2025

Community Health Needs Assessment

Partnership for a Healthy Community

Peoria County
Tazewell County
Woodford County

Community Health Needs Assessment

2025

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Tri-County Health Needs Assessment is a collaborative undertaking by Partnership for a Healthy Community to highlight the needs and well-being of Tri-County area residents. The Partnership for a Healthy Community is a multi-sector community partnership working to improve population health. This assessment, with the help of collaborative community partners, has identified numerous health issues impacting individuals and families in the Tri-County region. Prevalent themes include demographic composition, disease predictors and prevalence, leading causes of mortality, accessibility to health services, and healthy behaviors.

The results of this study can inform strategic decision-making, directly addressing the community's health needs. It was designed to assess issues and trends affecting the communities served by the collaborative and to understand the perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess the community's health status. Information was collected from numerous secondary sources, both publicly and privately available data.

Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication, and mental-health counseling. Social drivers of health were also analyzed to understand why certain population segments responded differently.

Ultimately, the collaborative team identified and prioritized the most important health-related issues in the Tri-County region. They considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; and (3) potential impact through collaboration. Using a modified version of the Hanlon Method, three significant health needs were identified and determined to have equal priority:

- **Food Insecurity Among Youth**
- **Access to Mental Health**
- **Suicidal Thoughts and Behaviors**

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, Carle Health Methodist Hospital, Carle Health Pekin Hospital, Carle Health Proctor 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 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.

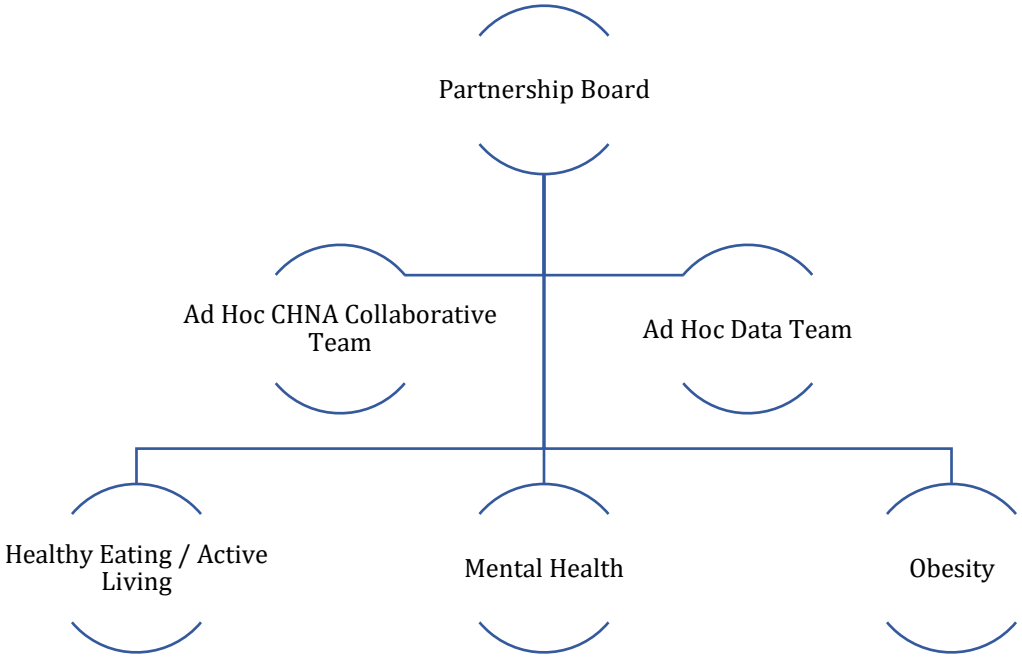
I. INTRODUCTION

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 drivers 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- Partnership for a Healthy Community – Organization Chart, 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

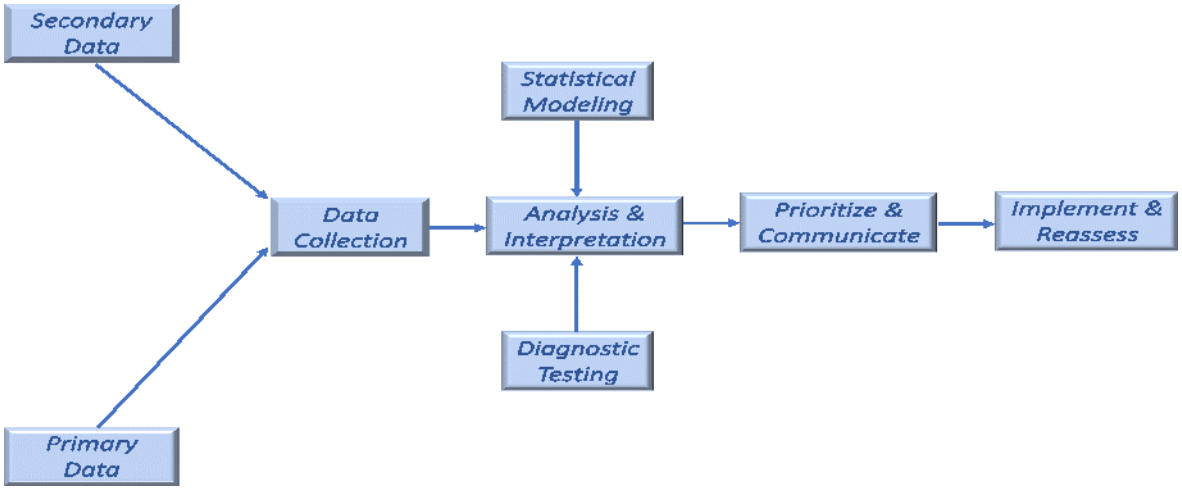


All members of the PFHC ad-hoc Community Health Needs Assessment (CHNA) collaborative team used the joint, collaborative CHNA to prepare Community Health Needs Assessment Reports. OSF Saint Francis Medical Center, Carle Eureka Hospital, Carle Health Methodist Hospital, Carle Health Pekin Hospital, and Carle Health Proctor Hospital 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 every three years 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, guided by the MAPP 2.0 process. 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.

Figure 2



Collaborative Team and Community Engagement

To engage the entire community in the CHNA process, the PFHC ad-hoc collaborative team of health-professional experts and key community advocates was formed. Members of the team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from Carle Eureka Hospital, Carle Health Methodist Hospital, Carle Health Pekin Hospital, Carle Health Proctor 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, and Woodford County Health Department. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles, and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM.

Engagement occurred throughout the process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2025. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Notably, leadership from these organizations worked together as part of the Greater Peoria Healthcare Collaborative (GPHC). The GPHC is a community-driven partnership, aims to improve healthcare outcomes by fostering collaboration among organizations like Bradley University, Carle Health, Heartland Health Services, and OSF Saint Francis Medical Center, among others. Leaders from these organizations oversaw this collaborative process resulting in the CHNA to collectively tackle health issues in the region.

Definition of the Community

To determine the geographic boundaries for the primary and secondary markets for OSF Saint Francis Medical Center, Carle Health Methodist Hospital, Carle Health Pekin Hospital, and Carle Health Proctor Hospital, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Peoria, Tazewell, and Woodford counties, as these hospitals collectively 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. The at-risk population was defined as those individuals eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

The collaborative CHNA has been designed to provide necessary information to the PFHC, which includes hospitals, local health departments, clinics, and community agencies, 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 2022 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2022 CHNA was widely shared with the community to allow for feedback. OSF Saint Francis Medical Center, Carle Eureka Hospital, Carle Health Methodist Hospital, Carle Health Pekin Hospital, and Carle Health Proctor Hospital posted both a full and summary version on their respective websites. To solicit feedback, a link - CHNAFeedback@osfhealthcare.org – was provided on each hospital's website; however, no feedback was received.

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

Community Health Needs Assessment Report Approval

OSF Saint Francis Medical Center, Carle Eureka Hospital, Carle Health Methodist Hospital, Carle Health Pekin Hospital, and Carle Health Proctor Hospital used the collaborative CHNA to prepare their 2025 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 Saint Francis Medical Center, Carle Eureka Hospital, Carle Health Methodist Hospital, Carle Health Pekin Hospital, Carle Health Proctor 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 Carle Health Methodist Hospital Board of Directors on July 17, 2025, OSF Board of Directors on July 25, 2025, and the PFHC Board on July 24, 2025.

2022 CHNA Health Needs and Implementation Plans

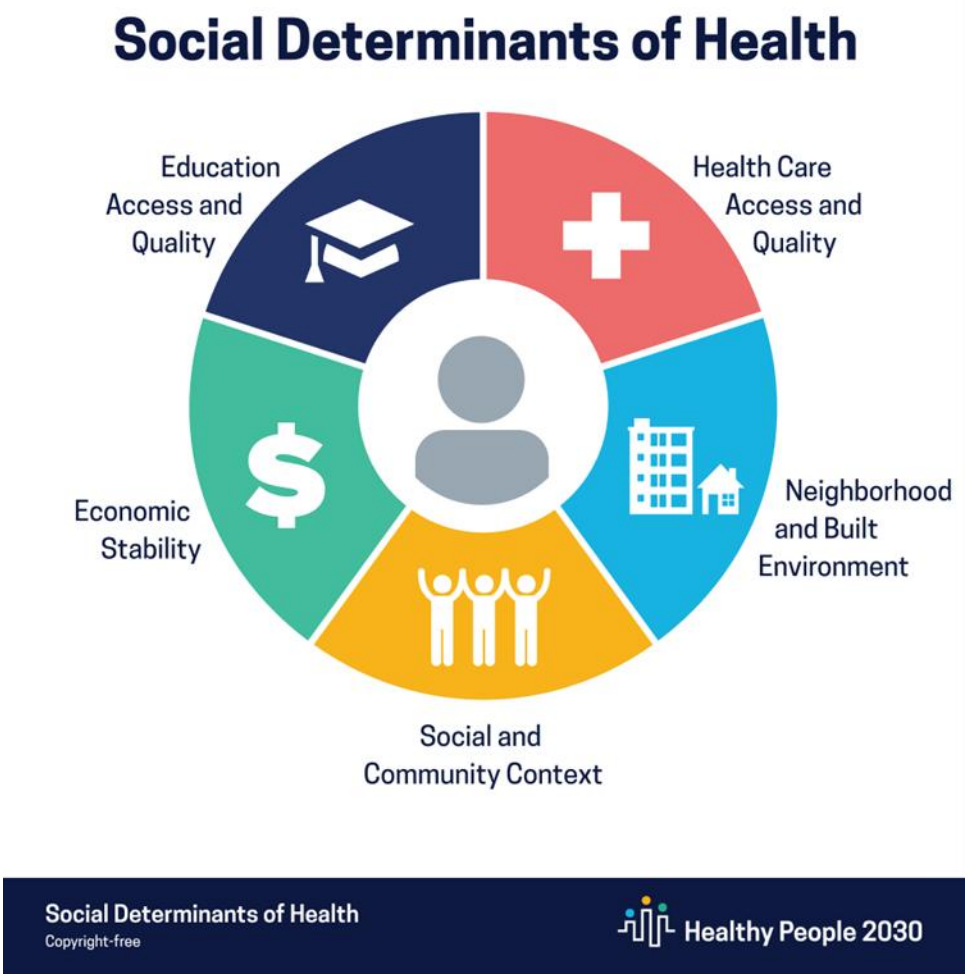
The 2022 CHNA for the Tri-County region identified three significant health needs. These included Healthy Eating/Active Living (defined as healthy eating and active living, access to food and food insecurity); Mental Health (defined as depression, anxiety, and suicide); and Obesity (defined as overweight and obese).

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 2022 CHNA PRIORITIZED NEEDS.

Social Drivers of Health

This CHNA incorporates important factors associated with Social Drivers of Health (SDOH). SDOH are crucial environmental factors, such as where people are born, live, work and play, which affect people's well-being, physical and mental health, and quality of life. Research by the U.S. Department of Health and Human Services, as part of *Healthy People 2030,* identifies five SDOH to include when assessing community health (Figure 3). Note this CHNA refers to social "drivers" rather than "determinants." According to the *Root Cause Coalition*, drivers are malleable, while determinants are not. However, the five factors included in Figure 2 remain the same, regardless of terminology used.

Figure 3



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

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

II. METHODS

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

Secondary Data Collection

Existing secondary statistical data were first used to develop an overall assessment of health-related issues in the community. 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.

COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) was used 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 healthcare organizations. Their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

By leveraging data reports and compiled information on regional population measures, we enhanced our understanding of the overall health and well-being of the Tri-County region. Public health surveillance systems (e.g. Behavioral Risk Factor Surveillance System (BRFSS)) are crucial for monitoring population health metrics. They provide valuable data on health behaviors, chronic diseases, and preventive practices, enabling public health officials to identify trends, plan interventions, and evaluate the effectiveness of health programs. Combining these data in combination with survey yields a more comprehensive understanding of the community perceptions, needs, and issues surrounding health and well-being.

Primary Data Collection

In addition to existing secondary data sources, a variety of data were collected. Following the MAPP 2.0 framework the main primary data sources included the Community Partner Assessment (CPA), Community Context Assessment (CCA), and Community Status Assessment (CSA).

CPA: The goal of the CPA was to explain the organizations involved with PFHC, focusing on each organization's internal strategies and the resources available to address community health issues. This survey specifically explored the organizations community work, the populations they serve, the focus of their organizations, and the strategies they employ. One representative from each organization in the partnership (n=18) completed a survey used to describe the capacity of each organization and alignment of health issues in the Tri-County region.

CCA: The purpose of the CCA was to identify the health issues and burdens among residents in the Peoria, Tazewell, and Woodford counties using qualitative methodology. These data were collected through a series of interviews and focus groups. These data collected were systematically analyzed to identify recurring themes and patterns, providing a deeper understanding of the community's health context.

CSA: The CSA was developed and refined by the PFHC to gather insights from residents in the Peoria, Tazewell, and Woodford counties. Convenience sampling was the method used to collect data from a broad range of community members. Each week the Data Team tracked the progress of completed surveys within the region, identifying populations that needed to be targeted to ensure the sample was representative of the community based on Census data. This process involved monitoring the number of responses and comparing them to demographic characteristics such as age, race/ethnicity, gender, and

poverty levels based on zip code reported from completed surveys. Weekly progress reports were emailed to the key stakeholders, detailing survey completion rates by county and region across demographic categories. This systematic approach ensured that the survey results accurately reflected the diverse population of the three counties.

The number of responses collected for the CSA ensured that county representation is accurately reflected in the data, with a margin of error less than 5% and a confidence level of 95%. Regional analyses were conducted to provide detailed insights, with results interpretable at a 5% margin of error and 90% confidence interval for all regions in Woodford County, most regions in Tazewell County, and approximately half of the regions in Peoria County. This rigorous approach to data collection and analysis guarantees that the findings are both reliable and representative of the diverse populations within the Tri-County region.

The following section describes the research methods used to collect, code, verify and analyze primary survey data (CSA). 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 met in the first and second quarters of 2024 to collect the qualitative information necessary to design survey items. Specifically, for the community health needs assessment, eight specific sets of items were included:

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

- **Ratings of unhealthy behaviors in the community** – To assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse, and smoking.

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

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

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

and cancer screenings.

- **Behavioral health** – To assess community issues related to areas such as anxiety and depression.
- **Food security** – To assess access to healthy food alternatives.
- **Social drivers of health** – To assess the impact that social drivers may have on the above-mentioned areas.

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

Sample Size

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 16.8% in Peoria County, 8.9% in Tazewell County and 6.9% in Woodford County. The populations used for the calculation were 177,513 for Peoria County, 130,555 for Tazewell County, and 38,348 for Woodford County, yielding total residents living in poverty in the three counties at 29,822, 11,619, and 2,646, respectively.

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

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

For the total Tri-County area, the minimum sample size for aggregated analyses (combining at-risk and general populations) was 1,149 (Peoria 384, Tazewell 384, and Woodford 381). The data collection effort for this CHNA yielded a total of 3,220 responses. After cleaning the data for "bot" survey respondents, the sample was reduced to 2,399 respondents (Peoria 801, Tazewell 792, and Woodford 736). This met 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 sample aligned with population demographics according to U.S. Census data. This provided a total usable sample of 2,329 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 quarters of 2024. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. 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.

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

Data Integrity

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

Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Frequencies and descriptive statistics were employed to identify patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used to identify existing relationships between perceptions, behaviors, and demographic data. Specifically bivariate and multivariate analytic strategies were utilized when appropriate.

Regional Analyses

To better understand health disparities across the Tri-County area, additional analyses were conducted with a focus on vulnerable populations. These analyses were guided by the Wheel of Power and Privilege, a framework that considers how intersecting identities—such as race, ethnicity, income, and housing stability—shape individuals' experiences with healthcare systems and health outcomes. This approach allowed for a more nuanced examination of how systemic inequities contribute to elevated suicide risk and barriers to care among marginalized groups.

Given the size and diversity of the Tri-County area, the region was divided into 13 sub-regions to facilitate more detailed, localized analyses. These sub-regions were defined based on zip code boundaries and included six regions in Peoria County, four in Tazewell County, and three in Woodford County. This regional breakdown enabled the identification of geographic differences in access to care, provider availability, and community-specific needs. By combining geographic and equity-focused lenses, the analyses provided a clearer picture of where targeted interventions are most needed and how they can be tailored to address the unique challenges faced by different communities within the Tri-County area.

CHAPTER 1 OUTLINE

CHAPTER 1: DEMOGRAPHY AND SOCIAL DRIVERS

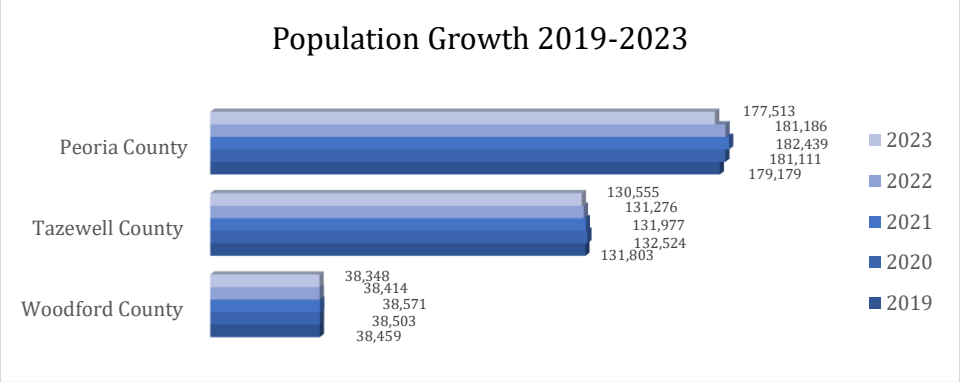
1.1 Population

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

Population Growth

Data from the last census indicates the population of Peoria County has decreased slightly less than 1% between 2019 and 2023. During the same period, Tazewell County population decreased about 1% and Woodford County also decreased (0.3%) (Figure 4).

Figure 4



Source: United States Census Bureau

1.2 Age, Gender, and Race Distribution

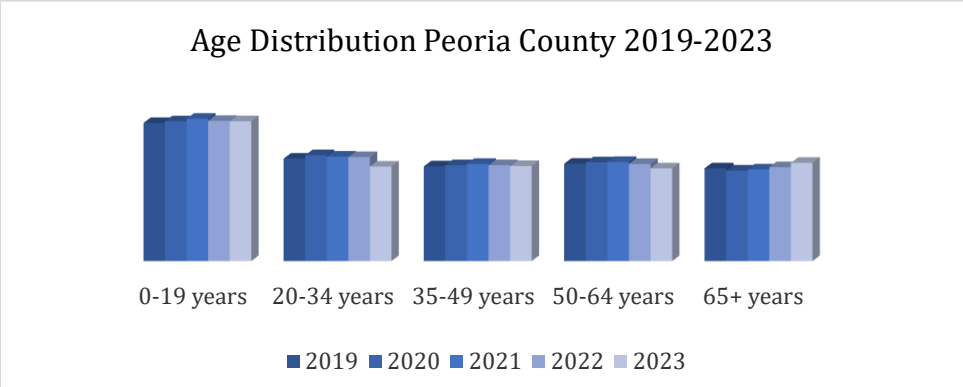
Importance of the Measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth

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

Age

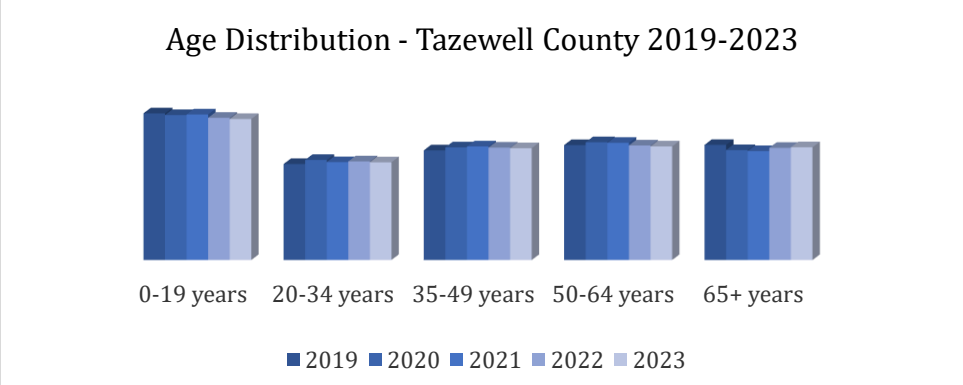
Figure 5, Figure 6, and Figure 7 illustrate the percentage of individuals in the Tri-County region in each age group. Peoria County had its largest decrease in the 20-34 age group (7.8%) and its largest increase in the 65+ age group (6%) between 2019 and 2023. Tazewell County had its largest decrease in the 0–19 age group (3.9%) and its largest increase in the 35–49 age group (2%). Woodford County had its largest decrease in the 50 – 64 age group (6.4%) and largest increase in the 65+ age group (6.9%) between 2019 and 2023.

Figure 5



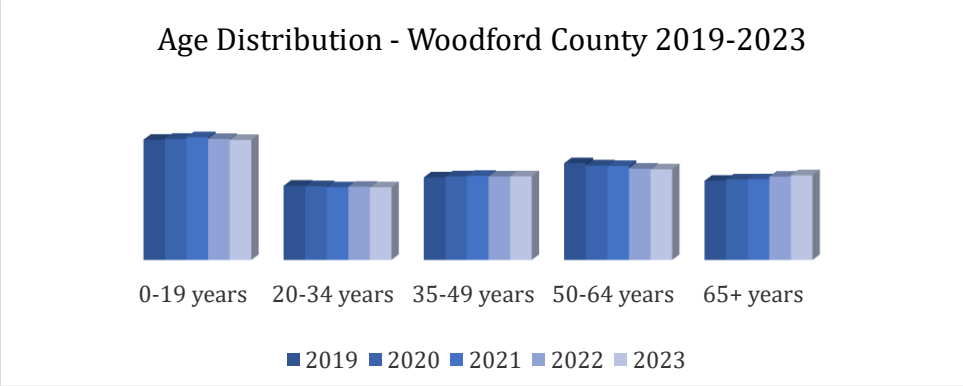
Source: United States Census Bureau

Figure 6



Source: United States Census Bureau

Figure 7

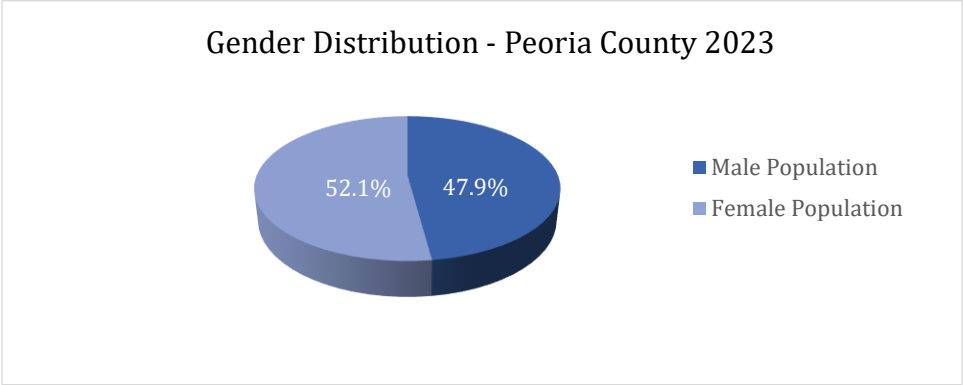


Source: United States Census Bureau

Gender

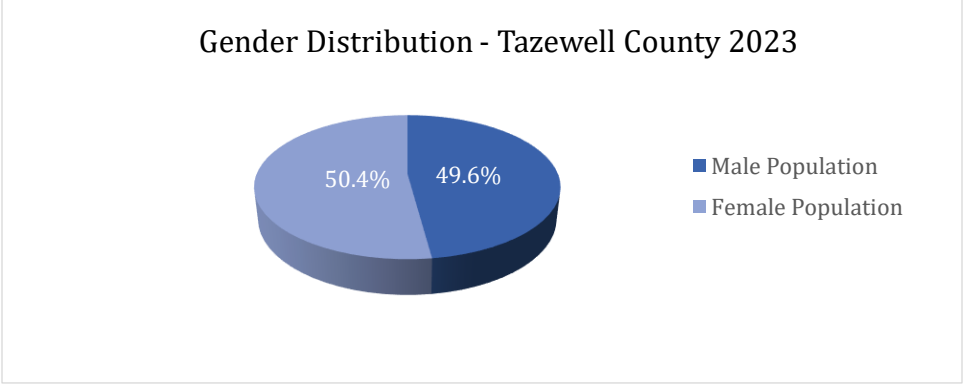
The gender distribution of residents in Peoria, Tazewell, and Woodford Counties is relatively equal among males and females (Figure 8, Figure 9, and Figure 10).

Figure 8



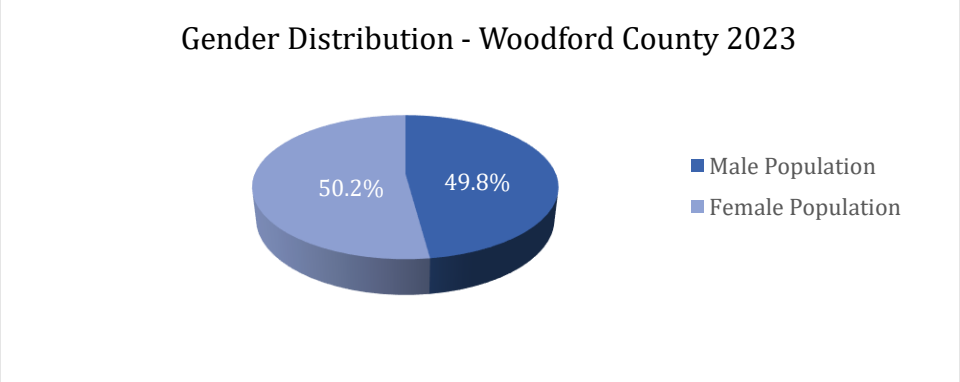
Source: United States Census Bureau

Figure 9



Source: United States Census Bureau

Figure 10



Source: United States Census Bureau

The Gender Pay Gap is a measure that depicts the average difference in earnings between men and women. The differences in pay matter significantly for health outcomes because women earning less are more likely to experience stress, anxiety, and depression. Additionally, lower income can limit access to healthcare services and nutritious food resulting in poorer overall health. The Gender Pay Gap for the Tri-County region ranges from 0.70 (Woodford County), 0.72 (Tazewell County), to 0.75 (Peoria County), all lower values than state (0.80) and national (0.81) estimates. This value depicts how much women earn on average for every $1 men earned annually based on data from the ACS (2019-2023).

Race

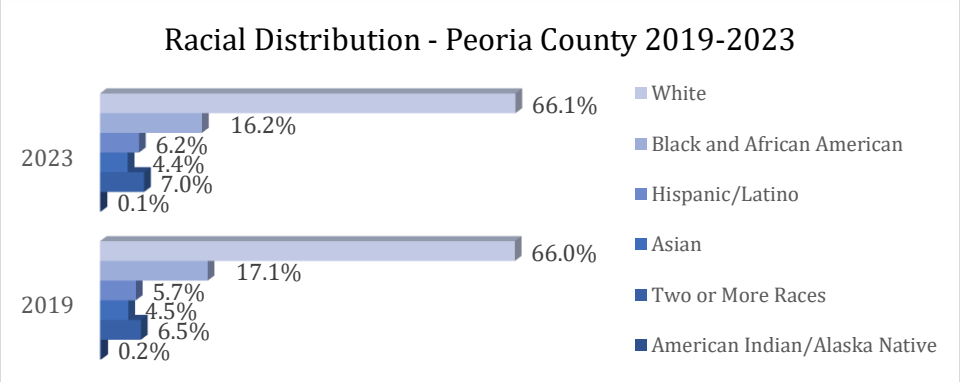
With regard to race and ethnic background, Peoria County is relatively diverse. Data from 2023 shows that the White ethnicity is 66.1% of the population, Black ethnicity comprises 16.2%, multi-racial ethnicity comprises 7%, Hispanic/Latino (LatinX) ethnicity comprises 6.2%, Asian ethnicity comprising 4.4%, and American Indian/Alaska Native ethnicity comprises 0.1% of the population (Figure 11).

Data from 2023 shows that in Tazewell County the White population is 91.8%. Hispanic/Latino (LatinX) and multi-racial ethnicities each comprise 2.8% of the population, Black ethnicity comprises 1.5%, Asian ethnicity comprises 1%, and American Indian/Alaska Native ethnicity comprises 0.1% of the population (Figure 12).

Similarly, data from 2023 shows that in Woodford County the White population is 94.1%, with multi-racial ethnicity comprising of 2.6%, Hispanic/Latino (LatinX) comprising 2.1%, Black ethnicity comprising 0.6%, Asian ethnicity comprising 0.5%, and American Indian/Alaska Native ethnicity comprising 0.1% of the population (Figure 13).

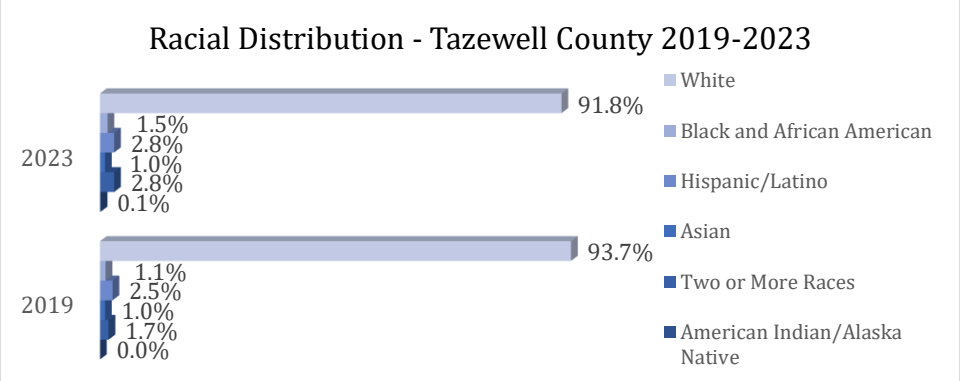
Notably, this report further explores additional differences in health issues, including mortality, in subsequent chapters. It highlights any disparities identified within the Tri-County region.

Figure 11



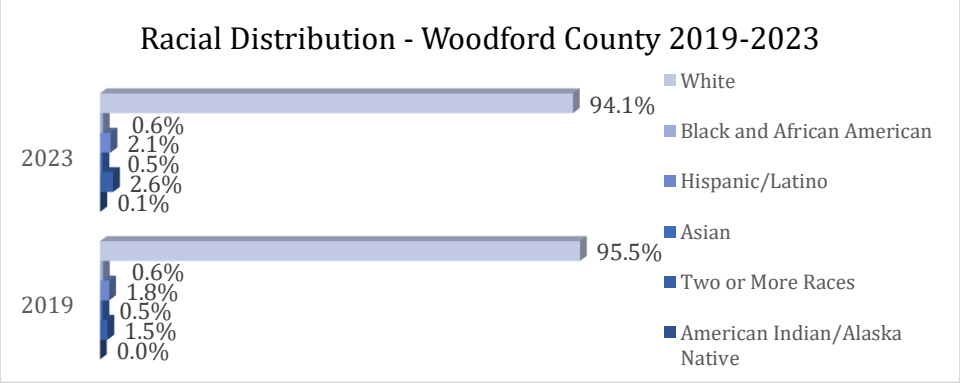
Source: United States Census Bureau

Figure 12



Source: United States Census Bureau

Figure 13



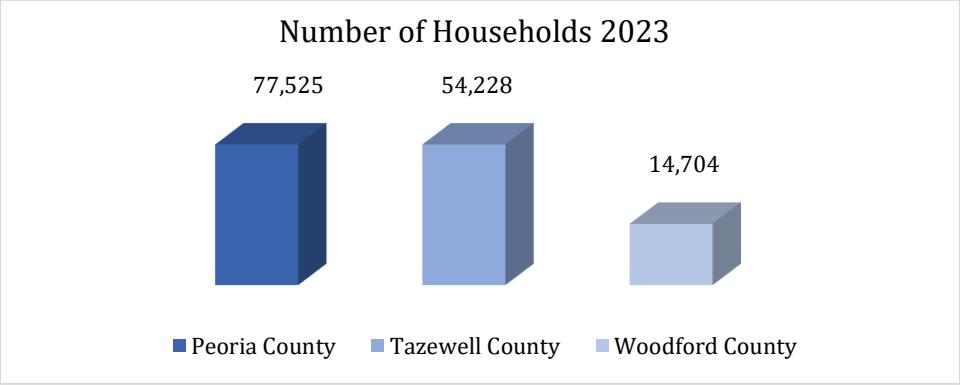
Source: United States Census Bureau

1.3 Household/Family

Importance of the Measure: Families are a vital component of a robust society in Peoria, Tazewell, and Woodford Counties, as they significantly 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 2023 are indicated in Figure 14.

Figure 14



Source: United States Census Bureau

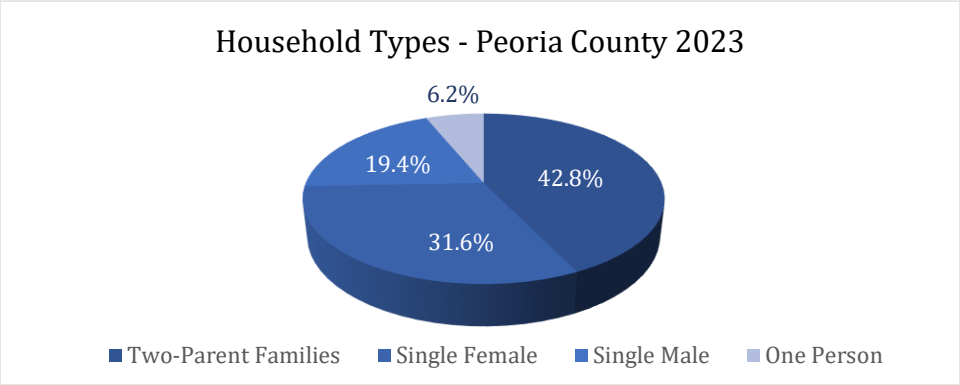
Family Composition

In Peoria County, data from 2023 show that two-parent families make up 42.8% of households, one-person households represent 6.2% of the county population, single-female head of households represent 31.6%, and single-male head of households represent 19.4% (Figure 15).

In Tazewell County, data from 2023 show that two-parent families make up 46.5% of households, one-person households represent 7.5% of the county population, single-female head of households represent 27%, and single-male head of households represent 19% (Figure 16).

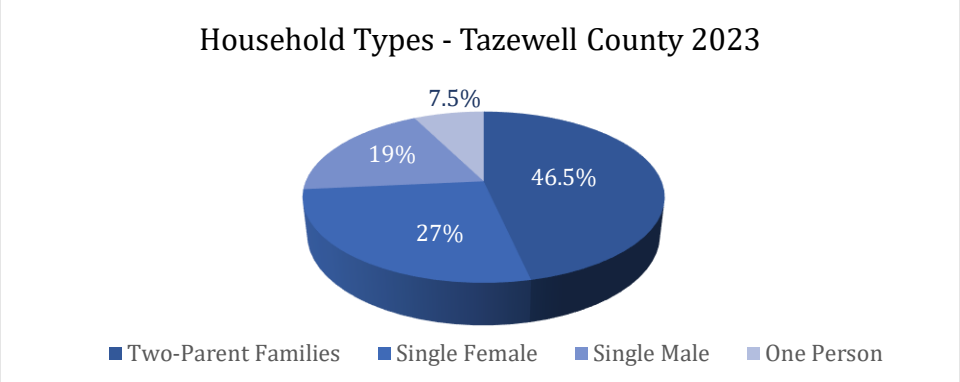
In Woodford County, data from 2023 show that two-parent families make up 59.9% of households, one-person households represent 4.9% of the county population, single-female head of households represent 21.5%, and single-male head of households represent 13.7% (Figure 17).

Figure 15



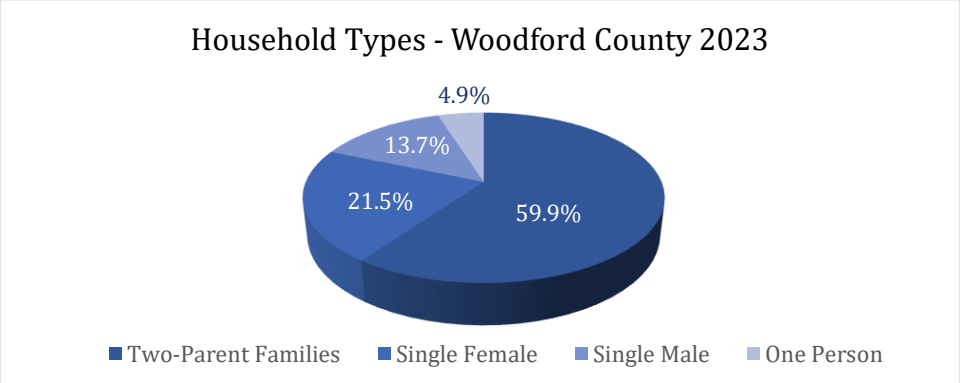
Source: United States Census Bureau

Figure 16



Source: United States Census Bureau

Figure 17

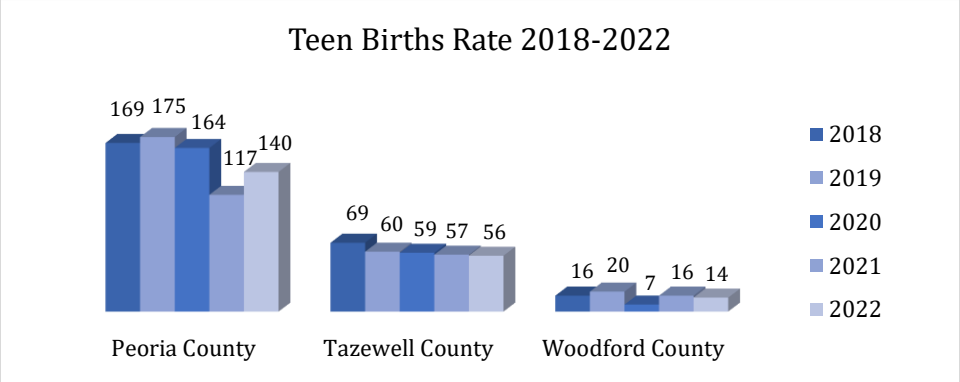


Source: United States Census Bureau

Early Sexual Activity Leading to Births from Teenage Mothers

From 2018 to 2022, the teen birth rate showed an overall decrease in Peoria (17%), Woodford (13%), and Tazewell Counties (19%). Although Peoria and Woodford experienced fluctuations, Tazewell exhibited a steady decline (Figure 18).

Figure 18



Source: Illinois Department of Public Health

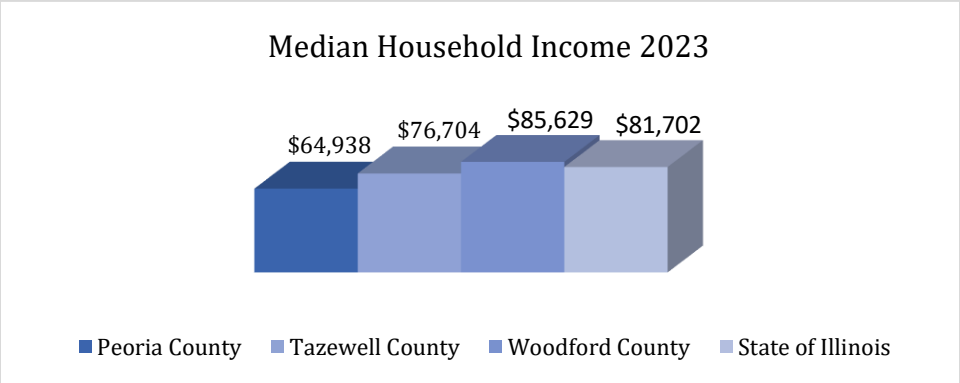
1.4 Economic Information

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

Median Income Level

In 2023, the median household income in Peoria ($64,938) and Tazewell Counties ($76,704) were lower than the State of Illinois amount ($81,702) (Figure 19). Woodford County ($85,629) had a median household income above the State of Illinois figure ($81,702).

