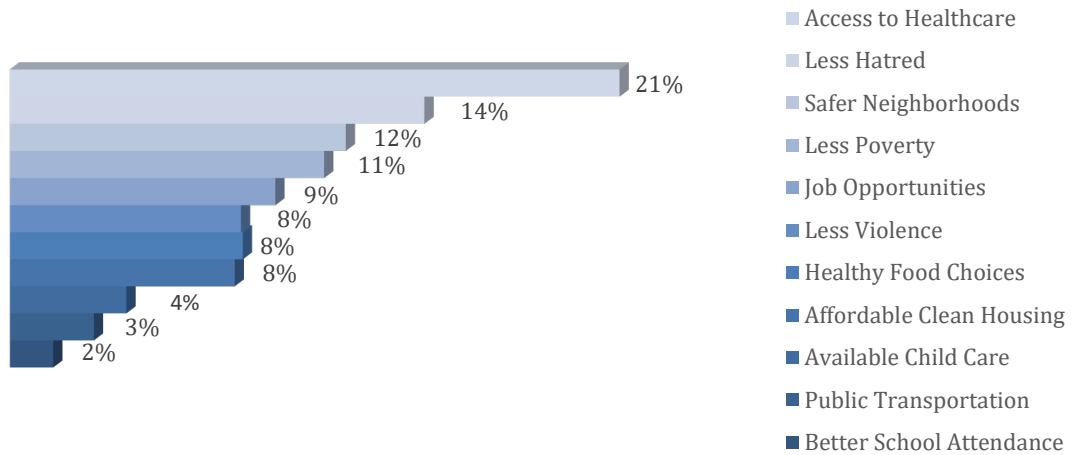
Perceptions of Health Issues Tazewell County 2022



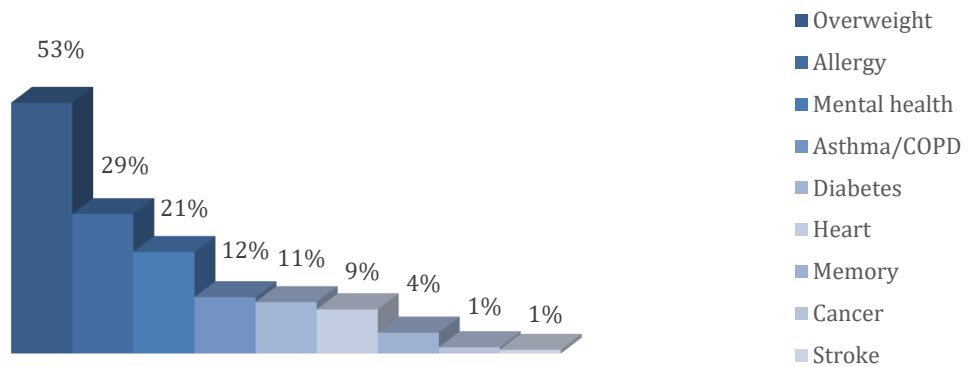
Perceptions of Unhealthy Behaviors Tazewell County 2022



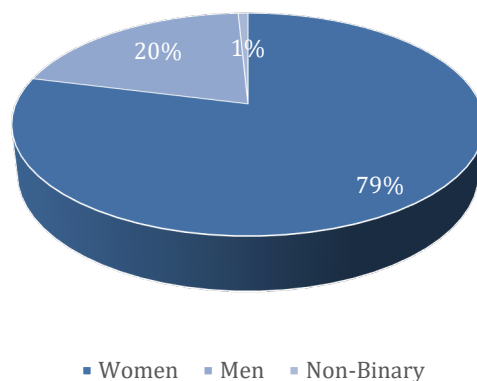
Perceptions of Issues that Impact Well Being Tazewell County 2022

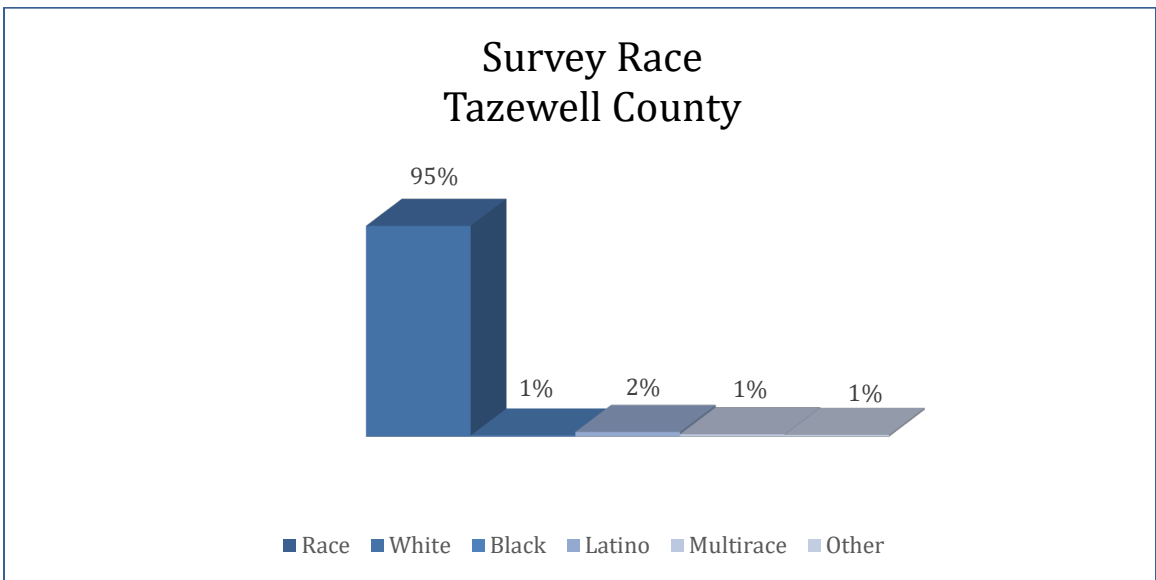
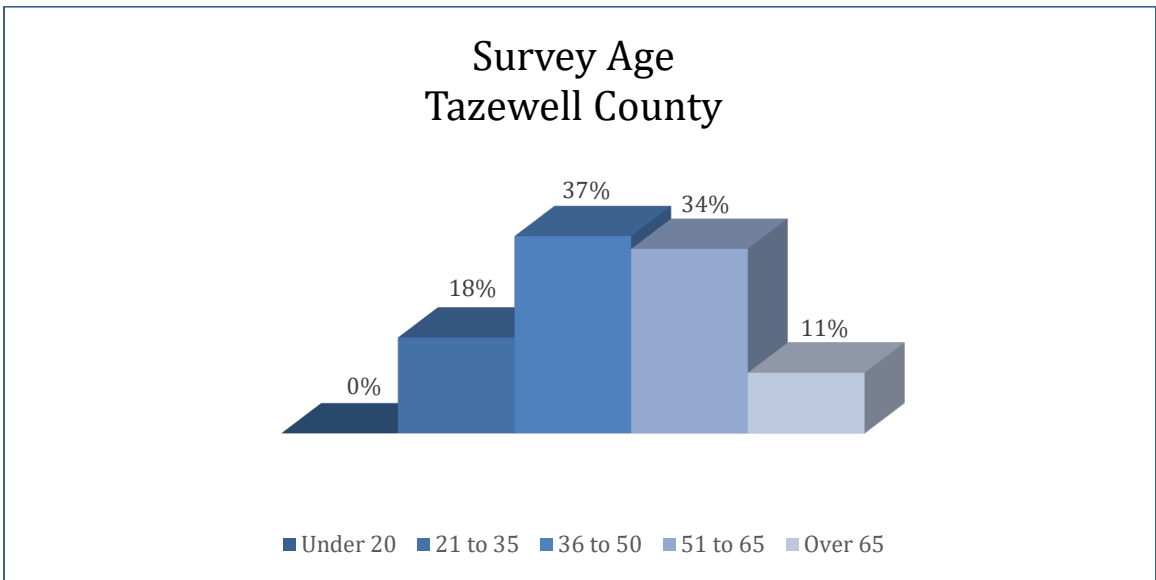
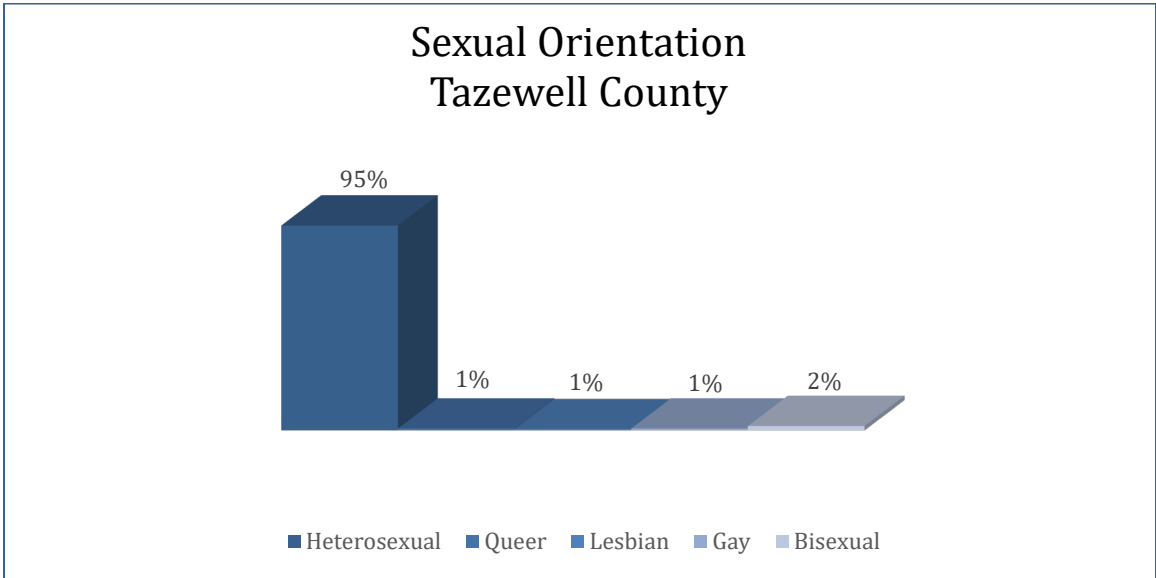