Figure 19



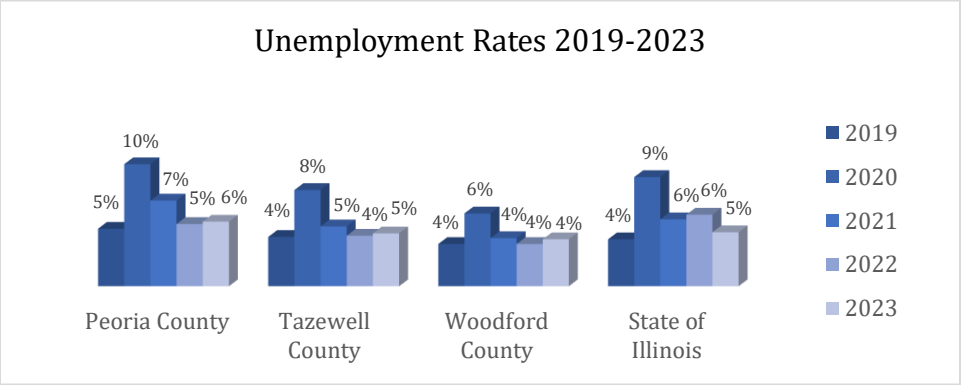
Source: United States Census Bureau

Unemployment

From 2019 through 2023, the Peoria County unemployment rate was higher than the State of Illinois unemployment rate, except during 2022. During the same period, the Tazewell County unemployment

rate was at or below the State of Illinois unemployment rate. Similarly, Woodford County maintained an unemployment rate at or below the State of Illinois unemployment rate from 2019 to 2023. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 20).

Figure 20

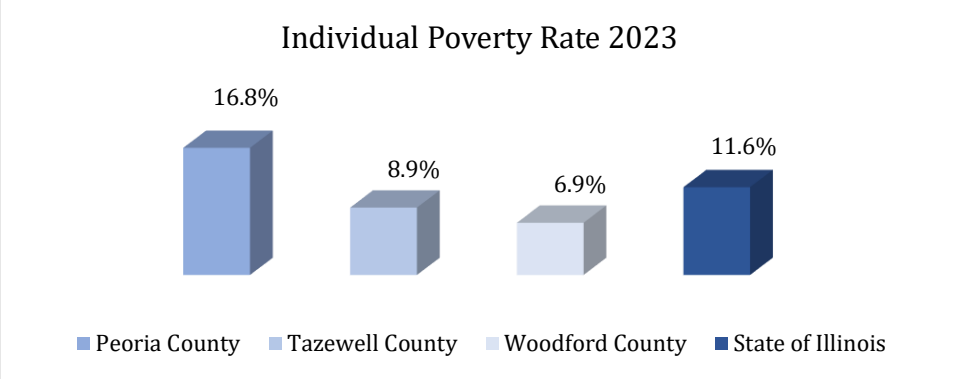


Source: Bureau of Labor Statistics

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 2023. In Peoria County, the percentage of individuals living in poverty was 16.8%, which is higher than the State of Illinois individual poverty rate of 11.6%. In Tazewell County, the percentage of individuals living in poverty is 8.9%, which is lower than the State of Illinois poverty rate of 11.6%. In Woodford County, the percentage of individuals living in poverty is 6.9%, which is significantly lower than the State of Illinois poverty rate of 11.6% (Figure 21).

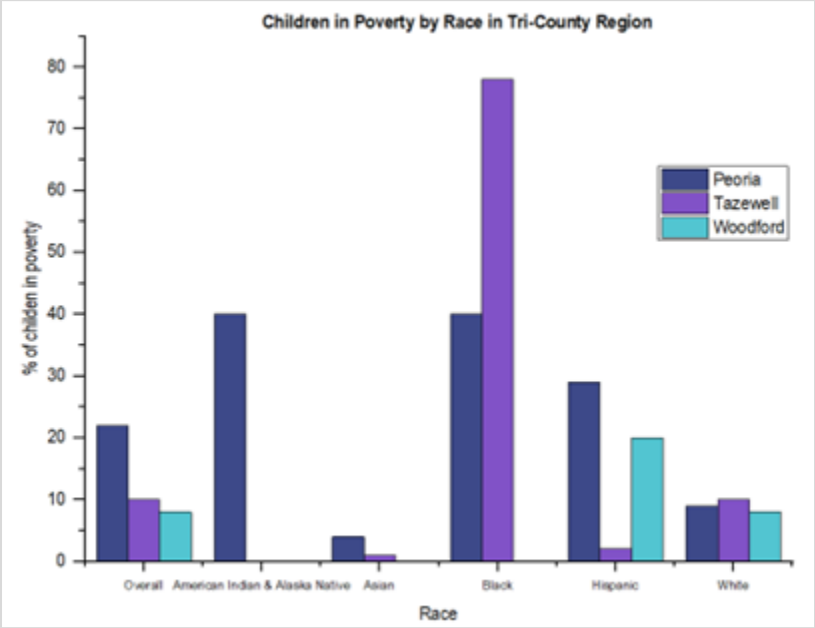
Figure 21



Source: United States Census Bureau

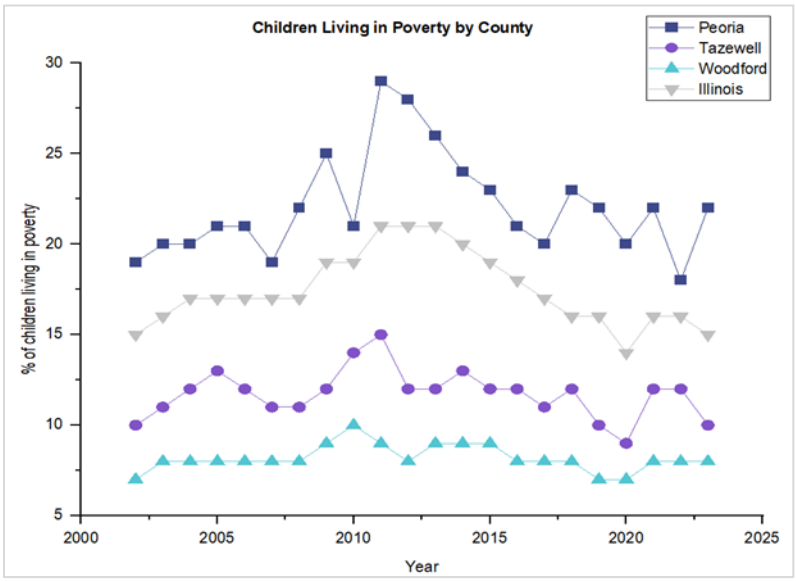
Understanding children living in poverty is crucial because poverty can lead to numerous health outcomes. Higher levels of children living in poverty can negatively impact population health and result in perpetual cycles of poor health and economic instability. The following figures depict the proportion of children living in poverty by county and race.

Figure 22



Source: United States Census Bureau

Figure 23



Source: United States Census Bureau

1.5 Education

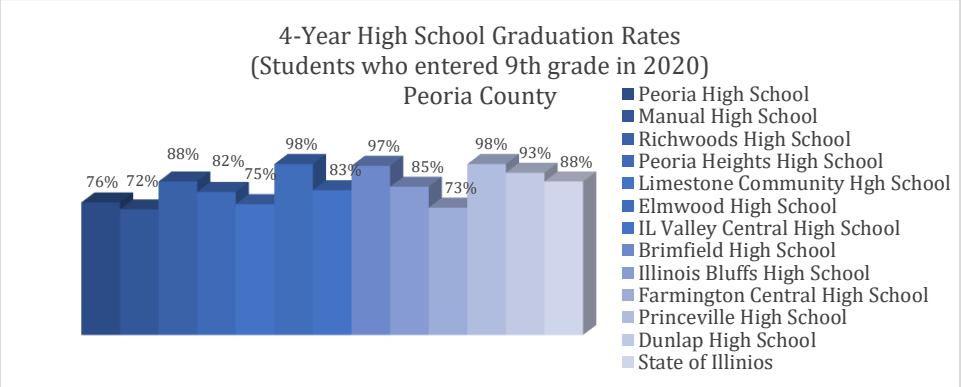
Importance of the Measure: According to the National Center for Educational Statistics, "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that higher educational attainment and greater school success lead to better health outcomes and a higher likelihood of making healthy lifestyle choices. Consequently,

years of education are strongly related to an individual's propensity to earn a higher salary, secure better employment, and achieve multifaceted success in life.

Graduation Rates

Students who entered 9th grade in 2020 in Peoria County school districts, except Elmwood HS, Brimfield HS, Princeville HS, and Dunlap HS reported high school graduation rates that were at or below the State of Illinois average of 88% (Figure 24).

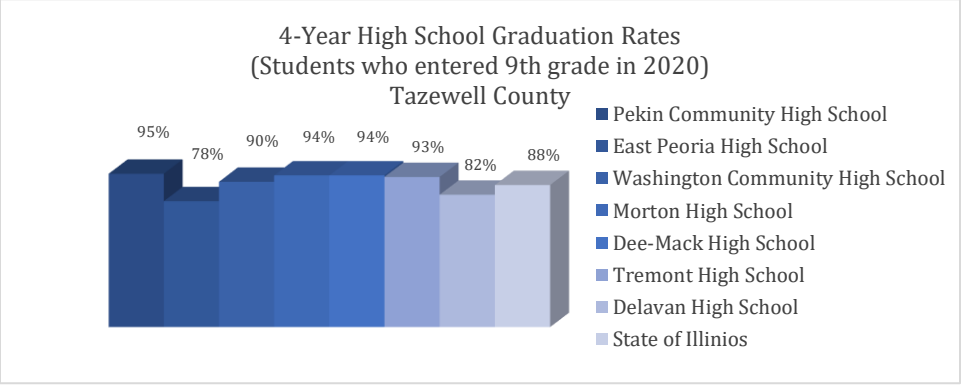
Figure 24



Source: Illinois Report Card

Students who entered 9th grade in 2020 in Tazewell County school districts, except East Peoria High School and Delavan High School, reported high school graduation rates that were above the State of Illinois average of 88% (Figure 25).

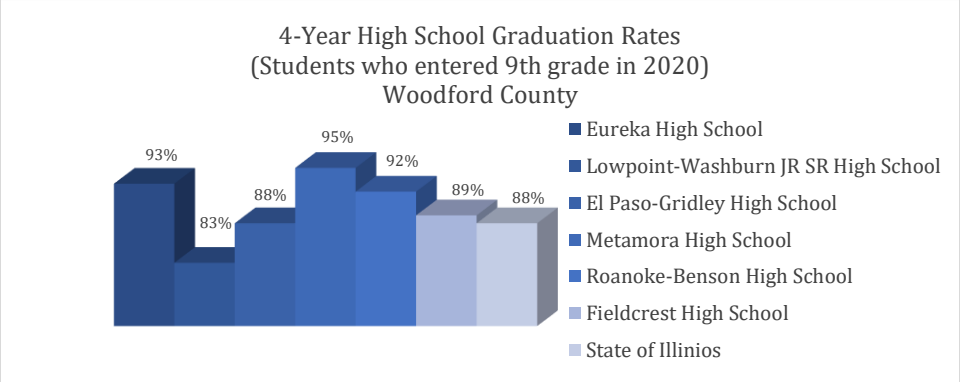
Figure 25



Source: Illinois Report Card

Students who entered 9th grade in 2020 in Woodford County school districts, except Lowpoint-Washburn JR SR High School reported high school graduation rates that were at or above the State of Illinois average of 88% (Figure 26).

Figure 26



Source: Illinois Report Card

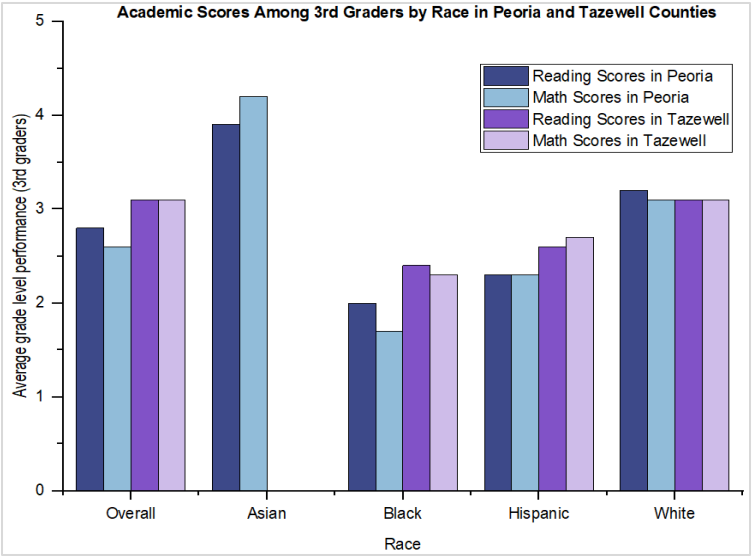
In addition to these graduation rates, the Stanford Education Data Archive collects and analyzes reading and math scores for 3rd graders across various districts and states. These scores provide insights into educational achievement and disparities that may exist. In particular, these scores provide the average grade level performance for these 3rd graders for reading and math-based data from 2019.

Table 1

Academic Score	Peoria County	Tazewell County	Woodford County	Illinois	United States
Reading	2.8	3.1	3.4	3.0	3.1
Math	2.6	3.	3.4	2.9	3.0

Source: Stanford Education Data Archive

Figure 27

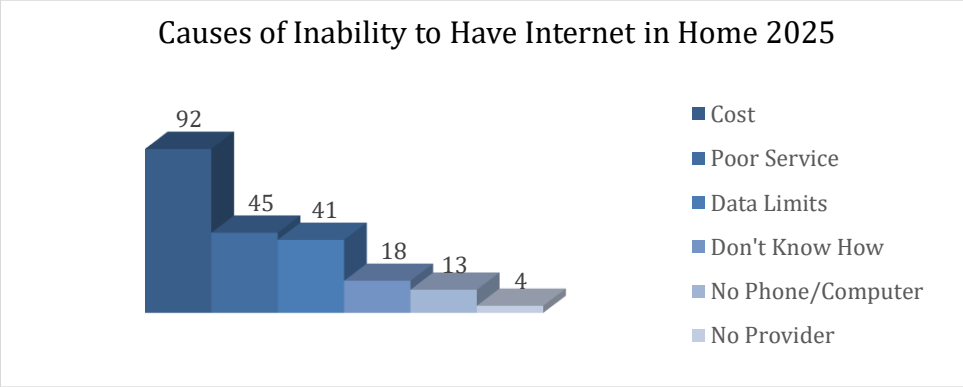


Source: Stanford Education Data Archive

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 94% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (92) (Figure 28). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 28



Source: CHNA Survey

Social Drivers Related to Internet Access

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

- **Access to Internet** tends to be rated higher for women, younger people, those with higher education, those with higher income, and those in Woodford County. Access to Internet tends to be rated lower for those with an unstable housing environment and those in Peoria County.

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 WAS 21.5%, 27% AND 31.6% OF THE POPULATION FOR THE THREE COUNTIES. 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 AT OR LOWER THAN STATE OF ILLINOIS AVERAGES.

CHAPTER 2 OUTLINE

CHAPTER 2: PREVENTION BEHAVIORS

2.1 Accessibility

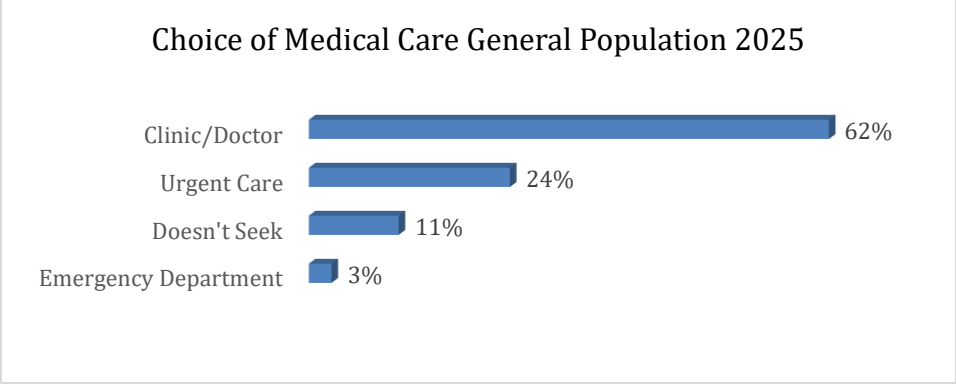
Importance of the Measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Four different options were presented, including a clinic or doctor's office, urgent-care facility, did not seek medical treatment, and emergency department.

The most common response for source of medical care was clinic/doctor's office, chosen by 62% of survey respondents. This was followed by urgent care (24%), not seeking medical attention (11%), and the emergency department (3%) (Figure 29).

Figure 29



Source: CHNA Survey

Comparison to 2022 CHNA

Clinic/doctor's office decreased from 67% in 2022 to 62% in 2025. Much of this can be attributed to the increase in the use of urgent care facilities (20% in 2022 to 24% in 2025). While the percentage of people who did not seek medical treatment was 11% for 2022 and 2025, the emergency department slightly increased from 2% in 2022 to 3% in 2025.

Social Drivers Related to Choice of Medical Care

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

- **Clinic/Doctor's Office** tends to be used more often by women, older people, White people, those with higher income and people from Woodford County. Clinic/Doctor's office tends to be used less often by Black people, LatinX people, those with an unstable housing environment and people from Peoria County.

- **Urgent Care** tends to be used more by younger people, those with higher education, those with higher income, and people from Peoria County. Urgent care tends to be used less by people from Woodford County.

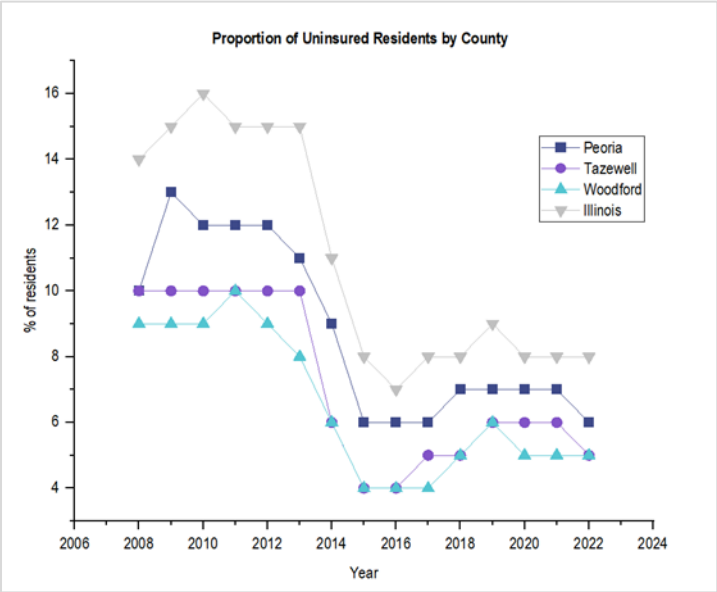
- **Emergency Department** tends to be used more often by men, Black people, LatinX people those with lower education, those with lower income, those with an unstable housing environment, and people from Peoria County. Emergency department tends to be used less by White people and people from Tazewell County.

- **Do Not Seek Medical Care** tend to be rated higher by men, younger people, Black people, those with lower education, those with lower income, and people from Peoria County. Does not seek medical care tends to be rated lower by White people.

Insurance Coverage

National estimates for the Tri-County region illustrate that the proportion of residents who are uninsured have decreased over time. Moreover, the proportion of residents uninsured in the Tri-County region remains lower than the State of Illinois levels (Figure 30).

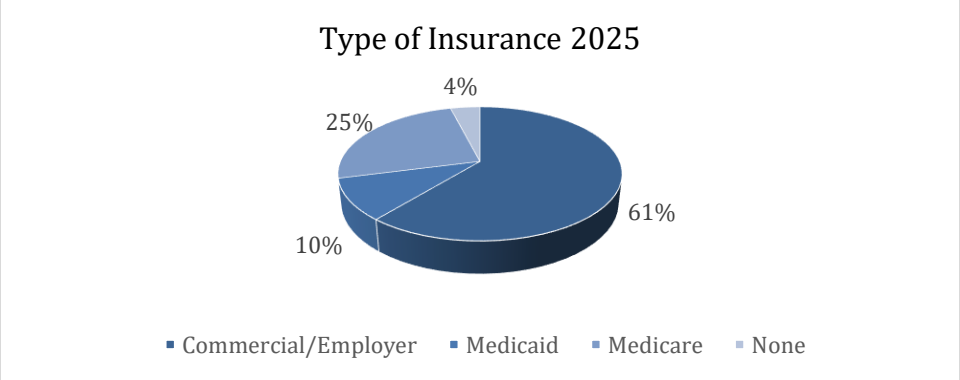
Figure 30



Source: United States Census Bureau

According to survey data, 61% of respondents are covered by commercial/employer insurance, followed by Medicare (25%), Medicaid (10%), and no insurance (4%) (Figure 31).

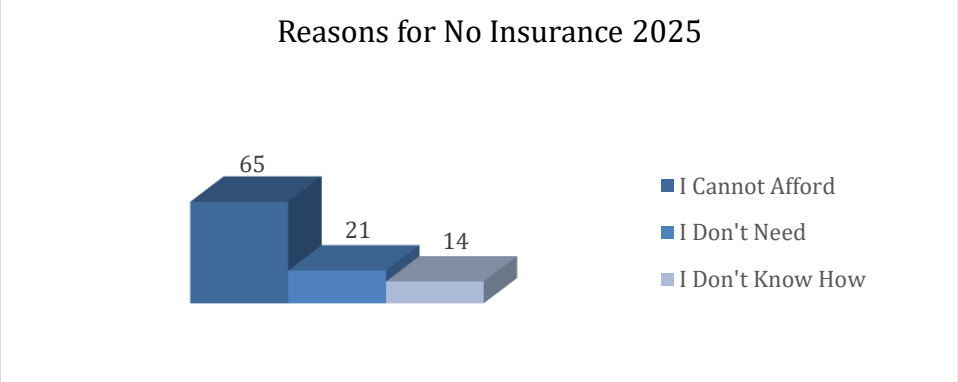
Figure 31



Source: CHNA Survey

Data from the survey show that for the 4% of individuals who do not have insurance, the most prevalent reason was cost (65) (Figure 32). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 32



Source: CHNA Survey

Social Drivers Related to Type of Insurance

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

- **Medicare** tends to be used more by older people, those with lower education, those with lower income, and people in Woodford County. Medicare tends to be used less often by residents of Peoria and Tazewell Counties.

- **Medicaid** tends to be used more frequently by younger people, Black people, those with lower education, those with lower income, and people with an unstable housing environment. Medicaid is used less by White people.

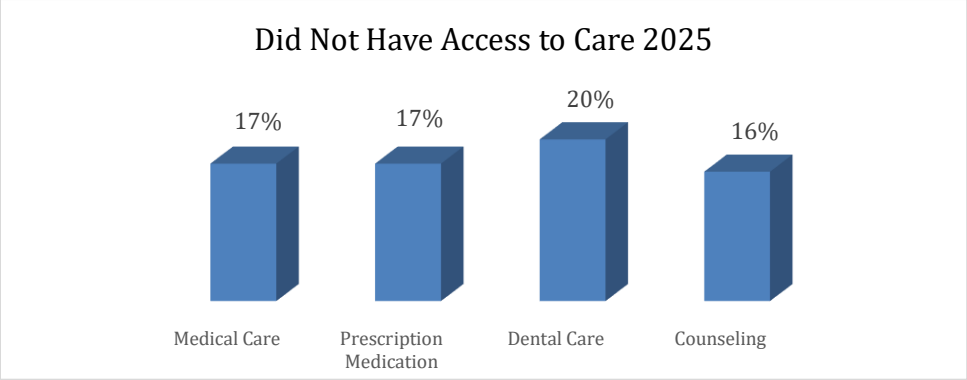
- **Commercial/employer insurance** is used more often by women, younger people, White people, those with higher education, those with higher income, and Tazewell County residents. Commercial/employer insurance is used less by Black people, those with an unstable housing environment, and Woodford County residents.

- **No Insurance** tends to be reported more often by younger people, Black people, LatinX people, those with lower education, those with lower income, those with an unstable housing environment, and residents of Peoria. No insurance tends to be reported less often by White people.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care, and counseling. Survey results show that 17% of the population did not have access to medical care when needed; 17% of the population did not have access to prescription medication when needed; 20% of the population did not have access to dental care when needed; and 16% of the population did not have access to counseling when needed (Figure 33).

Figure 33



Source: CHNA Survey

Social Drivers Related to Access to Care

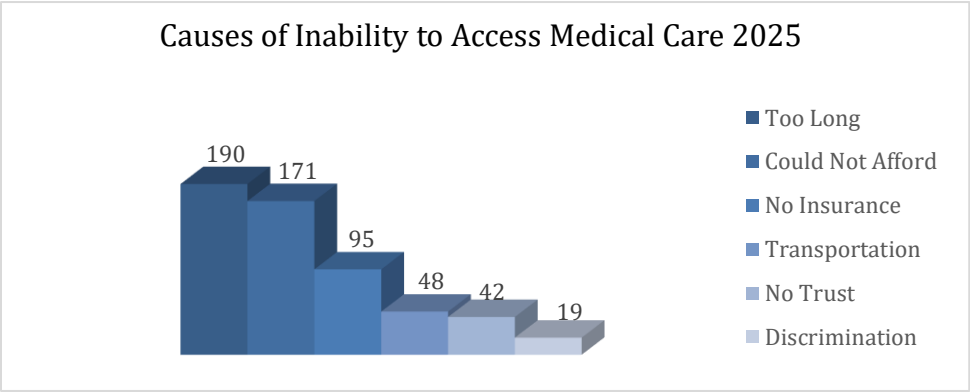
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for older people, White people, those with higher education, those with higher income, and residents of Woodford County. Access to medical care tends to be lower for Black people, LatinX people, and those with an unstable housing environment.
- **Access to prescription medications** tends to be higher for men, older people, White people, those with higher education, those with higher income and residents of Woodford County. Access to prescription medications tends to be lower for those with an unstable housing environment.
- **Access to dental care** tends to be higher for men, older people, White people, those with higher education, and those with higher income. Access to dental care tends to be lower for Black people and those with an unstable housing environment.
- **Access to counseling** tends to be higher for men, older people, White people, those with higher income and those with a stable housing environment. Access to counseling tends to be lower for those with an unstable housing environment.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to medical care were too long to wait for an appointment (190), could not afford co-pay (171), and no insurance (95) (Figure 34).

Figure 34

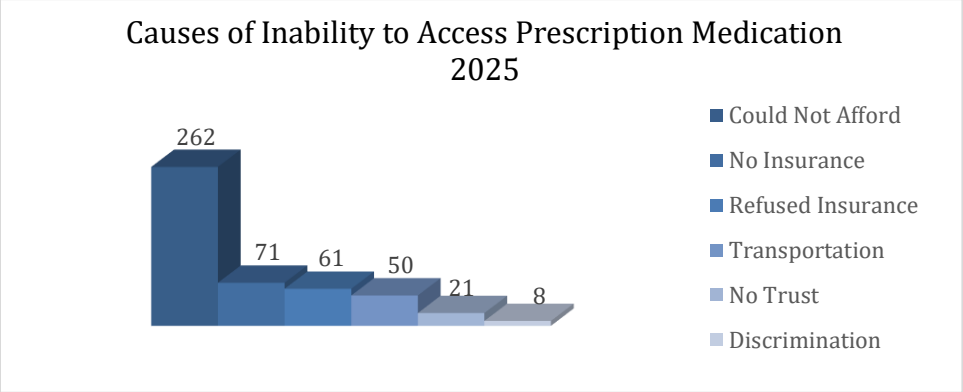


Source: CHNA Survey

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 (262) (Figure 35).

Figure 35

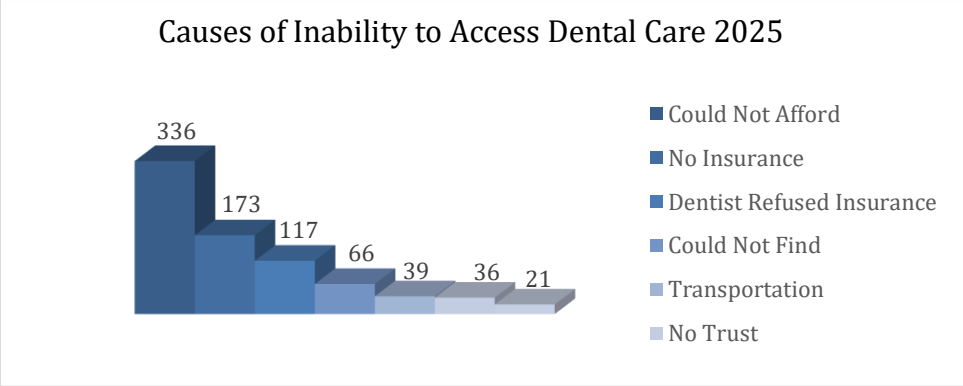


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. Based on frequencies, the leading causes were inability to afford copay or deductible (336), no insurance (173), and dentist refusal of insurance (117) (Figure 36).

Figure 36

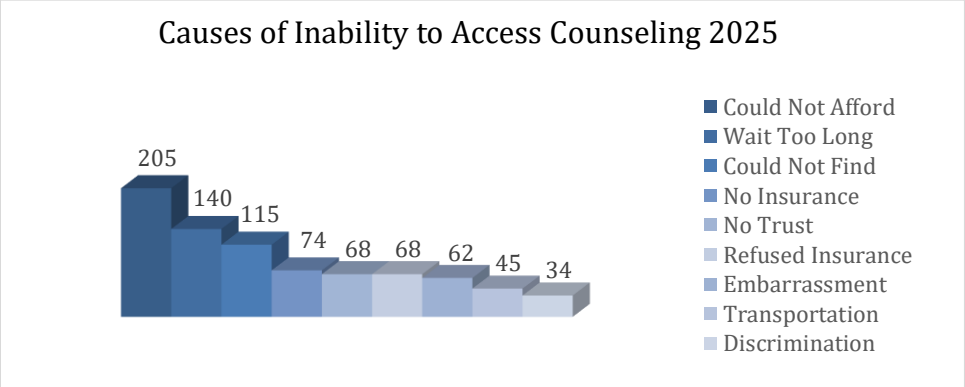


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. Based on frequencies, the leading causes of the inability to gain access to counseling were the inability to afford co-pay (205), wait was too long (140) and could not find counselor (115) (Figure 37).

Figure 37



Source: CHNA Survey

Comparison to 2022 CHNA

Access to Medical Care - results show a decline in the percentage of people who were able to obtain medical care, decreasing from 90% in 2022 to 83% in 2025.

Access to Prescription Medication - results show a decline in the percentage of people who were able to obtain prescription medication, decreasing from 88% in 2022 to 83% in 2025.

Access to Dental Care - results show a slight decline in the percentage of people who were able to obtain dental care, decreasing from 81% in 2022 to 80% in 2025.

Access to Counseling - results show an improvement in the percentage of people who were able to obtain counseling, from 80% in 2022, to 84% in 2025.

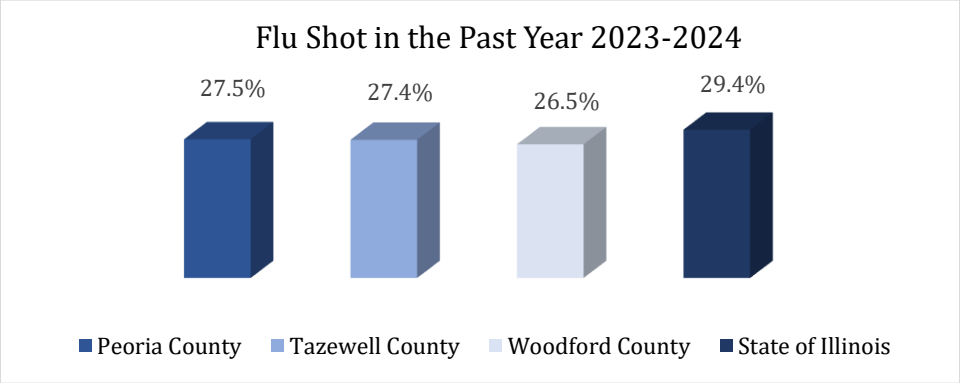
2.2 Wellness

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

Frequency of Flu Shots

Figure 38 shows that, from the period 2023 to 2024, 27.5% of people in Peoria County received a flu shot, 27.4% of people in Tazewell County received a flu shot, and 26.5% of people in Woodford County received a flu shot. All three counties report lower than the State of Illinois average of 29.4%.

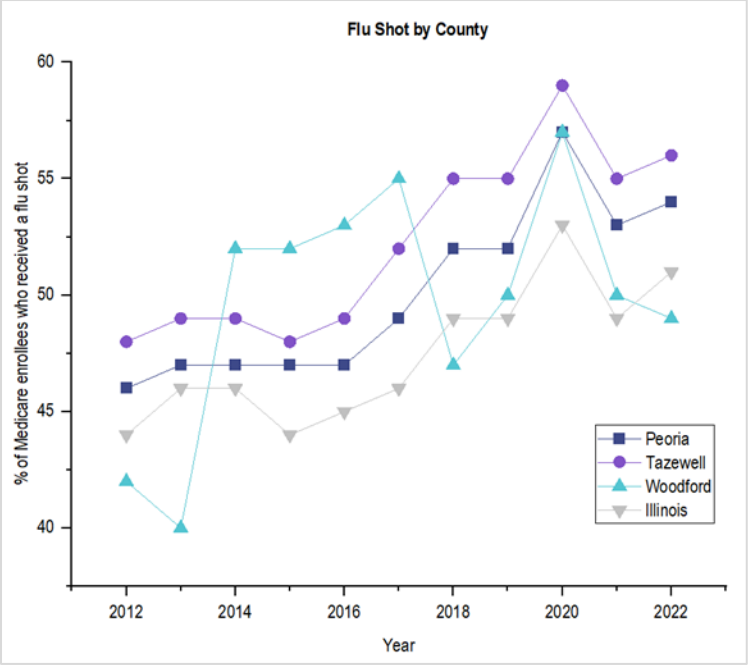
Figure 38



Source: Illinois Department of Health

Given that older adults are at higher risk of mortality due to influenza and other respiratory illnesses, it is essential to understand the uptake of such prevention measures, such as receiving a flu shot. The figure below depicts the prevalence of Medicare enrollees who received a flu shot between 2012-2022 by county. Over this time period the proportion of Medicare enrollees increased with the highest proportion of residents being in Tazewell, Peoria, followed by Woodford (Figure 39).

Figure 39

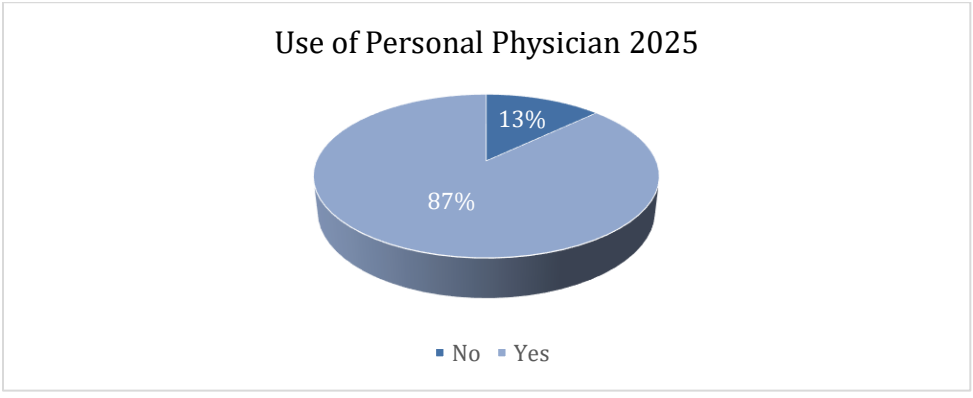


Source: Centers for Medicare & Medicaid Services (CMS)

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 40).

Figure 40



Source: CHNA Survey

Comparison to 2022 CHNA

Results show that the percentage of people with a personal physician were 87% in both 2022 and 2025.

Social Drivers Related to Having a Personal Physician

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

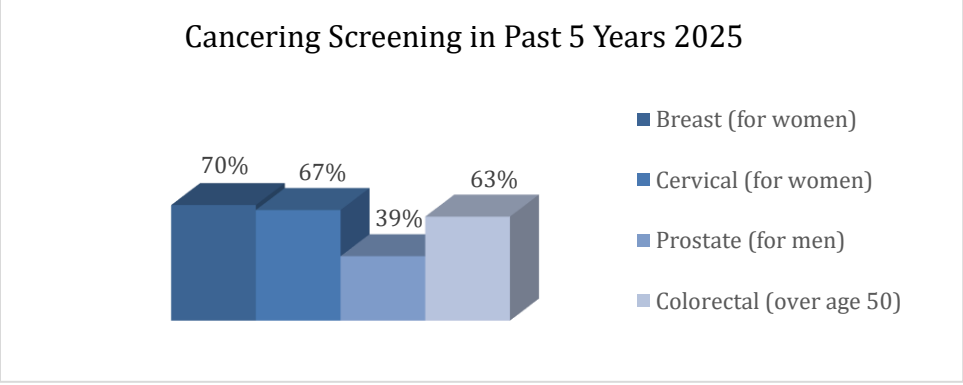
- **Having a personal physician** tends to be higher for women, older people, White people, those with higher education, those with a higher income, and residents of Woodford County. Having a personal physician tends to be lower for Black people, LatinX people, those with an unstable housing environment, and those residents of Peoria County.

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 and 67% of women had a cervical screening in the past five years. For men, 39% 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 41).

Figure 41

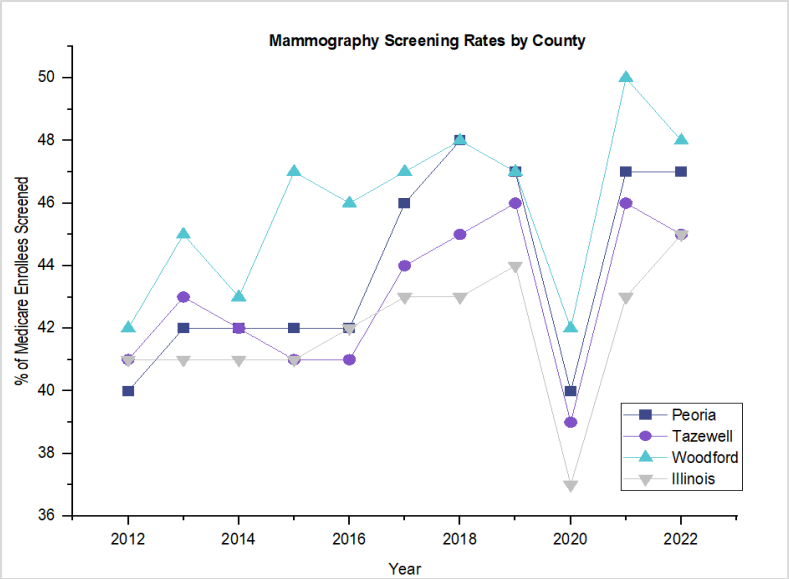


Source: CHNA Survey

Mammography screening rates for the Tri-County region are higher than state averages for most years between 2012-2022. Although screening rates were low during the COVID-19 pandemic, they substantially increased in following years across the region. The counties with the highest proportion of Medicare enrollees who were screened for breast cancer by mammography were Woodford, Peoria,

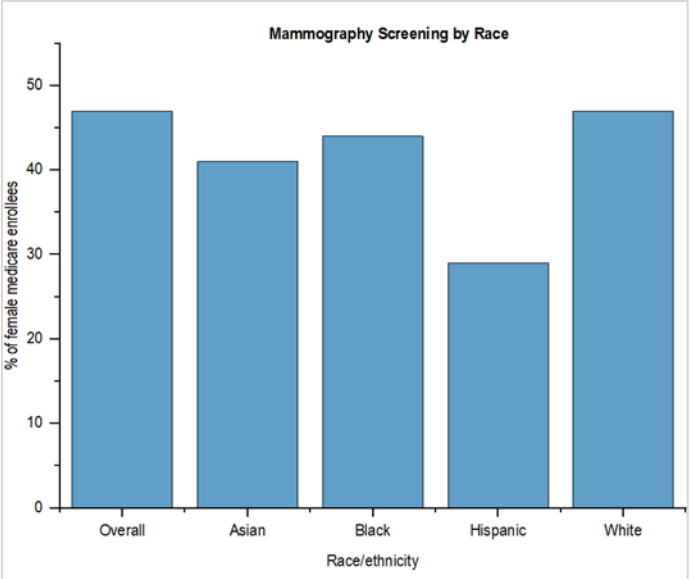
followed by Tazewell (Figure 42). Additional differences are noted by race for this measure as well, with a lower proportion of Hispanic, Asian, and Black females that are Medicare enrollees (Figure 43).

Figure 42



Source: Centers for Medicare & Medicaid Services (CMS)

Figure 43



Source: Centers for Medicare & Medicaid Services (CMS)

Comparison to 2022 CHNA

Cancer screening rates from 2022 to 2025 remained relatively stable. Specifically:

In 2022 and 2025, 70% of women had a breast screening.

Cervical screenings for women decreased, from 72% in 2022, to 67% in 2025.

Prostate screenings for men increased, from 35% in 2022 to 39% in 2025.

Colorectal screenings for men and women over the age of 50 remained constant at 63% in both 2022 and 2025.

Social Drivers Related to Cancer Screenings

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

- **Breast screening** tends to be more likely for older women, White women, those with higher education, and those with higher income. Breast cancer screening tends to be lower Black women, LatinX women, and those with an unstable housing environment.
- **Cervical screening** tends to be more likely for younger women, White women, those with higher education, those with higher income, and women from Woodford County. Cervical cancer screening tends to be lower for Black women and those with an unstable housing environment.
- **Prostate screening** tends to be more likely for older men, White men, those with higher education, and those with higher income. Prostate screening is less likely for men from Tazewell County.
- **Colorectal screening** tends to be more likely for older people, White people, those with higher education, those with higher income, and those from Woodford County. Colorectal screening tends to be less likely for Black people, LatinX people, those with an unstable housing environment, and residents of Peoria County.

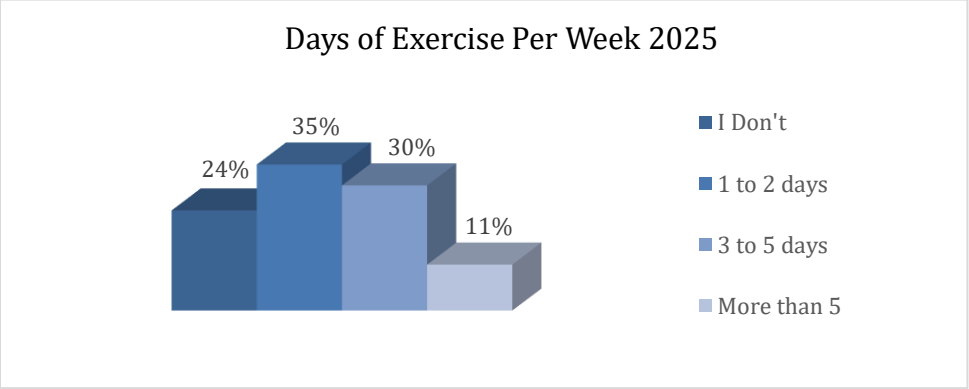
Physical Exercise

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

Prevalence estimates from national surveillance (2022 BRFSS) assess the percentage of adults age 18 and over who report no leisure-time physical activity. Higher rates of physical inactivity are estimated for Peoria (25%) compared to state (22%) and national (23%) estimates. Tazewell and Woodford Counties have similar estimates of physical inactivity at 21% and 22%, respectively.

Specifically, 24% of respondents indicated that they do not exercise at all, while the majority (65%) of residents, exercise 1-5 times per week (Figure 44).

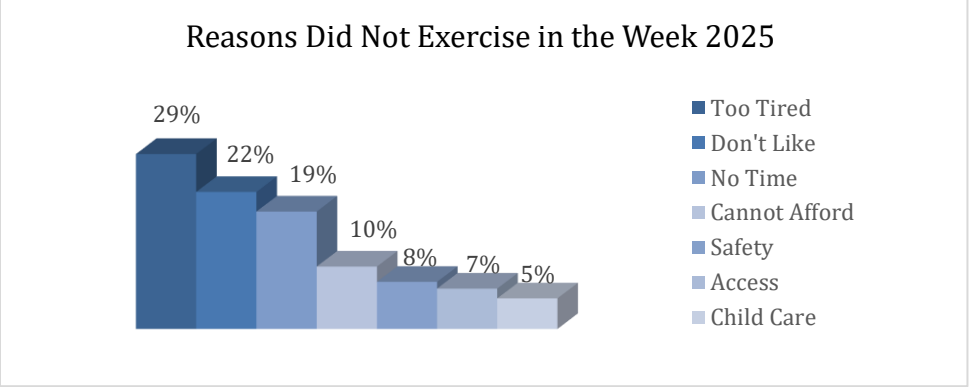
Figure 44



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 being too tired (29%), dislike of exercise (22%), and not having enough time (19%) (Figure 45).

Figure 45



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in exercise. In 2022, 72% of residents indicated they exercised, compared to 76% in 2025.

Social Drivers Related to Exercise

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

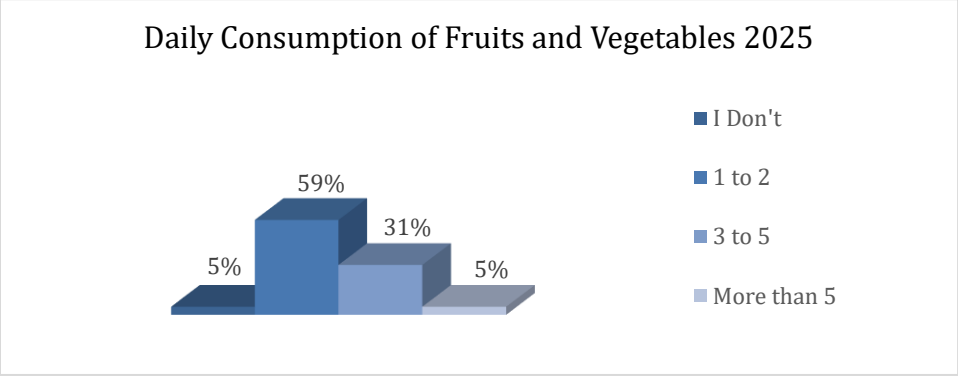
- **Frequency of exercise** tends to be rated higher for those with higher education and those with higher income. Frequency of exercise tends to be rated lower for those with an unstable housing environment.

Healthy Eating

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

Two-thirds (64%) 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 46).

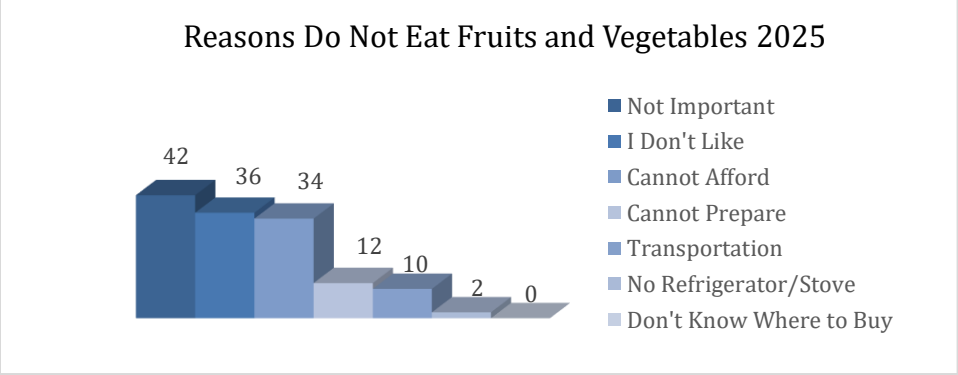
Figure 46



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The most frequently cited reasons for failing to eat more fruits and vegetables are lack of importance (42), dislike (36), and inability to afford (34) (Figure 47).

Figure 47



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in the frequency of healthy eating. In 2022, 33% of respondents indicated they had three or more servings of fruits and vegetables per day, compared to 36% in 2025.

Social Drivers Related to Healthy Eating

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

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

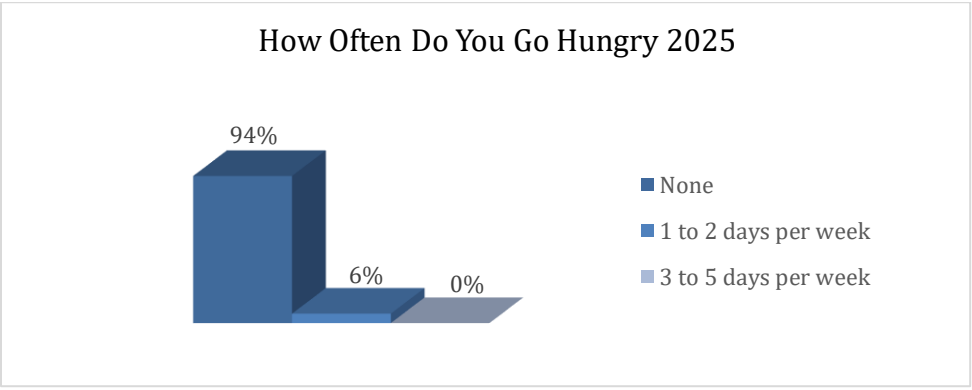
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry (94%); however, 6% indicate they go hungry between 1 and 2 days per week (Figure 48).

Figure 48



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an increase in people who experience hunger. Specifically, in 2022, 3% of respondents indicated they go hungry, compared to 6% in 2025.

Social Drivers Related to Prevalence of Hunger

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

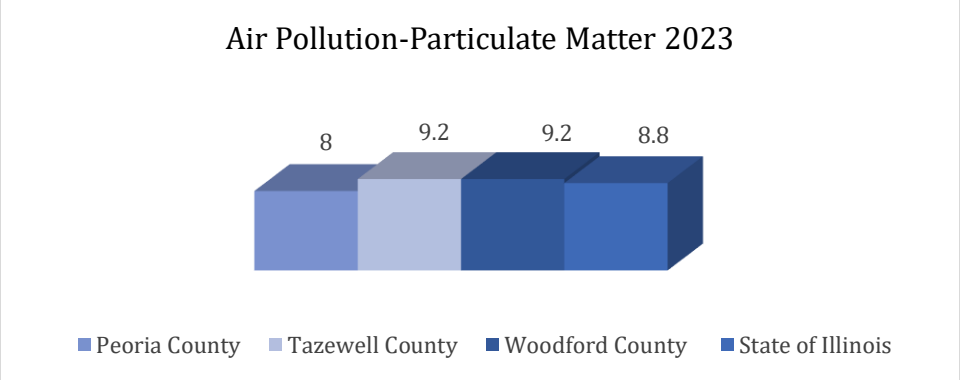
- **Prevalence of Hunger** tends to be higher for Black people and those with an unstable housing environment. Prevalence of hunger tends to be less likely for White people, those with higher education, those with higher income, and residents of Woodford County.

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Peoria County (8) is lower than the State of Illinois average (8.8), while Tazewell and Woodford Counties (9.2) are each higher than the State of Illinois average (8.8) (Figure 49).

Figure 49



Source: County Health Rankings & Roadmaps

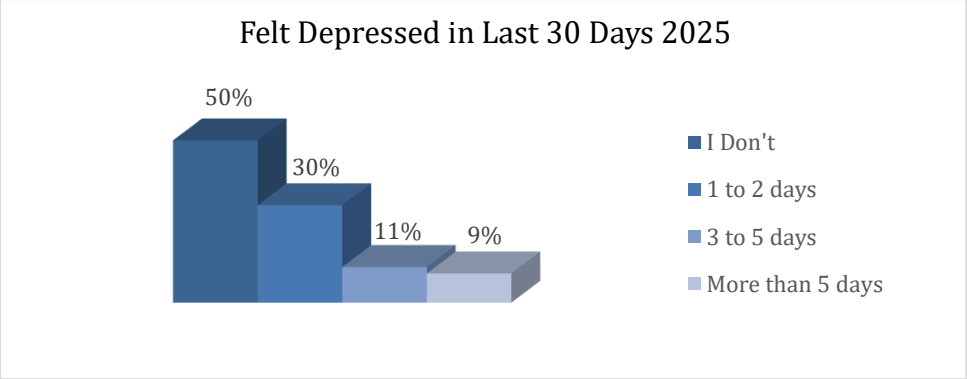
2.5 Health Status

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

Mental Health

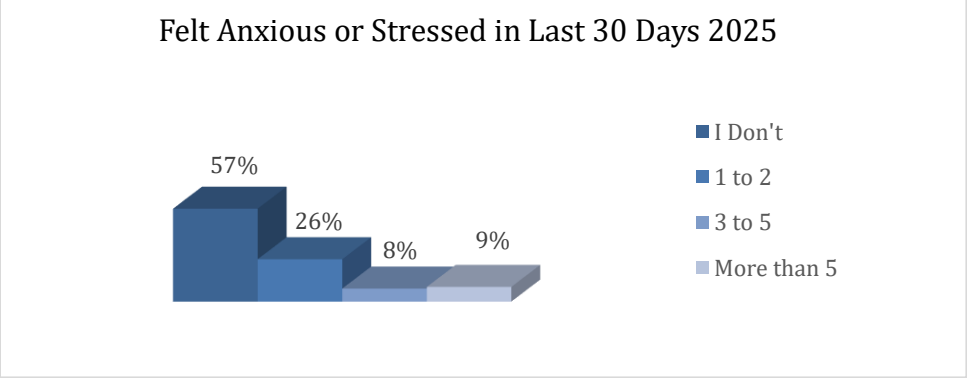
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 50% indicated they did not feel depressed in the last 30 days (Figure 50) and 57% indicated they did not feel anxious or stressed (Figure 51).

Figure 50



Source: CHNA Survey

Figure 51



Source: CHNA Survey

Comparison to 2022 CHNA

There has been an improvement in mental health. In 2022, 58% of respondents indicated they felt depressed in the last 30 days, compared to 50% in 2025. In 2022, 52% of

respondents indicated they felt stressed or anxious in the last 30 days, compared to 43% in 2025.

Social Drivers Related to Behavioral Health

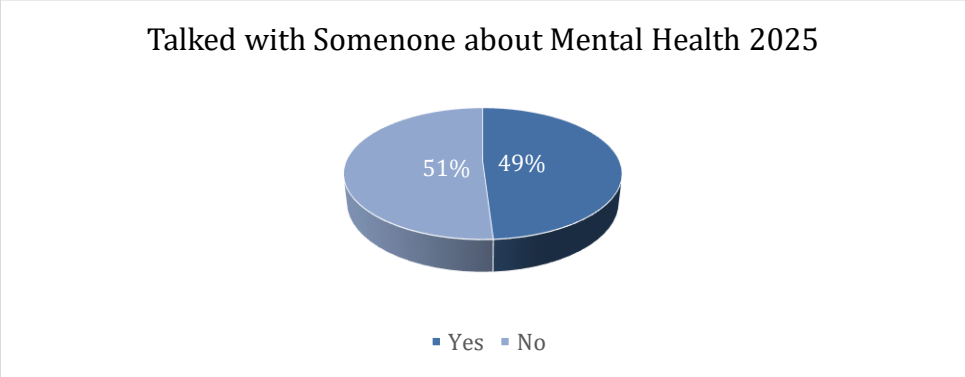
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for women, younger people, those with lower income, those with an unstable housing environment, and residents of Peoria County. Depression tends to be rated lower by residents of Woodford County.

- **Stress and anxiety** tend to be rated higher for women, younger people, those with lower education, those with lower income, and those with an unstable housing environment. Stress and anxiety tend to be rated lower by residents of Woodford County.

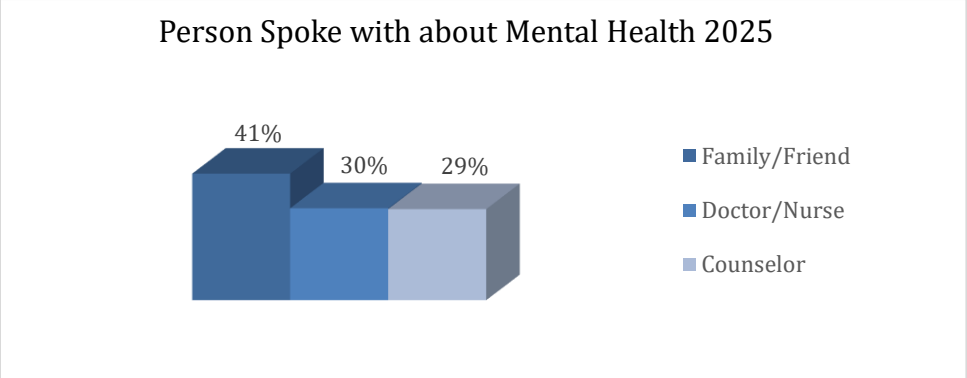
Respondents were asked if they spoke with anyone about their mental health in the past year. Of respondents, 49% indicated that they spoke to someone (Figure 52), with the most common response being a family member or friend (41%) (Figure 53).

Figure 52



Source: CHNA Survey

Figure 53



Source: CHNA Survey

Social Drivers Related to Behavioral Health

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

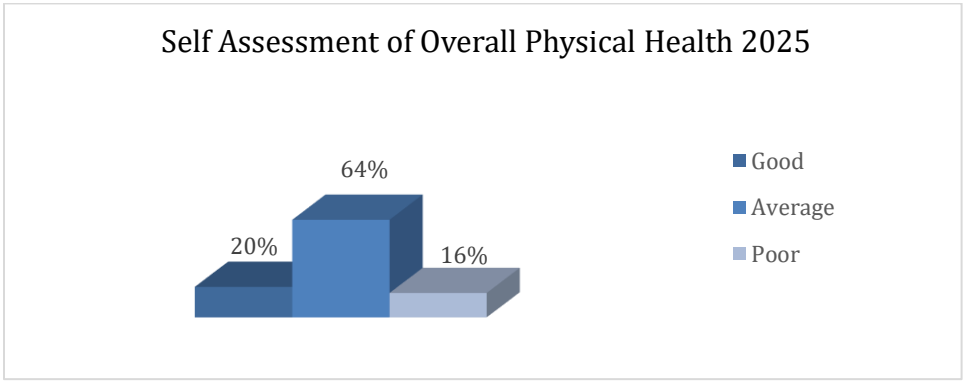
- **Depression** tends to be rated higher for women, young people, those with lower income, those in an unstable housing environment, and residents who live in Peoria County. Depression tends to be rated lower for residents of Woodford County.

- **Stress and anxiety** tend to be rated higher for young people, women, those with lower income, and those in an unstable housing environment. Stress and anxiety tend to be rated lower for residents of Woodford County.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents report having poor physical health (Figure 54).

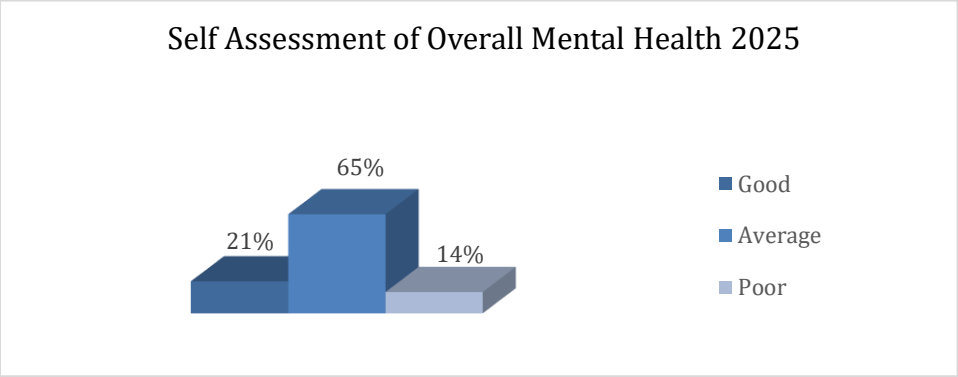
Figure 54



Source: CHNA Survey

In regard to self-assessment of overall mental health, 14% of respondents stated they have poor overall mental health (Figure 55).

Figure 55



Source: CHNA Survey

Comparison to 2022 CHNA

In terms of physical health, 16% of respondents reported being in poor health in both 2022 and 2025. Regarding mental health, fewer people saw themselves in poor health in 2025 (14%), compared to 2022 (16%).

Social Drivers Related to Self-Perceptions of Health

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

- **Perceptions of physical health** tend to be more positive for older people, White people, those with higher education, and those with higher income. Perceptions of physical health tend to be less positive for Black people and those with an unstable housing environment.

- **Perceptions of mental health** tend to be more positive for men, older people, those with higher education, those with higher income, and residents of Woodford County. Perceptions of mental health tend to be less positive for Black people, LatinX people, and those with an unstable housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ INCREASED UTILIZATION OF URGENT CARE AND EMERGENCY DEPARTMENT AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ INCREASED RATE OF PEOPLE WHO DO NOT HAVE ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATION, AND DENTAL CARE.
- ✓ ACCESS TO COUNSELING HAS IMPROVED.
- ✓ 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.
- ✓ THERE WAS A DECREASE IN PEOPLE WHO EXPERIENCE DEPRESSION AND IN PEOPLE WHO EXPERIENCE STRESS/ANXIETY AS WELL AS A DESCREASE IN THOSE WHO SEE THEMSELVES IN POOR HEALTH.
- ✓ PREVALENCE OF HUNGER HAS INCREASED.

CHAPTER 3 OUTLINE

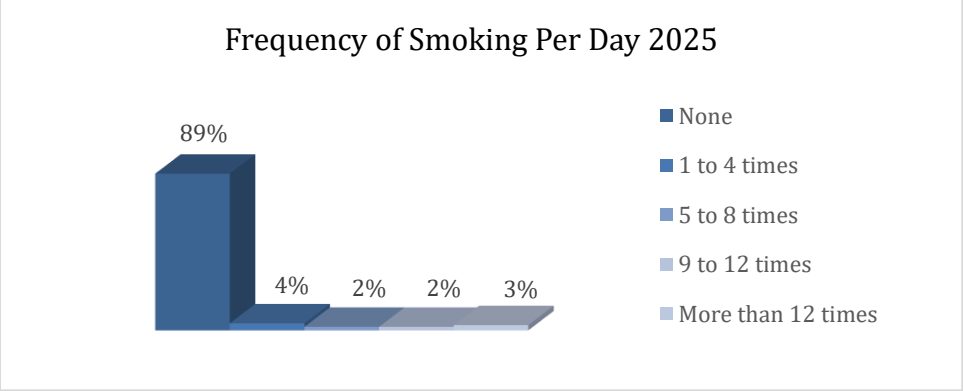
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

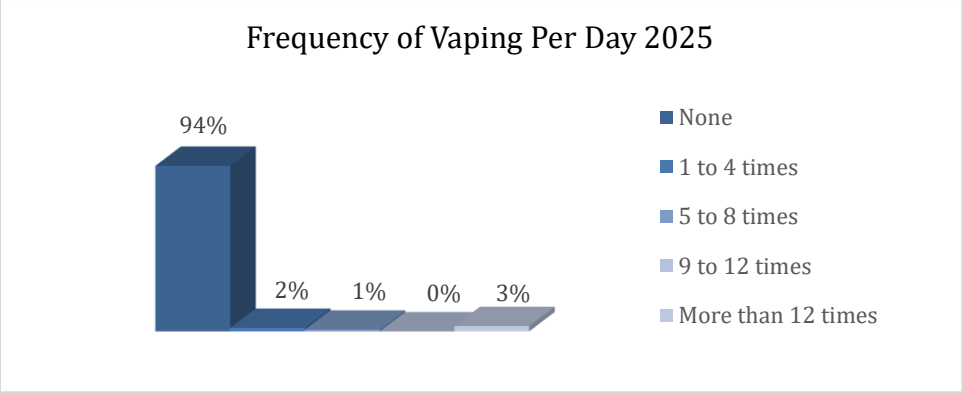
CHNA survey data show 89% of respondents do not smoke, and 3% state they smoke more than 12 times per day (Figure 56). Additionally, 94% of respondents do not vape, and 3% state they vape more than 12 times per day (Figure 57).

Figure 56



Source: CHNA Survey

Figure 57



Source: CHNA Survey

Comparison to 2022 CHNA

Results between 2022 and 2025 show that smoking rates have remained relatively constant, with 11% of respondents reporting they smoke. Comparatively, vaping rates have increased. In 2022, 4% of respondents indicated they vape, compared to 6% in 2025.

Social Drivers Related to Smoking or Vaping

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

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

3.2 Drug and Alcohol Use

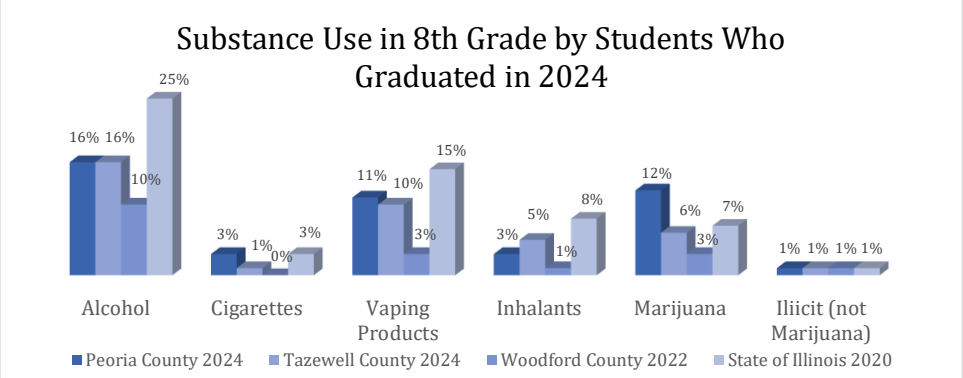
Importance of the Measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adulthood. Accordingly, the substance use values and behaviors of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

Youth Substance Use

Data from the Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Peoria County and Tazewell County data is reported for 2024, Woodford County data is reported for 2022, and the State of Illinois data is reported for 2020.

Peoria County rates are at or below the State of Illinois averages in all categories among 8th graders, except for marijuana. Tazewell County rates are below the State of Illinois averages in all categories among 8th graders, except Illicit drugs, which is the same rate. Woodford County rates are below the State of Illinois averages in all categories among 8th graders, except illicit drugs, which is the same rate (Figure 58).

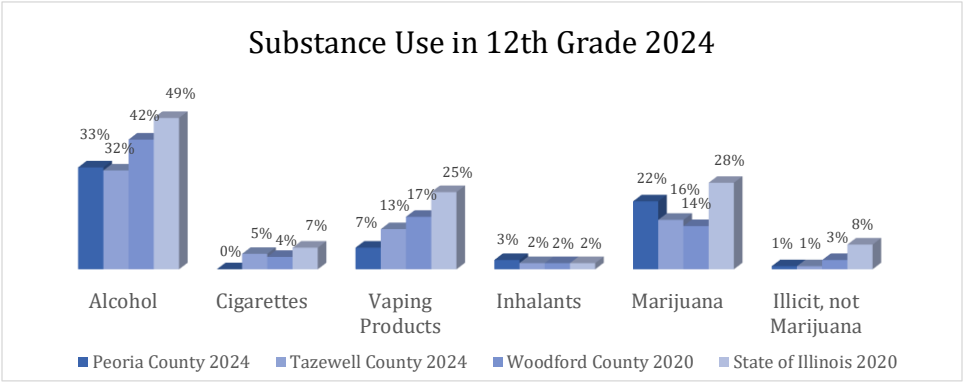
Figure 58



Source: University of Illinois Center for Prevention Research and Development

Among 12th graders, Peoria County rates are below the State of Illinois averages in all categories except inhalants, which is slightly higher. Tazewell County rates are below the State of Illinois averages in all categories among 12th graders, except inhalants, which is the same. Woodford County rates are below the State of Illinois averages in all categories among 12th graders, except inhalants, which is the same (Figure 59).

Figure 59

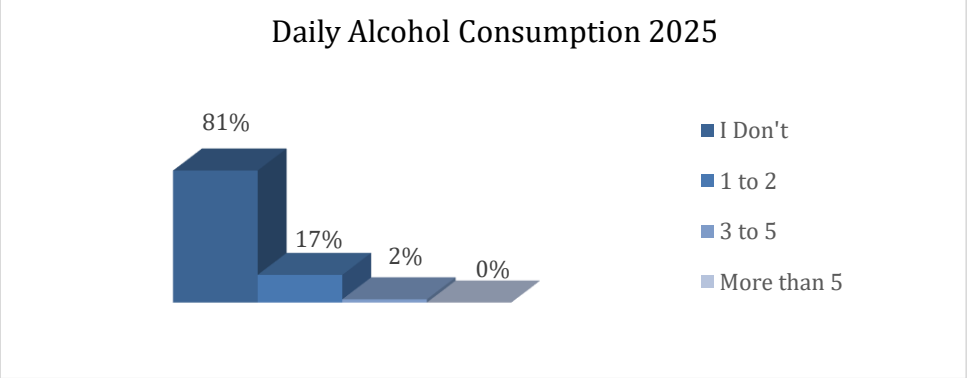


Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

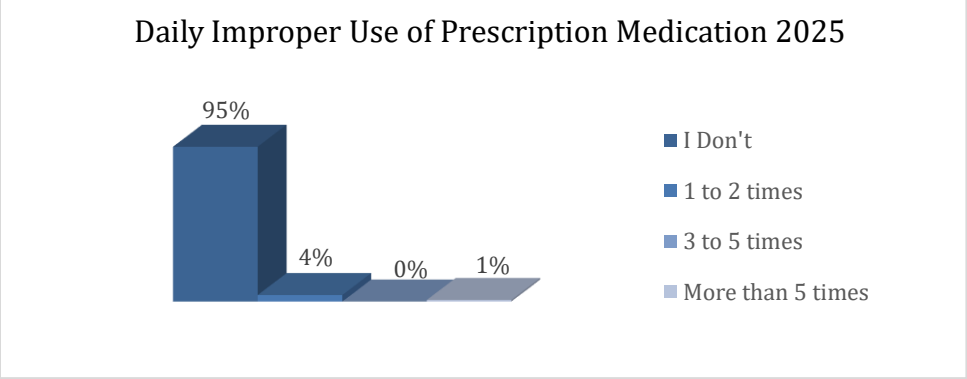
The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 81% indicated they did not consume alcohol on a typical day (Figure 60); 95% indicated they do not take prescription medication improperly on a typical day (Figure 61); 92% indicated they do not use marijuana on a typical day (Figure 62); and 99% indicated they do not use illegal substances on a typical day (Figure 63).

Figure 60



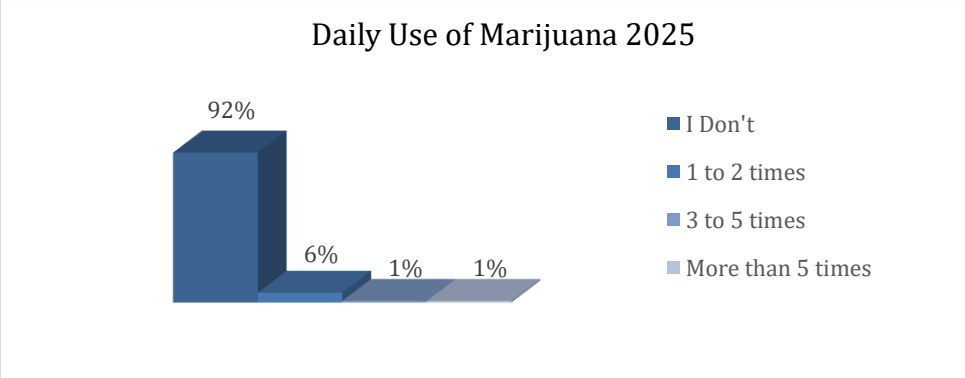
Source: CHNA Survey

Figure 61



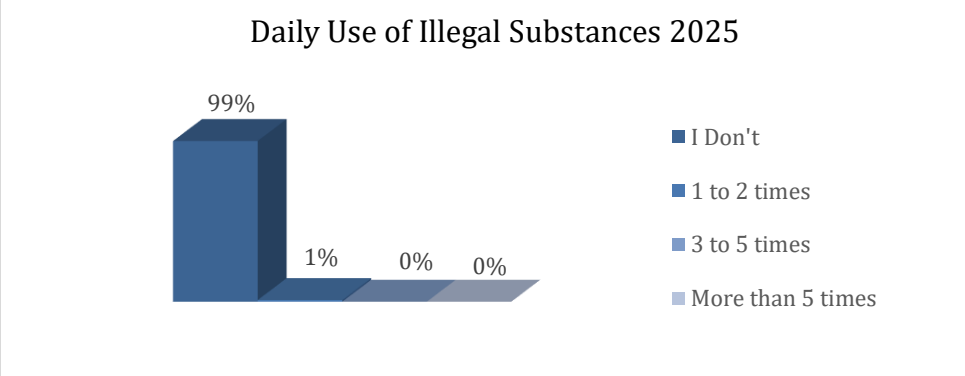
Source: CHNA Survey

Figure 62



Source: CHNA Survey

Figure 63



Source: CHNA Survey

Social Drivers Related to Substance Use

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

- **Consumption of Alcohol** tends to be rated higher by men and residents of Peoria County. Consumption of alcohol tends to be rated lower by White people and residents of Tazewell County.

- **Misuse of prescription medication** tends to be rated higher by those with lower education, those with lower income, and those with an unstable housing environment.

- **Use of Marijuana** tends to be rated higher by younger people, Black people, those with lower education, those with lower income, those in an unstable housing environment, and residents of Peoria County. Use of marijuana tends to be rated lower by White people and residents of Woodford County.

- **Use of illegal substances** tends to be rated higher by Black people, those with lower education, those with lower income, those with an unstable housing environment, and residents of Peoria County.

Table 2 and Table 3 highlight the differences in subpopulations prevalence estimates for marijuana use.

Table 2

Youth Marijuana Use	
Higher prevalence rates	**No differences**
Multiracial and Black/AA (recent and lifetime use)	Gender (recent use)
Hispanic youth reported the highest rate of early onset of marijuana use (before 13 years old)	
Females more often reported using at least once in their lifetime compared to their male peers	
Males more often reported early onset compared to female peers	

Source: Youth Risk Behavior Surveillance System (YRBSS) data

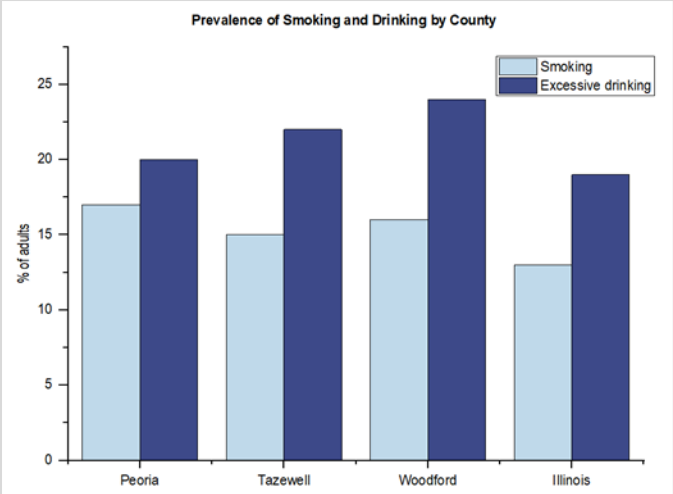
Table 3

Adult Marijuana Use	
Higher prevalence rates	**No differences**
Multiracial and Black/AA (recent and lifetime use)	
Males more often reported recent use	

Source: Behavioral Risk Factor Surveillance System (BRFSS) data

The prevalence of adults who smoke in the Tri-County region is higher than state and national estimates. Data from the 2022 BRFSS estimated that 17% of adults in Peoria smoke, followed by 16% of Woodford, and 15% in Tazewell. In addition, BRFSS data estimates a higher prevalence of adults who excessively drink in the region as well, with highest prevalence in Woodford County followed by Tazewell, and Peoria, respectively (Figure 64).

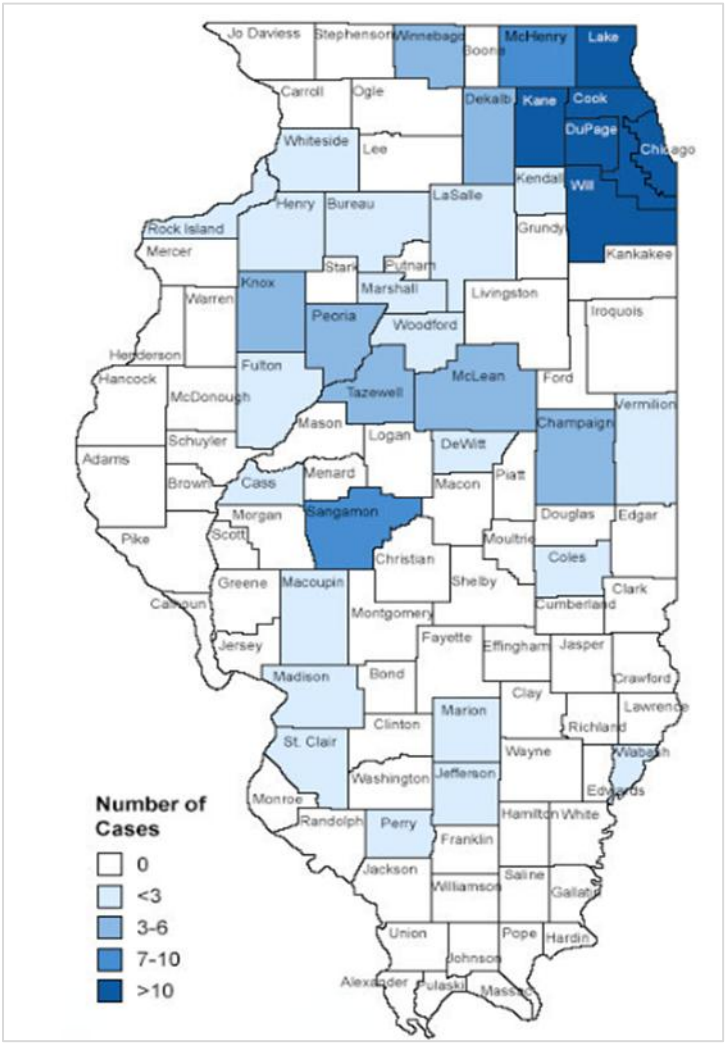
Figure 64



Source: Behavioral Risk Factor Surveillance System (BRFSS)

In recent years, e-cigarette or vaping has become a growing public health issue especially among youth. Although cigarette smoking is declining among Illinois youth, e-cigarette use is increasing substantially. Data Source: University of Illinois Urbana Champaign, Center for Prevention Research and Development, Illinois Youth Survey, 2018. The IYS is funded by the Illinois Department of Human Services, Bureau of Substance Use Prevention and Recovery. The following map (Figure 65) illustrates e-cigarette or vaping product use associated with lung injury, with a median age of 22 years and range of 13-85 years.

Figure 65



Source: Illinois Department of Human Services, Bureau of Substance Use Prevention and Recovery

3.3 Obesity

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

With children, research has linked obesity to numerous chronic diseases, including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects of obesity include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity also impacts educational performance; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

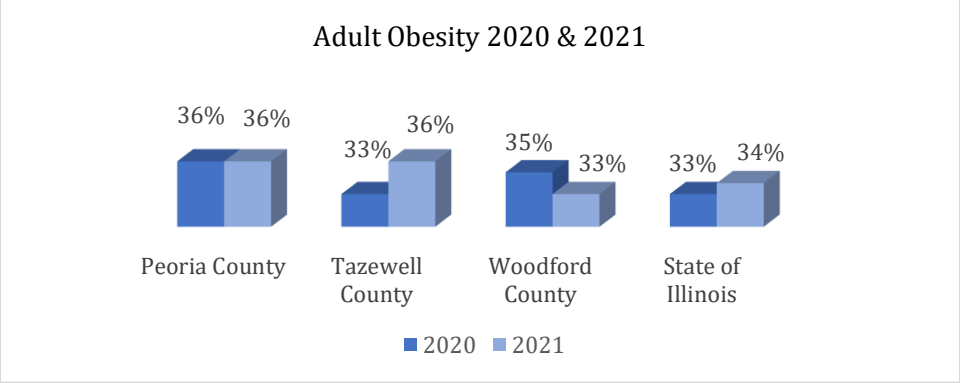
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Peoria County, the percentage of people diagnosed with obesity has remained at 36% from 2020 to 2021. Tazewell County has seen an increase in the percentage of people diagnosed with obesity from 33% in 2020 to 36% in 2021. Woodford County has seen a decrease from 35% in 2020 to 33% in 2021.

Note specifically that the percentage of obese people has increased from 33% in 2020 to 34% in 2021 for the State of Illinois (Figure 66). Obesity is defined as body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

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

Figure 66

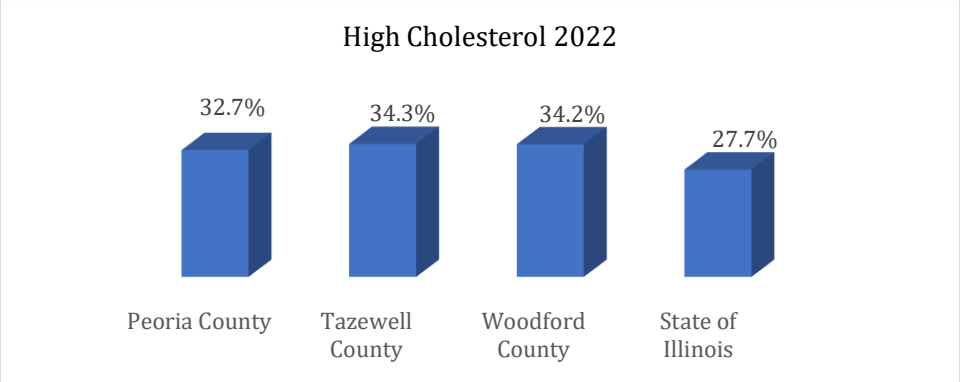


Source: County Health Rankings & Roadmaps

3.4 Predictors of Heart Disease

Residents in the Tri-County area report a higher than State of Illinois average prevalence of high cholesterol (Figure 67).