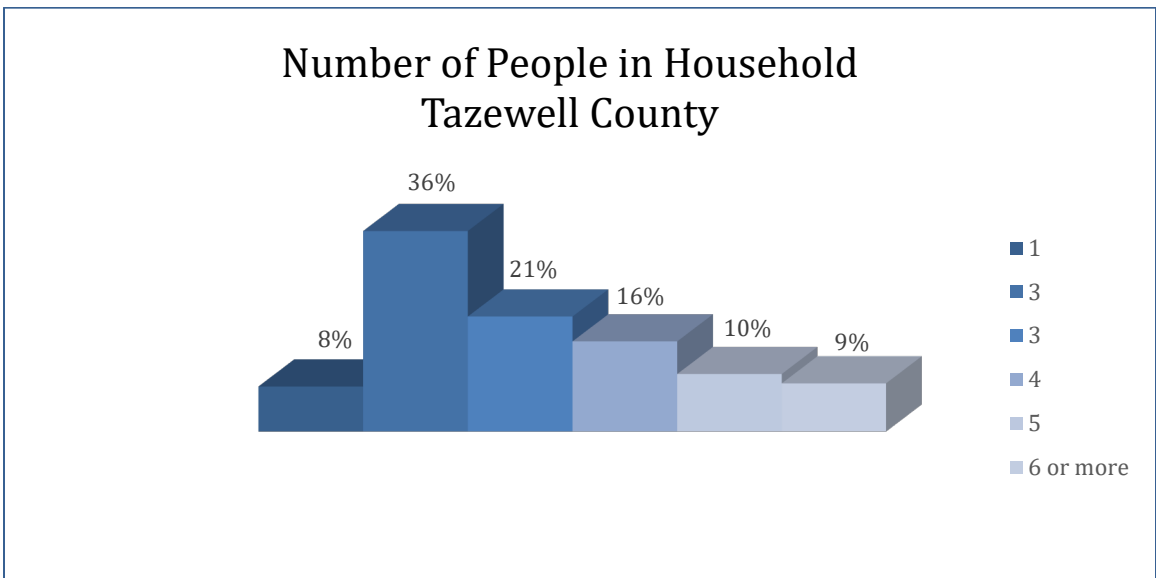
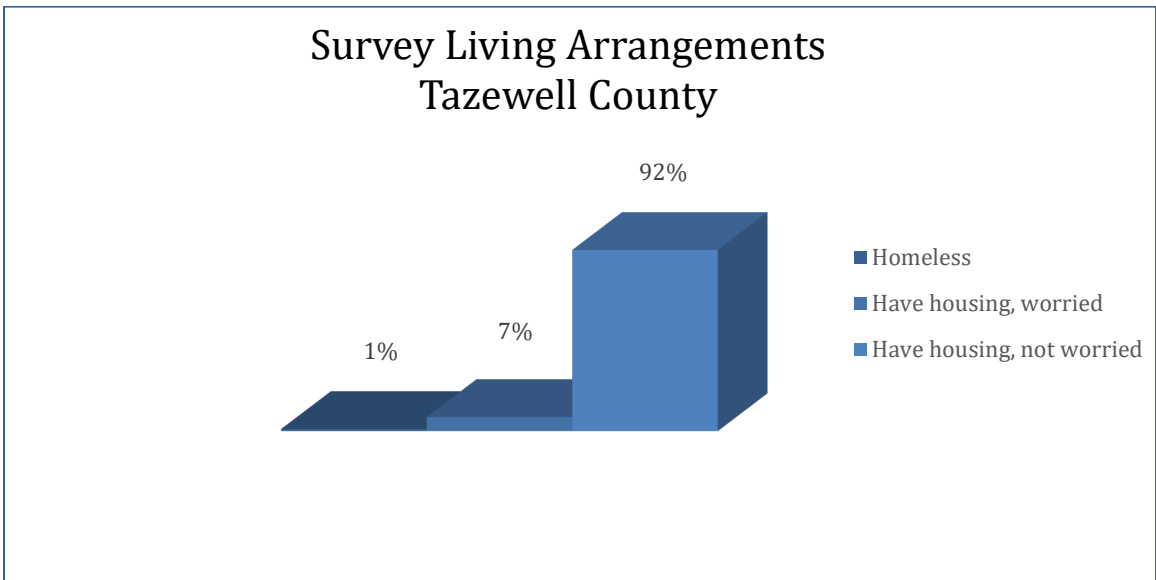
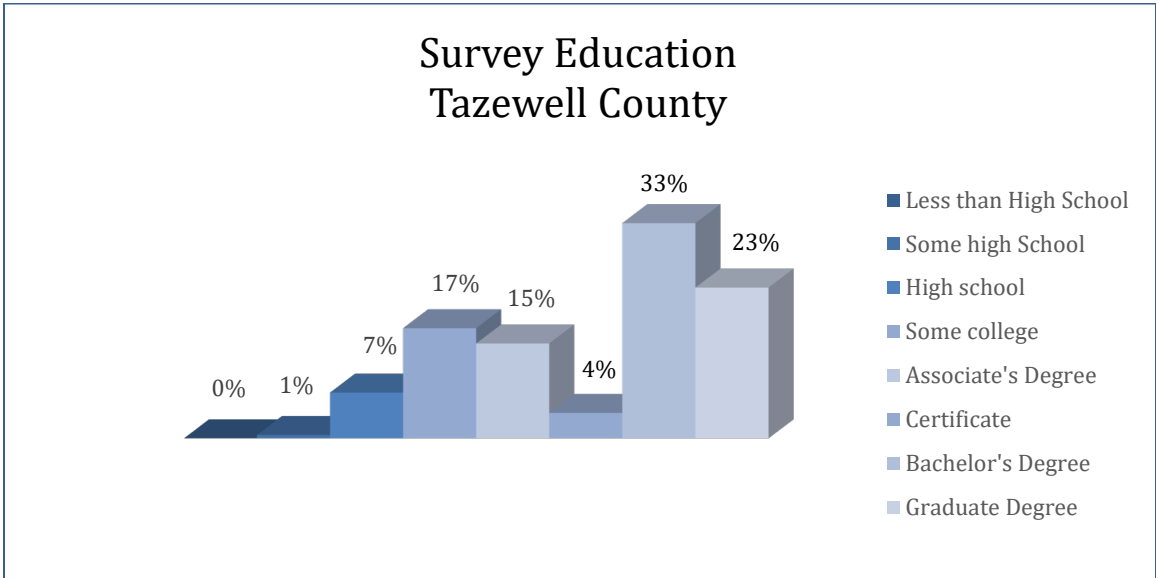
Health Conditions Tazewell County