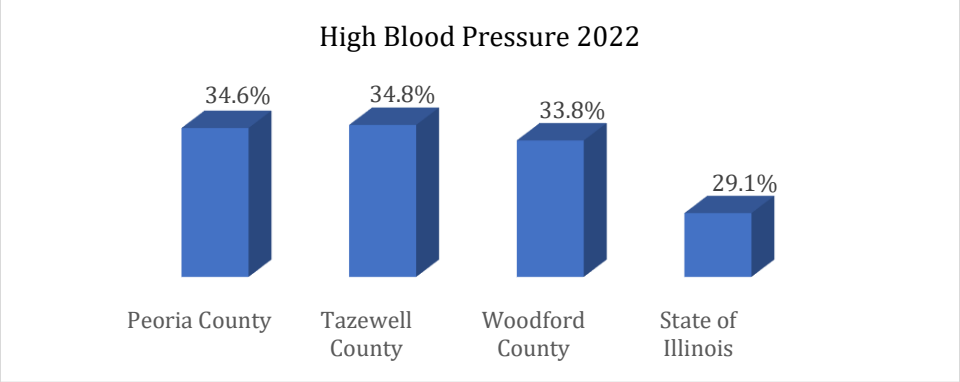
Figure 67



Source: Stanford Data Commons

With regard to high blood pressure, residents in the Tri-County area report a higher rate than the State of Illinois as a whole (Figure 68).

Figure 68



Source: Stanford Data Commons

3.5 Key Takeaways from Chapter 3

- ✓ VAPING RATES HAVE INCREASED.
- ✓ SUBSTANCE USE AMONG 8TH GRADERS IS AT OR BELOW STATE AVERAGES IN MOST CATEGORIES. HOWEVER, MARIJUANA IS SIGNFICIANTLY HIGHER IN PEORIA COUNTY THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ SUBSTANCE USE AMONG 12TH GRADERS IS AT OR BELOW STATE AVERAGES IN MOST CATEGORIES. HOWEVER, INHALANT USE IS HIGHER FOR PEORIA COUNTY THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ PEORIA AND TAZEWELL COUNTIES HAVE OBESITY RATES HIGHER THAN THE STATE OF ILLINOIS AVERAGE.
- ✓ PREDICTORS OF HEART DISEASE ARE SIGNIFICANTLY HIGHER THAN STATE OF ILLINOIS AVERAGES.
- ✓ 5% OF RESPONDENTS INDICATE THAT THEY MISUSE PRESCRIPTION MEDICATION.

CHAPTER 4 OUTLINE

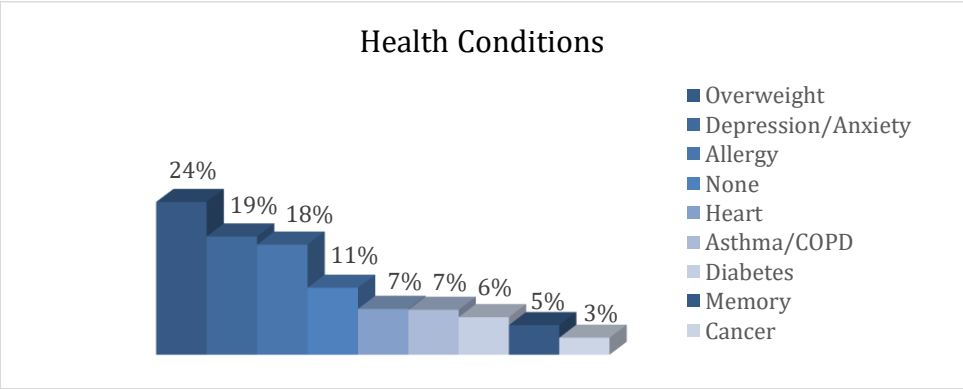
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. The highest rated health conditions were being overweight (24%), depression/anxiety (19%), and allergies (18%). Often percentages for self-identified data are lower than secondary data sources.

Figure 69



Source: CHNA Survey

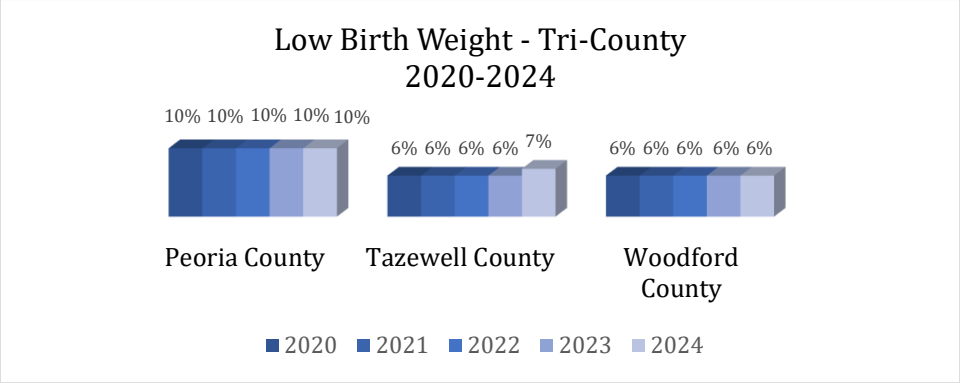
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Peoria County remained at 10% from 2020 to 2024. The percentage of babies born with low birth weight in Tazewell County stayed at 6% between 2020 and 2023 then increased to 7% in 2024. The percentage of babies born with low birth weight in Woodford County has remained at 6% from 2020 to 2024 (Figure 70).

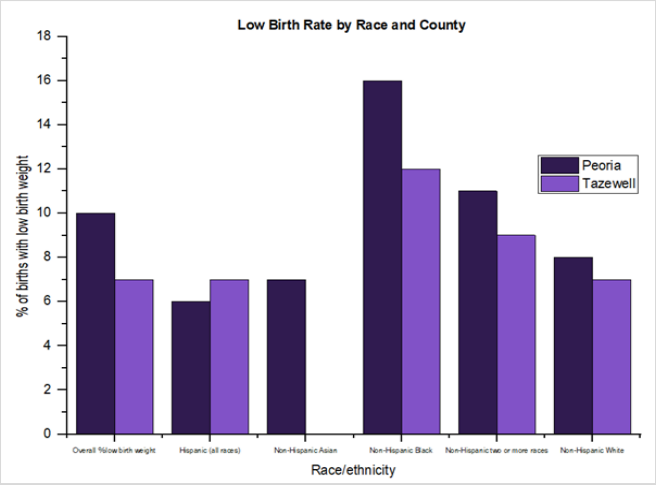
Figure 70



Source: County Health Rankings & Roadmaps

Notably, low birth rate in the Tri-County region differs based on race/ethnicity. The following figure illustrates the proportion of babies born with low birth weight by race for Peoria and Tazewell (Figure 71).

Figure 71



Source: 2017-2023 National Center for Health Statistics - Natality Files

4.3 Cardiovascular Disease

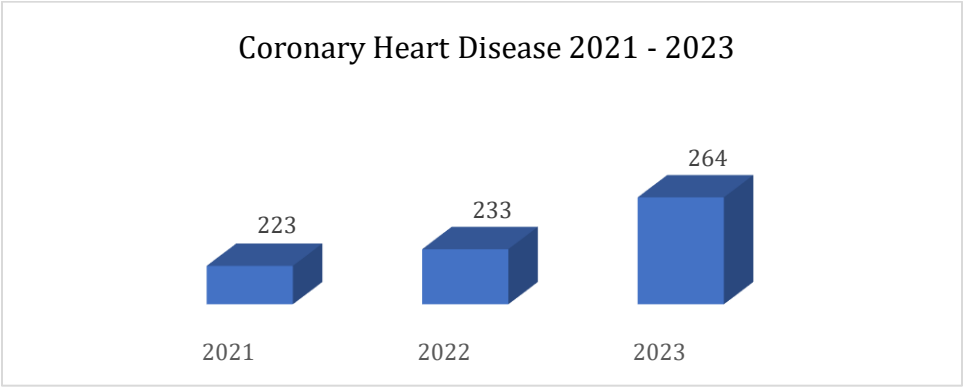
Importance of the Measure: Cardiovascular disease encompasses all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

Coronary Atherosclerosis

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

The number of cases of coronary atherosclerosis complication at Tri-County area hospitals increased from 223 in 2021 to 264 in 2023 (Figure 72).

Figure 72

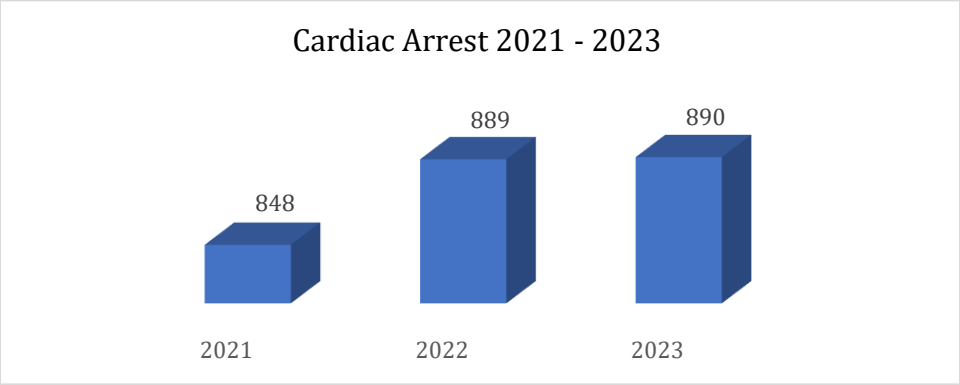


Source: COMPdata Informatics

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Tri-County area hospitals increased from 848 in 2021 to 890 in 2023 (Figure 73). Note that hospital-level data only show hospital admissions.

Figure 73

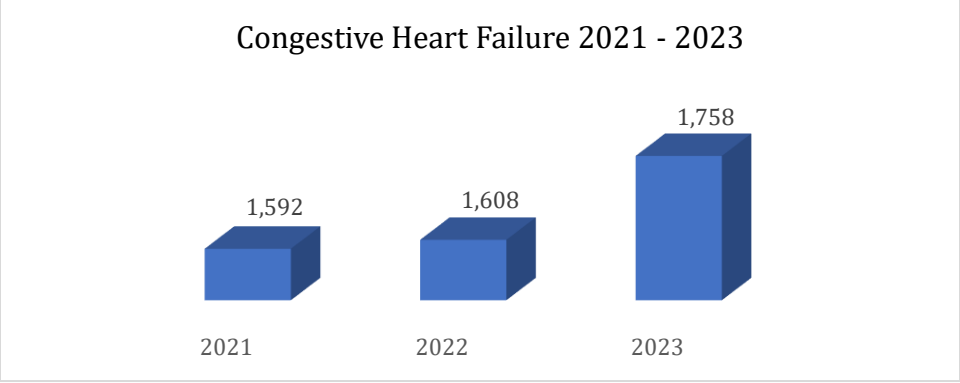


Source: COMPdata Informatics

Heart Failure

The number of treated cases of heart failure at Tri-County area hospitals increased from 1,592 in 2021 to 1,758 in 2023 (Figure 74).

Figure 74

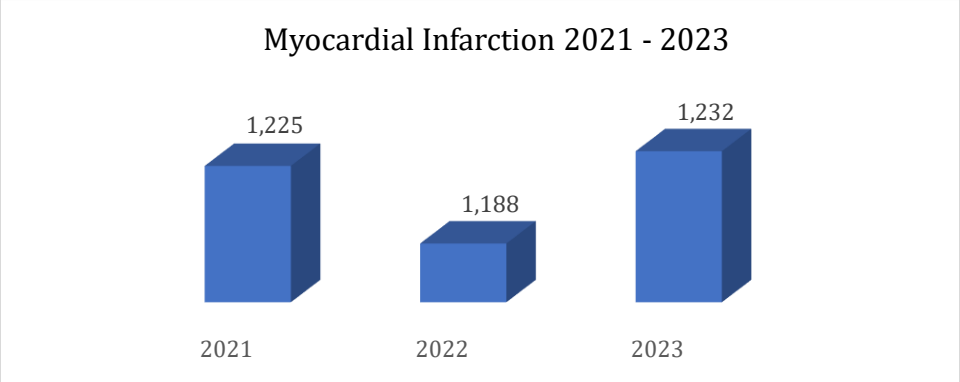


Source: COMPdata Informatics

Myocardial Infarction

The number of treated cases of heart failure at Tri-County area hospitals fluctuated but increased overall from 2021 to 2023. Cases decreased from 1,225 in 2021 to 1,188 in 2022, then increased to 1,232 in 2023 (Figure 75).

Figure 75

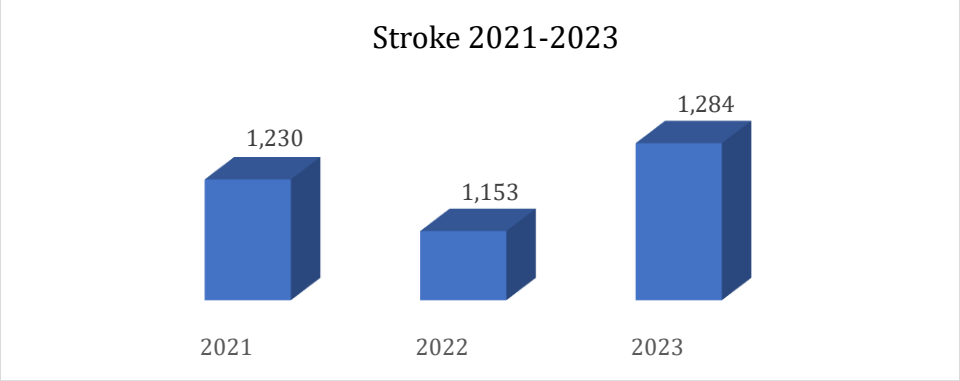


Source: COMPdata Informatics

Strokes

The number of treated cases of stroke at Tri-County area hospitals fluctuated but increased overall from 2021 to 2023. Cases decreased from 1,230 in 2021 to 1,153 in 2022, then increased to 1,284 in 2023 (Figure 76).

Figure 76



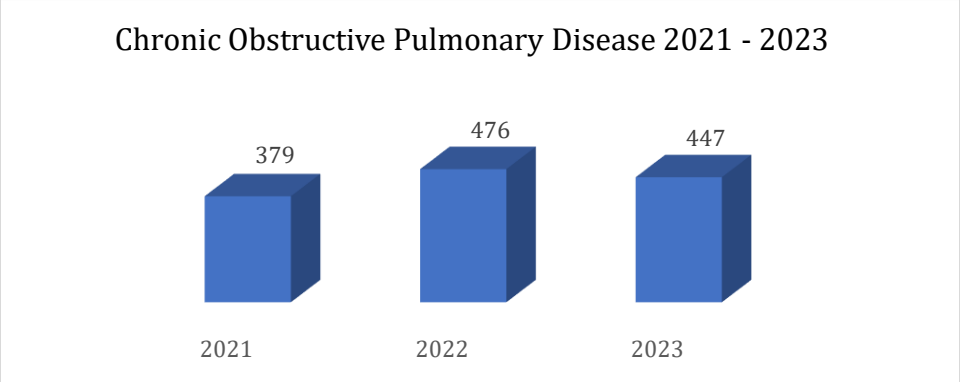
Source: COMPdata Informatics

4.4 Respiratory

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

Treated cases of COPD at Tri-County area hospitals fluctuated but increased overall from 2021 to 2023. Cases increased from 379 in 2021 to 476 in 2022, then decreased to 447 in 2023 (Figure 77).

Figure 77



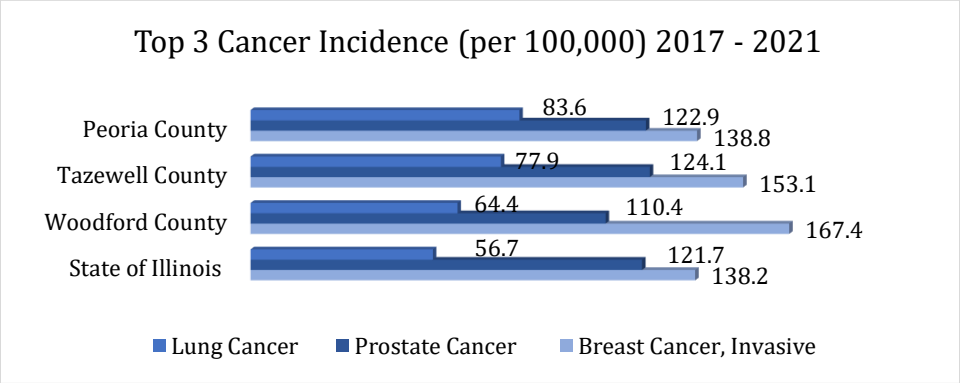
Source: COMPdata Informatics

4.5 Cancer

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

The top three prevalent cancers in the Tri-County are illustrated in Figure 78. Specifically, cancer rates in Peoria and Tazewell Counties reported higher rates of all three cancers compared to the State of Illinois rates. Woodford County reported higher rates of lung and breast cancer compared to the State of Illinois rates.

Figure 78



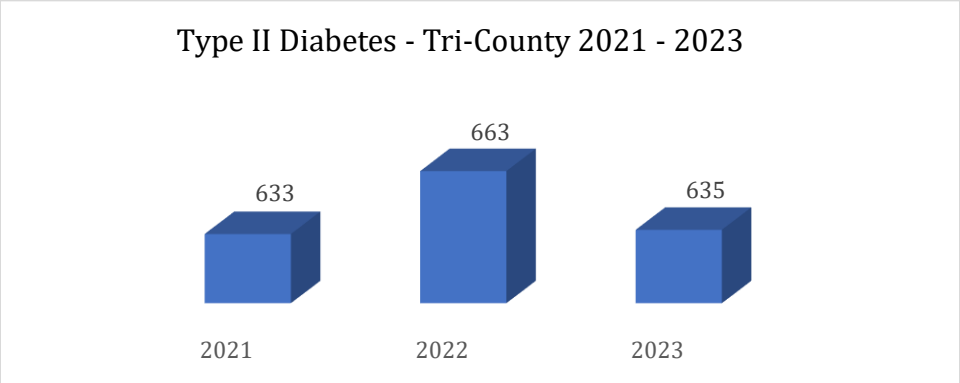
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from the Tri-County fluctuated but increased overall from 2021 to 2023. Cases increased from 633 in 2021 to 663 in 2022, then decreased to 635 in 2023 (Figure 79).

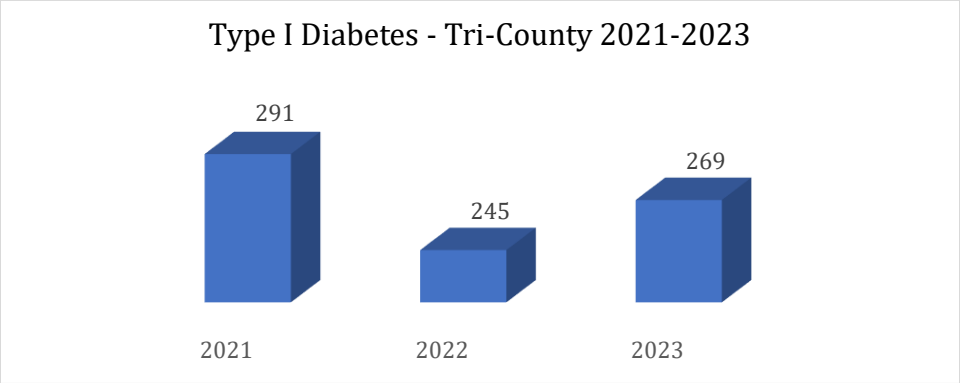
Figure 79



Source: COMPdata Informatics

Inpatient cases of Type I diabetes fluctuated but decreased overall between 2021 and 2023. Cases decreased from 291 in 2021 to 245 in 2022, then increased to 269 in 2023 (Figure 80).

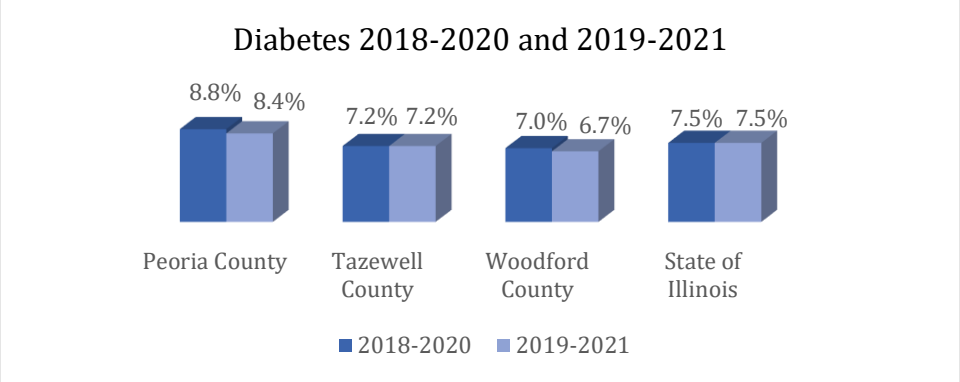
Figure 80



Source: COMPdata Informatics

Data show that 8.4% of Peoria County residents have diabetes, which is above the State of Illinois average of 7.5%. Tazewell (7.2%) and Woodford (6.7%) Counties' rates are below the State of Illinois average (Figure 81).

Figure 81



Source: Center for Disease Control (CDC)

4.7 Infectious Diseases

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

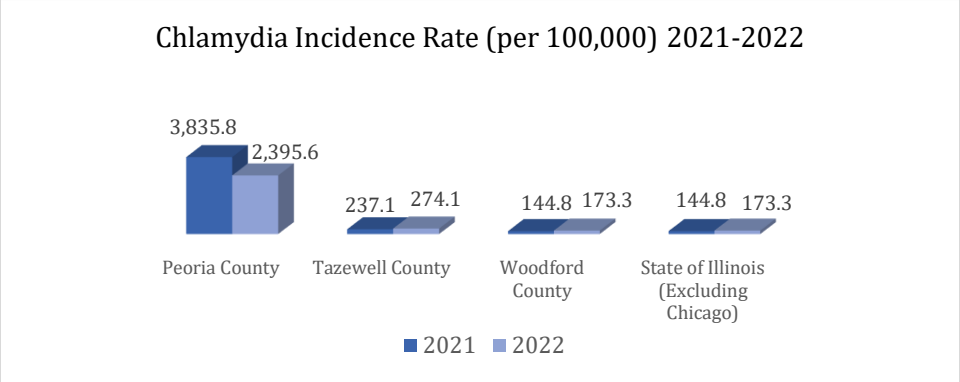
Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in the Tri-County area from 2021 to 2022 indicate an increase, except in Peoria County, which decreased. The State of Illinois, incidence of chlamydia increased from 144.8 in 2021 to 173.3 in 2022 (Figure 82).

Peoria County reported a significantly higher incidence rate of Chlamydia than the other Tri-Counties and the State of Illinois. The highest concentration of chlamydia cases in Peoria County is still found within the 61603, 61604, and 61605 zip codes. These three zip codes accounted for 66.5% of chlamydia cases within Peoria County, while the combined population of these three zip codes only accounts for 33.5% of the total population of Peoria County. This percentage is comparable to 2021 in which 66% of all chlamydia cases were among residents of these three zip codes.

Rates of chlamydia among Black/African American (AA) females were nine times that of their White counterparts. For Black males, they are more than 15 times that of their White counterparts. Rates of gonorrhea among Black/African American females were nine times that of their White counterparts. For Black males, they were 30 times that of their White counterparts. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socio-economic status, gender, age, location, gender identity, sexual orientation or other characteristics historically linked to discrimination or exclusion. This creates a disproportionate burden of preventable disease.

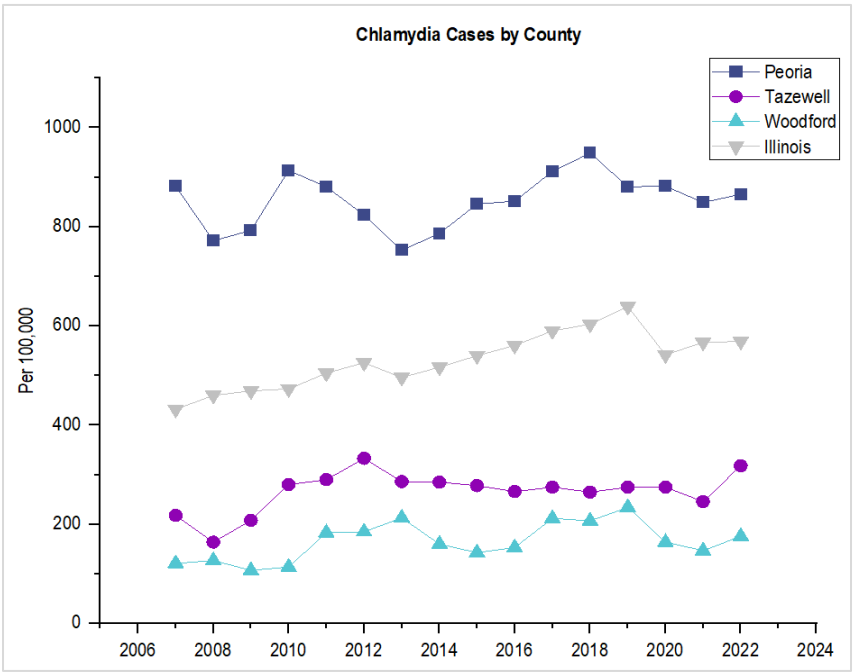
Figure 82



Source: Illinois Department of Public Health

The trend of Chlamydia cases per 100,000 population between 2007 and 2022 is illustrated in Figure 83 for the Tri-County region in comparison to state rates. Of note, Peoria is continuing to get worse in this issue.

Figure 83



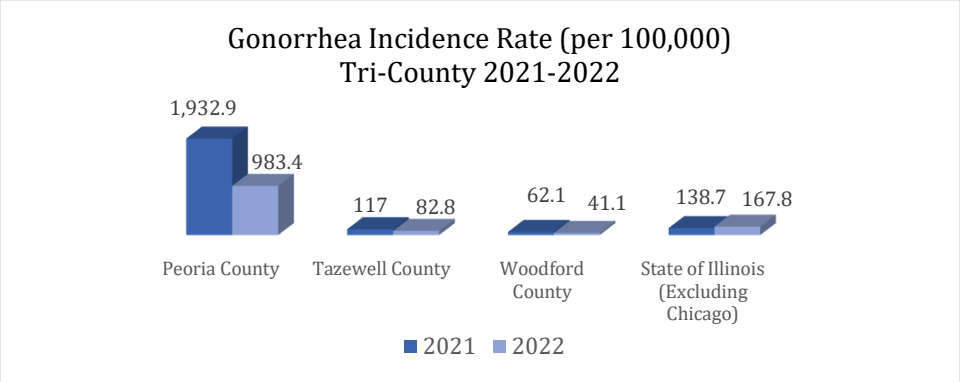
Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), CDC

The data for the number of infections of gonorrhea in the Tri-County area from 2021 to 2022 indicate a decrease, while the State of Illinois rate increased. The Gonorrhea incidence rates for all counties in the Tri-County region are trending downwards (Figure 84). Peoria County reported a significantly higher incidence rate of Gonorrhea than the other Tri-Counties.

Gonorrhea infection rates continue to differ greatly by age, race, and region in Peoria County, with incidence rates being highest among individuals between the ages of 15 and 29, individuals reporting Black/AA race, and individuals residing in the 61603, 61604, and 61605 zip codes.

In 2022, there were 765 confirmed cases of gonorrhea reported to the Peoria City/County Health Department, an overall incidence of 422.4 per 100,000. This is a 27% decrease in comparison to the previous year when there were 1,051 confirmed cases of gonorrhea in Peoria County.

Figure 84



Source: Illinois Department of Public Health

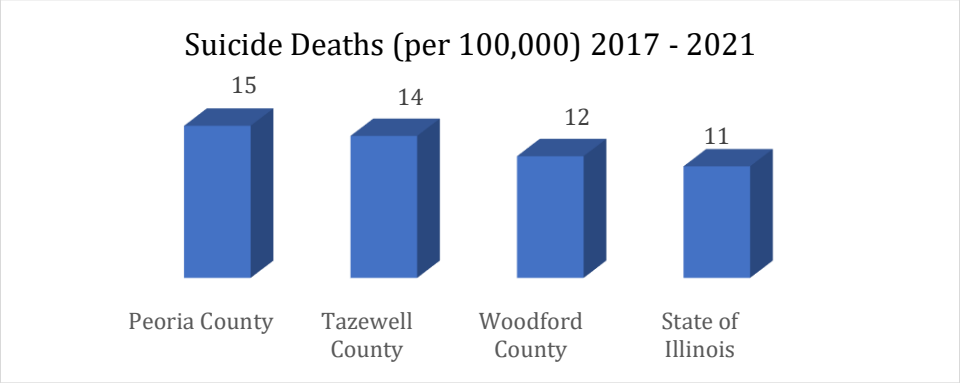
4.8 Injuries

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

Suicide

The number of suicides in the Tri-County region indicates a higher incidence compared to the State of Illinois incidence rate between 2017 and 2021 (Figure 85).

Figure 85



Source: Illinois Department of Public Health

4.9 Mortality

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

The leading causes of death in the State of Illinois and the Tri-County are similar as a percentage of total deaths in 2022. Diseases of the heart (20.8%) and cancer (18.4%) are the leading causes of death in Peoria County. Diseases of the heart (19.7%) and cancer (19.6%) are the leading causes of death in Tazewell County. Diseases of the heart (25.7%) and cancer (18.3%) are the leading causes of death in Woodford County (Table 4).

Table 4

Top 5 Leading Causes of Death for all Races by Counties and State of Illinois, 2022				
Rank	Peoria County	Tazewell County	Woodford County	State of Illinois
1	Diseases of Heart (20.8%)	Diseases of Heart (19.7%)	Diseases of Heart (25.7%)	Diseases of Heart (21.8%)
2	Malignant Neoplasm (18.4%)	Malignant Neoplasm (19.6%)	Malignant Neoplasm (18.3%)	Malignant Neoplasm (19.2%)
3	Accidents (8.0%)	Accidents (6.2%)	Alzheimer Disease (7.1%)	Accidents (6.1%)
4	COVID-19 (5.6%)	Cerebrovascular Disease (6.2%)	Chronic Lower Respiratory Disease (5.6%)	COVID-19 (5.8%)
5	Cerebrovascular Disease (5.4%)	Chronic Lower Respiratory Disease (5.5%)	Cerebrovascular Disease (5.4%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ BREAST AND LUNG CANCER RATES ARE HIGHER THAN STATE OF ILLINOIS AVERAGES IN ALL THREE COUNTIES.
- ✓ WHILE STATE OF ILLINOIS AVERAGES HAVE BEEN STABLE, DIABETES IS TRENDING DOWNWARD IN THE TRI-COUNTY AREA, BUT PEORIA COUNTY REMAINS HIGHER THAN THE STATE OF ILLINOIS.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE OF ILLINOIS INCIDENCE RATE FOR ALL COUNTIES IN THE TRI-COUNTY REGION.
- ✓ SEXUALLY TRANSMITTED INFECTIONS IN PEORIA COUNTY ARE SIGNIFICANTLY HIGHER THAN THE OTHER COUNTIES AND STATE OF ILLINOIS AVERAGES.
- ✓ CANCER AND HEART DISEASE ARE THE LEADING CAUSES OF MORTALITY IN THE TRI-COUNTY AREA. ACCIDENTS AND ALZHEIMER'S DISEASE RANK THIRD, DEPENDING ON COUNTY.

CHAPTER 5 OUTLINE

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

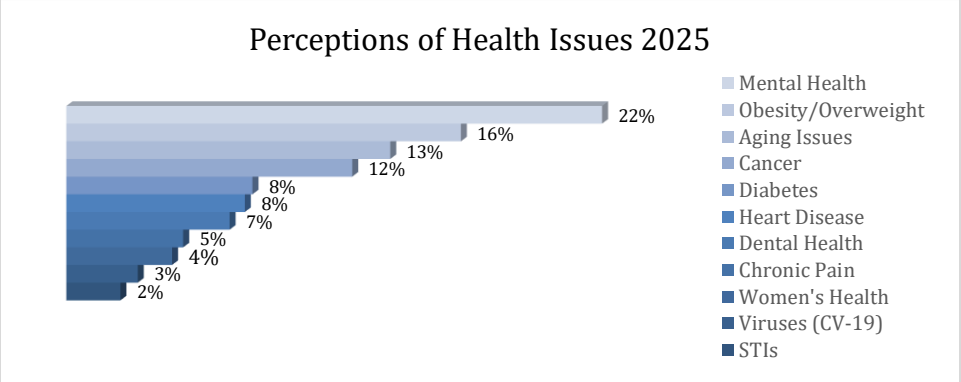
5.1 Perceptions of Health Issues

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

The highest rated health issues were mental health (22%), followed by obesity/overweight (16%), aging issues (13%), and cancer (12%) (Figure 86).

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 86

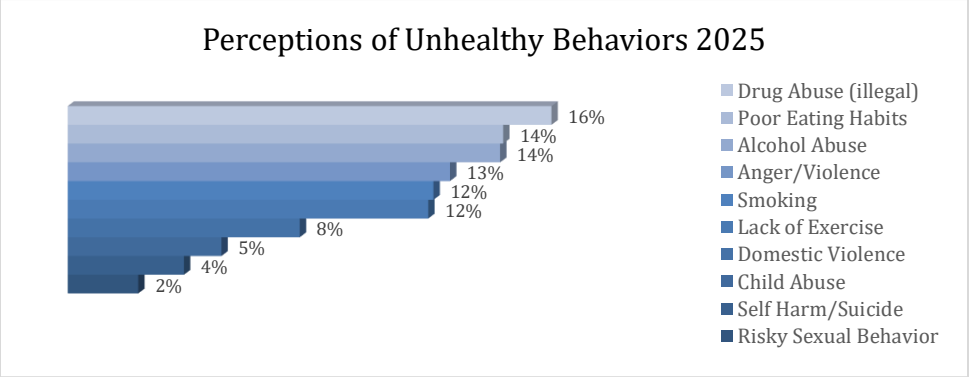


Source: CHNA Survey

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 unhealthy behaviors that rated highest were drug abuse (illegal) (16%), poor eating habits (14%), alcohol abuse (14%), anger/violence (13%), smoking (12%), and lack of exercise (12%) (Figure 87).

Figure 87



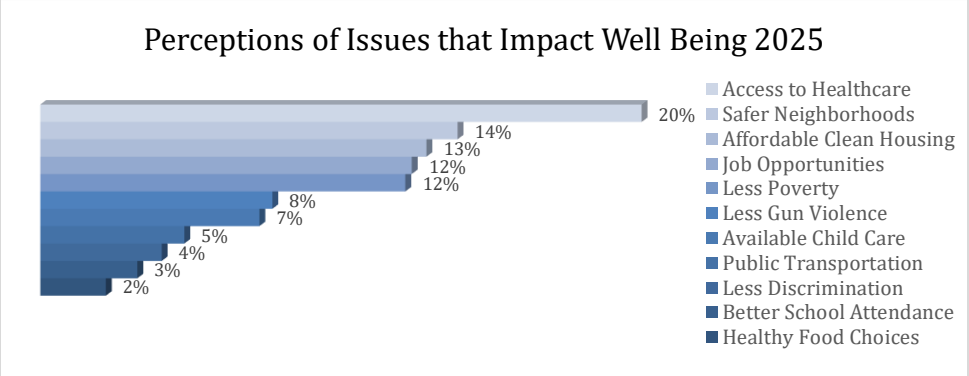
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issue impacting well-being that was rated the highest is access to healthcare (20%) (Figure 88).

Figure 88



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 heads of house household represent a significant percentage of the population (21.5%, 27%, and 31.6%)
- Graduation rates are concerning in nearly half of the Tri-County high schools

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

- Decreased utilization of doctors/clinics (increased urgent care and emergency department)
- Access to medical care, prescription medication, and dental care decreased
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety affect approximately half of the population
- Prevalence of hunger has increased

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

- Vaping rates increased
- Substance use among youth - Marijuana and inhalant use in Peoria County
- Obesity
- Predictors of heart disease
- Opioid use

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

- Cancer rates
- Diabetes – Peoria County
- Suicide rates
- Cancer, heart disease, and accidents/Alzheimer's are the leading causes of mortality
- Sexually transmitted infections - 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:

- **Food insecurity among low-income populations due to high cost**
- **Access to healthy food and resources**
- **Food insecurity among youth**
- **Navigating the behavioral health system**
- **Suicide and self-harm among youth and young adolescents**
- **Access to behavioral health resources among youth and those with low-income**
- **Early and adequate prenatal care**
- **Emergency department use for medical care that is non-emergent**
- **Engagement with primary care providers for routine visits**
- **Navigating healthcare system and resources specifically among; AA/Black, males, rural residents, and individuals 65+ years old**

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 31 potential health needs to 10 potential health needs using the PEARL approach from the Hanlon Method. A comprehensive analysis of existing community resources was performed to identify the efficacy to which these 10 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 6: RESOURCE MATRIX APPENDIX 5: CHARACTERISTICS OF SURVEY RESPONDENTS relating to the 10 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 7: DESCRIPTION OF COMMUNITY RESOURCES.

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in APPENDIX 8: PRIORITIZATION METHODOLOGY), and supplementary information on health needs (as seen in APPENDIX 9: ADDITIONAL INFORMATION FOR PRIORITIZATION), a group comprised of diverse representation from the community identified three significant health needs and considered them equal priorities:

- **Food Insecurity Among Youth**
- **Access to Behavioral Health**
- **Suicidal Thoughts and Behaviors**

FOOD INSECURITY AMONG YOUTH

FOOD INSECURITY—the limited or uncertain availability of nutritionally adequate and safe foods—continues to affect school-aged youth across the Tri-County area of Peoria, Tazewell, and Woodford Counties.

According to the Community Status Assessment (CSA), younger individuals with lower household incomes and unstable housing are significantly less likely to consume fruits and vegetables, often citing affordability, lack of importance, and dislike as barriers. The Community Context Assessment (CCA) further reveals that school-aged youth frequently skip meals or opt for unhealthy options due to time and financial constraints. Community Partner Assessment (CPA) data shows that about half of local organizations prioritize food insecurity, particularly through efforts targeting economic stability and the built environment.

In Peoria County, the food insecurity rate stands at 14.5%, while Tazewell County reports a child food insecurity rate of 15.5%. Although specific data for Woodford County is limited, regional trends suggest

similar challenges. These local rates exceed the Healthy People 2030 target of reducing household food insecurity to 6% and very low food security in children to 0.3%. This gap underscores the urgent need for coordinated, youth-focused interventions across the Tri-County area.

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 6% of residents go hungry at least 1-2 times per week, which is double the prior estimate in 2022 of 3%. Hunger was higher for Black residents and those reporting lower household income or unstable housing. Seniors, low income, and minority groups noted that limited access to healthy and fresh produce leads to a reliance on processed or fast foods.

ACCESS TO BEHAVIORAL HEALTH

ACCESS TO BEHAVIORAL HEALTH—defined as the ability to obtain timely, affordable, and culturally appropriate mental health and substance use services—is a critical determinant of overall well-being, particularly when navigating complex systems of care.

In the Tri-County area of Peoria, Tazewell, and Woodford Counties, improving access and resource navigation is essential, especially for underserved populations. According to the Community Status Assessment (CSA), only about 51% of residents reported speaking with someone about their mental health in the past year, with barriers including providers' not accepting insurance and a shortage of counselors, particularly in Tazewell County.

The Community Context Assessment (CCA) highlights long wait times—especially for Medicaid recipients—and a lack of providers in areas like Eureka. Minority and low-income residents face additional challenges, often relying on law enforcement rather than behavioral health professionals for crisis intervention. Community Partner Assessment (CPA) data shows that 72% of organizations are addressing healthcare access, with 67% specifically focused on mental and behavioral health. While Woodford County reports relatively better mental health outcomes, Peoria and Tazewell face more significant challenges, particularly among those with unstable housing or from minority backgrounds.

All three counties are designated Mental Health Professional Shortage Areas (HPSAs), reflecting a broader national trend. These local gaps stand in contrast to the Healthy People 2030 goal of increasing the proportion of adults with serious mental illness who receive treatment to 64.6% and reducing barriers to timely care. Addressing these disparities requires coordinated, community-based strategies that enhance provider availability and improve system navigation for all residents.

SUICIDAL AND SELF-HARM THOUGHTS AND BEHAVIORS

SUICIDAL AND SELF-HARM THOUGHTS AND BEHAVIORS—ranging from ideation to planning to attempt—are serious public health concerns that require both preventative and clinical interventions to reduce risk and promote mental well-being.

In the Tri-County area of Peoria, Tazewell, and Woodford Counties, addressing suicide risk is especially urgent given disparities in healthcare access and mental health support. While 87% of residents report having a primary care provider (PCP), Black and Latino/a/x individuals and those experiencing housing

instability are significantly less likely to have one, limiting early identification and intervention opportunities. Younger, higher-income, and more educated individuals more frequently use urgent care, which may not be equipped for sustained behavioral health support.

The Community Context Assessment (CCA) highlights that minority groups often need help navigating healthcare systems, a barrier echoed in the Community Partner Assessment (CPA), where 67% of organizations identified healthcare access and quality as a top priority. Suicide remains a leading cause of death nationally, with over 49,000 deaths in 2023—one every 11 minutes. Local data from Tazewell and Woodford Counties emphasize the importance of early intervention and community-based crisis services. These efforts align with the Healthy People 2030 goal of reducing the suicide rate to 12.8 per 100,000 population. To meet this target, the Tri-County region must expand culturally competent care, improve system navigation, and strengthen the integration of behavioral health into primary care and community settings.