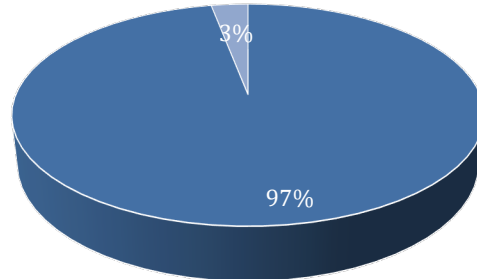
Survey Gender Tazewell County





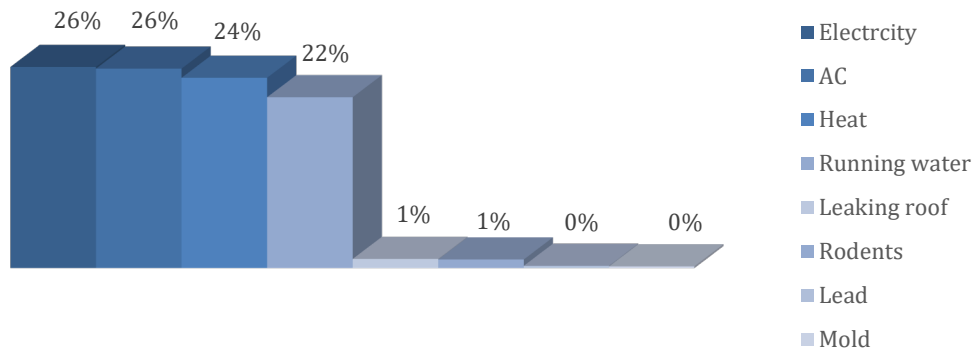


Feel Safe Where Live Tazewell County

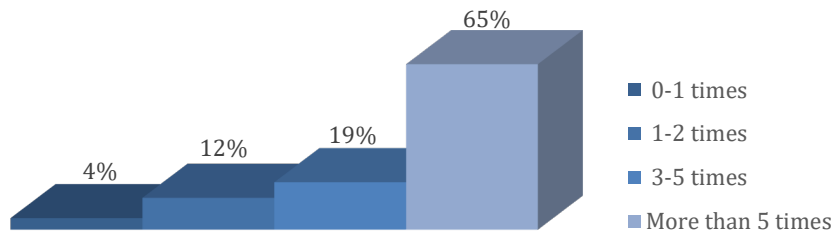


■ Yes ■ No

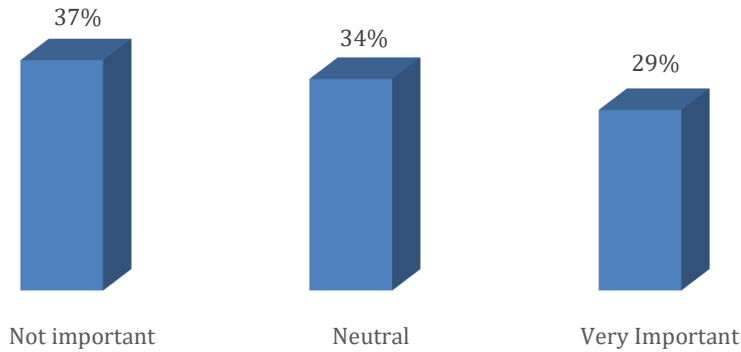
Housing Conditions Tazewell County



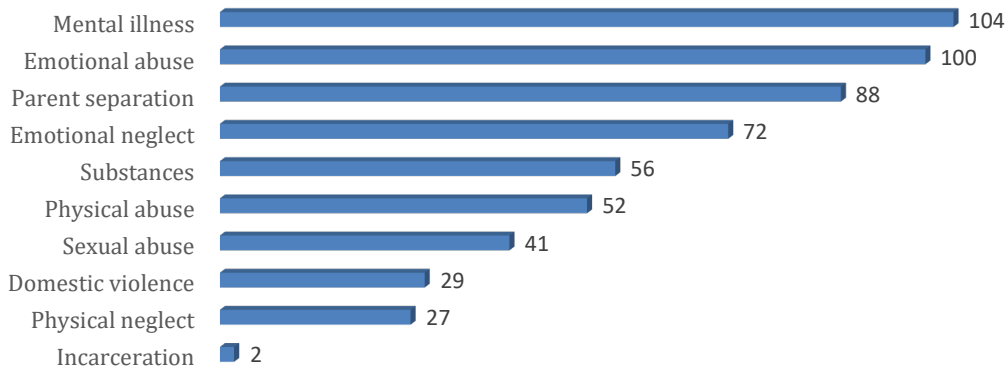
Social Interaction Tazewell County



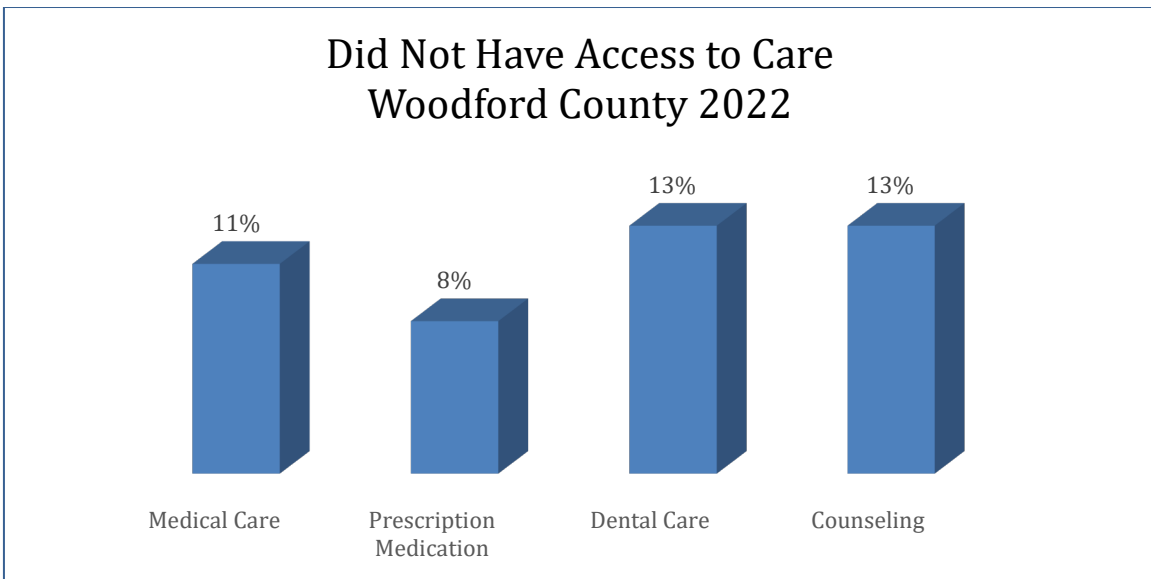
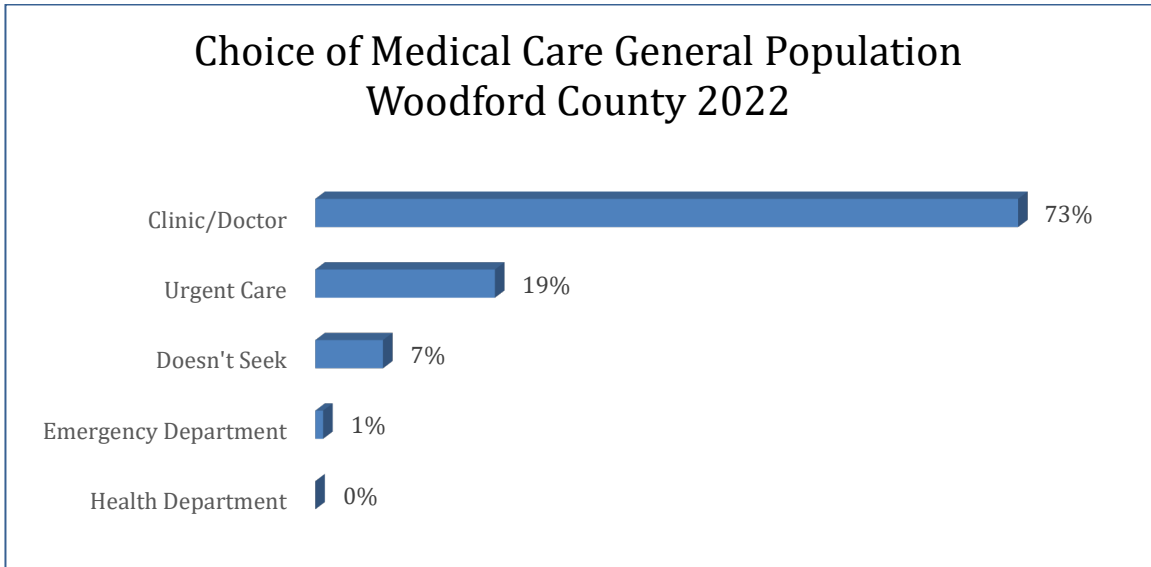
Importance of Recieving Financial Stimulus During COVID-19 Tazewell County



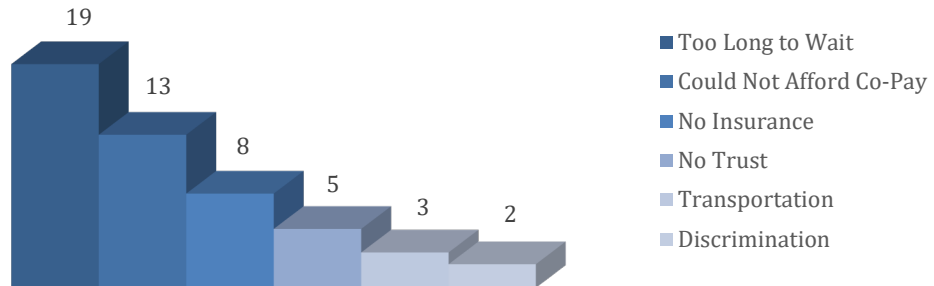
ACES Experienced in Household Tazewell County



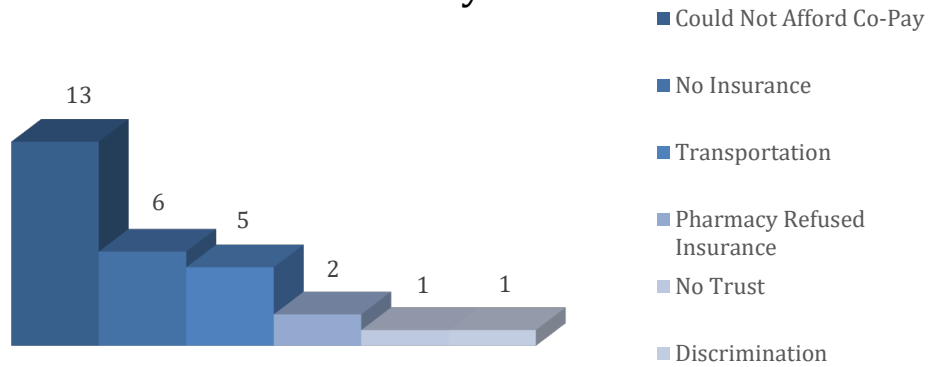
APPENDIX 12: CHNA SURVEY RESULTS FOR WOODFORD COUNTY 2022



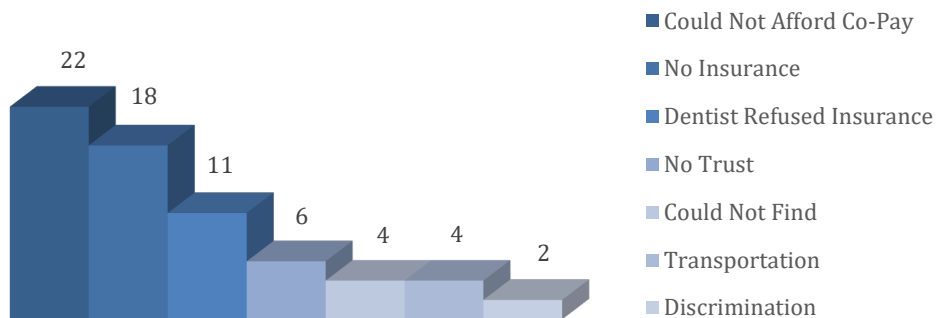
Causes of Inability to Access Medical Care Woodford County 2022



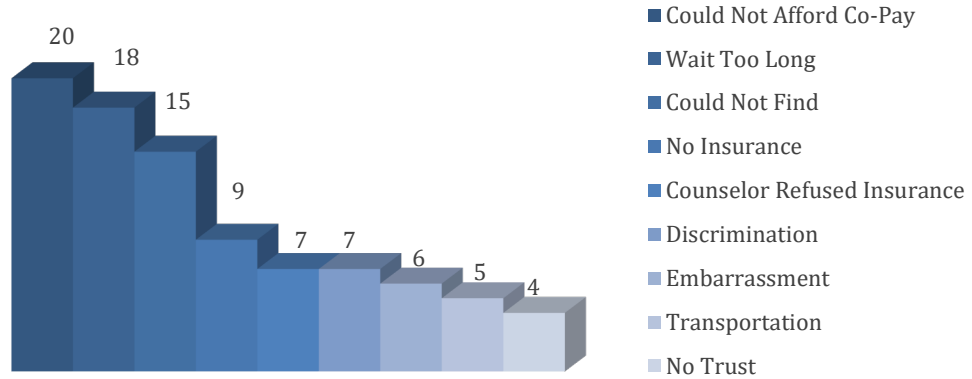
Causes of Inability to Access Prescription Medication Woodford County 2022



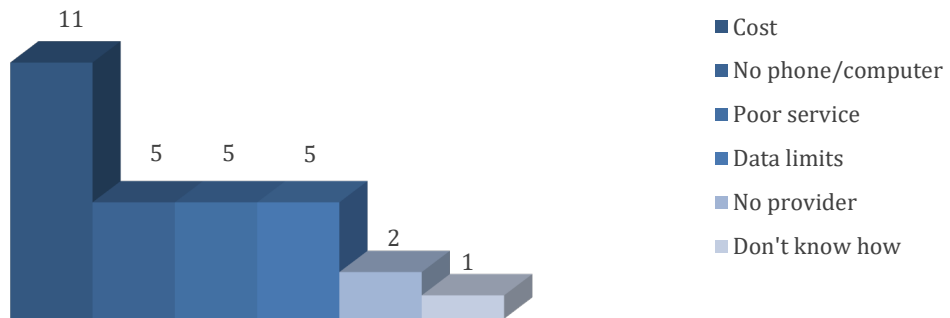
Causes of Inability to Access Dental Care Woodford County 2022



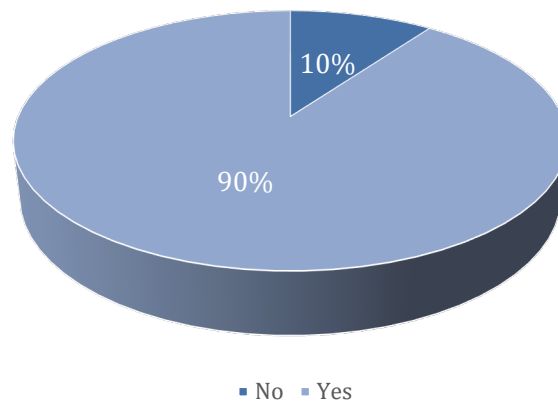
Causes of Inability to Access Counseling Woodford County 2022



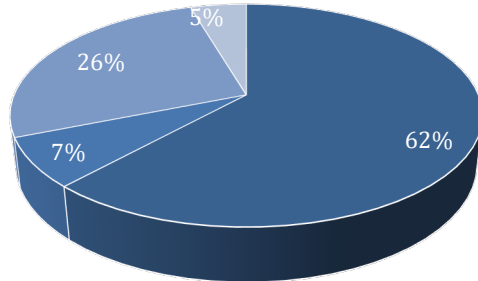
Causes of Inability to Have Internet in Home Woodford County 2022



Use of Personal Physician Woodford County 2022

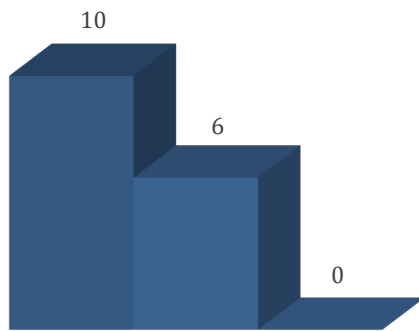


Type of Insurance Woodford County 2022



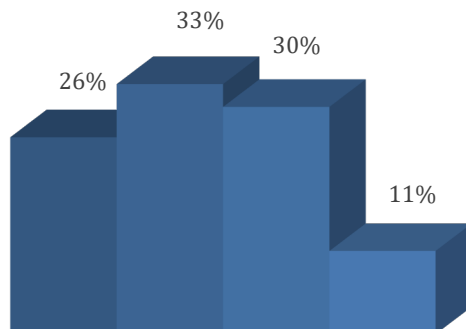
■ Commercial/Employer ■ Medicaid ■ Medicare ■ None

Reasons for No Insurance Woodford County 2022



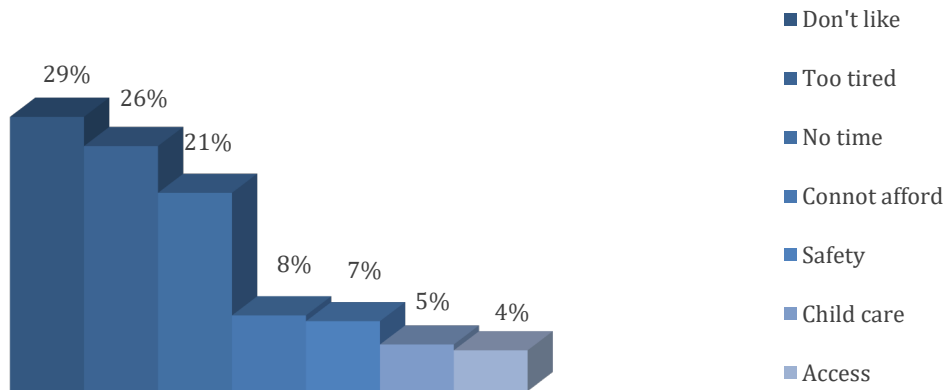
■ I Cannot Afford
■ I Don't Need
■ I Don't Know How

Days Exercised in Last Week Woodford County 2022

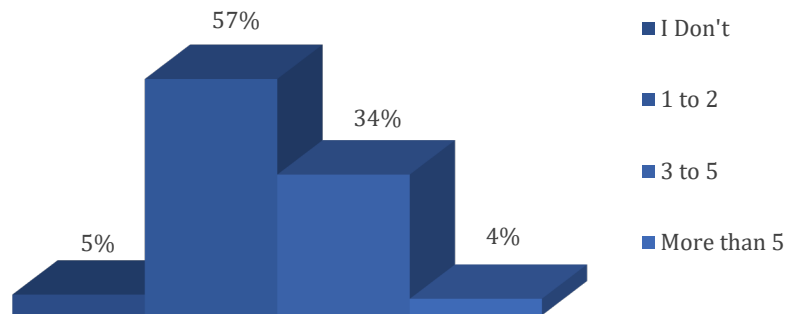


■ I Don't
■ 1 to 2 days per week
■ 3 to 5 days per week
■ More than 5 per week

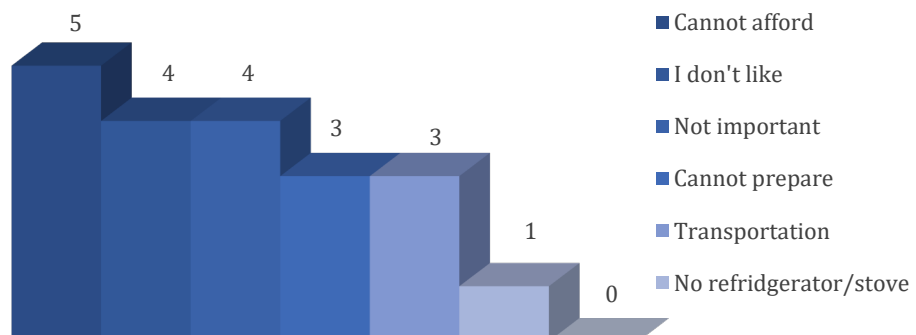
Reasons Did Not Exercise in Last Week Woodford County 2022

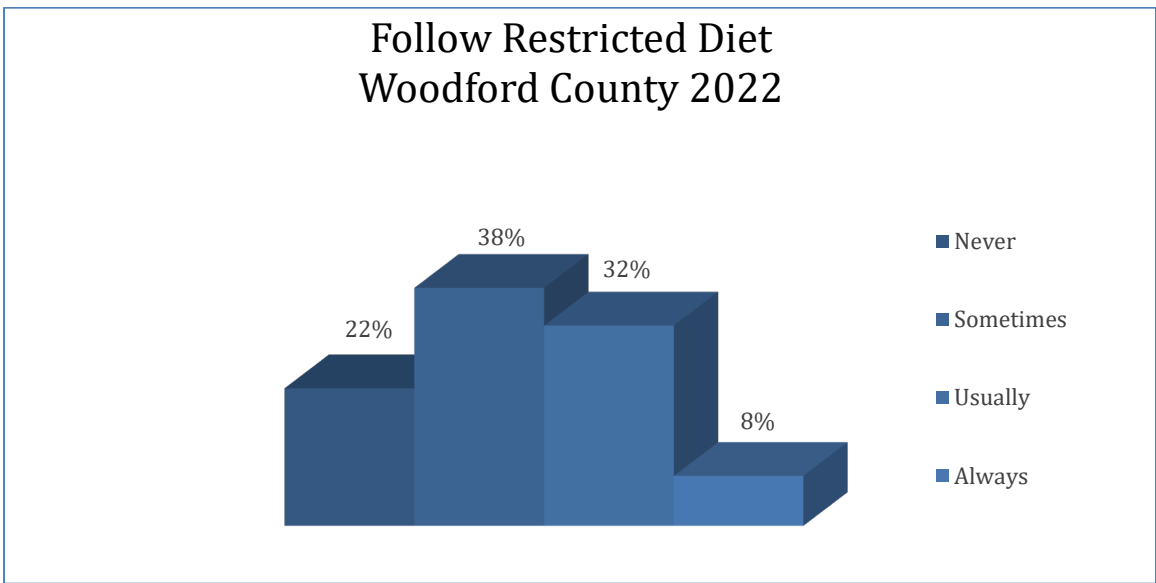
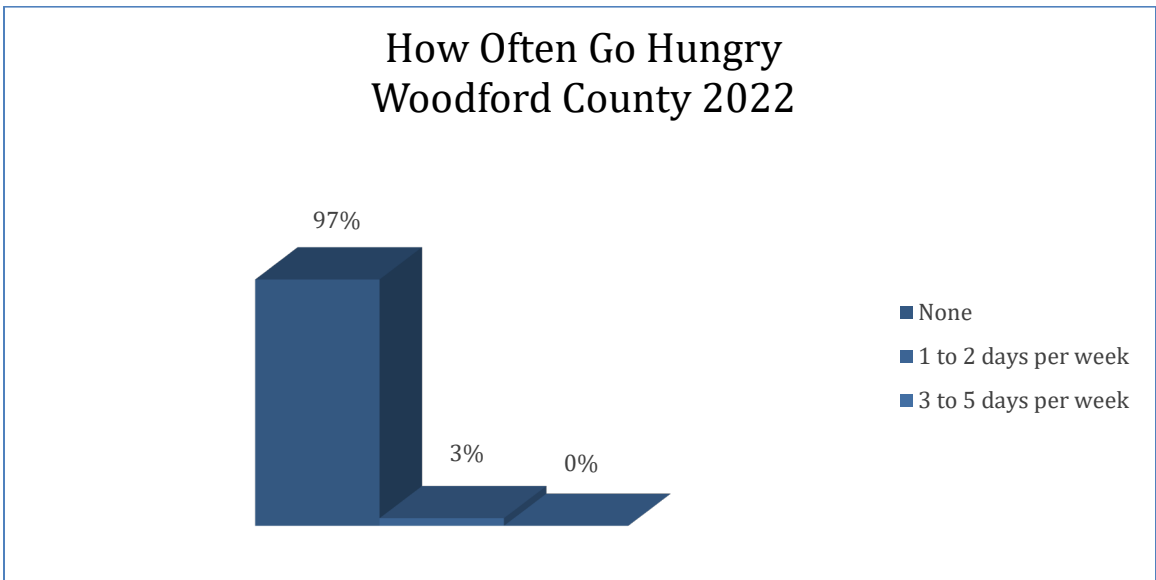
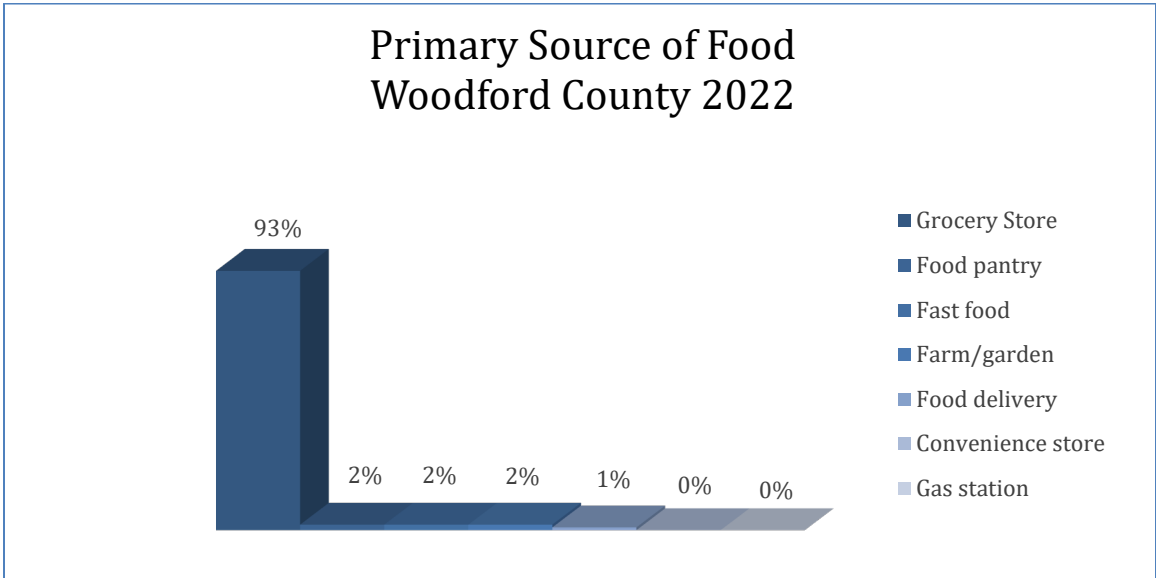