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:

Phil Baer
Phil Baer, MBA, RRT, FACHE is vice president, Outpatient and Ancillary Services at OSF HealthCare Saint Francis Medical Center. Phil is accountable to plan, direct, evaluate and improve the operations of outpatient and ancillary services for OSF Saint Francis, including community outreach, ambulatory programs, behavioral health, wellness, diagnostic imaging, and laboratory functions. Phil will collaborate with hospital leadership, department management, medical staff, and governing bodies to establish quality and service standards and foster cooperative working relationships. He started his healthcare career as a Registered Respiratory Therapist and has gone on to hold multiple leadership positions at SFMC. Early in his career, Phil transitioned into the Performance Improvement department, holding roles as a Black Belt and later a Managing Master Black Belt. Phil has served at the Director level for the past 10 years, first as Director of Outpatient Diagnostic services, Director of Community Outreach, and his most recent position as Director of Medical Imaging. Phil is active with the Illinois Chapter of the American College of Healthcare Executives, serving on its board of directors, chairing its communication committee, and is a board certified fellow (FACHE). Phil also currently serves as Board Co Chair for the Partnership for a Healthy Community (PFHC) and is also on the Board of Directors for the OSF SFMC College of Nursing.

Rebecca Crumrine
As an Illinois Supplemental Nutrition Assistance Program-Education Educator in Peoria, Tazewell, Fulton & Mason Counties, Rebecca enjoys getting to make the healthier choice an easier choice for families. To accomplish her work, Rebecca collaborates with community partners to affect changes at organizational, community and policy levels. She serves as a leader in the local community by driving forward impactful multi-sector collaborative work and working to center community voice more into the process. Rebecca received her bachelor's degree from Bradley University in 2014, a master's degree from Illinois State University in 2016, and is currently working on a combined master's degree in public health and public administration from University of Illinois Springfield.

Jill Dodaro
Jill Dodaro assumed the role of Vice President, Chief Nursing Officer for Carle Health Greater Peoria in February 2024. Her career at Carle Health began as a Registered Nurse, and she steadily progressed through various clinical, educational, and leadership positions within the system. Jill earned her Bachelor of Science in Nursing and Master of Science in Nursing from Bradley University, and a Master of Business Administration from Benedictine University. She holds dual certifications from the American Nurses Credentialing Center in Medical-Surgical Nursing (MEDSURG-BC) and Nurse Executive Advanced (NEA-BC). Deeply committed to the community, Jill's involvement includes serving on the Partnership for a Healthy Community Board, the Junior Achievement of Central Illinois Board, the Methodist College Board, as an ex-officio member for Carle Health West Region Community Health Initiatives, and as a Heart of Illinois United Way grant reviewer.

Amy Dewald
Amy is the Community Health Education Specialist for the Woodford County Health Department. Prior to joining the Health Department, she was an Associate Professor of Biology at Eureka College and held

adjunct teaching positions at Illinois Central College and Heartland Community College. The courses she has taught are biology, microbiology, cell biology, immunology and anatomy and physiology. She brings a strong science background and knowledge of the etiology of infectious disease to her current role as Community Health Education Specialist. She strives to provide fact-based education, outreach and promotion of health-related topics to the community.

Sarah Donohue
Sarah Donohue received a B.A. in Neuroscience from Smith College and a PhD in Neurobiology from Duke University. She did her postdoctoral training in Magdeburg, Germany, where she studied addiction and attention. In 2023, she received a Master's in Public Health from Kent State University. She is the Director of Research Services, the Associate Director of Population Health and Community Engagement at the Center 4 Health Research, and a Research Assistant Professor in Psychiatry and Behavioral Medicine at the University of Illinois College of Medicine Peoria.

Amy Fox
Amy Fox is the Administrator of Tazewell County Health Department and has worked in public health for over 35 years in the areas of community health improvement planning, health promotion, substance abuse prevention, coalition development and emergency preparedness. Amy is active with several state level initiatives including Public Health Transformation and advisory committees for Emergency Preparedness, the Illinois Plan for Local Assessment of Need and a new committee member of the Illinois State Association of Counties (ISACo) Public Health Policy Committee.

Sally Gambacorta
Sally Gambacorta is the Community Health Director at Carle BroMenn Medical Center and Carle Eureka Hospital. Both hospitals are in central Illinois. She has worked for Carle BroMenn Medical Center for 30 years in 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, Ms. Gambacorta 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. Ms. Gambacorta 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 and serves on the board for the Partnership for a Healthy Community for Woodford, Tazewell and Peoria Counties.

Kate Green
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.

Megan Hanley
Megan Hanley, MPH, CIC has been the epidemiologist at TCHD since July 2022. She is passionate about using public health data and evidence-based strategies to drive positive change, improve quality of life, and reduce the morbidity and mortality of disease. In March 2025, Megan obtained her national

Certification in Infection Control (CIC) to better serve congregate settings during infectious disease outbreaks. In her spare time, Megan can be found serving her community on the village's Rescue Squad; she has been an Emergency Medical Technician for 9 years. She holds a Master of Public Health degree from Liberty University and a BS in Molecular and Cellular Biology from Cedarville University.

Monica Hendrickson
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 Chair of the Trillium Place Board, a member of the Phoenix Community Development Services Board, a member of the State of Illinois Health Facilities and Services Review Board, and President for the Illinois Public Health Association. She is currently on the Partnership for a Healthy Community Board, the tri-county community health improvement initiative that aligns healthcare, health departments and other agencies towards improving outcomes.

Tricia Larson
Tricia is the Director of Outpatient Behavioral Health Outpatient for Trillium Place, an affiliate of Carle Health. 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 19 years and has served in both clinical 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.

Leslie L. McKnight
Dr. Leslie L. McKnight is the Director of Community Health Policy and Planning at the Peoria City/County Health Department. She is responsible for the development and implementation of the Partnership for a Healthy Community Health Improvement Plan and health promotion and equity interventions throughout the Tri-County region. Dr. McKnight has over 20 years of experience in public policy and community development for local government agencies and has managed millions of dollars in grassroots and public-private partnership programs and activities related to housing, community, health, and economic development in Central IL. She holds a PhD in organization development from Benedictine University, Springfield IL and a Master of Science degree in Human Services Administration from Spertus College in Chicago, IL. She is published in many academic and leadership journals and is an adjunct professor in the Master of Business Administration (M.B.A) program at Bradley University and Master of Public Health (M.P.H) program at University of Illinois Springfield.

Andrea Parker
Andrea Parker, RN, MS, Executive Director for the Hult Center for Healthy Living – Carle Health Greater Peoria. Andrea Parker has 40 years of experience as a registered nurse with a background in pediatrics nursing, medical surgical nursing, community health and public health.

Andrea received her nursing degree from Methodist School of Nursing, later completing her Bachelor's degree from Bradley University and her master's in science from the University of IL at Chicago. Andrea jumped started her nursing career as a pediatric nurse with Methodist Medical Center and had the opportunity to work within home health and family practice which prepared her for community-based nursing roles such as overseeing Carle Health's Methodist Medical Center's School Health program. Prior to taking the helm at Hult Center for Healthy Living, she served as a Regional Health Officer for the Illinois Department of Public Health and before that held the Public Health Administrator position with the Peoria City/County Health Department overseeing multiple counties. Parker is a recognized health leader in the community serving on a variety of community agency boards. To list a few, she served as President for the Rotary Club of Peoria, President of the Crittenton Centers Board, Human Service Board member now Trillium and was a member of the UICOMP Dean's Community Council for many years.

Andrea has an extensive list of awards and achievements, among her most recent accomplishments are being inducted into the Bradley University's Centurion Society, receiving the "25 Women in Leadership" and the "Women of Influence" awards. Other professional recognitions include the Bradley University Mildred Pflederer Memorial Alumni Award for contributions to public health nursing; the Illinois Department of Public Health's Exceptional Achievement Award, induction into the Peoria African American Hall of Fame Museum, and "Those Who Excel" award from IL State Board of Education as well as recognized as a 40 Leader Under 40. Parker holds an adjunct faculty position with Carle Health's Methodist College teaching both undergraduate and graduate nursing. She has also held adjunct faculty positions with Bradley University College of Heath Science and the University of IL College of Nursing. She has published articles and has been featured in multiple local journals for a variety of health topics. Journals such as Peoria Medicine- the Official Journal of the Peoria Medical Society, Healthy Cells Magazine, IBI, and the Peoria Women.

Chris Setti
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 in 2018 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.

Amanda Sutphen
Amanda Sutphen is the Director of Community Outreach for OSF Healthcare Saint Francis Medical Center. In this position, Amanda is responsible for leading the coordination of services and activities that impact Community Outreach and Benefits, to include Community Gardens, Faith Community Nursing, Community Clinic, School Nursing, Dental Clinic and Community Health Needs Assessment as well as Community Initiatives. Amanda develops and shares the vision and strategic direction for community outreach while collaborating and driving the implementation of the strategy. Amanda received a Bachelor of Science in Health from the University of Iowa and holds a master's degree in Community Health from Western Illinois University.

Jennifer Zammuto
Jennifer Zammuto brings corporate processes and customer focus to her work today in leading the Heart of Illinois United Way, a unique, data-driven, collaborative nonprofit organization.

Fluent in French, Jennifer studied at Northern Illinois University and Universite d'Avignon, and worked in Europe during her early career. While at Caterpillar, she earned an Executive MBA from Bradley University. An active community member, she served on almost every committee at the Heart of Illinois United Way before accepting the leadership role as President in 2018. Previously, she was a member of Downtown Rotary, CEO Council and the Center for Prevention of Abuse Board. Currently, Jennifer serves on the Greater Peoria EDC Governing Board, Nominating Committee and serves as Secretary, on the LISC Central Illinois Board, Choose Greater Peoria, Regional Workforce Alliance, the Tri County Partnership for a Healthy Community, Al Hooks Black Leadership Initiative and Bradley University's Turner School for Entrepreneurship and Innovation Advisory Council, serves as a judge for their Social Impact Challenge and the Big Idea competition and more.

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.

Sara Kelly
Sara Kelly, Ph.D., MPH is a psychiatric epidemiologist and public health expert with extensive experience conducting research using national databases including public health surveillance, electronic medical records, clinical trials and population-based surveys. She currently serves as a Research Assistant Professor at the University of Illinois College of Medicine in Peoria, where she leads collaborative research efforts focused on pediatric health and well-being. She also holds faculty appointments at the Institute for Research on Addictions and AI.Health4All at UIC. Dr. Kelly has a robust background in epidemiology, having completed her postdoctoral fellowship and PhD at West Virginia University, and her MPH at East Tennessee State University. Her research spans various domains, including substance use, mental health, and health disparities. Dr. Kelly has contributed significantly to the field through numerous peer-reviewed publications and presentations at national conferences. She is also dedicated to community service, volunteering with organizations such as the JOLT Foundation and serving as a grant reviewer for the Heart of Illinois United Way. Her commitment to public health and her contributions to research make her an asset to the academic and healthcare communities. She currently leads the Data Team for the Partnership for Healthy Communities.

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

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

APPENDIX 2: ACTIVITIES RELATED TO 2022 CHNA PRIORITIZED NEEDS

OSF Saint Francis Medical Center in Peoria

Peoria: Services Provided

OSF HealthCare Saint Francis Medical Center has fulfilled the Mission of our Sisters since 1877. OSF Saint Francis has grown into the fifth-largest medical center in Illinois, with nearly 5,000 employees and 600+ patient beds. A major teaching affiliate of the University of Illinois College of Medicine Peoria, OSF Saint Francis is the area's only Level 1 Trauma Center and tertiary care medical center. We are also home to OSF HealthCare Children's Hospital of Illinois, OSF HealthCare Cancer Institute and the OSF HealthCare Illinois Neurological Institute. OSF HealthCare is a Catholic, 16-hospital health system serving Illinois and Upper Peninsula of Michigan, driven by our Mission to "serve with the greatest care and love." Key services include: behavioral health; cancer; cardiovascular; diabetes; emergency services; lung & pulmonology; neurology; pediatrics; rehabilitation; specialty services; surgery; testing & diagnostics;

transplant services; wellness services; weight management & women's health.

OSF Saint Francis employs a staff of highly experienced and exceptionally trained Mission Partners. These compassionate caregivers may be found throughout OSF Saint Francis in clinical and non-clinical roles, performing a variety of services. In addition to providing direct patient care, we coordinate patient care with other disciplines, including nutrition, pharmacy, social and insurance services, along with senior and weight management services.

This interdisciplinary team meets daily at the bedside with the patient and family to discuss the patient's goals for discharge, education and equipment needed and patient responsibilities upon discharge.

Peoria: Goals and Accomplishments

The Partnership for a Healthy Community led a collaborative approach in conducting a Community Health Needs Assessment (CHNA) 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 (PFHC) formed an ad-hoc committee creating a collaborative team to facilitate the CHNA. This collaborative team included members from: Bradley University, Carle Eureka Hospital, 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 and Woodford County Health Department. They conducted the Tri-County CHNA to highlight the health needs and well-being of residents in the Tri-County region. Several themes are prevalent in the collaborative CHNA – 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.

The collaborative team identified three significant health needs and prioritized both to be addressed in the Community Health Needs Implementation Strategy.

1. **Healthy Eating/Active Living – defined as active living and healthy eating, and their impact on obesity, access to food, and food insecurity**

2. **Mental Health - defined as depression, anxiety, and suicide**

3. **Obesity - defined as overweight and obese**

Healthy Behaviors and Obesity

HEAL is defined in the CHNA as healthy eating, active living, access to food and food insecurity.

Healthy eating is an eating plan that emphasizes fruits, vegetables, whole grains and fat-free or low-fat milk and milk products; includes a variety of protein foods, is low in added sugars, sodium, saturated fats, trans fat and cholesterol and stays within in daily caloric needs. Education, lifestyle interventions and food access positively affect healthy eating.

Active living means doing physical activity throughout the day. Any activity that is physical and includes bodily movement during free time is part of an active lifestyle.

Access to food refers to the ability of an individual or household to acquire food. Transportation, travel time, availability of safe, healthy foods and food prices are factors to food access.

Food insecurity is as a lack of consistent access to enough nutritious food for every person in a household to live an active, healthy life.

OSF Saint Francis Medical Center is collaborating with the PFHC in an effort to achieve this strategic goal. The PFHC is a multi-sector community initiative leading and supporting collaborative work within the community to drive health outcomes identified in the CHNA in the Tri-County area.

Goal 1: *Increase consumption of vegetables by individuals aged 2 years and older living in the Tri-County*

1. Outcome Measure 1: Decrease the number of CHNA survey respondents in the Tri-County reporting no consumption (0 servings per day) or low consumption (1-2 servings per day) of fruits and vegetables per day by 2%, from 67% to 65%
2. Baseline Tri-County CHNA 2022: 67% of respondents reported low or no consumption of daily vegetables or fruits

SFMC ACTIONS	IMPACT/PROGRESS for FY 2024
(1) Expand Gardens of Hope community outreach efforts	(1) 2024 total encounters increased to 24,934 encounters
Increase number of persons served 2% (FY22 Baseline: 16,879 Faith Community Nursing Encounters)	
Increase pounds of produce distributed 2% per year (FY22 Baseline: 12,629)	2024 increased total pounds of produce distributed to 12,737 pounds
Provide at least 4 community garden consults during 2023-2025 (FY22 Baseline: 2 garden consults)	2024 - 2 community garden consults were provided
(2) Provide healthy eating education and awareness through community or social media outreach efforts	(2) 33 outreach events provided contributing to increased community awareness concerning heathy eating

Goal 2: *Increase the proportion of individuals living in the Tri-County who participate in regular physical activity*

1. Outcome Measure 1: Increase the percentage of CHNA Survey respondents who report exercising 1-5 times per week from 60% to 61%
    a. Baseline Tri-County CHNA 2022: 60% of Residents report exercising 1-5 times per week)
2. Outcome Measure 2: Decrease the percentage of adults aged 18 and over reporting no leisure-time physical activity in the past month in each county
3. Baseline from County Health Rankings & Roadmaps: 27% Peoria, 24% Tazewell, & 23% Woodford

SFMC ACTIONS	IMPACT/PROGRESS for FY 2024
(1) Increase participation in SFMC Medical Exercise	(1) Increased participation to 57,980 participants
(2) Implement physical activity programs for older adults (Matter of Balance)	(2) Coaches trained and baseline established in 2023, paused due to retirement
(3) Increase the number of physical activity programs provided by Faith Community Nursing in a community setting	(3) Actions contributed to increased physical activity in the community with 1,186 persons served by such programs

Obesity

Obesity is defined in the CHNA as overweight and obese.

Obesity includes individuals who are overweight or obese. A weight that is higher than considered healthy for a given height, determined by Body Mass Index, is classified as overweight or obese. Prevalence of overweight and obesity is a risk factor for chronic disease and raises the risk of developing

diabetes, heart disease or hypertension. Reducing overweight and obesity, preventative screenings and clinical therapies can reduce the risk of chronic disease.

OSF Saint Francis Medical Center is collaborating with the PFHC in an effort to achieve this strategic goal. The PFHC is a multi-sector community initiative leading and supporting collaborative work within the community to drive health outcomes identified in the CHNA in the Tri-County area.

Goal 1: *Reduce the proportion of individuals with obesity in the Tri-County*

1. Outcome Measure: Decrease the percentage of population with a body mass index considered obese in the Tri-County by 1%
    a. Baseline from County Health Rankings & Roadmaps: 39% Peoria, 33% Tazewell, & 32% Woodford
2. Outcome Measure 2: Decrease the number of children aged 3-17 years old who are considered obese at well child visits in the Tri-County by 1%
    a. Baseline from SFMC Internal Data: 20% Peoria, 20% Tazewell, & 16% Woodford

SFMC ACTIONS	IMPACT/PROGRESS for FY 2024
(1) Support PFHC's implementation of Strong People - Healthy Weight Program	(1) 13 participants, 18.9 pounds lost
(2) Increase number of persons served by SFMC Weight Management Clinic	(2) Increased number of persons served to 17,261
(3) Increase number of persons served by CHOI Healthy Kids U Clinic, including virtual clinical interactions	(3) Actions contributed to 2000 persons being served
(4) Collaborate with OSF Medical Group to increase the number of overweight or obese patients that receive weight management counseling during a provider visit and are referred to services	(4) Actions contributed to 2447 individuals being referred for necessary weight loss services

Mental Health

Mental Health is defined in the CHNA as depression, anxiety and suicide.

Mental health includes depression, anxiety and suicide. Though substance use is not explicitly included in the scope of this priority, PFHC Board recognizes a complex relationship exists between mental health and substance use. The PFHC Board supports continued efforts to reduce substance use in the Tri-County.

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. A diagnosis of depression includes symptoms that must last at least two weeks and represent a change in previous level of functioning.

Anxiety involves an intense, excessive and persistent feeling of fear or dread, beyond a normal reaction to stress or nervousness, which can interfere with daily life.

Suicide is when a person inflicts self-harm with the goal of ending their life and die as a result.

OSF Saint Francis Medical Center is collaborating with the PFHC in an effort to achieve this strategic goal. The PFHC is a multi-sector community initiative leading and supporting collaborative work within the community to drive health outcomes identified in the CHNA in the Tri-County area.

***Goal 1: Reduce** the percentage of individuals in the Tri-County who report poor overall mental health*

1. Outcome Measure 1: Decrease the percentage of CHNA survey respondents in the Tri-County who self-assessed their overall mental health status as "poor" from 16% to 15%
    a. Baseline Tri-County CHNA 2022: 16% of respondents reported "poor" self-assessed mental health
3. Outcome Measure 2: Decrease the percent of adults reporting frequent mental distress (14+ poor mental health days per month) in the Tri-County from 15% to 14% (Peoria) and 14% to 13% (Tazwell & Woodford)
    a. Baseline from County Health Rankings & Roadmaps: 15% Peoria, 14% Tazewell, & 14% Woodford

TACTICS	PROGRESS for FY 2024
(1) Implementation of behavioral health tele-medicine	(1) Implemented in October 2023, in FY 2024 409 consults
(2) Advance safe and consistent therapeutic care for behavioral health in ED	(2) ED Behavioral Health Checklist was developed and implemented with all Behavioral Health Patients - an assessment was performed Two "Be Mindful" sensory carts implemented in Children's Hospital
(3) Advance cultural competency for behavioral health mission partners	(3) 1:1 observation behavioral health checklist was reviewed for cultural competency and optimized. Completed by all identified Mission Partners
(4) Increase outpatient Behavioral Health encounters	(4) 18,474- encounters
(5) Increase behavioral health screenings in outpatient settings	(5) 73% of patients in the outpatient setting were screened within the last 365 days for depression and anxiety

Carle Greater Peoria

Evaluation of Prior Impact

Based on the Community Health Needs Assessment, which utilized both quantitative and qualitative research, Carle Health Greater Peoria prioritized the significant community health needs of the Tri-County area. Several criteria were considered in this prioritization, including alignment with the hospital's mission, existing programs, the potential to make an impact within a reasonable timeframe, the financial and resource requirements, and the ability to measure outcomes to gauge improvement.

The following health areas were selected as the top priorities:

1. **Mental Health**
2. **Healthy Eating Active Living**
3. **Obesity**
4. **Cancer**

As a result, Carle Health Greater Peoria inclusive of Methodist Medical Center, Pekin Community Hospital, and Proctor Hospital committed time and resources for each of these identified health priorities, as described below.

Mental Health

Evaluation of Prior Impact

In the 2022 Community Health Needs Assessment, as well as previous Community Health Needs Assessments, Mental Health was identified and prioritized as a significant health need.

In response, Carle Health Greater Peoria took the following actions:

1. Opened a new behavioral health facility, Young Minds Center, for youth and families. Young Minds Center increased inpatient beds for youth, added an assessment and intake center for crisis situations to reduce Emergency. Department visits, and expanded outpatient services.
2. Increased the number of prescribers by 6 since 2022.
3. Increased the number of psychiatric residents by 18 residents across 2025-2028 graduation years.
4. Implemented Mental Health First Aid and trained 225 individuals representing healthcare, first responders, and students.
5. Trained 76 staff on trauma-informed care through National Council training.
6. Implemented care coordination on inpatient units to assist patients in overcoming barriers to accessing care.
7. Implemented a multi-disciplinary team daily huddle to collaborate regarding patient care, improving access and streamlining transitions to lower levels of care.
8. Began a co-responder program in collaboration with the Peoria Police Department.
9. Expanded availability of Assertive Community Treatment (ACT) to Tazewell and Woodford County.
10. Increased efforts to engage the community through radio and billboard ads, service provision in community settings, and partnerships with other organizations.
11. Expanded operating hours of the Living Room program to 24/7 and outreach to individuals in Tazewell County to increase utilization and provide an alternative to crisis level services and emergency department visits.

Behavioral health needs continue to be an issue across the Tri-County. Lack of resources, funding, and stigma contribute to the issue in Peoria, Tazewell, and Woodford County. According to County Health Rankings the ratio of mental health providers per 100,000 has improved drastically over the past decade;

Peoria County: 2011 - 3,169:1 and 2025 - 320:1; Tazewell County: 2011 - 9,392:1 and 2025 - 430:1; Woodford County: 2011 - 38,516:1 and 2025 - 2,250:1.

According to the most recent data from the Illinois Department of Public Health, suicide deaths for all counties in the Tri-County are higher than the State of Illinois rate. From 2017-2021, the Illinois suicide incidence rate was 11 per 100,000 and Peoria County was 15, Tazewell County was 14, and Woodford County was 12. There is still work for Carle Health Greater Peoria to do in this space.

Carle Health Greater Peoria has contributed to the increase in mental health providers per 100,000 since the last Community Health Needs Assessment. Carle Health Greater Peoria's actions and financial commitments have supported improved access to care for behavioral health in Peoria, Tazewell, and Woodford County.

Healthy Behaviors – Active Living, Healthy Eating, and Obesity

Evaluation of Prior Impact

In the 2022 Community Health Needs Assessment, *Healthy Behaviors – Active Living, Healthy Eating, and Obesity* were identified as significant health priorities for the Tri County Region.

In response, Carle Health Greater Peoria implemented several community-based initiatives aimed at increasing access to nutritious foods, promoting physical activity, and addressing the social determinants that contribute to obesity:

1. Through health education provided by Hult Center for Healthy Living, 14,747 youth and adolescents in the Tri County area received evidence-based nutrition and physical activity education.
2. In 2023 and 2024, Family Medical Center collected 1,179 pounds of fresh food from their community garden. Almost 400 pounds were donated to food pantries and through a mobile food pantry event.
3. Through the grant-funded WELL Program, facilitated by the Hult Center for Healthy Living, 194 at-risk youth and adolescents received individualized one-on-one health coaching. Over 500 hours of coaching were delivered across seven schools, helping participants overcome barriers to health and empowering them with the skills and knowledge to lead healthier lives.

Despite these efforts, obesity remains a persistent public health challenge in the region. Like many communities across the country, Peoria is experiencing rising rates of obesity and related chronic conditions. Obesity is associated with a range of serious health issues, including heart disease, stroke, type 2 diabetes, certain cancers, and mental health challenges. These conditions not only reduce quality of life but also contribute significantly to healthcare costs and premature mortality.

According to the 2023 County Health Rankings & Roadmaps, 34.4% of adults in Peoria County are classified as obese. The economic and societal impact of obesity is profound, driving up healthcare expenditures and affecting workplace productivity through increased absenteeism and disability.

Improving nutrition and increasing opportunities for physical activity are essential strategies in reversing these trends. While Carle Health Greater Peoria is encouraged by the progress made, the organization recognizes that sustained, collaborative efforts are needed to make a lasting impact. Carle remains committed to advancing health equity and fostering healthier communities through ongoing investment, innovation, and partnership.

Cancer

Evaluation of Prior Impact

Cancer was identified as a priority concern during the previous Community Health Improvement Plan (CHIP) cycle. As part of ongoing performance management efforts, initiatives aimed at cancer prevention, screening, and early detection will continue to be monitored to ensure a positive impact on community health outcomes.

1. In response to the identified need, Carle Health Greater Peoria implemented several targeted actions during 2024. Two Cancer Screening Days were conducted to improve access to early detection services. The first event took place in May 2024 at Carle North Allen, resulting in a total of 65 cancer screenings completed. The second event was held in August 2024 in Pekin, with 61 screenings performed.
2. To further strengthen cancer intervention efforts, the Carle West Oncology Navigation Team expanded its services by adding a dedicated lung screening specialist role, enhancing the organization's capacity to support lung cancer early detection and patient navigation.

APPENDIX 3: REGIONAL ANALYSES & HEALTH DISPARITIES

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

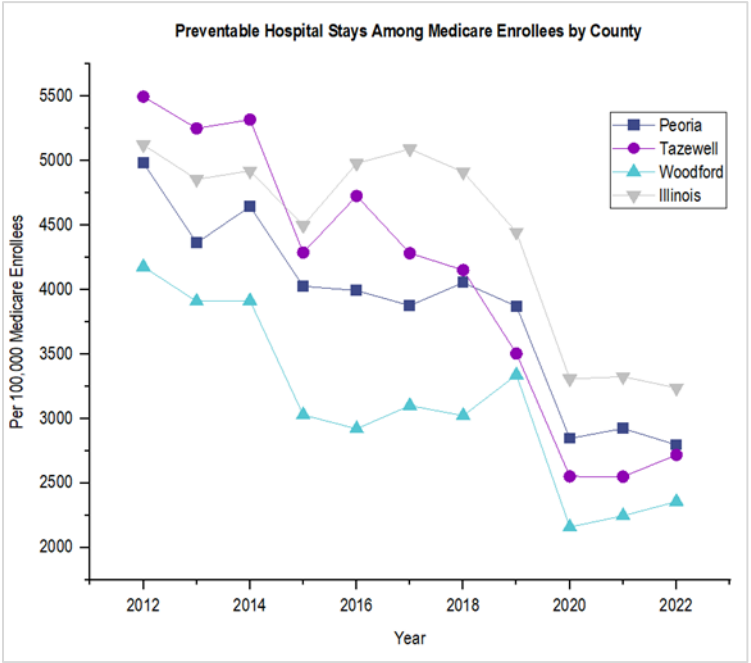
HEALTH DISPARITIES

Indicators related to health status are assessed based on national surveillance for the Tri-County region. In particular, measures such as poor or fair health, poor physical health days, frequent physical distress, poor mental health days, and frequent mental distress are crucial for understanding the health and well-being of the Tri-County region in Illinois. These indicators provide valuable insights into the prevalence of physical and mental health challenges faced by residents. By analyzing these measures, public health officials can identify disparities, allocate resources effectively, and implement targeted interventions to improve overall community health and address specific needs.

These analyses were guided by the Wheel of Power and Privilege, a framework that considers how intersecting identities—such as race, ethnicity, income, and housing stability—shape individuals' experiences with healthcare systems and health outcomes. This approach allowed for a more nuanced examination of how systemic inequities contribute to elevated suicide risk and barriers to care among marginalized groups.

Additionally, this section examines preventable hospital stays by county, utilizing surveillance data. By analyzing these metrics, we can identify areas where improved outpatient care could reduce unnecessary hospitalizations and enhance overall community health (Figure 89 and Figure 90).

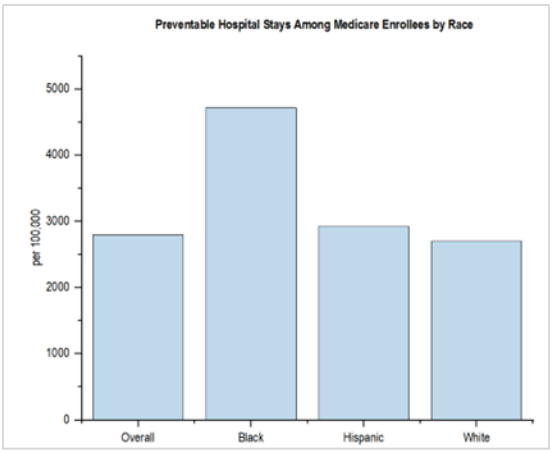
Figure 89



Source: 2022 Mapping Medicare Disparities (MMD) Tool

Importantly, the rate of preventable hospital stays is higher among certain subpopulations as well. Black Medicare Enrollees have substantially higher rates compared to all other races.

Figure 90



Source: 2022 Mapping Medicare Disparities (MMD) Tool

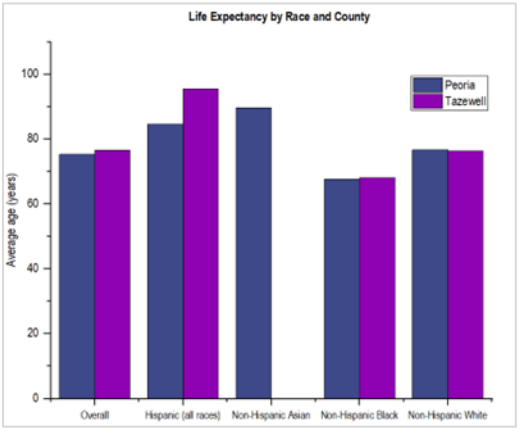
Health Outcomes in Focus

Health insights previously discussed represented factors that can improve to live longer and healthier lives. Health outcomes on the other hand tell us how long people live in a community. These mortality outcomes are specifically broken up by subpopulations such as age and race/ethnicity.

Premature death

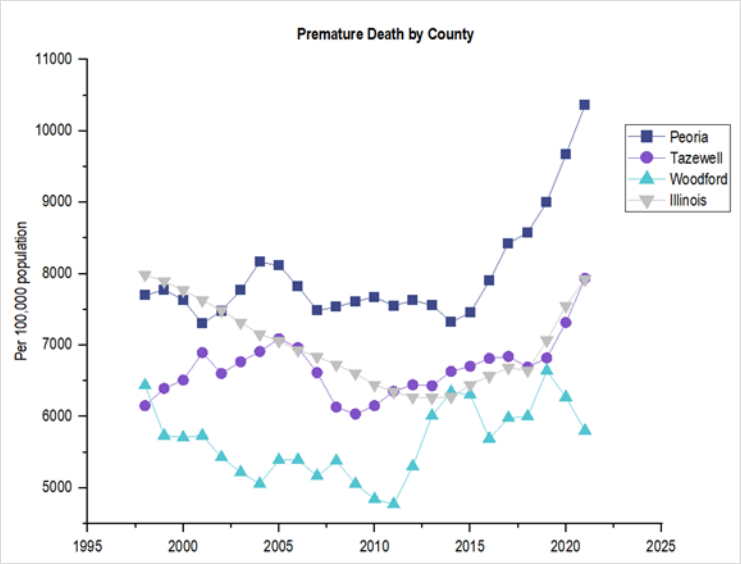
Premature death is measured using Years of Potential Life Lost (YPLL), which are illustrated for each county in the Tri-County region. The data shows a continued rise in YPLL for Peoria and Tazewell counties, with Peoria experiencing a particularly significant increase. Additionally, another figure highlights differences in life expectancy by race for Peoria and Tazewell counties, providing further insight into health disparities in the region.

Figure 91



Source: Centers for Disease Control and Prevention

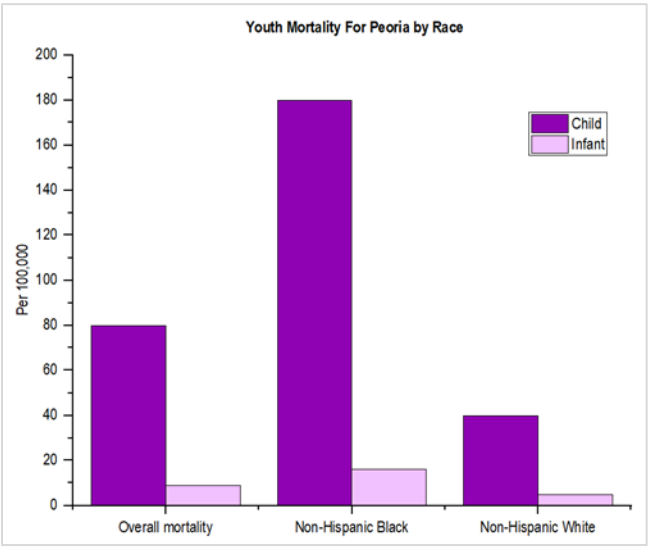
Figure 92



Source: Centers for Disease Control and Prevention

Given the differences in premature death among youth in Peoria County, additional analyses assessed the specific age groups impacted. Child mortality includes ages 1-18 and infant mortality includes those under 1 year old. Infant mortality was measured by race using 2016-2022 data and child mortality was measured by race using 2019-2022 data.

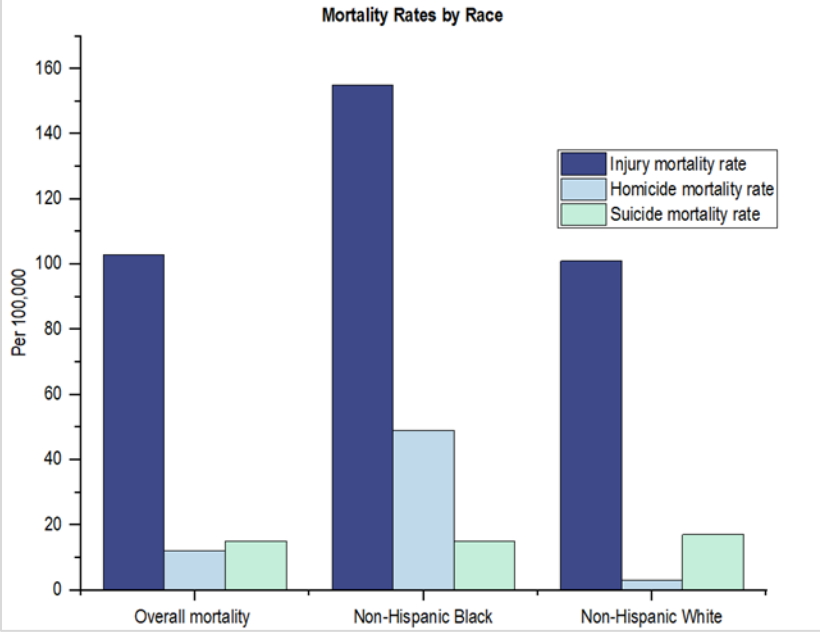
Figure 93



Source: Centers for Disease Control and Prevention

In addition to examining youth mortality, specific type of mortality commonly influencing premature death were assessed for the Tri-County region by race/ethnicity (Figure 94).

Figure 94



Source: 2020-2022 National Vital Statistics System (NVSS)

Populations Disproportionately Impacted

This section assesses differences in health outcomes and identifies populations that are disproportionately impacted. Unlike the subsections listed above, this section uses survey data collected from community members. In particular, responses were categorized by zip code and county of residence. Differences in various health outcomes by county and region are highlighted to provide a comprehensive understanding of the health landscape. Understanding which populations are disproportionately affected by certain health issues is crucial for developing targeted interventions and ensuring equitable healthcare access and resources.

To measure health issues among the most vulnerable populations, survey data was used to identify indicators of vulnerability. These indicators included reporting a household income of less than $20,000, identifying as any race other than white, identifying as non-binary, transgender, lesbian, gay, bisexual, or queer, and being uninsured. Among survey respondents, approximately 30% reported at least one indicator of vulnerability, while around 9% reported two or more indicators. This measure helps to highlight the health challenges faced by these vulnerable groups, enabling targeted interventions to address their specific needs.

Vulnerable populations

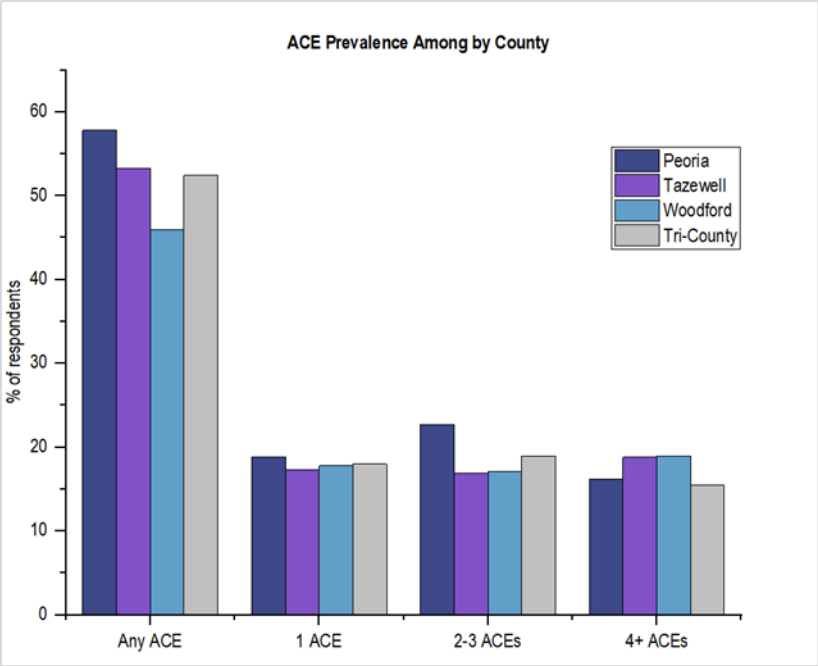
Those who were vulnerable more often reported below average physical and mental health ($p<0.0001$). Moreover, vulnerable respondents more often reported not seeking medical care compared to those with no indicator of vulnerability ($p<0.0001$). The most common reason for not seeking medical care among this population was wait time for appointment, followed by lack of insurance, and overall cost.

Mental health measures were also higher among those with at least one indicator of vulnerability. In particular, those who were vulnerable more often reported feeling depressed or anxiety/stress in the

past month. Similarly, this population more often reported recent substance use as well. In particular, smoking cigarettes, vaping, excessive drinking, and other drug use was more often reported among this population suggesting a need for substance use related resources.

Examining adverse childhood experiences (ACEs) among respondents reveals the significant impact these adversities can have on an individual's lifelong health. Experiencing ACEs increases the risk of developing chronic physical and mental health issues, such as heart disease, depression, and anxiety. The risk is further amplified with the number of adverse experiences; the more ACEs an individual encounters, the greater their vulnerability to these health problems. The figure below illustrates the number of ACEs reported by respondents in the Tri-County region, highlighting the prevalence and severity of these experiences within the community. No significant differences are reported by county and are comparable to state and national estimates among the general population.

Figure 95



Source: 2025 CHNA Survey

Regional Differences

Short summary: Peoria County reported below average mental health issues compared to other counties, with regions 1 (Peoria/West Peoria) and 4 (South West Peoria) showing significantly higher rates. Cost and lack of health insurance were major barriers to seeking medical care, particularly in regions 4, 1, and 5 (North West Peoria). Access to care was also a concern, with Peoria and Tazewell respondents more often reporting transportation issues compared to Woodford County. Depression and stress/anxiety were prevalent, impacting daily activities for multiple days in the past month, especially in specific regions of Peoria and Tazewell. Mental health care access was hindered by counselors refusing to take insurance, and Tazewell respondents struggled to find counselors. Smoking and marijuana use were more common in Peoria compared to Tazewell and Woodford, with higher rates in regions 4, 1, and 5.