Daily Consumption of Fruits and Vegetables Woodford County 2022

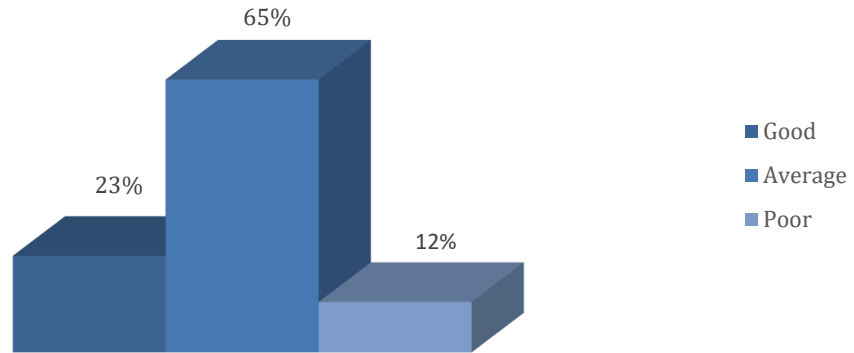


Reasons Don't Eat Fruits and Vegetables Woodford County 2022

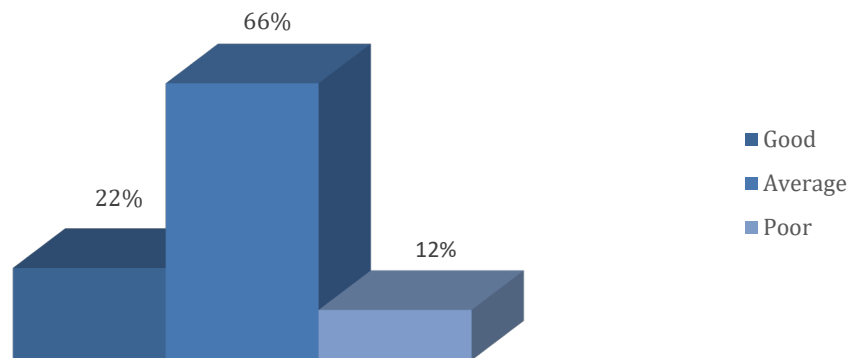




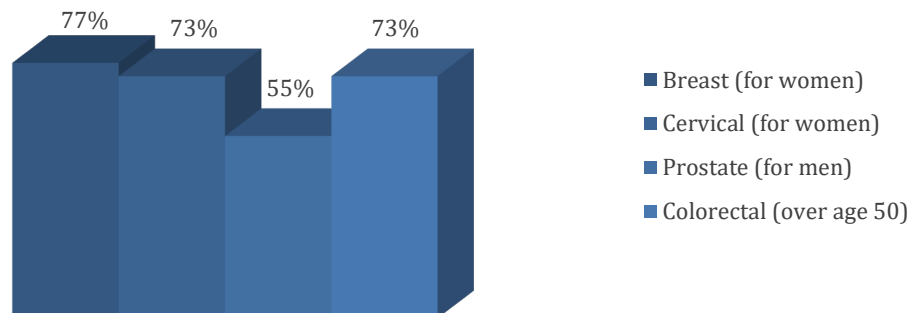
Self-Assessment of Overall Physical Health Woodford County 2022



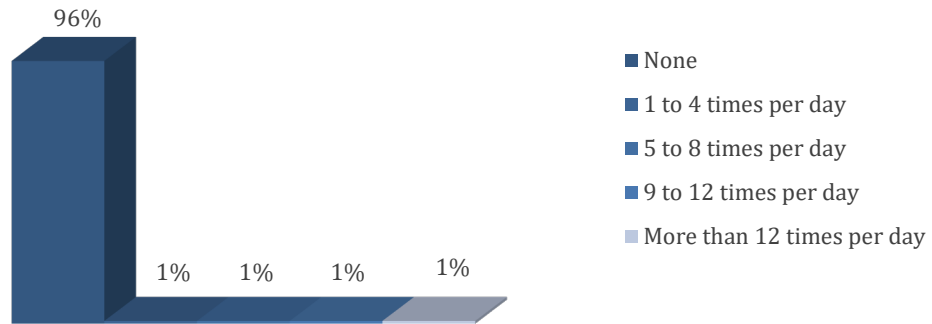
Self-Assessment of Overall Mental Health Woodford County 2022



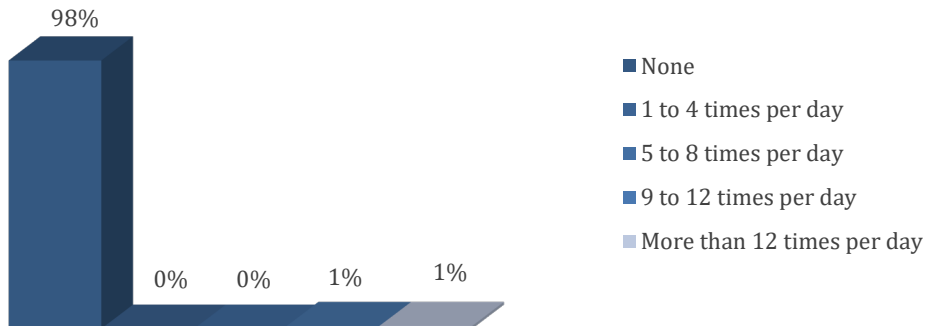
Cancer Screening in Past 5 years Woodford County 2022



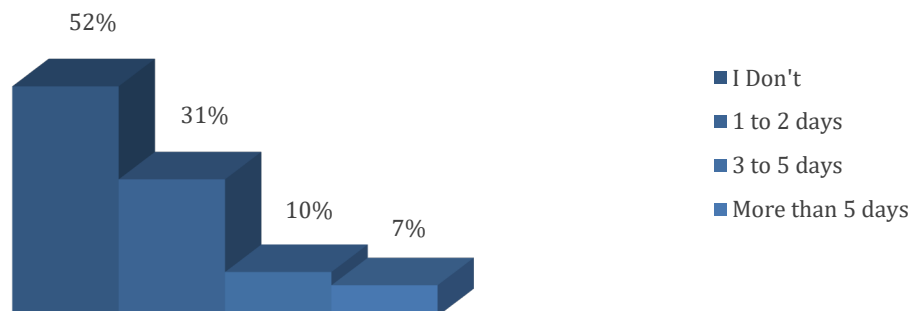
Frequency of Smoking Woodford County 2022



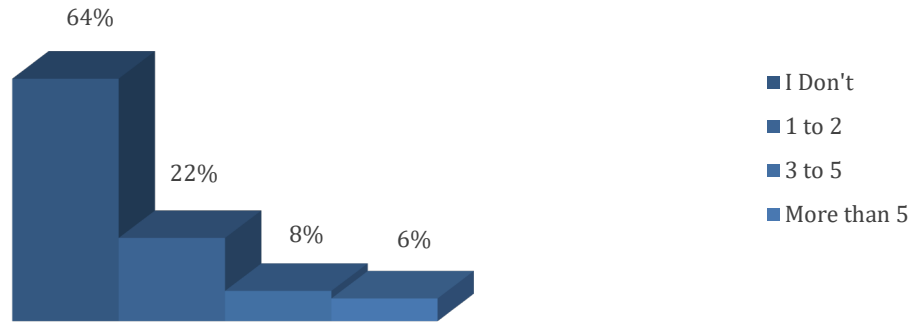
Frequency of Vaping Woodford County 2022



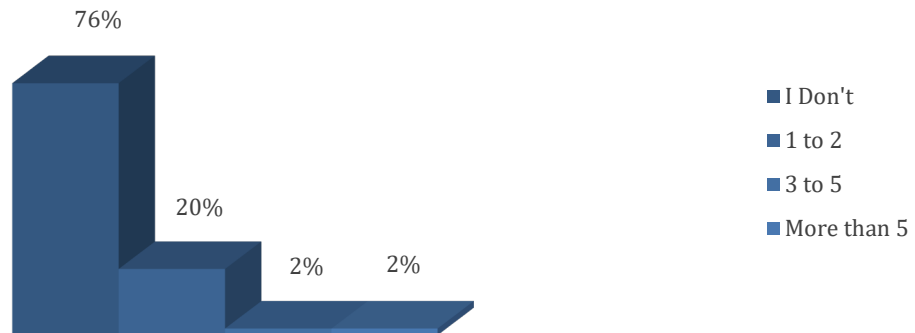
Felt Depressed in Last 30 Days Woodford County 2022



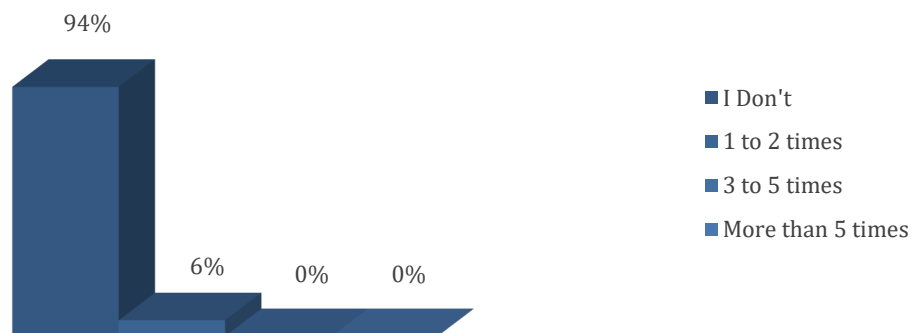
Felt Anxious / Stressed Last 30 Days Woodford County 2022



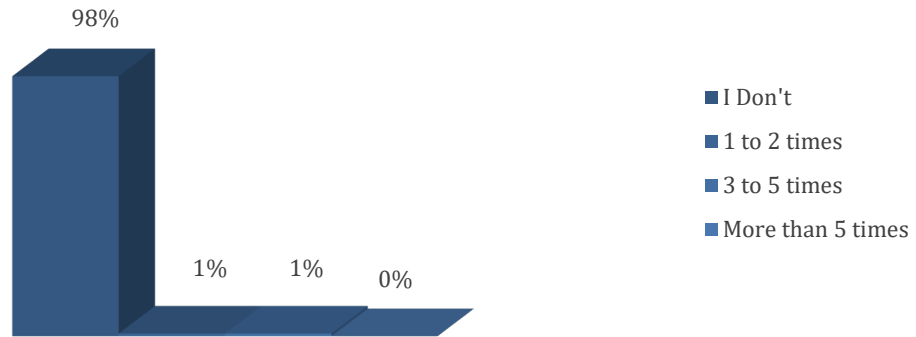
Daily Alcohol Consumption Woodford County 2022



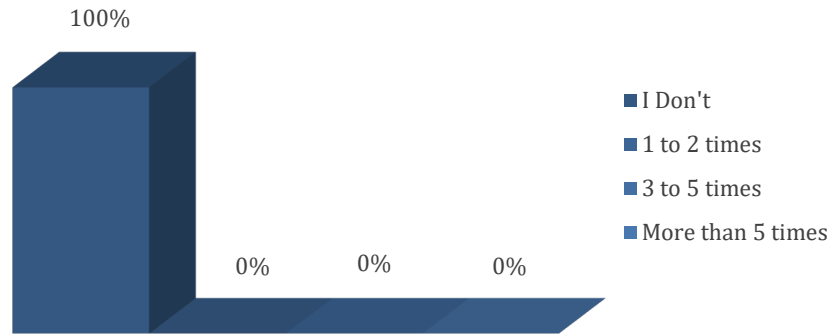
Daily Improper Use of Prescription Medication Woodford County 2022



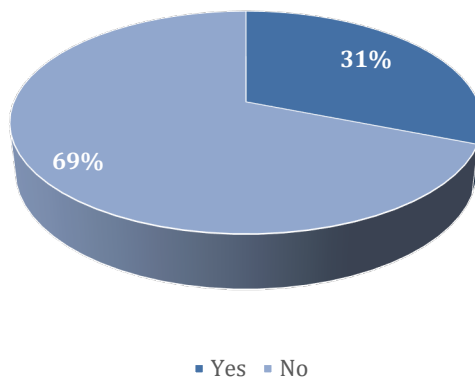
Daily Use of Marijuana Woodford County 2022



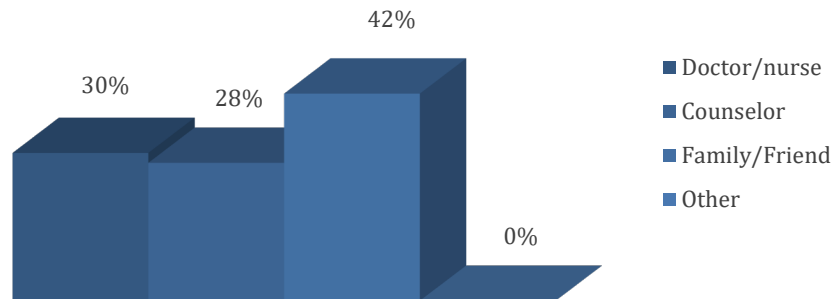
Daily Us of Illegal Substances Woodford County 2022



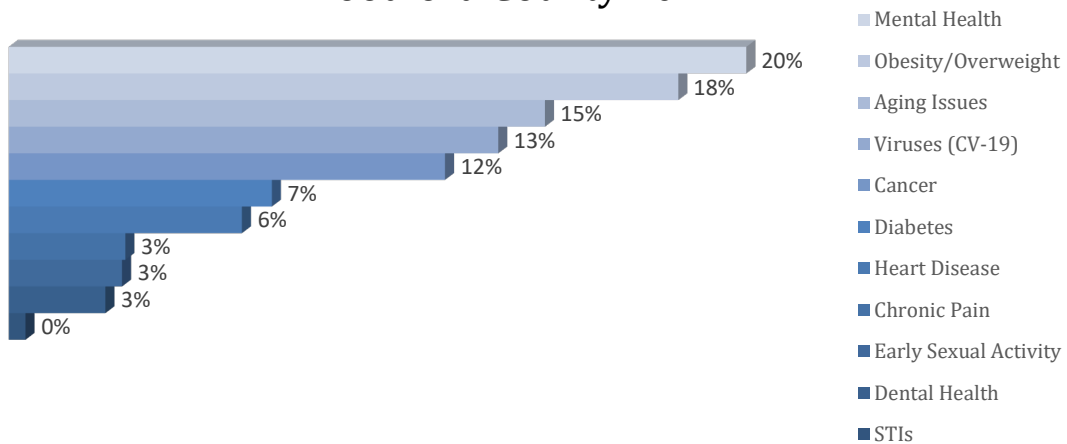
Talked with Someone About Mental Health Woodford County 2022



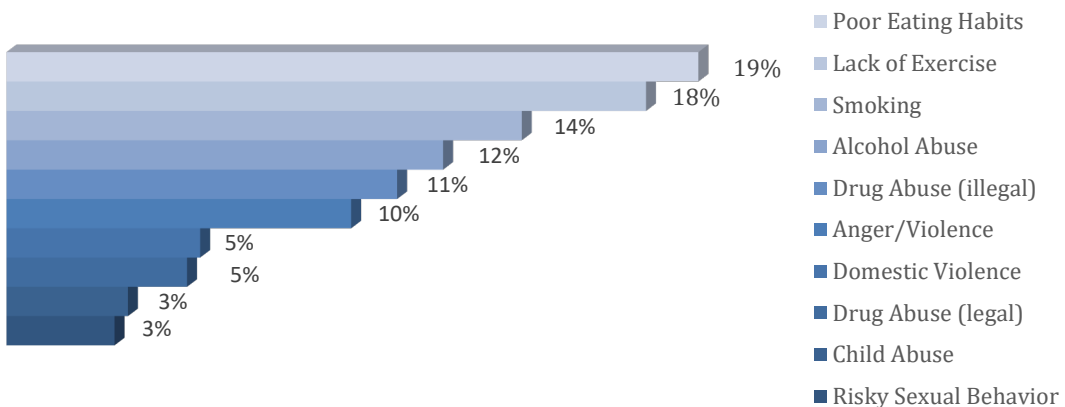
Person Spoke with About Mental Health Woodford County 2022