Potential implications: These findings highlight significant disparities in mental health, access to care, and substance use across different regions. Addressing these issues requires targeted interventions to improve mental health services, reduce barriers to medical care, and provide better support for those struggling with depression, anxiety, and substance use. Enhanced transportation options and insurance acceptance by counselors could also help mitigate these challenges. *Of note, due to sample size limitations differences found for regions 3-6 in Peoria and Region 2 in Tazewell should be used with caution.*

- *Peoria more often reported below average mental health issues compared to other counties (p=0.003).*
    - *In Peoria, these were significantly higher in regions 1 and 4, respectively*
- *Peoria respondents more often reported cost as a reason for not seeking medical care compared to other counties (p=0.01) and more often reported no health insurance as a reason they did not seek medical care (p=0.003) compared to other counties.*
    - *Regions 4, 1, and 5 in Peoria had more respondents report cost and lack of insurance was more often reported as a reason for not seeking medical care*
- *Peoria and Tazewell respondents more often reported not having a way to get to the doctor as a reason to not seeking medical care compared to Woodford County (p=0.04).*
    - *Among Peoria County respondents, regions 4, 1, and 6 more often reported not having a way to get to the doctor.*
    - *Among Tazewell County respondents, regions 1 (North Tazewell) and 4 (West Tazewell), respectively, had a higher proportion of respondents report no way of getting to the doctor*
- *Peoria and Tazewell respondents more often reported feeling depressed 3+ days in the past month (p<0.0001).*
    - *Among Peoria respondents, regions 1, 3 (Bartonville/Limestone), and 6 more often reported feeling depressed multiple days in the past month.*
    - *Among Tazewell respondents, region 4 and 2 (South Tazewell) more often reported feeling depressed multiple days in the past month.*
- *Peoria and Tazewell respondents more often reported stress and/or anxiety that impacted their daily activities at least 3 days in the past month (p=0.0088).*
    - *Among Peoria respondents, regions 1 and 3 more often reported stress/anxiety multiple days in the past month.*
    - *Among Tazewell respondents, regions 1 and 4 more often reported stress/anxiety multiple days in the past month.*
- *Peoria and Tazewell respondents more often reported not receiving mental health care because the counselor refused to take insurance (p=0.02).*
    - *Among Peoria respondents, this was more often reported in regions 1 and 2*

- *Among Tazewell respondents, this was more often reported in regions 1 and 2.*

- *Tazewell respondents more often reported not being able to find a counselor as a reason for not getting mental health care (p=0.022).*
  - *Among Tazewell residents, this was more often reported among respondents in region 1.*
- *Peoria respondents (18%) more often reported smoking compared to Tazewell (12%) and Woodford (14%) Counties (p=0.009).*
  - *Among Peoria residents, this was more often reported among respondents in regions 4, 1, and 5.*
- *Peoria respondents (10%) more often reported using marijuana compared to Tazewell (7%) and Woodford (5%) respondents (p=0.001).*

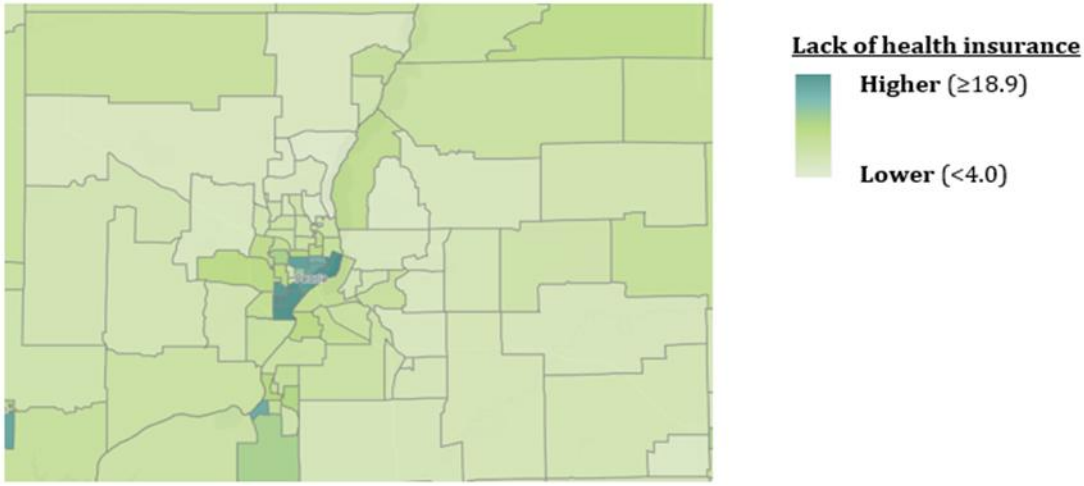
Among Peoria residents, this was more often reported among respondents in regions 4 and 1, respectively.

Geographic Health Metrics: A Visual Exploration

The following sections provide a detailed visualization of the distribution of health issues in the Tri-County region of Central Illinois, utilizing data from public health surveillance sources such as the Behavioral Risk Factor Surveillance System (BRFSS) 2020-2022 and the American Community Survey (ACS) 2017-2021. These visualizations illustrate the prevalence of various health behaviors, health outcomes, and disparities in health issues by race/ethnicity. By mapping these metrics, we aim to highlight critical areas of concern and identify trends that can inform targeted interventions and policy decisions to improve community health.

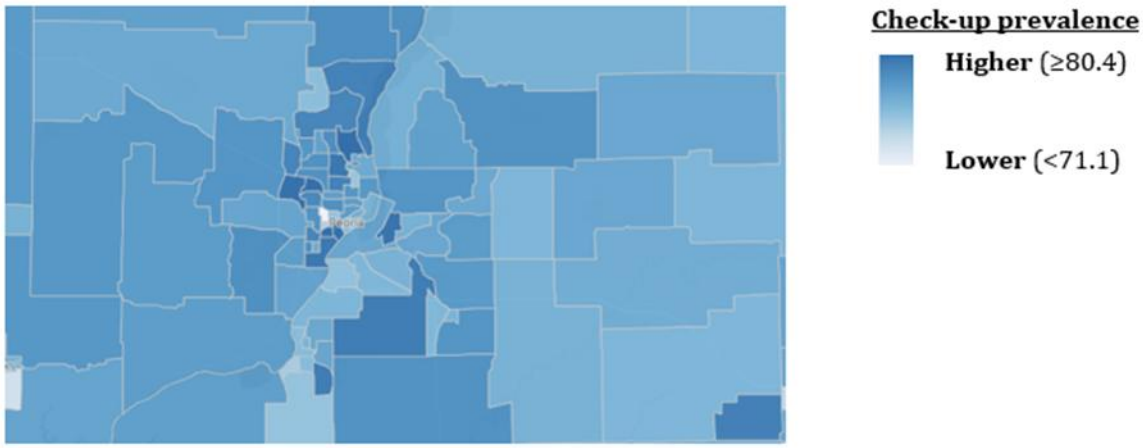
Additional health metrics are mapped out using Census Tract data to identify populations with greater need. These measures are crucial for achieving health equity as they highlight areas where interventions can be most impactful. The Social Vulnerability Index (SVI) helps identify communities that may be more susceptible to health issues, guiding resource allocation to those with higher vulnerability. Monitoring the percentage of the population current on preventive services and educational attainment provides insight into access to healthcare and socioeconomic factors that influence health outcomes. Environmental measures, such as Particulate Matter (PM2.5), are essential for understanding air quality and its impact on public health, ensuring that communities meet both EPA and WHO standards for cleaner air. By addressing these metrics, we can work towards reducing health disparities and promoting equitable health for all populations.

Figure 96 Prevalence of residents with no insurance



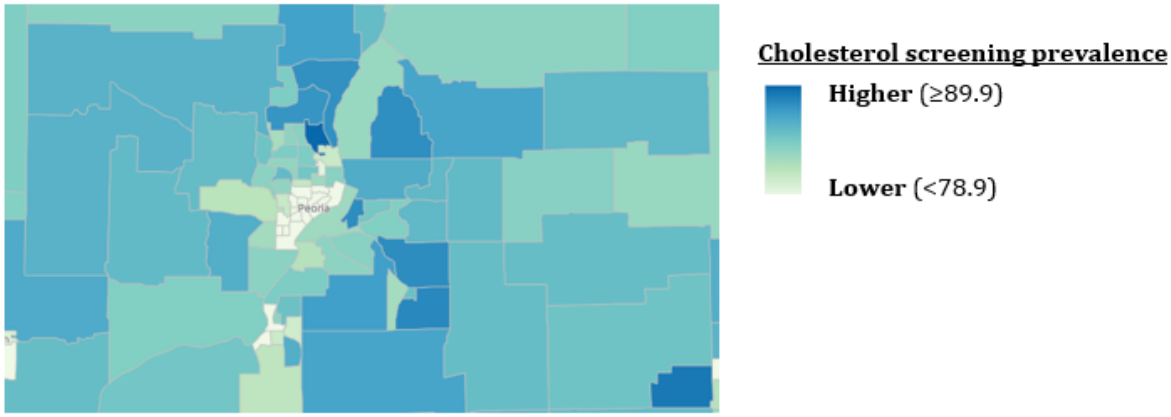
Source: CDC PLACES

Figure 97 Prevalence of annual check-up



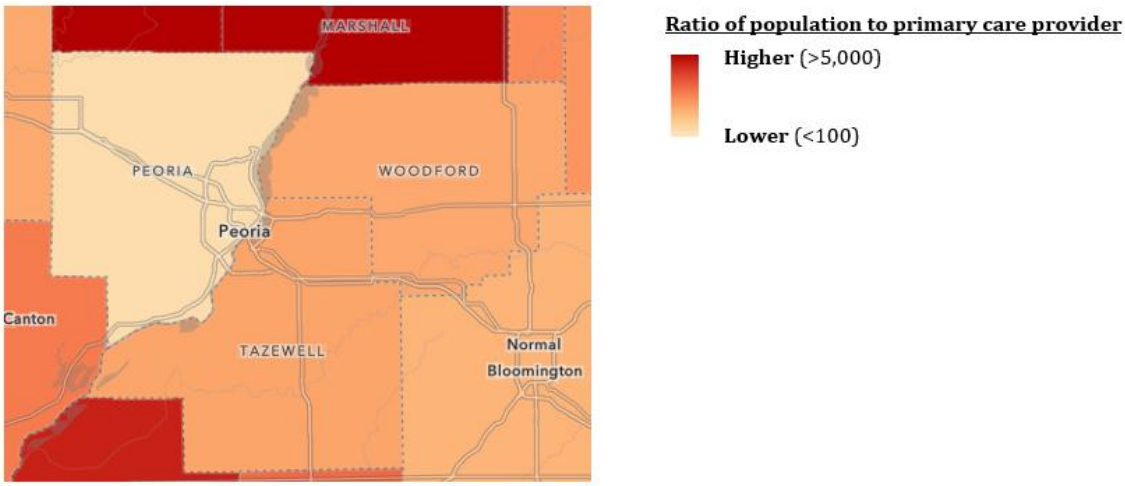
Source: CDC PLACES

Figure 98 Prevalence of cholesterol screening



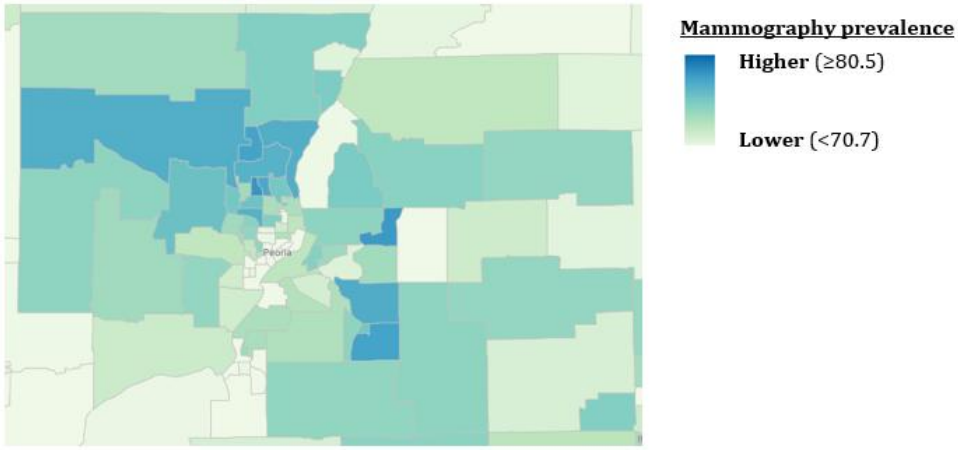
Source: CDC PLACES

Figure 99 Ratio of population to primary care provider



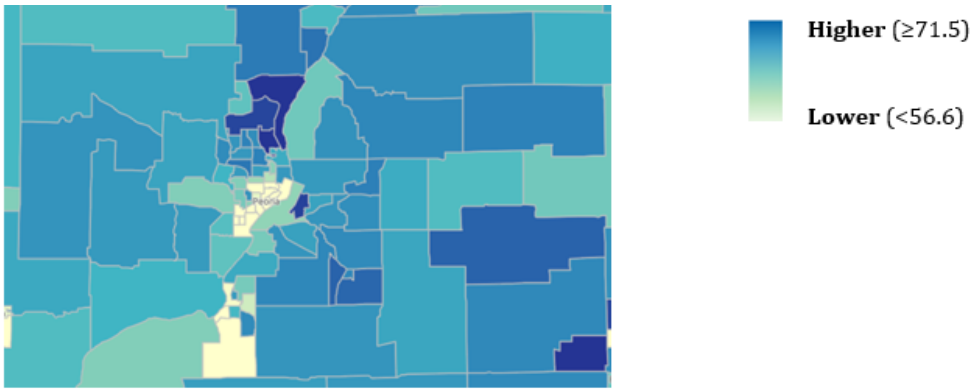
Source: CDC PLACES

Figure 100 Prevalence of mammography



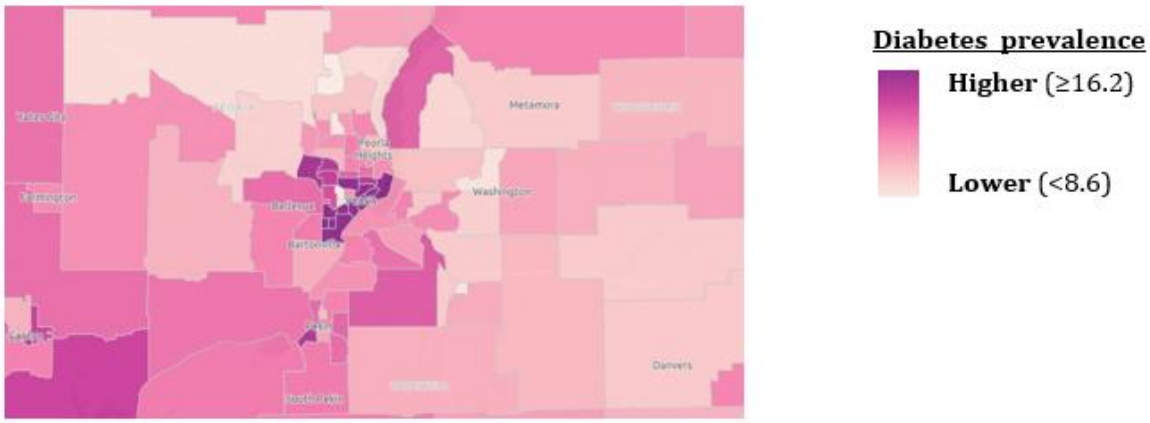
Source: CDC PLACES

Figure 101 Prevalence of colorectal cancer screening



Source: CDC PLACES

Figure 102 Prevalence of diabetes

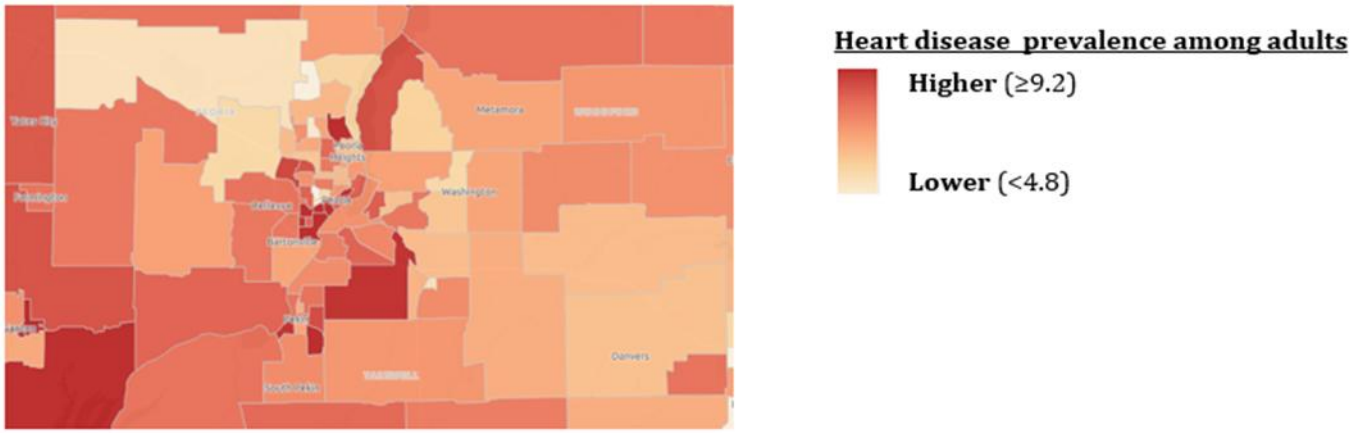


Source: CDC PLACES

Figure 103 Prevalence of obesity among adults

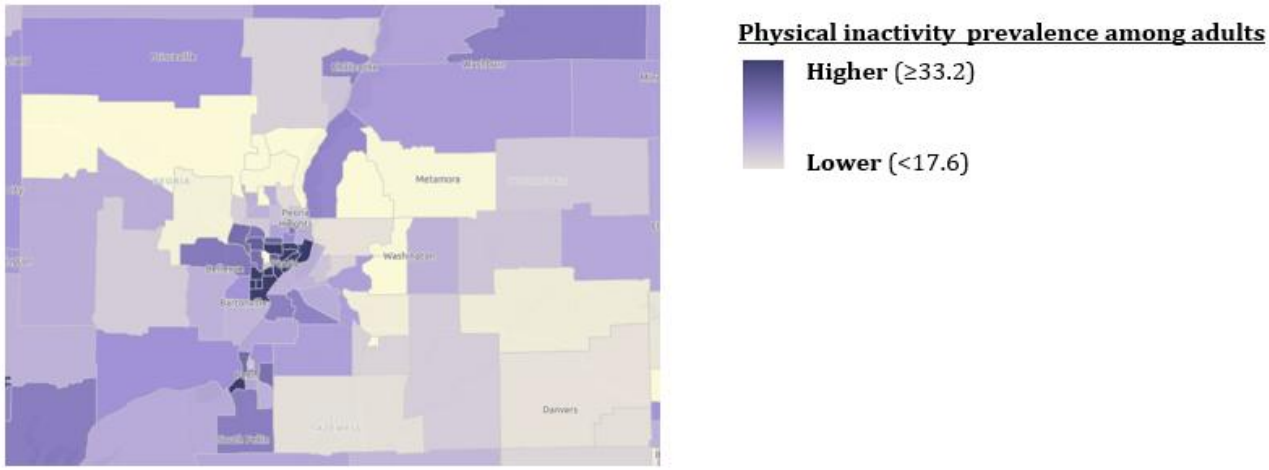
Source: CDC PLACES

Figure 104 Prevalence of heart disease among adults



Source: CDC PLACES

Figure 105 Prevalence of inactivity among adults

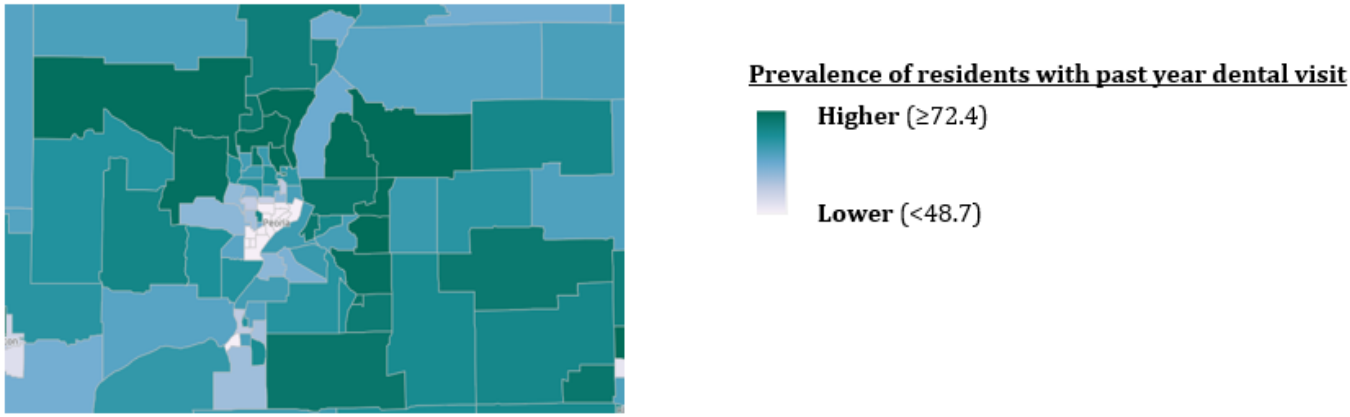


Source: CDC PLACES

Figure 106 Prevalence of short sleep duration

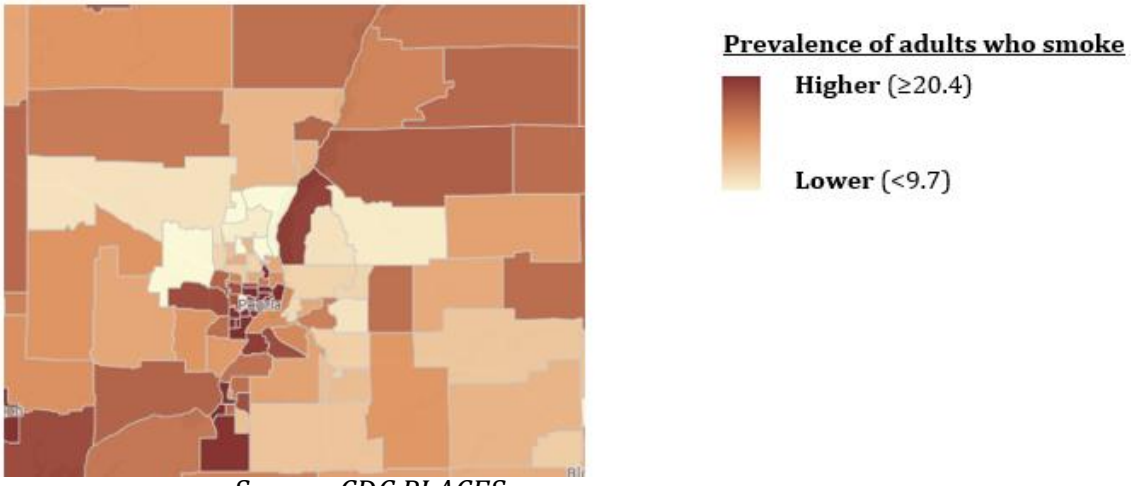
Source: CDC PLACES

Figure 107 Prevalence of residents with past year dental visit



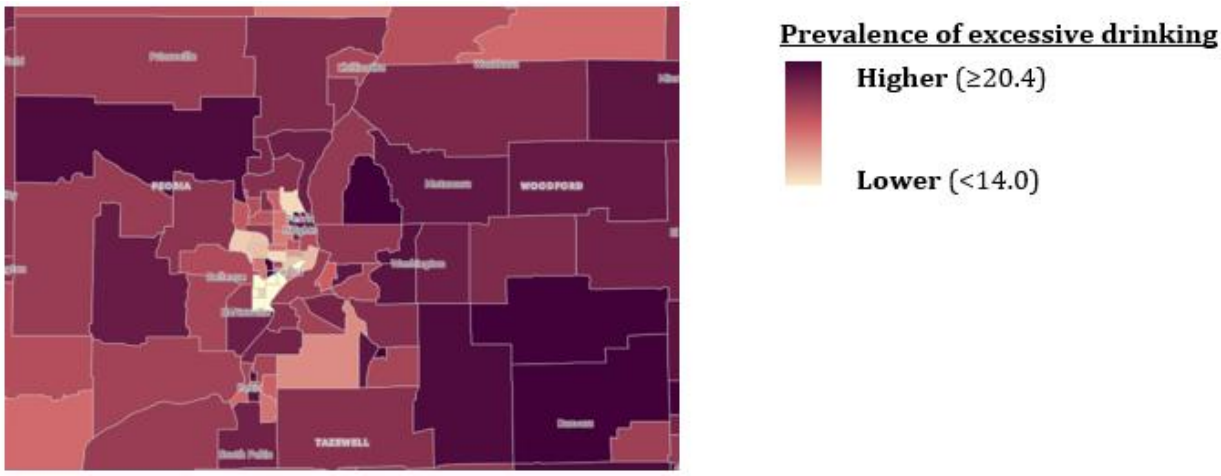
Source: CDC PLACES

Figure 108 Prevalence of adults who smoke



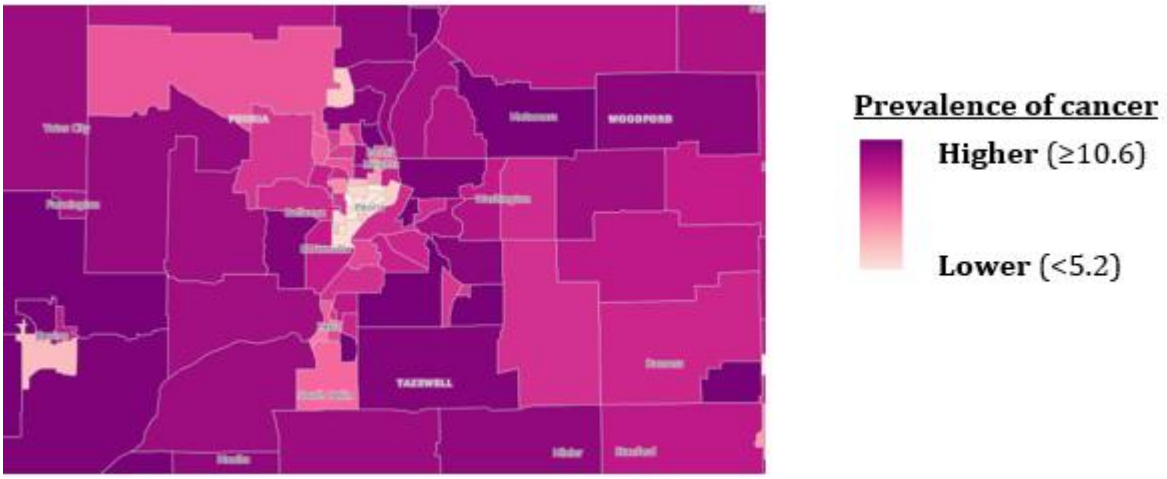
Source: CDC PLACES

Figure 109 Prevalence of excessive drinking among adults



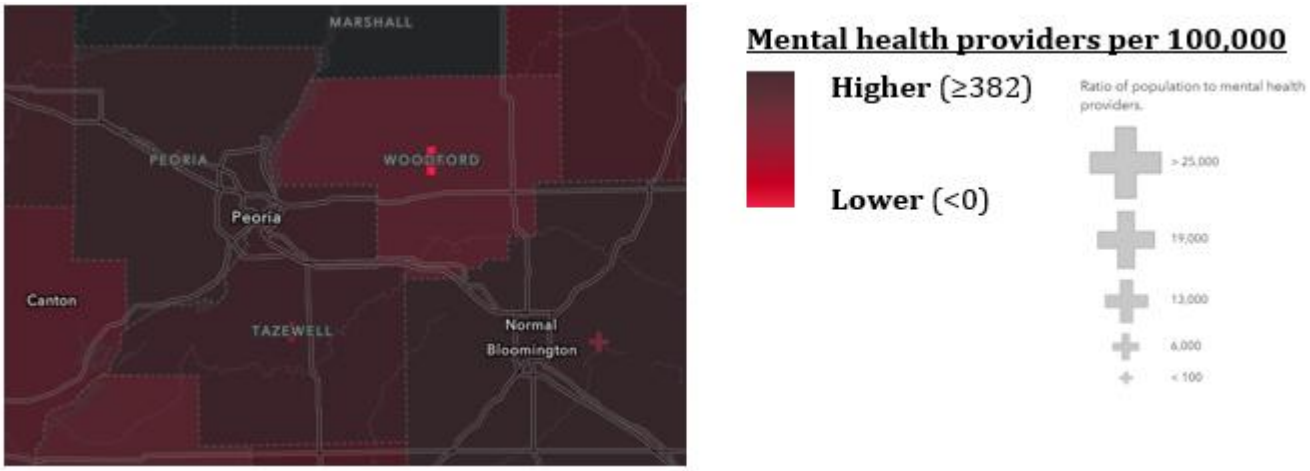
Source: CDC PLACES

Fiaure 110 Prevalence of cancer (excludina skin)



Source: CDC PLACES

Figure 111 Need for additional mental health providers

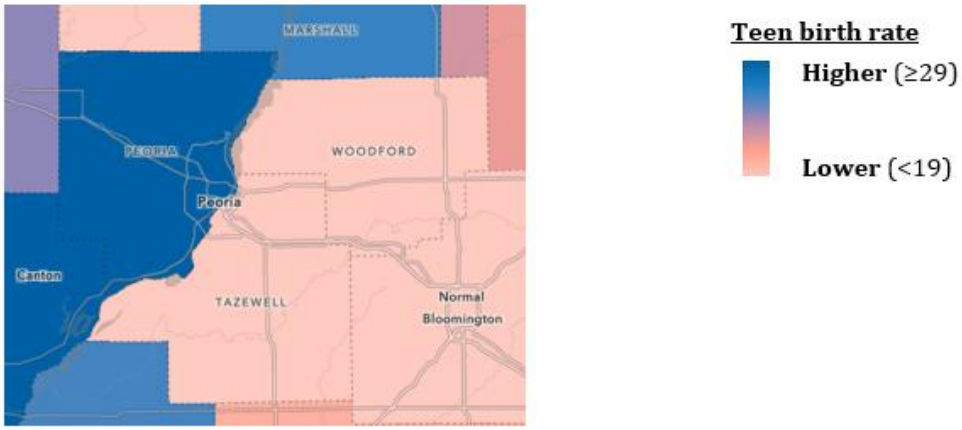


Source: CDC PLACES

Figure 112 Prevalence of depression among adults

Source: CDC PLACES

Figure 113 Teen birth rate per 1,000

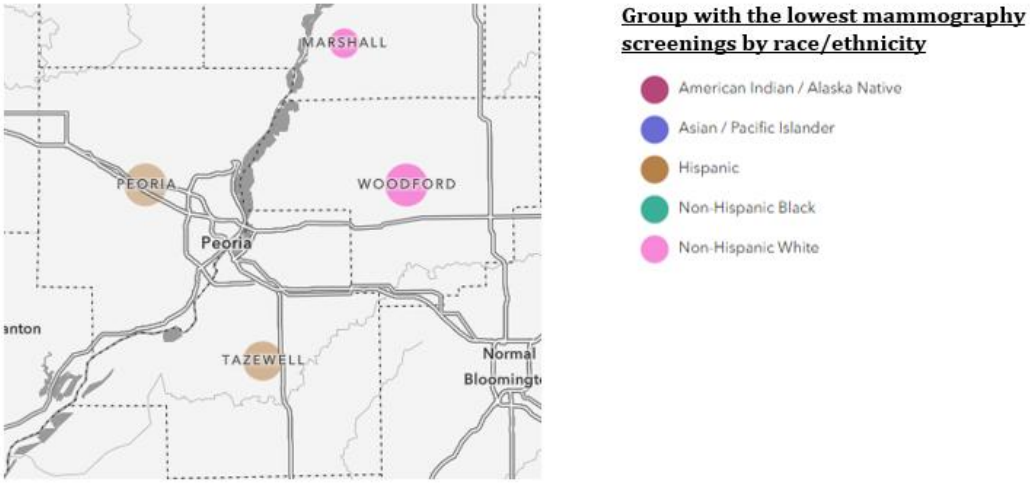


Source: CDC PLACES

Figure 114 Infant mortality rate per 1,000

Source: CDC PLACES

Figure 115 Lowest mammogram screenings among female Medicare



Source: CDC PLACES

Health Disparities by Race/Ethnicity

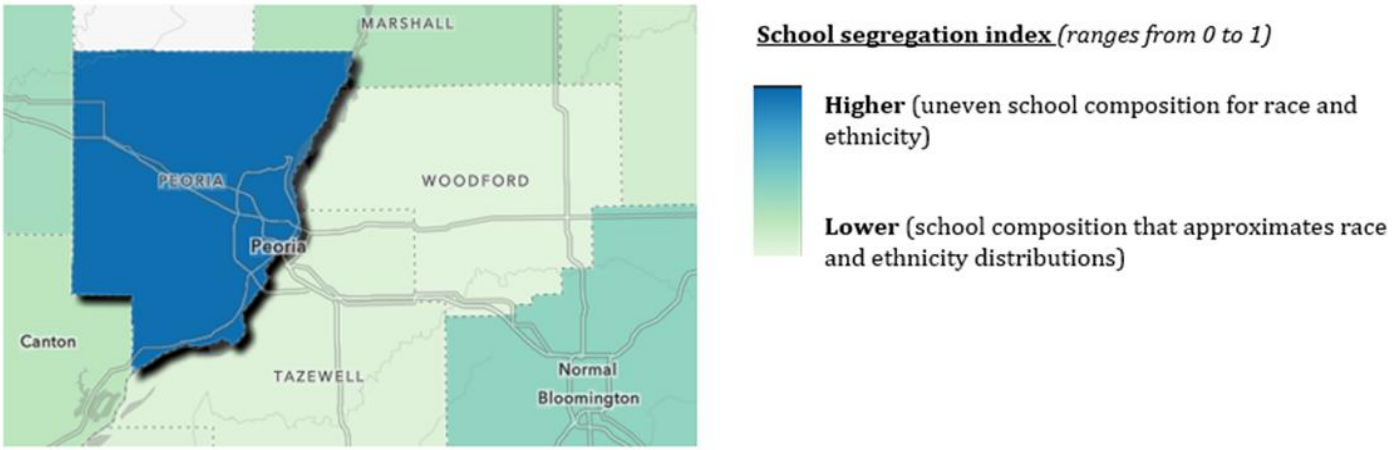
Additional indicators of health disparities in Tri-County region in regards to the health and well-being of children.

Table 5

Health Issue	**Race/ethnicity that experiences higher rates of health issue/outcome**
Teen birth rate	
Peoria	Black
Tazewell	Black
Woodford	White
Child Poverty	
Peoria	Black
Tazewell	Black
Woodford	Hispanic

Source: CDC PLACES

Figure 116 Social segregation index



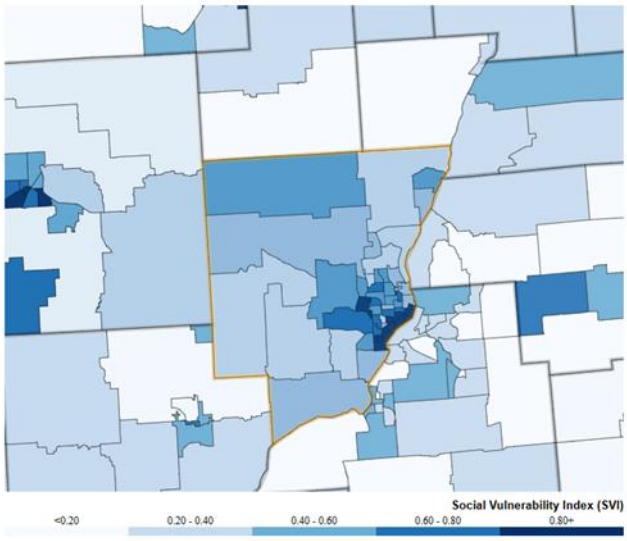
Source: CDC PLACES, USC and Stanford University

Additional Health Metrics Mapped Out

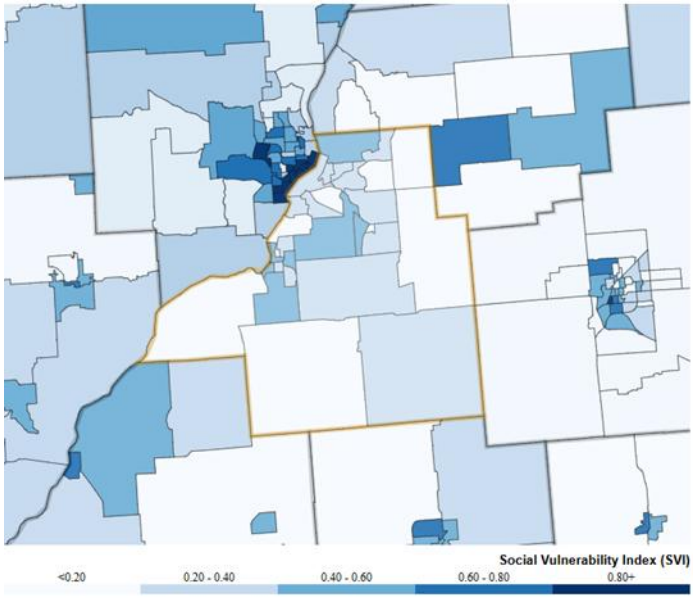
Description

Social Vulnerability Index (SVI) is a measure used to identify communities that may be more vulnerable to health issues. A lower score (0) indicates lowest vulnerability whereas a higher score (1) indicates highest vulnerability.

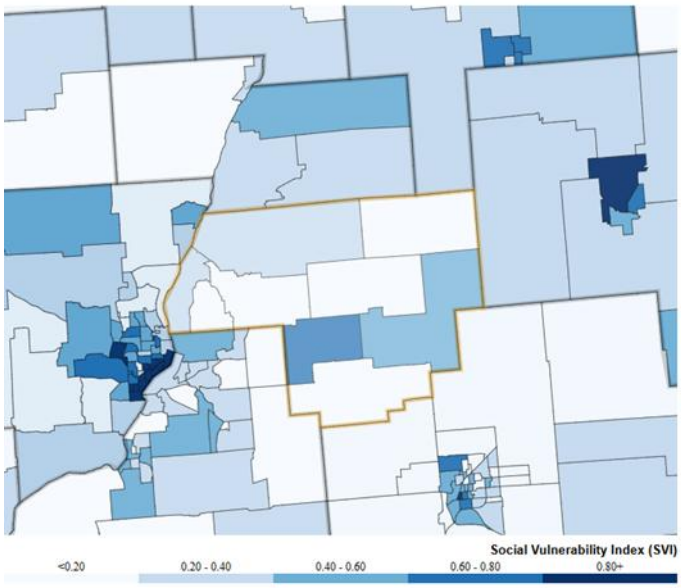
Peoria



Tazewell



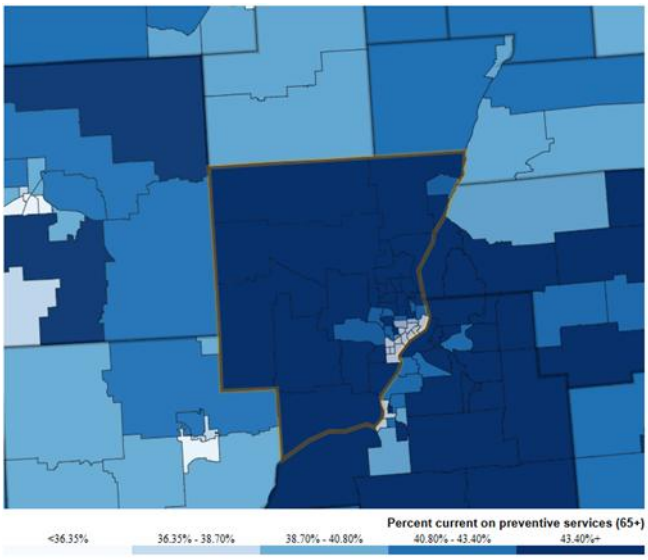
Woodford



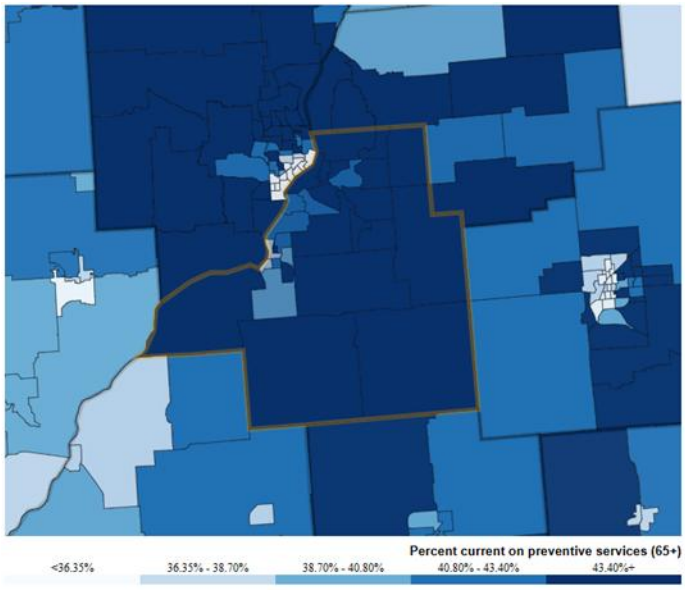
Description

Percent of the population current on preventive services.

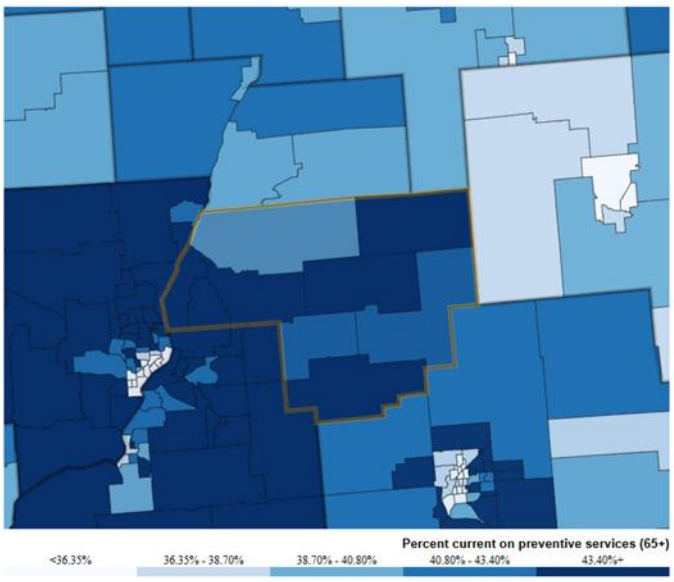
Peoria



Tazewell



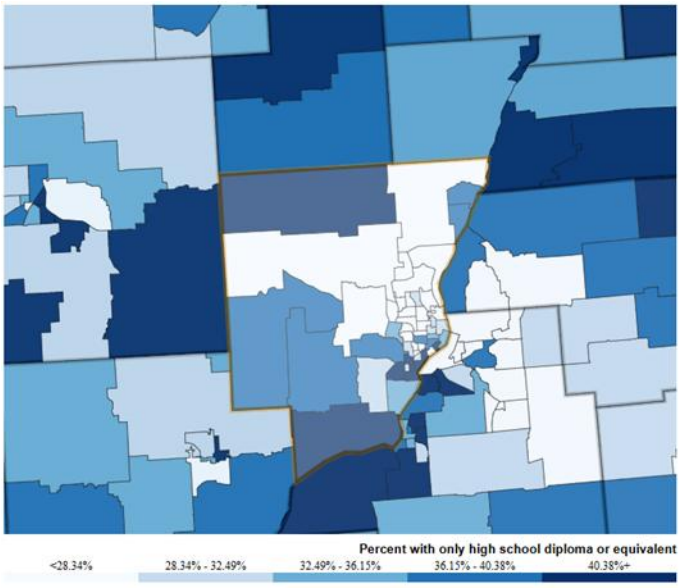
Woodford



Description

Percent of the population with only high school diploma or equivalent.

Peoria



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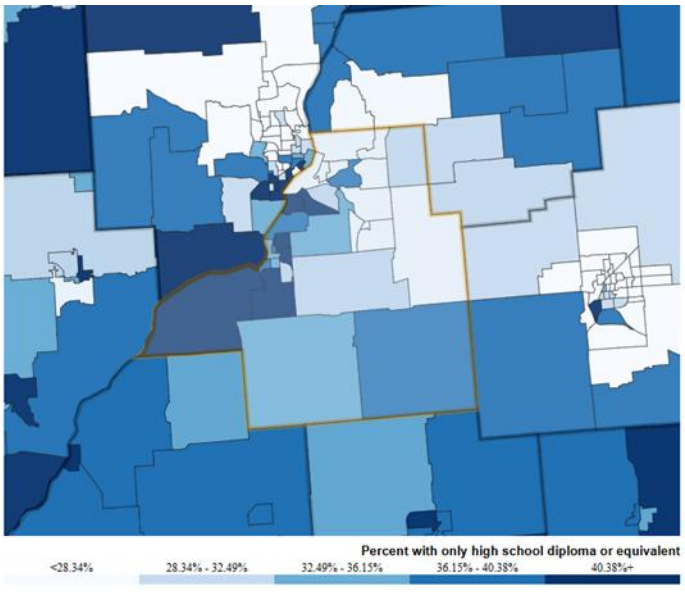
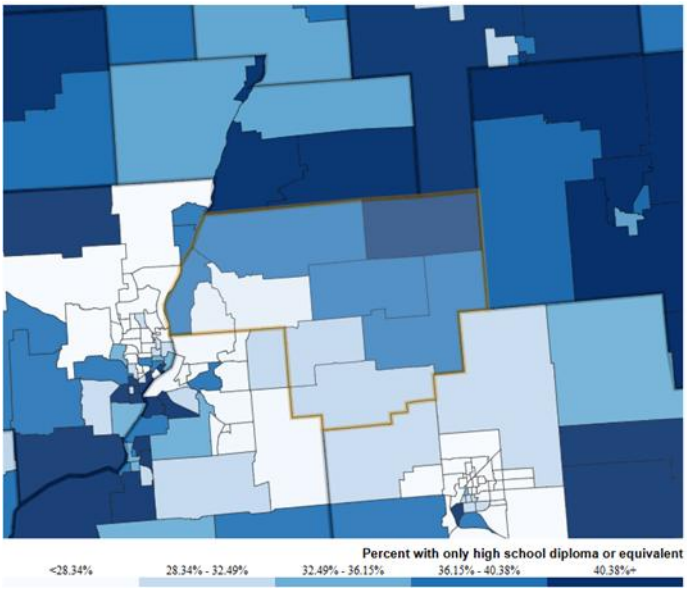


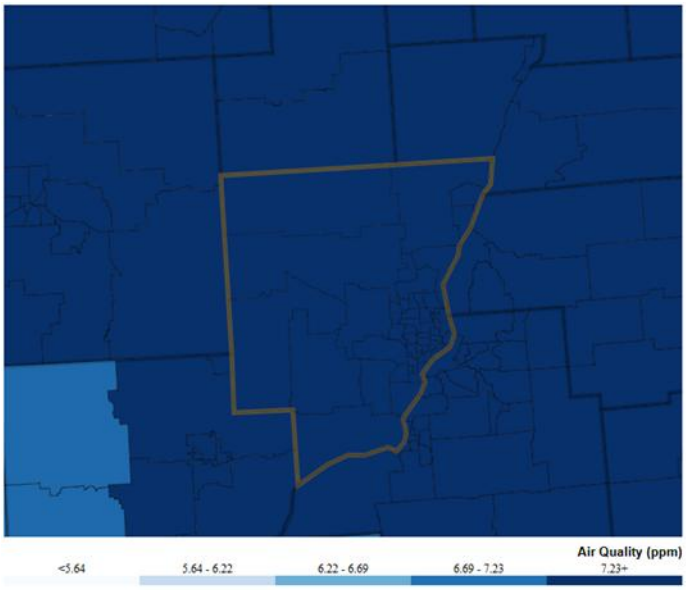
Woodford



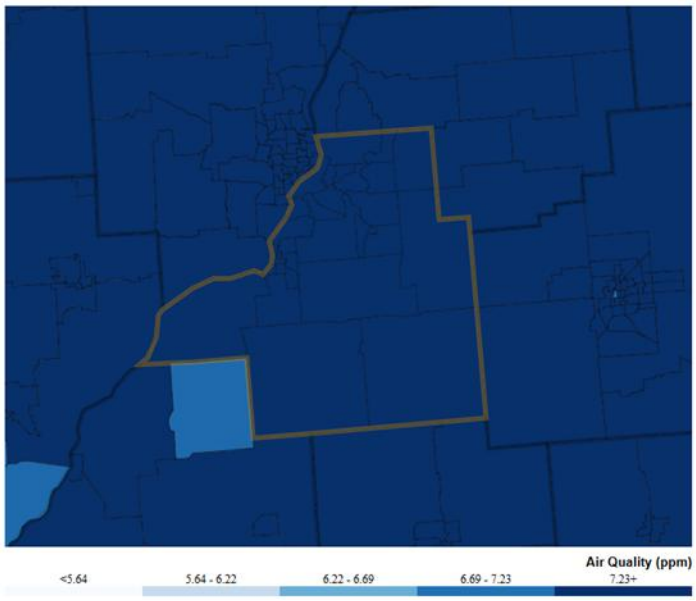
Description

Environment: Particulate Matter (PM2.5) measures air quality annual average for fine particular matter. The EPA sets standards of 9.0 micrograms per cubic meter µg/m³. The WHO has more stringent guidelines for air quality set at of 5 µg/m³.

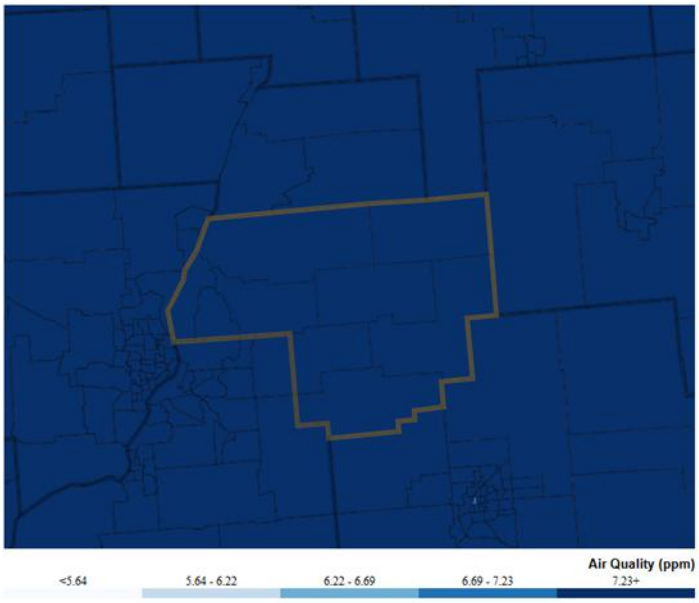
Peoria



Tazewell



Woodford



APPENDIX 4: SURVEY

2024 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

COMMUNITY PERCEPTIONS

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

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

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

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

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

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

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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

- ☐ Didn't have health insurance.
- ☐ Cannot afford
- ☐ Fear of discrimination
- ☐ Too long to wait for appointment.
- ☐ Didn't have a way to get to the doctor
- ☐ 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
- ☐ Cannot afford
- ☐ Fear of discrimination
- ☐ Pharmacy refused to take my insurance or Medicaid
- ☐ Didn't have a way to get to the pharmacy
- ☐ 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
- ☐ Cannot afford
- ☐ Fear of discrimination
- ☐ Not sure where to find available dentist
- ☐ The dentist refused my insurance/Medicaid
- ☐ Didn't have a way to get to the dentist
- ☐ Lack of trust

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

HEALTHY BEHAVIORS

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

Exercise

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

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

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

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

Healthy Eating

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

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

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

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

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

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

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Overall Health Ratings

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

INTERNET

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

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

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

BACKGROUND INFORMATION

1. What county do you live in?

☐ 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. What is your housing status?

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

12. How many people live with you? _____

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

☐ Emotional abuse ☐ Physical abuse ☐ Sexual abuse

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

☐ Emotional neglect ☐ Physical neglect ☐ Incarcerated household member

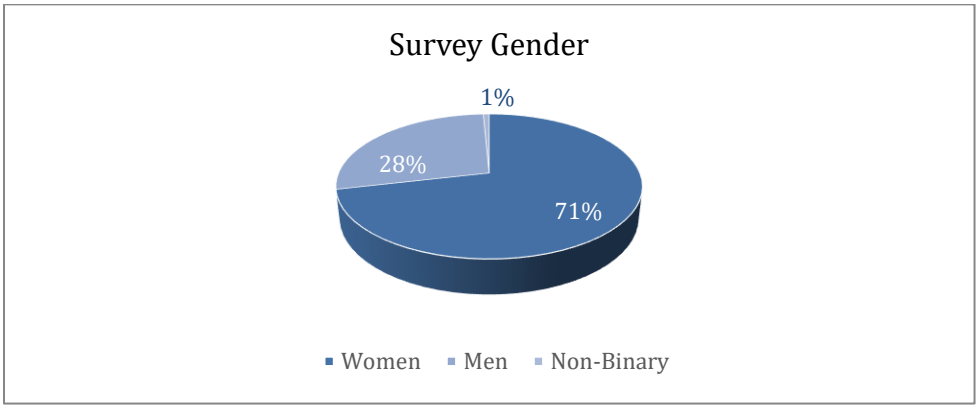
☐ Mother treated violently

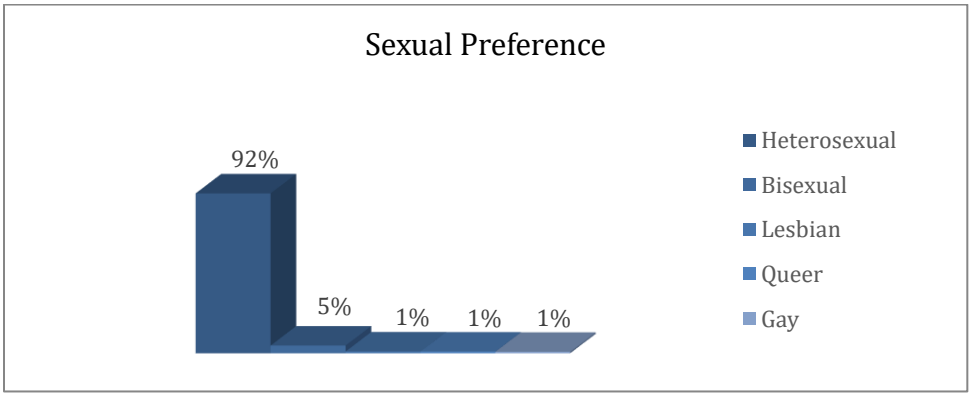
Is there anything else you'd like to share about your own health goals or health issues in our community?

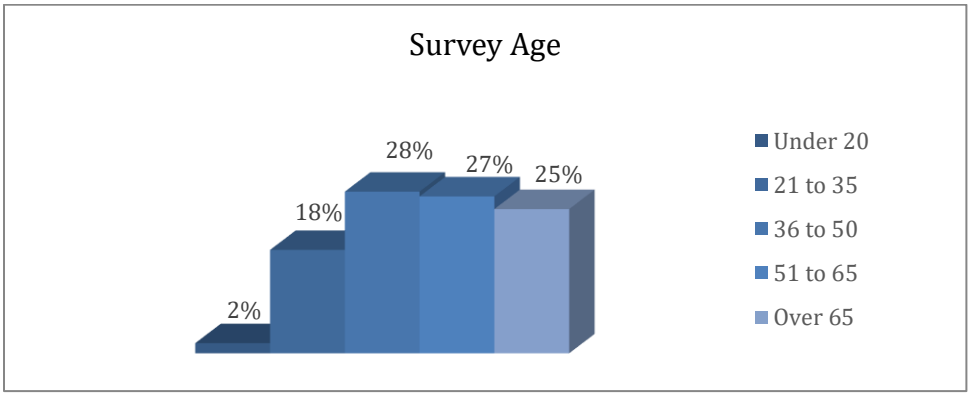
_____

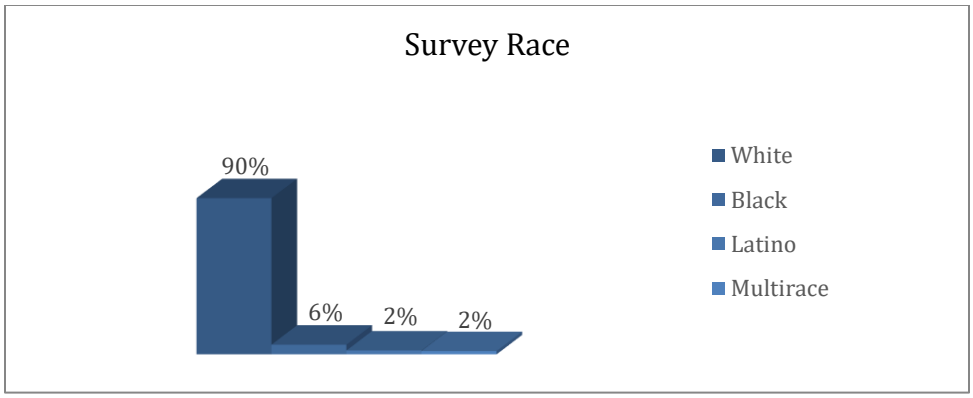
Thank you very much for sharing your views with us!

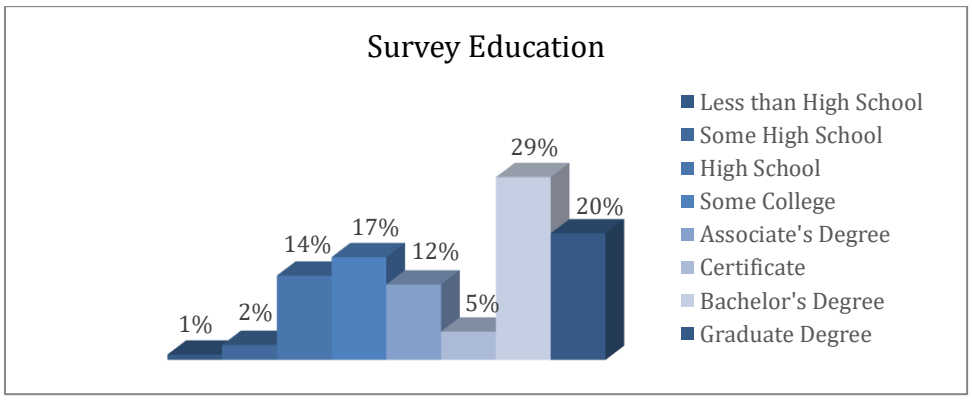
APPENDIX 5: CHARACTERISTICS OF SURVEY RESPONDENTS 2025

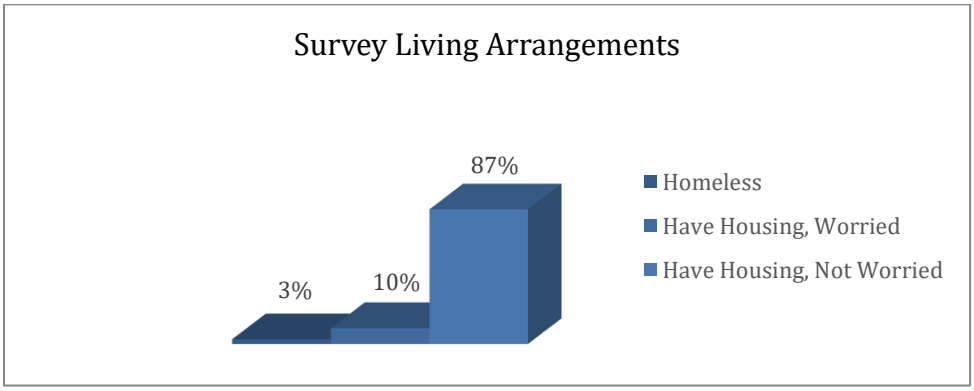


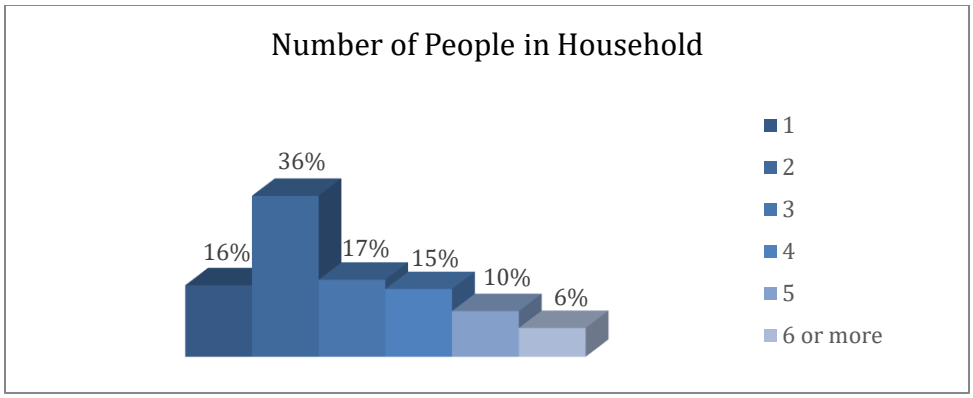


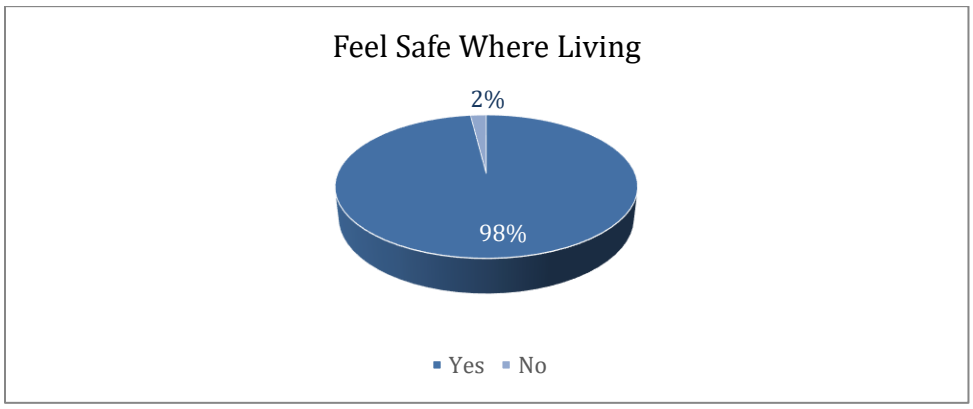


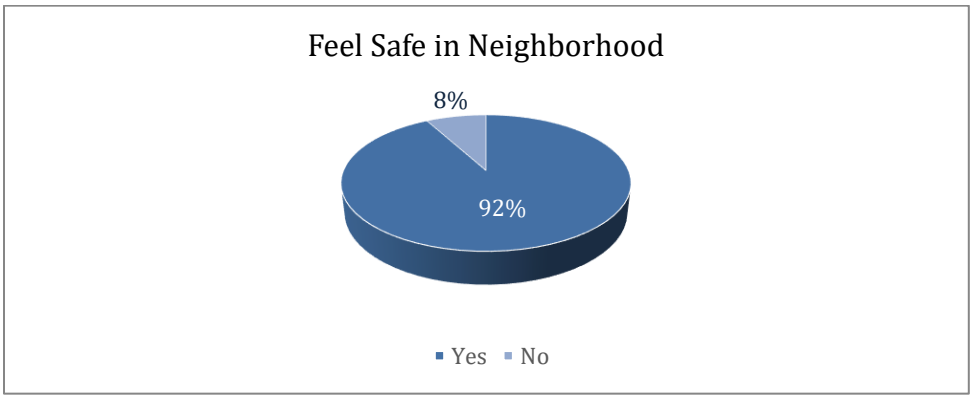

Survey Race
90%
6%
2%
2%
White
Black
Latino
Multirace

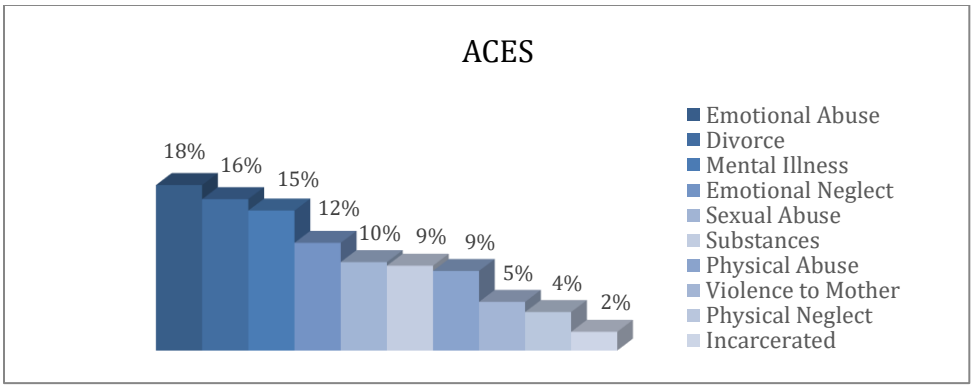

Survey Education
1%
2%
14%
17%
12%
5%
29%
20%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree


Survey Living Arrangements
3%
10%
87%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household
36%
16%
17%
15%
10%
6%
1
2
3
4
5
6 or more


Feel Safe Where Living
2%
98%
Yes
No


Feel Safe in Neighborhood
8%
92%
Yes
No


ACES
18%
16%
15%
12%
10%
9%
9%
5%
4%
2%
Emotional Abuse
Divorce
Mental Illness
Emotional Neglect
Sexual Abuse
Substances
Physical Abuse
Violence to Mother
Physical Neglect
Incarcerated

APPENDIX 6: RESOURCE MATRIX

	Health Departments			Education	Health Care Organizations					Community Organizations
Issue Statements	Peoria County	Tazewell County	Woodford County	UICOMP	Carle Eureka Hospital	OSF Saint Francis Medical Center	Carle Health Pekin Hospital	Carle Health Methodist Hospital	Carle Health Proctor Hospital	Heart of Illinois United Way
The high cost of nutritious food limits consumption and contributes to food insecurity among low-income populations	S3, T3	S3, T3	S2, T2	S2, T2	S1, T1	S3, T3	S2, T2	S2, T2	S2, T2	S3, T1
Increased availability of nutritious foods through strengthening & aligning of resources & services across the Tri-County food system	S3, T3	S3, T3	S3, T3	S2, T2	S2, T1	S3, T3	S2, T2	S2, T2	S2, T2	S3, T1
During school closures, youth experience significant food insecurity, with over 2 million meals missed, highlighting the critical role of school-based nutrition programs	S3, T3	S3, T3	S3, T3	S1, T2	S1, T1	S3, T3	S2, T2	S2, T2	S2, T2	S3, T1
Improve knowledge to navigate the behavioral health system	S3 T3	S2, T2	S2, T3	S3, T2	S2, T2	S3, T3	S3, T3	S3, T3	S3, T3	S3, T1
Decrease suicidal thoughts/behaviors and self-harm related admissions for adolescents and young adults	S3, T3	S2, T2	S2, T3	S3, T1	S3, T3	S3, T3	S3, T3	S3, T3	S3, T3	S3, T1

*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

	Health Departments			Education	Health Care Organizations					Community Organizations
Issue Statements	Peoria County	Tazewell County	Woodford County	UICOMP	Carle Eureka Hospital	OSF Saint Francis Medical Center	Carle Health Pekin Hospital	Carle Health Methodist Hospital	Carle Health Proctor Hospital	Heart of Illinois United Way
Increase access to behavioral health care for youth and those with low income	S3, T3	S2, T2	S2, T2	S3, T2	S2, T2	S3, T3	S3, T3	S3, T3	S3, T3	S3, T1
Increase the proportion of pregnant women who receive early and adequate prenatal care	S2, T2	S2, T2	S2, T2	S3, T3	S1, T1	S3, T3	S3, T3	S3, T3	S3, T3	S3, T1
Reduce emergency department as choice of medical care for non-emergent issues	S2, T2	S2, T2	S2, T1	S1, T1	S3, T3	S3, T3	S3, T2	S3, T2	S3, T2	S3, T1
Increase the proportion of people that routinely engage with primary care provider/services	S2, T2	S2, T2	S2, T1	S1, T1	S3, T3	S3, T3	S3, T3	S3, T3	S3, T3	S3, T1
Navigation of healthcare system and resources specifically among; AA/Black, Males, Rural Residents, and Individuals 65+ years old	S2, T2	S2, T2	S2, T2	S2, T3	S3, T3	S3, T3	S3, T2	S3, T2	S3, T2	S3, T1

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.

EDUCATIONAL INSTITUTIONS

University of Illinois College of Medicine Peoria
The University of Illinois College of Medicine Peoria (UICOMP) is one of three campuses that make up the nation's largest public medical school. The Peoria campus is known among students for its small class sizes, rigorous curriculum and faculty mentorship. Residents and fellows know us for our large referral base and exceptional facilities. Physicians come to the Peoria campus seeking the ideal combination of teaching and clinical practice in a research-based university setting.

HOSPITAL/CLINICS

Carle Eureka Hospital
Carle Eureka Hospital has served and cared for the people of central Illinois for over 120 years. A 25-bed, Critical Access hospital located in Eureka, IL, we've set new standards for what a rural hospital can achieve. With many awards for quality and patient satisfaction, our skilled staff provides emergency care, inpatient and outpatient surgeries, rehabilitation, advanced radiology and more.

Carle Health Pekin Hospital
Carle Health Pekin Hospital, an 85-bed facility in Pekin, IL, is part of Carle Health, a vertically integrated system with a bold but simple mission: to be the trusted partner in all healthcare decisions for everyone who depends on it. Always focused on its North Star – providing the best care possible for patients – Carle Health Pekin is driven by a deep philanthropic spirit to solve real-world health issues now and into the future. The hospital and its campus are home to an emergency department, physical rehabilitation services, state-of-the-art radiology imaging, the Women's Diagnostic Center and surgery services. Carle Health Pekin holds a Magnet® designation, the nation's highest nursing honor.

Carle Health Methodist Hospital
Carle Health Methodist Hospital, a 310-bed facility in Peoria, IL, is part of Carle Health, a vertically integrated system with a bold but simple mission: to be the trusted partner in all healthcare decisions for everyone who depends on it. Always focused on its North Star – providing the best care possible for patients – Carle Health Methodist is driven by a deep philanthropic spirit to solve real-world health issues now and into the future. It's the only hospital in central Illinois to be certified a Baby Friendly Hospital. It's also the regional leader in behavioral health services through its Trillium Place affiliate and is a Level II Trauma Center. Carle Health Methodist holds a Magnet® designation, the nation's highest nursing honor.

Carle Health Proctor Hospital
Carle Health Proctor Hospital, a 205-bed facility in Peoria, IL, is part of Carle Health, a vertically integrated system with a bold but simple mission: to be the trusted partner in all healthcare decisions for everyone who depends on it. Always focused on its North Star – providing the best care possible for patients – Carle Health Proctor is driven by a deep philanthropic spirit to solve real-world health issues now and into the future. It offers the only behavioral health facility in the region designed for older adults and has the state-of-the-art Outpatient Dialysis Center and Burklund Cardiopulmonary Rehabilitation Center. Carle Health Proctor holds a Magnet® designation, the nation's highest nursing honor

OSF Healthcare Saint Francis Medical Center
OSF HealthCare Saint Francis Medical Center, with 642 beds, is the fifth-largest medical center in Illinois. A major teaching affiliate of the University of Illinois College of Medicine at Peoria, it is the area's only Level I Trauma Center, the highest level designated in trauma care. It serves as the resource hospital for emergency medical services for northcentral Illinois. It is home to OSF Children's Hospital of Illinois and the OSF Illinois Neurological Institute. OSF Saint Francis Medical Center and Children's Hospital have been designated Magnet Status for excellence in nursing care since 2004.

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

MAPP 2.0 Community Context Assessment

The Community Context Assessment (CCA) is a qualitative tool to assess and collect data. The CCA centers on people and communities with lived experiences and lived expertise. It focuses on the views, insights, values, cultures, and priorities of those experiencing inequities firsthand.

CCA Process

1. Formation of Health Equity Committee and member recruitment
2. Review of CSA and CHNA data
3. Development of CSA infographics and community conversation questions based on MAPP 5 Themes (Health Behaviors and Outcomes, SDOH, Systems of Change/Power, Community Strengths, Organizational Capacities)
4. Identification of populations for community conversations

The group consisted of a diverse representation from the Tri-County area. Below are the members of this group and their corresponding organizations.

Name	**Organization**
Dawn Jeffries, PhD	Girls Light Our Way
Michelle Sanders	IL Primary Healthcare Association
Andre Allen, PhD	Peoria County DEI
Shamra Robinson, PhD	Citylink
Seth Major	OSF Saint Francis Medical Center
Cassie Lucchesi	Peoria Proud
Marvin Hightower	NAACP
Jeff Ekena	ROE 53 (Tazewell/Woodford)
Leslie McKnight, PhD	PCCHD
Sara Kelly, PhD	UICOMP

Todd Northcutt	Haddaway Transport
Kathie Brown	GPEDC
Donna Crowder	PCCEO
Wayne Cannon	PCCEO
Regina Morgan	Southside Community Center
Erica Mutchler	TCHD
Cole Nicholson	TCHD

Participating agencies that assisted with these qualitative data assessments included:

- Peoria Proud
- Home for All CoC
- Big Brothers Big Sisters
- Children's Home
- GLOW
- Southside Community Center
- Bradley University
- UICOMP
- Manual High School
- Peoria Central High School
- PCCEO
- PCCHD
- TCHD
- WCHD
- Alpha Kappa Alpha Sorority
- Delta Sigma Theta Sorority
- Lambda Chi Alpha
- Peoria County DEI
- OSF
- Fit and Strong Miller Center
- Citylink

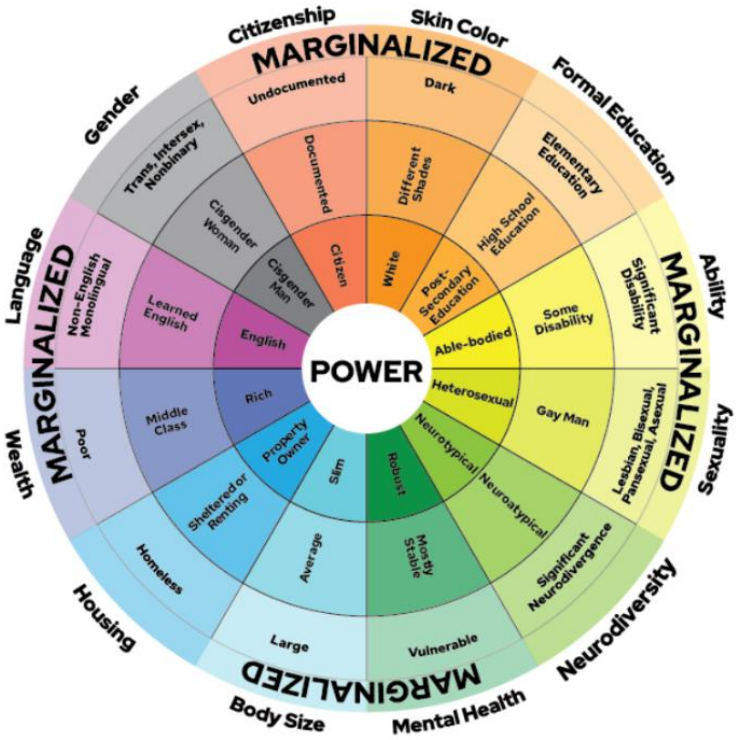
As a result, the CCA group was able to obtain qualitative data through outreach to these specific population which were either underrepresented by the survey (CSA) or are vulnerable to negative health outcomes as depicted by the Wheel of Power and Privilege. In particular there were **18 focus groups**, **30 interviews** resulting in **over 200** participants in this process.

- Black males 12-18
- Black women's health (maternal health)
- White males
- Cancer support groups
- Low-income
- Latinx
- LGBTQA+
- Uninsured-Underinsured
- Homeless population
- Seniors

Questions that guided these conversations included:

1. Is this information the biggest health concerns in your community?
2. What are the barriers to solving these top 3 issues
3. What have you seen that works to address these issues?
4. What specific resources are needed to solve these issues?
5. What are the barriers to obtaining these resources (if any?)

Figure 117 Wheel of Power and Privilege

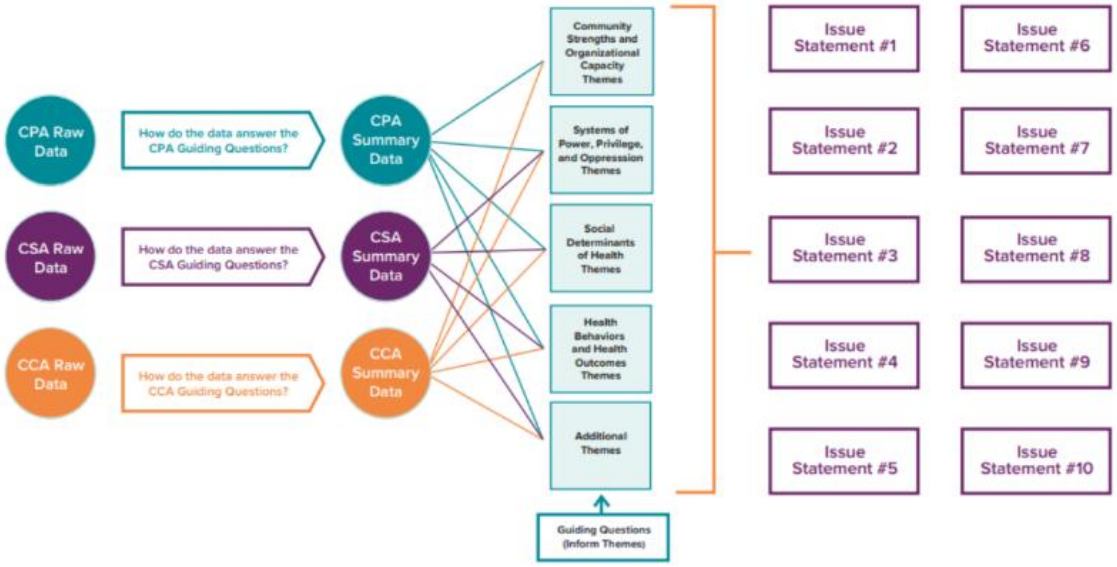


Adapted from James R Vanderwoerd ("Web of Oppression"), and Sylvia Duckworth ("Wheel of Power/Privilege")

Background and Framework

The Partnership for a Healthy Community (PFHC) utilized the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework to guide its community health needs assessment and prioritization process. Developed by the National Association of County and City Health Officials (NACCHO), MAPP 2.0 is a community-driven strategic planning tool designed to achieve health equity by addressing the most pressing population health issues. It emphasizes inclusive stakeholder engagement, policy and systems change, and the alignment of community resources toward shared goals.

Figure 118 MAPP 2.0 process developed by NACCHO



To inform this process, the PFHC conducted three core assessments: Community Status Assessment (CSA), Community Context Assessment (CCA), and Community Partner Assessment (CPA). These assessments were supplemented with a variety of public health surveillance data to identify emerging trends and issues impacting community health and well-being. The data encompassed health behaviors, chronic disease prevalence, social determinants of health, and health inequities, as well as systemic factors such as power, privilege, and oppression that influence health outcomes in the Tri-County region of Central Illinois.

Purpose of the Prioritization Process

The MAPP 2.0 framework provided a structured approach for the PFHC to:
- Assess Health Issues: Identify the most pressing health concerns using both quantitative and qualitative data.
- **Align Resources**: Discuss efforts and resources across sectors that could be used to address these concerns.
- **Strategic Action**: Discuss relationships among these issues and identify programs where capacity to address these issues is possible in the Tri-County region. Develop and implement effective strategies to improve community health outcomes.

Identifying Issue Statements

The PFHC Board led the process of identifying issue statements through a series of structured sessions. These sessions involved reviewing raw data and summarizing key health issues affecting the Tri-County region. The Hanlon Method for Prioritizing Health Problems was used to guide this process. This method is widely recognized in public health for its systematic approach to evaluating and ranking health issues.

A critical component of the Hanlon Method is the PEARL criteria, which serve as a preliminary screening tool. Each potential issue was evaluated based on the following:

- ***Propriety*** *– Is the issue appropriate for public health intervention?*
- ***Economics*** *– Are there significant economic consequences if the issue is not addressed?*
- ***Acceptability*** *– Will the community and stakeholders support addressing the issue?*
- ***Resources –*** *Are sufficient resources available to address the issue?*
- ***Legality –*** *Is it legally feasible to address the issue?*
- *Issues that did not meet all PEARL criteria were excluded from further consideration.*

As part of the comprehensive prioritization process, the PFHC applied the PEARL method, a key component of the Hanlon Method for Prioritizing Health Problems, to systematically evaluate a broad list of community health issues. The PEARL criteria—Propriety, Economics, Acceptability, Resources, and Legality—served as a screening tool to determine whether each issue was appropriate and feasible for public health intervention. This method was used to assess issues across four primary domains: food insecurity, behavioral health, healthcare access and quality, and preventative care. Each potential issue was reviewed to ensure it met all five PEARL criteria; those that did not were excluded from further consideration. Through this structured and evidence-based approach, the PFHC narrowed the comprehensive list to a final set of 10 issue statements that were deemed both impactful and actionable. (See APPENDIX 9: ADDITIONAL INFORMATION FOR PRIORITIZATION for the full list of issues considered.)

Community Engagement and Voting Process

Following the identification of 10 issue statements across three emerging domains. Seven key entities participated in a series of meetings to review and provide feedback. During these sessions, attendees were able to score and rate these issues using Hanlon method. The following table describes the voting entities and meeting dates for this voting process.

Table 6

Name of entity	Date of meeting(s)
Carle Health	June 12
Community Conversations Group	May 22
OSF	June 2
PFHC Board/Action Teams	June 12
Peoria City/County Health Department	May 20, June 2, June 5
Tazewell County Health Department	June 3, June 11
Woodford County Health Department	May 20, June 3

Scoring and Final Prioritization

Each of these entities (n=7) voted on each of the 10 issue statements. The Hanlon scoring method was applied to each of the 10 issue statements. This method evaluates issues based on:

- *Size of the problem*
- *Seriousness of the problem*
- *Effectiveness of the intervention*

Each category was scored on a scale from 1 to 10. The average scores were calculated, and standard deviations were analyzed to ensure that outliers did not disproportionately influence the results. These scores were compiled from all seven participating entities, each of which independently evaluated the issue statements. The collective scoring allowed for a balanced and representative assessment of community priorities. Based on this analysis, the issues that ranked as the **highest priority** and **lowest priority** were determined by the aggregated scores across all entities, ensuring that the final prioritization reflected a consensus-driven and data-informed process.