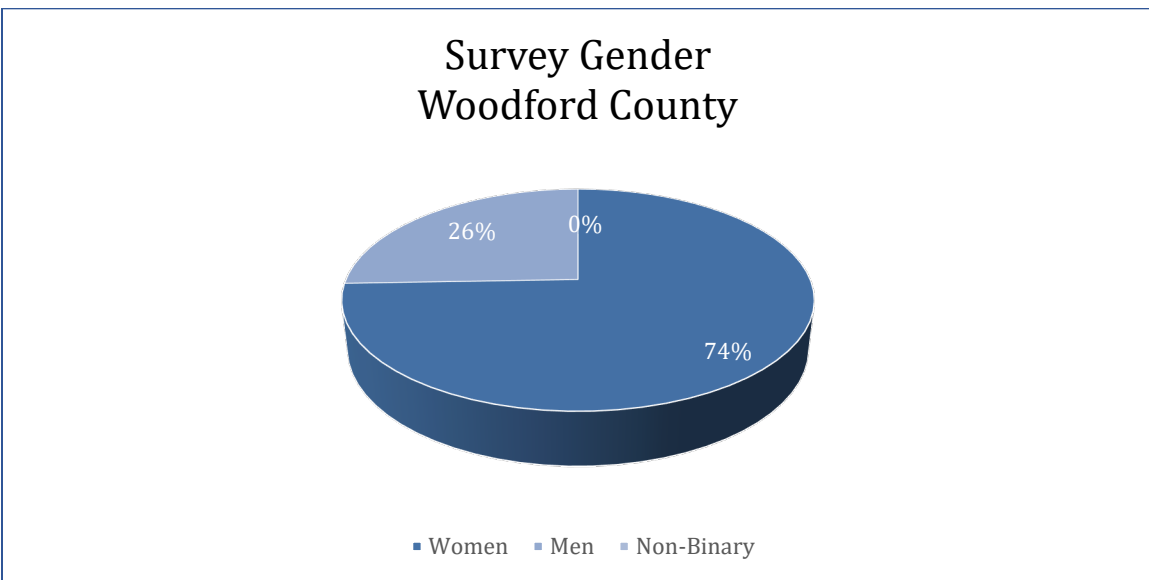
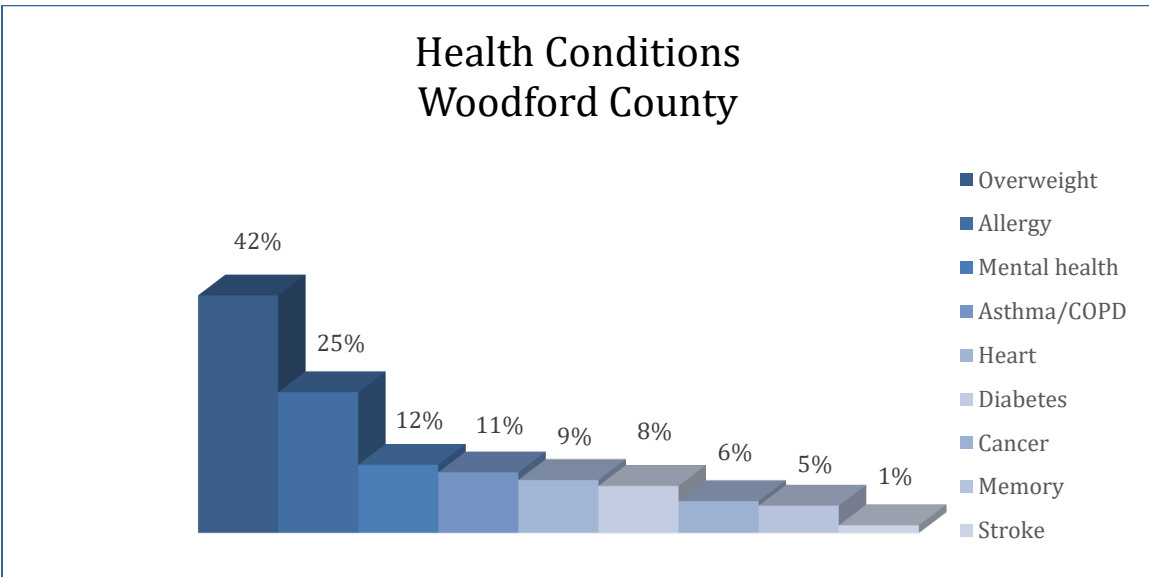
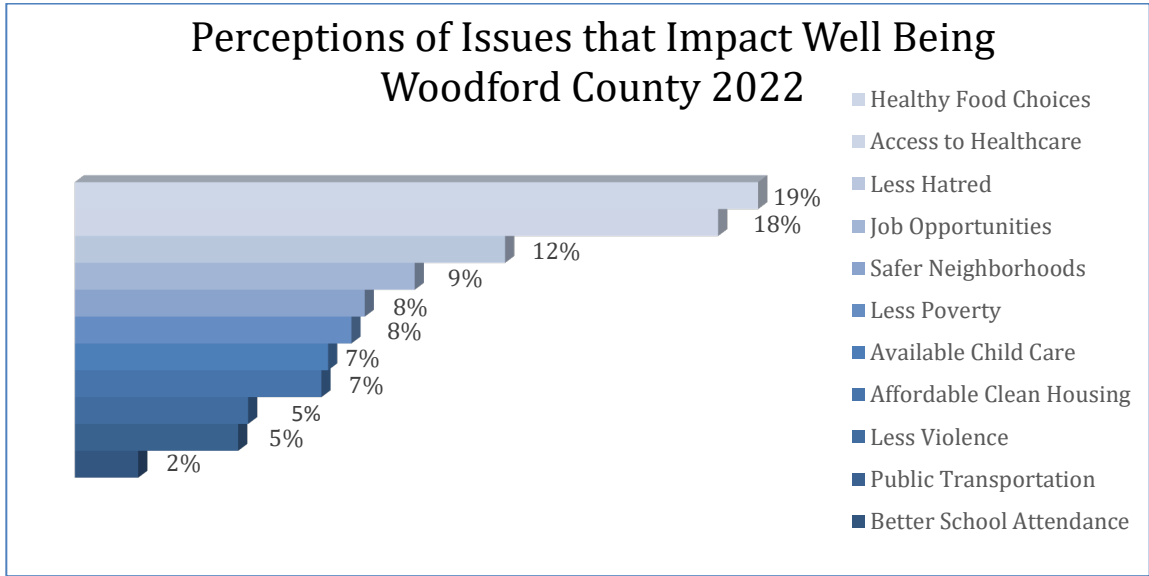


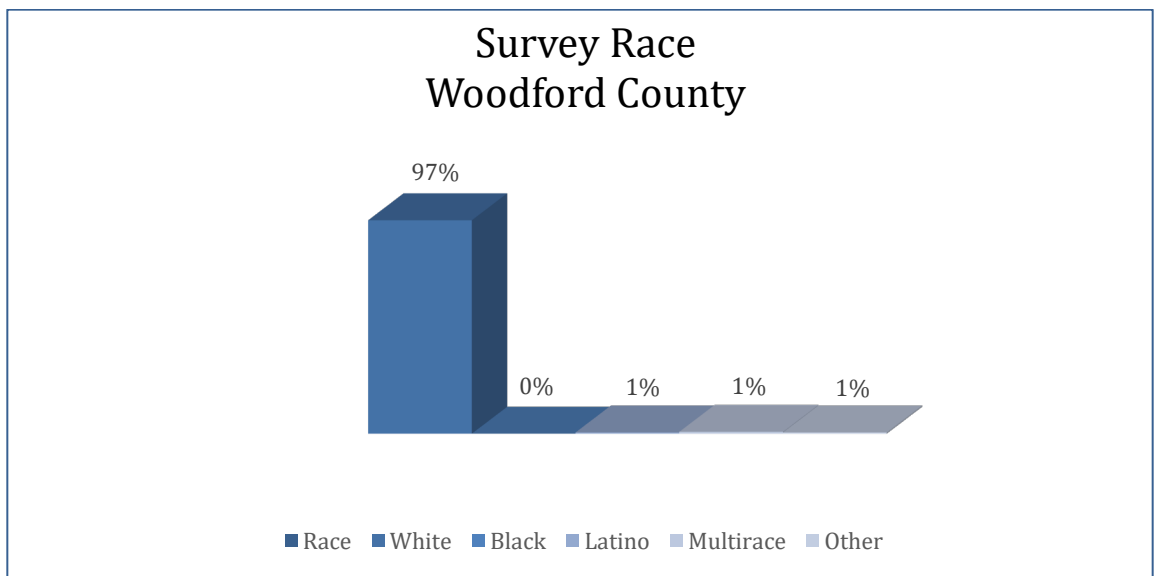
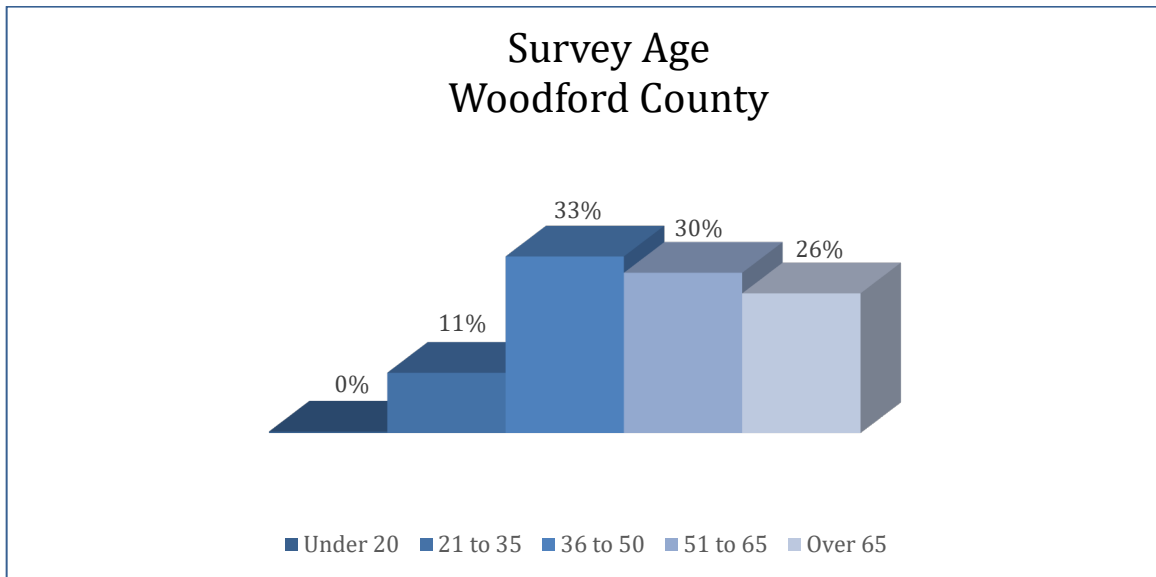
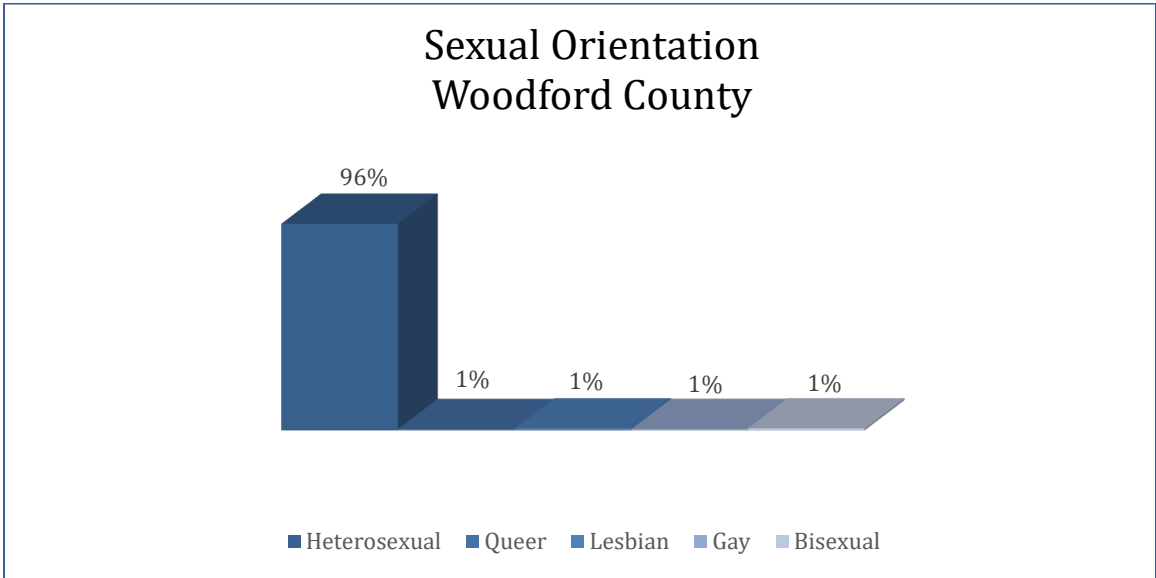
Perceptions of Health Issues Woodford County 2022

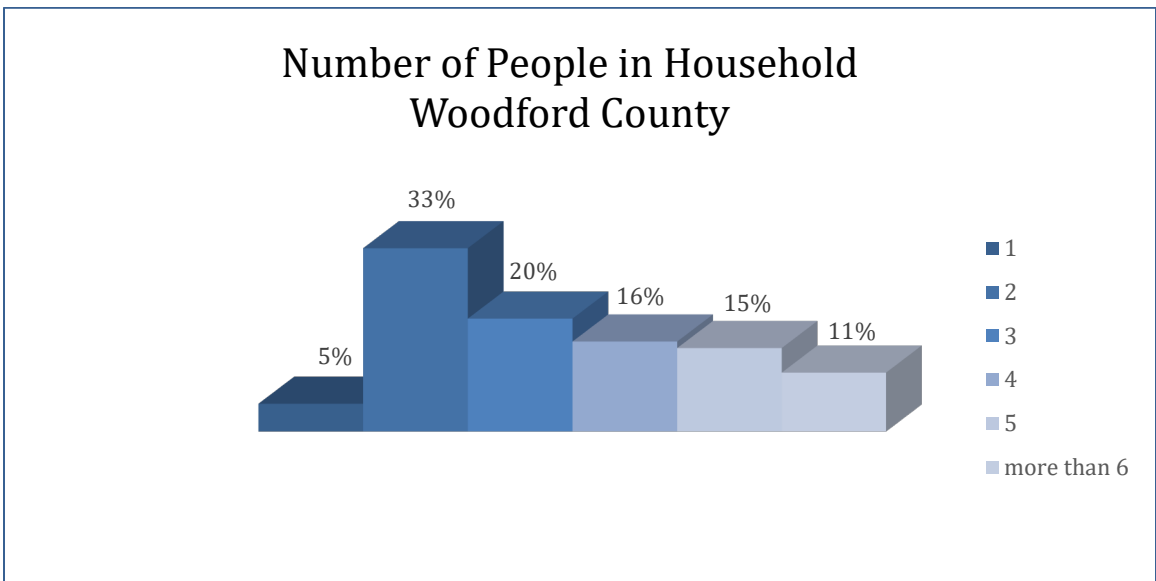
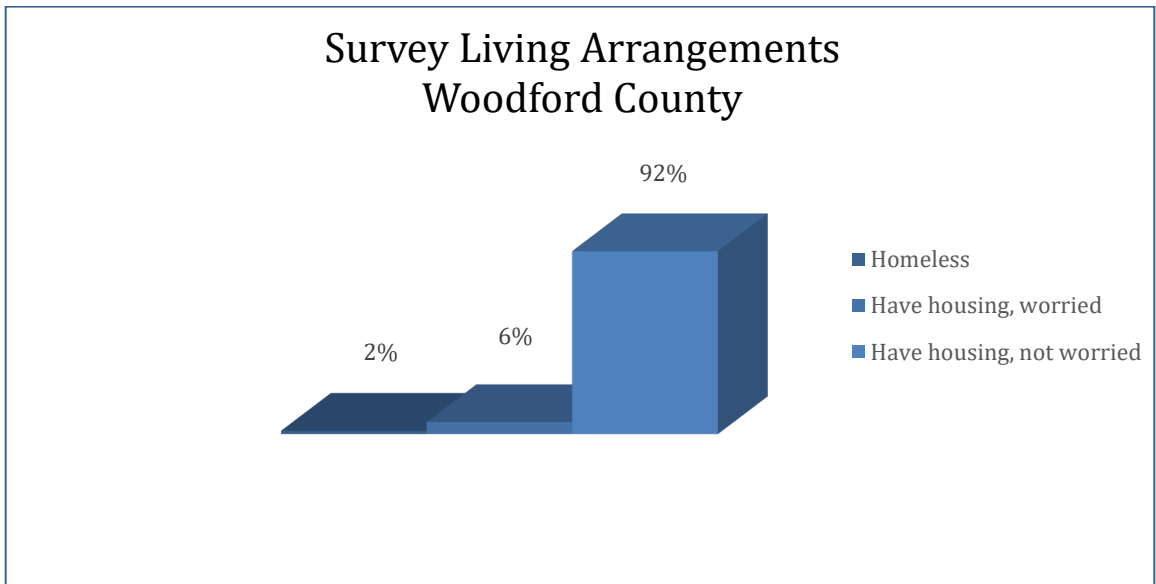
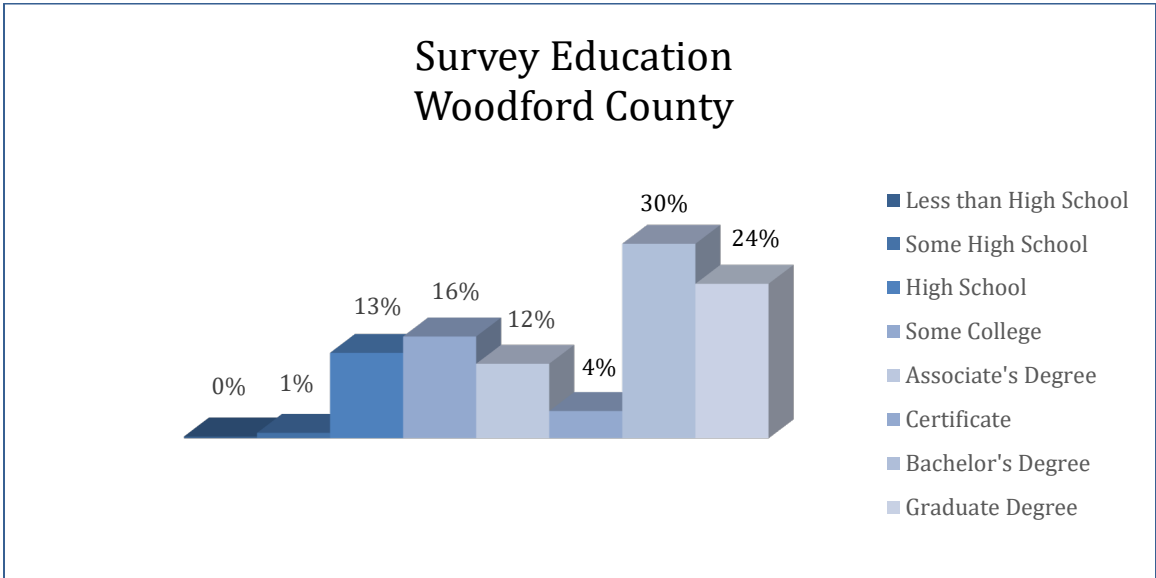


Perceptions of Unhealthy Behaviors Woodford County 2022

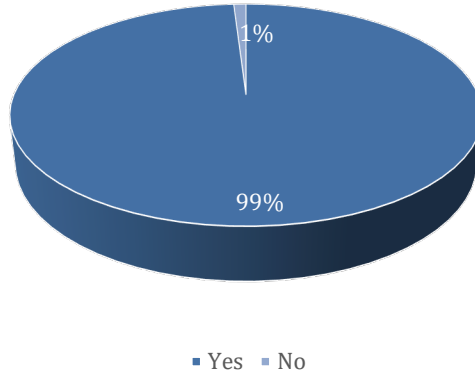




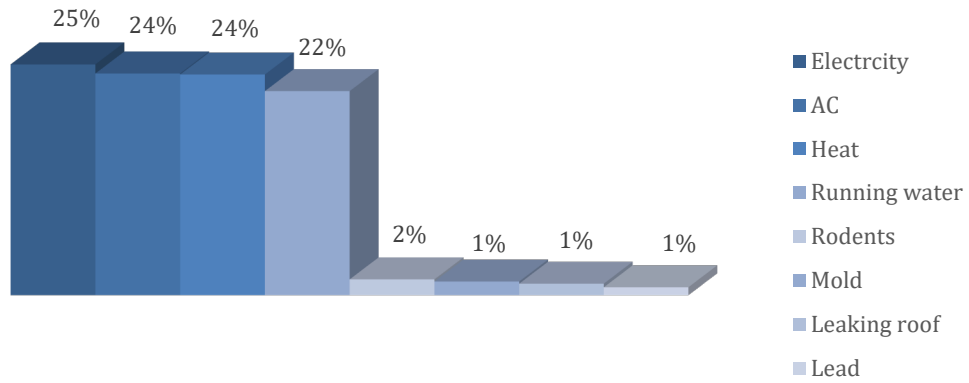




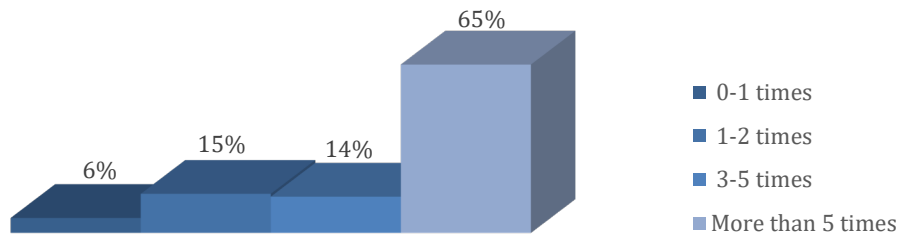
Feel Safe Where Live Woodford County



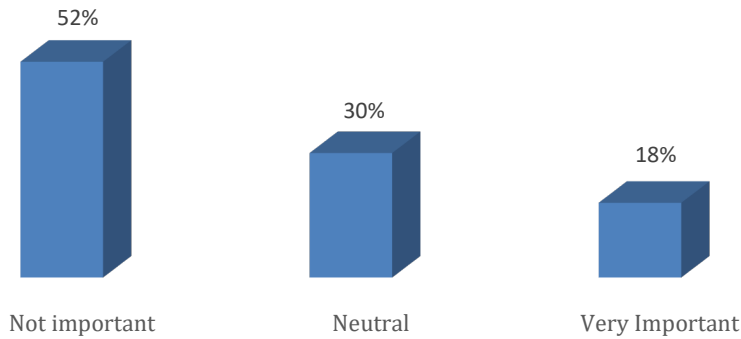
Housing Condition Woodford County



Social Interaction (s) Woodford County



Importance of Recieving Financial Stimulus During COVID-19 Woodford County



ACES Experienced in Household Woodford County