Scores for the 10 Issue Statements for Each Voting Entity

Scores for the Tri-County region are provided in the table below which also depicts the average score using Hanlon method to calculate these scores for each of the issue statements. The following table provides the calculations for the voting entities across each of the 10 issue statements.

	ISSUE 1	ISSUE 2	ISSUE 3	ISSUE 4	ISSUE 5	ISSUE 6	ISSUE 7	ISSUE 8	ISSUE 9	ISSUE 10	AVERAGE	SD
PEORIA	129.3	126	146.4	128.5	143.8	137.2	129.2	96.3	100.8	129.5	126.7	16.4
TAZEWELL	130	136.5	167.4	141.6	162.5	161	104.3	94.3	116.3	112.3	132.62	25.7
WOODFORD	87.9	103	111.6	99.6	114.7	105.2	89.2	96.9	81.2	95.9	98.52	10.6
OSF SFMC	112	150	156	138	125	161	160	154	147	105	140.8	20.2
CARLE WEST	37.1	61.7	53.1	300	183.6	289.1	143.2	160.9	242.5	196.6	166.78	94.9
PARTNERSHIP	126.3	121.4	141.3	166.4	171	177.7	131.7	109.7	113.6	132.1	139.12	24.4
CCG	115.4	144.6	161.4	105.8	182.4	168.8	110.8	116.4	91.6	111.4	130.86	30.9
AVERAGE FOR EACH ISSUE STATEMENT	105.4	120.5	133.9	154.3	154.7	171.4	124.1	118.4	127.6	126.1	126.7	16.4

Abbreviations: CCG: Community Conversation Group, SD: standard deviation

Of note, OSF Saint Francis Medical Center requested that Mission Partners rank each issue statement for size of problem, seriousness, and effectiveness of interventions. Mission Partner rankings were collected and averaged. Any outlying ranking was removed from the average. On June 2, the issue statements and average rankings were reviewed at OSF Social Drivers of Health Steering Committee Meeting. Final rankings for submission were determined by the Committee.

Following discussion among all seven voting entities, Issue Statements 4 and 6 were merged into a single issue due to their strong interconnectedness and the consistently high scores they received across the partnership. This decision reflects a shared understanding that addressing these issues together would lead to more effective and coordinated community health strategies.

Final Priority Areas

Through group discussion and analysis of the scoring data, the PFHC identified the following top three priority areas:

Issue 1. Reduce food insecurity among youth

Issue 2. Increasing access to behavioral health services by improving navigation of services

Issue 3. Decreasing suicidal thoughts and behaviors among adolescents and young adults

These priorities will guide the next phase of strategic planning and intervention development for the Tri-County region.

National Target Data

Issue 1: Healthy People 2030 aims to increase the proportion of primary care visits where adolescents and adults are screened for depression. In addition, Healthy People 2030 aims to increase the proportion of people with serious mental illness who receive treatment as well. The objectives aim to improve navigation and reduce barriers in order to improve early identification and access to services.

Issue 2: Healthy People 2030 aims to reduce the suicide mortality rate to 12.8 per 100,000. Of note, this is a *Leading Health Indicator*, reflecting the importance in national health priorities as well.

Issue 3: Healthy People 2030 aims to reduce household food insecurity and huger and eliminate very low food security in children. These objectives aims to ensure children and adolescents have consistent access to nutritious food, which is essential for growth, development, and academic performance.

APPENDIX 9: ADDITIONAL INFORMATION FOR PRIORITIZATION

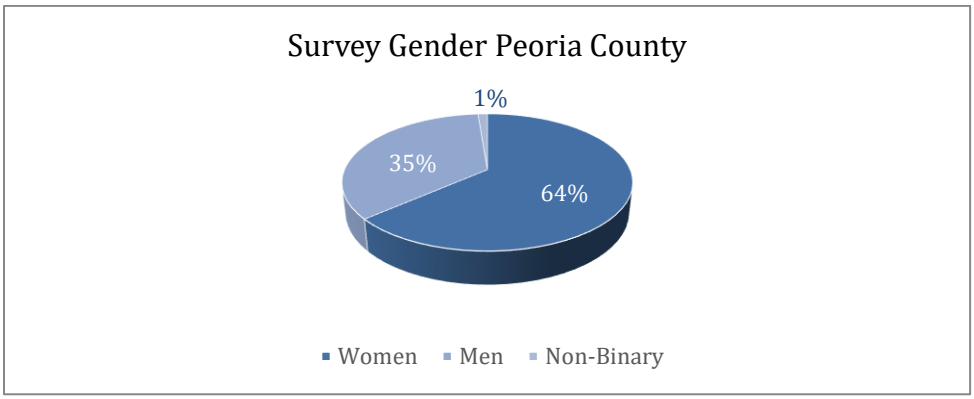
As part of the MAPP 2.0 process, data were analyzed to identify key areas of concern using five guiding elements: (1) community strengths and organizational capacity, (2) systems of power, privilege, and oppression, (3) social drivers of health, (4) health behaviors and outcomes, and (5) additional themes such as health literacy. Each area of concern was evaluated across these elements to ensure a comprehensive and equity-informed assessment.

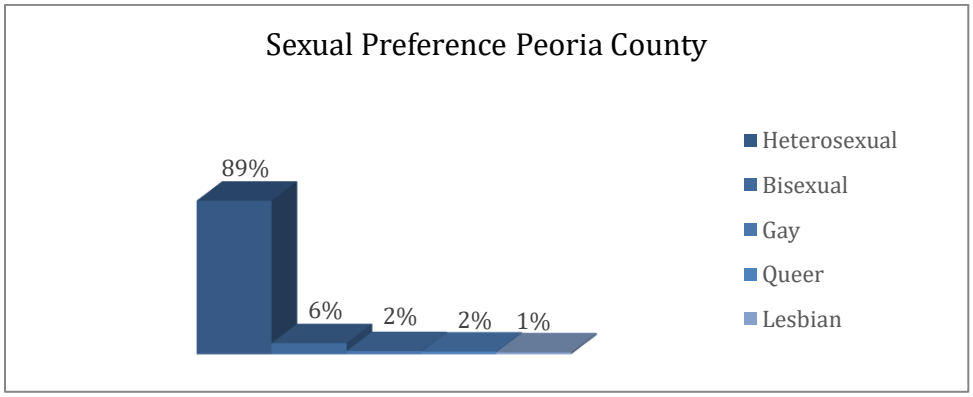
Following a series of structured data analysis sessions conducted by the Partnership for a Healthy Community (PFHC), ten priority issue statements were identified. These issues reflect key health and social challenges across the Tri-County area, including food insecurity, behavioral health access, prenatal care, and healthcare system navigation.

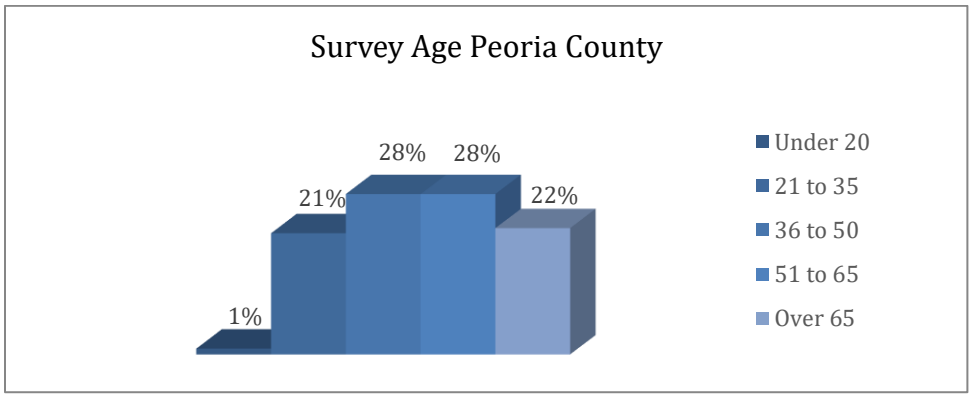
The following pages are summary documents developed for each issue and distributed to PFHC member entities, who then scored them using the Hanlon method to guide prioritization and strategic planning.

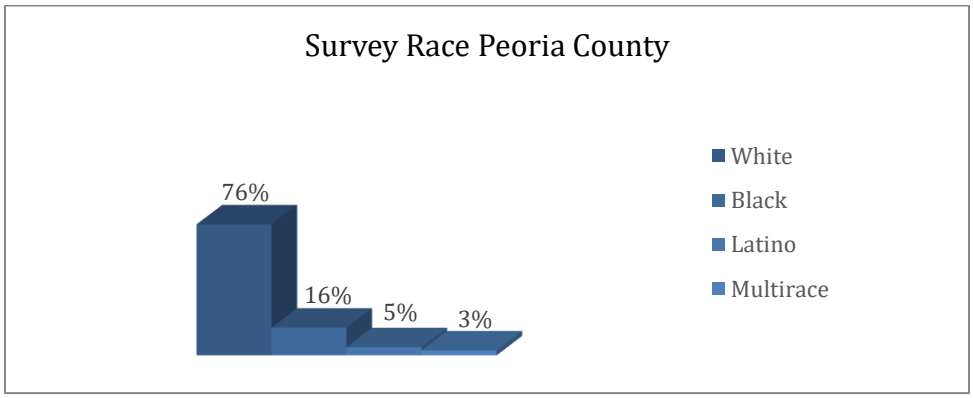
- *Food insecurity among low-income populations due to high cost*
- *Access to healthy food and resources*
- *Food insecurity among youth*
- *Navigating the behavioral health system*
- *Suicide and self-harm among youth and young adolescents*
- *Access to behavioral health resources among youth and those with low-income*
- *Early and adequate prenatal care*
- *Emergency department use for medical care that is non-emergent*
- *Engagement with primary care providers for routine visits*
- *Navigating healthcare system and resources specifically among; AA/Black, males, rural residents, and individuals 65+ years old*

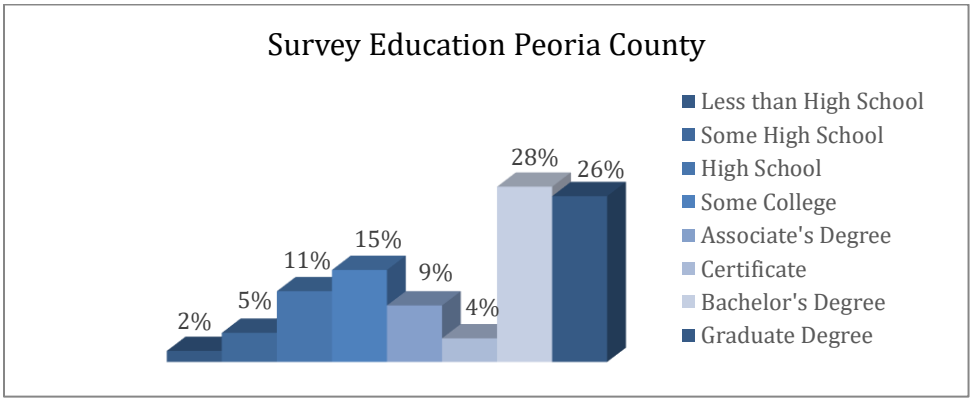
APPENDIX 10: CHNA SURVEY RESULTS FOR PEORIA COUNTY 2025

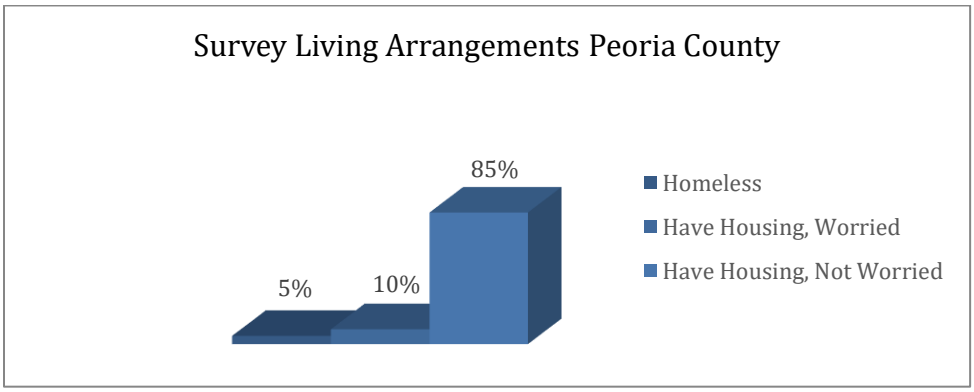


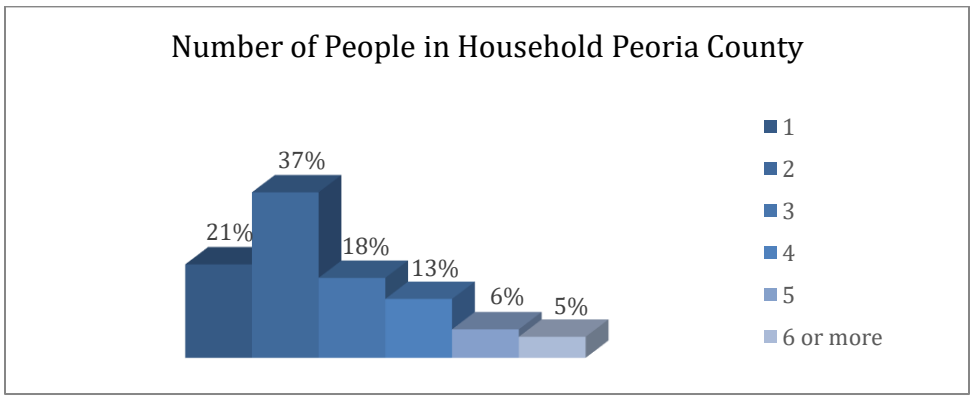


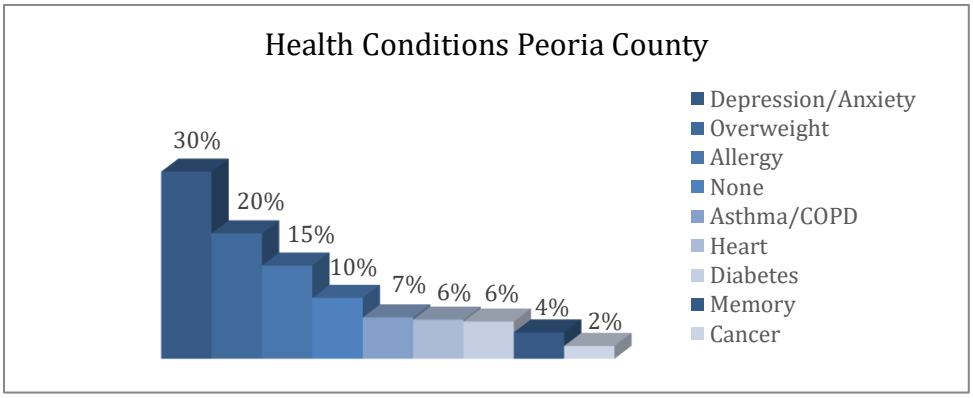


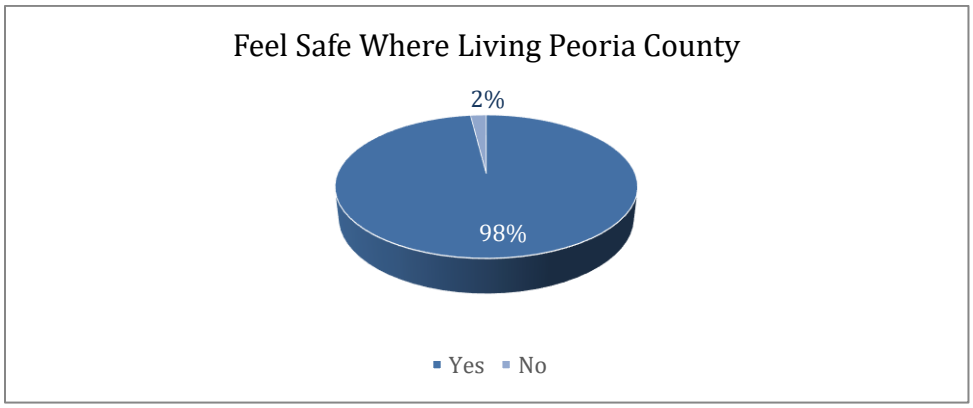

Survey Race Peoria County
76%
16%
5%
3%
White
Black
Latino
Multirace

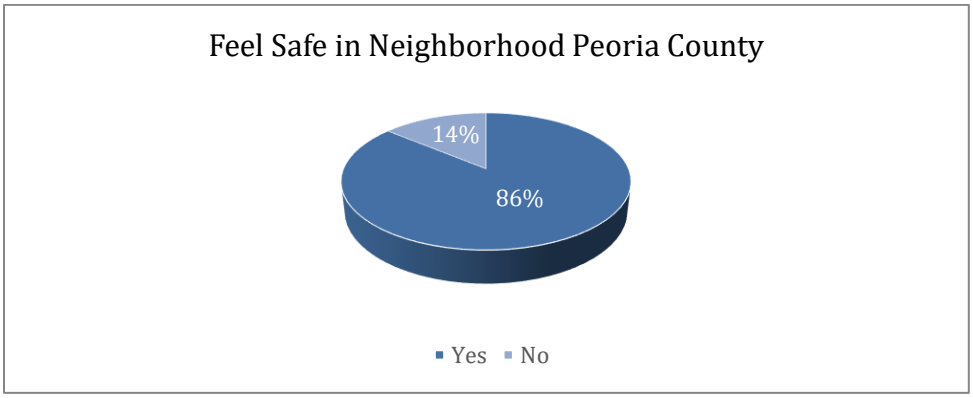

Survey Education Peoria County
2%
5%
11%
15%
9%
4%
28%
26%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

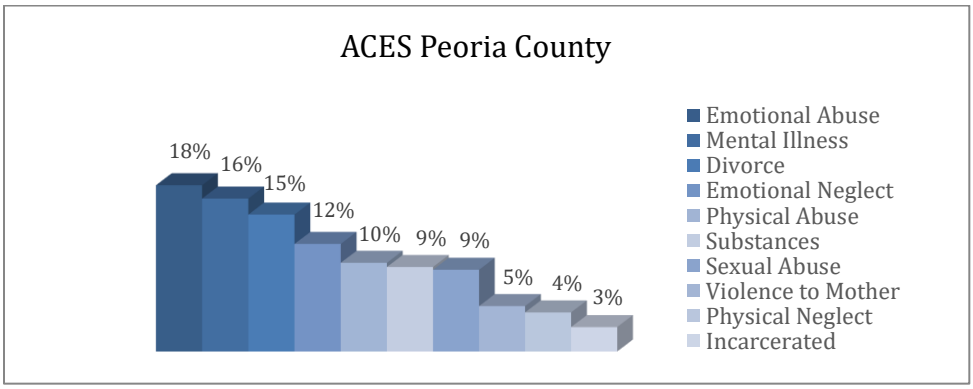

Survey Living Arrangements Peoria County
5%
10%
85%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household Peoria County
21%
37%
18%
13%
6%
5%
1
2
3
4
5
6 or more

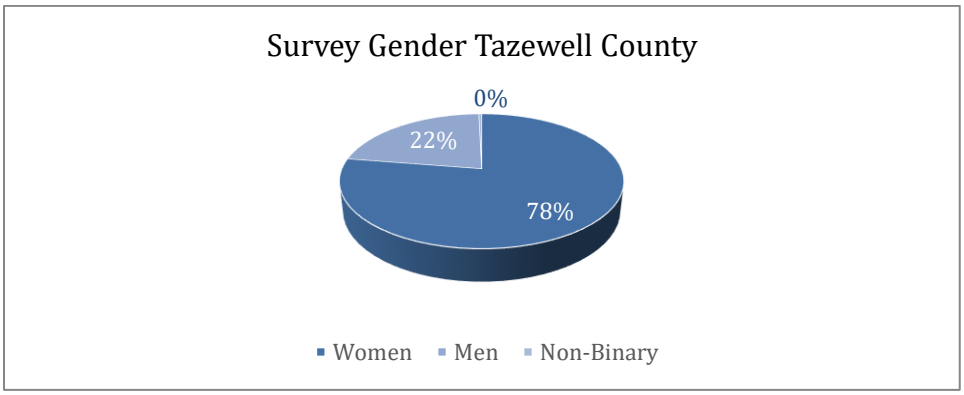

Health Conditions Peoria County
30%
20%
15%
10%
7%
6%
6%
4%
2%
Depression/Anxiety
Overweight
Allergy
None
Asthma/COPD
Heart
Diabetes
Memory
Cancer

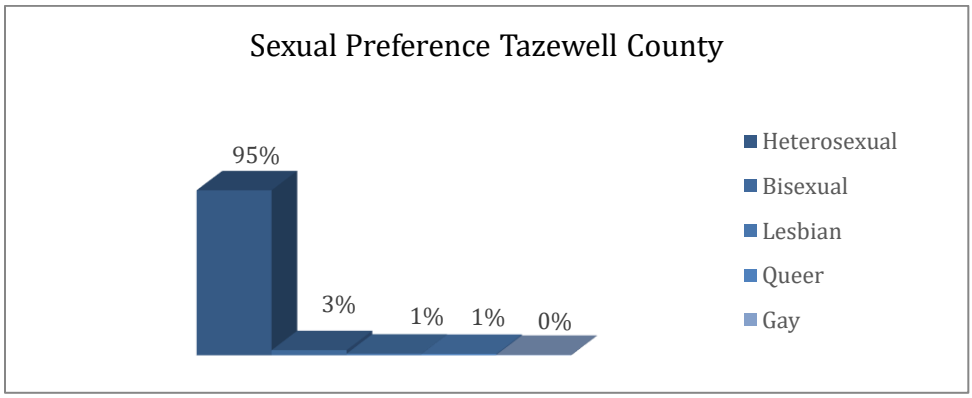

Feel Safe Where Living Peoria County
2%
98%
Yes
No

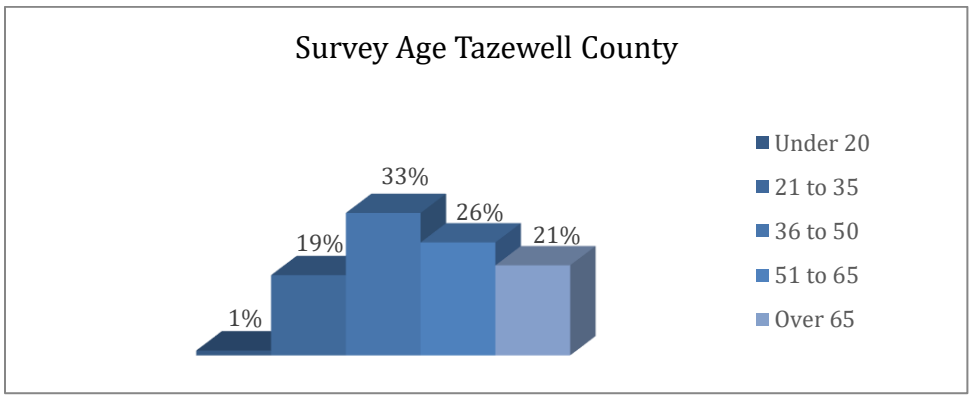

Feel Safe in Neighborhood Peoria County
14%
86%
Yes
No

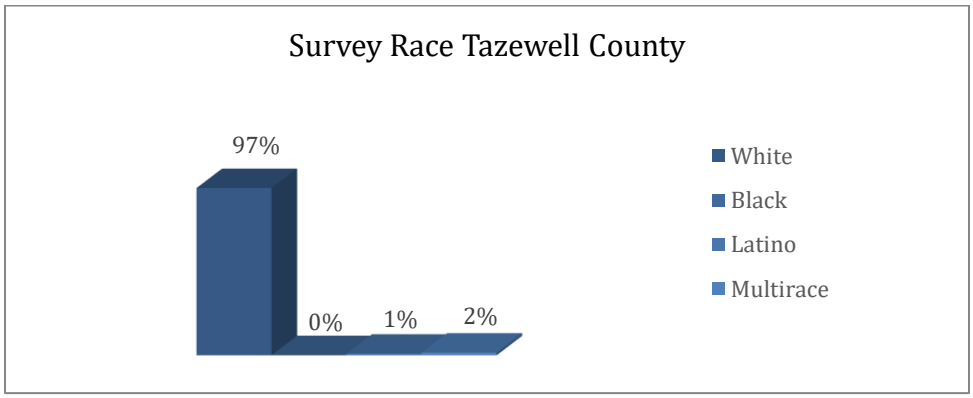

ACES Peoria County
18%
16%
15%
12%
10%
9%
9%
5%
4%
3%
Emotional Abuse
Mental Illness
Divorce
Emotional Neglect
Physical Abuse
Substances
Sexual Abuse
Violence to Mother
Physical Neglect
Incarcerated

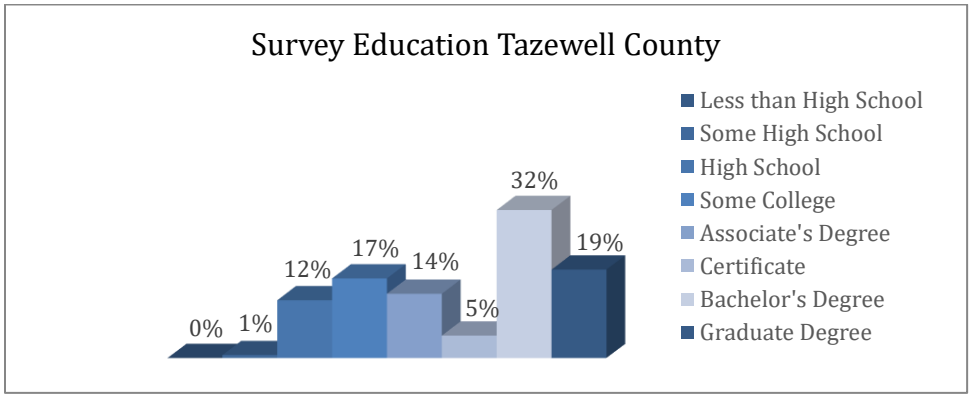
APPENDIX 11: CHNA SURVEY RESULTS FOR TAZEWELL COUNTY 2025

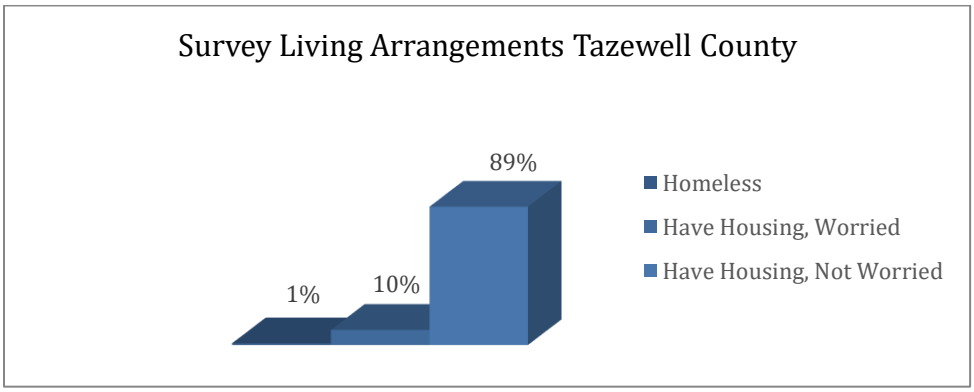


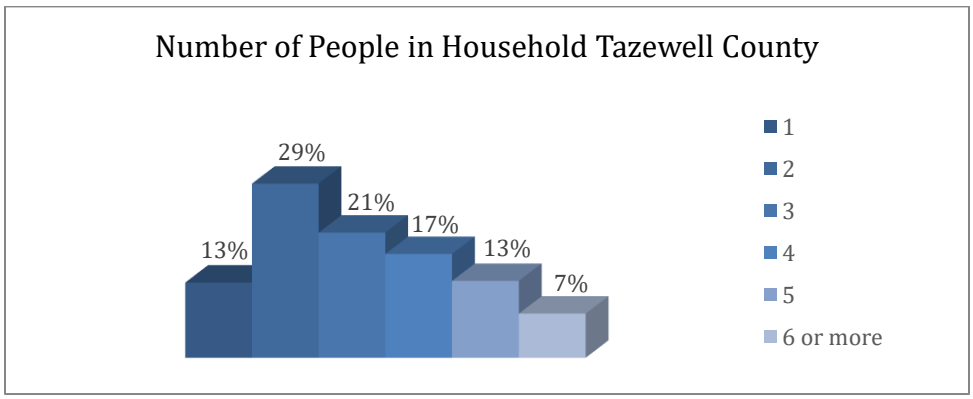


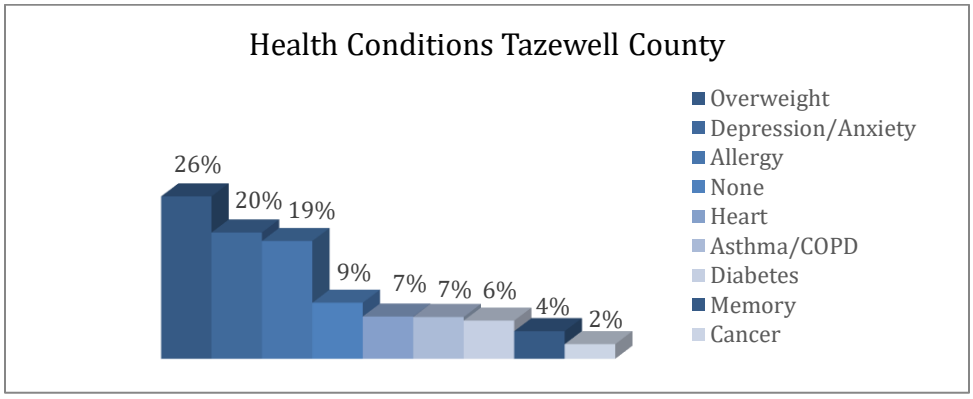


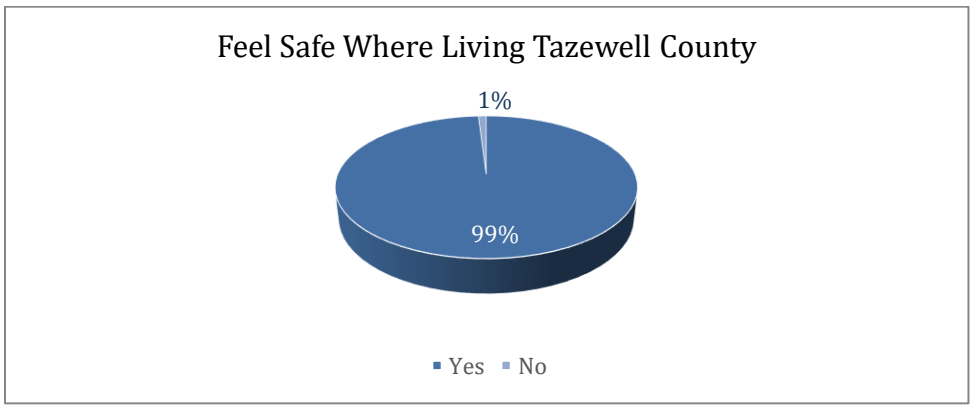

Survey Race Tazewell County
97%
0%
1%
2%
White
Black
Latino
Multirace

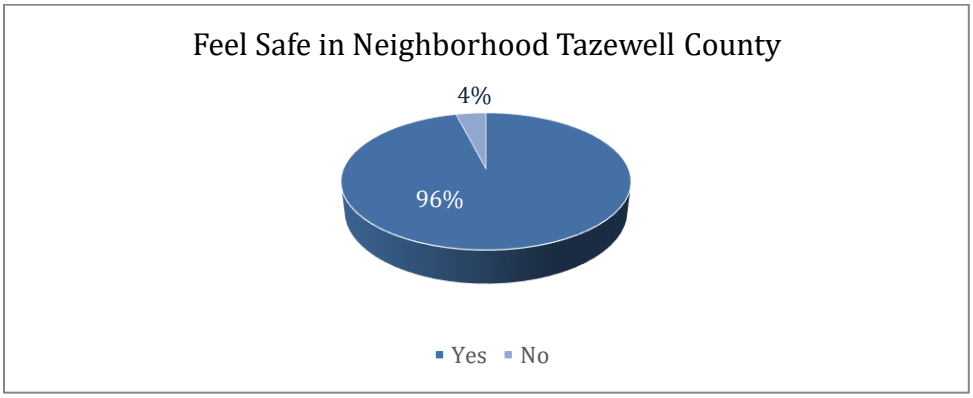

Survey Education Tazewell County
0%
1%
12%
17%
14%
5%
32%
19%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

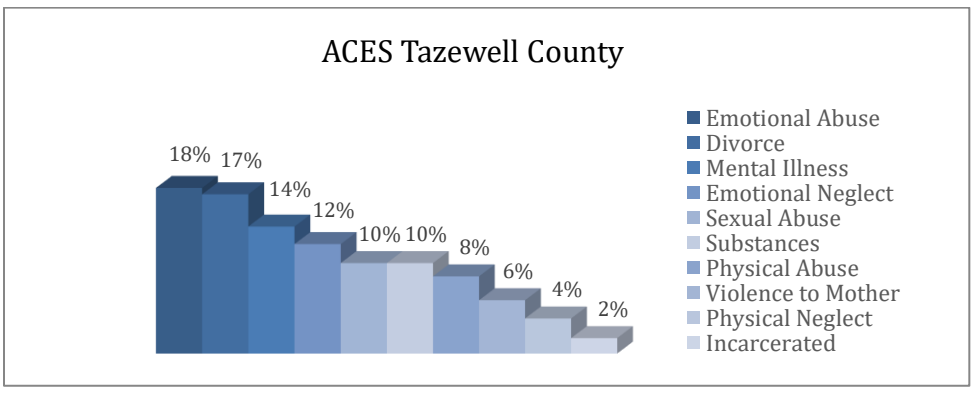

Survey Living Arrangements Tazewell County
1%
10%
89%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household Tazewell County
13%
29%
21%
17%
13%
7%
1
2
3
4
5
6 or more

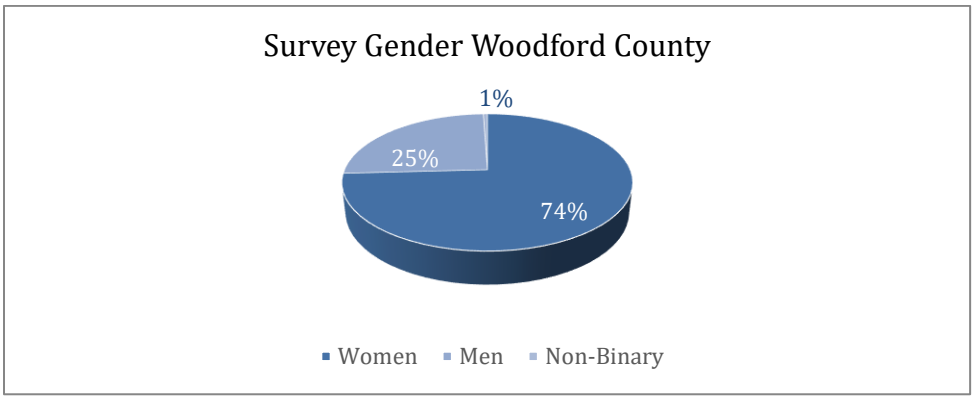

Health Conditions Tazewell County
26%
20%
19%
9%
7%
7%
6%
4%
2%
Overweight
Depression/Anxiety
Allergy
None
Heart
Asthma/COPD
Diabetes
Memory
Cancer

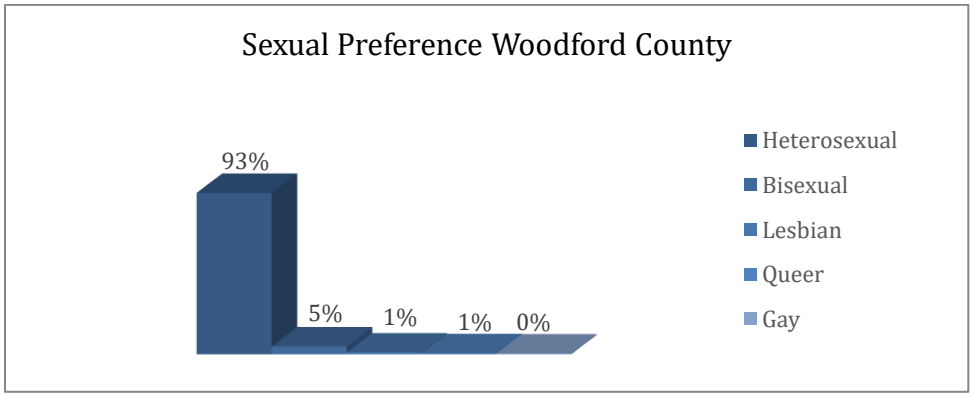

Feel Safe Where Living Tazewell County
1%
99%
Yes
No

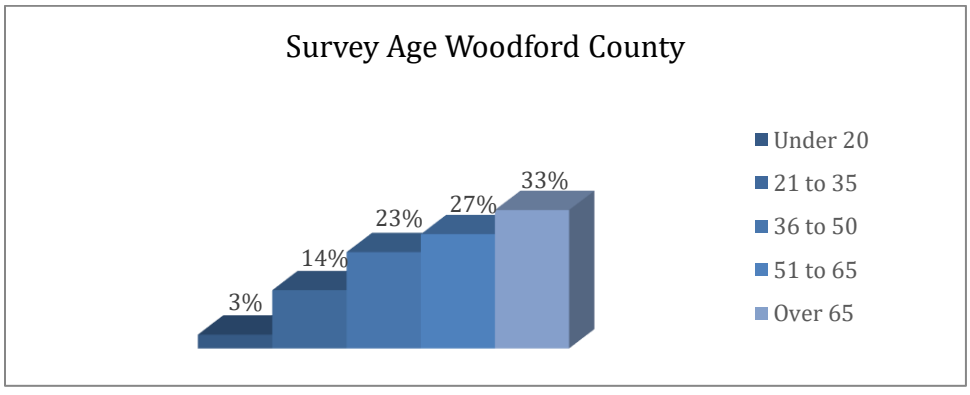

Feel Safe in Neighborhood Tazewell County
4%
96%
Yes
No

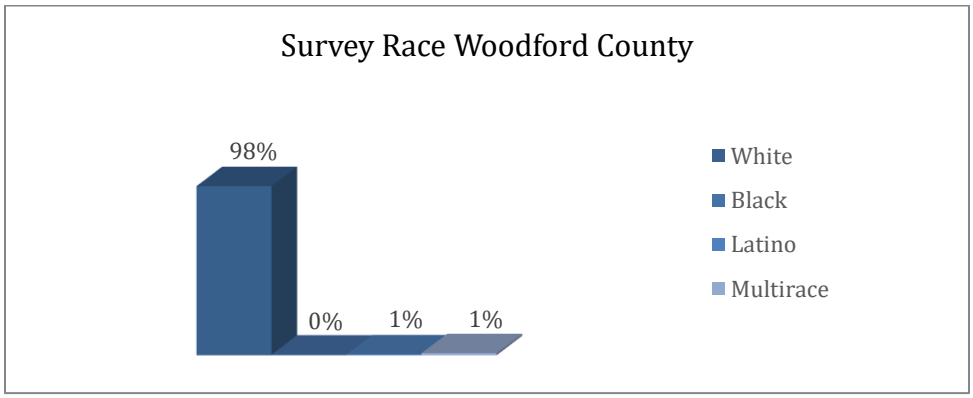

ACES Tazewell County
18%
17%
14%
12%
10%
10%
8%
6%
4%
2%
Emotional Abuse
Divorce
Mental Illness
Emotional Neglect
Sexual Abuse
Substances
Physical Abuse
Violence to Mother
Physical Neglect
Incarcerated

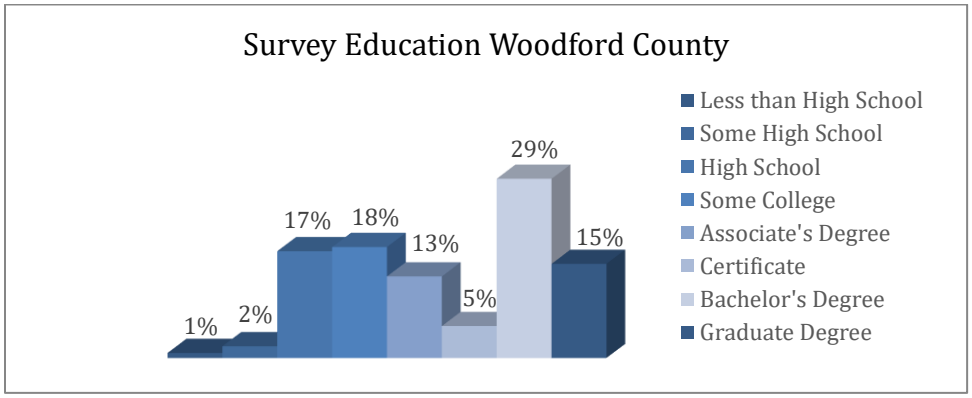
APPENDIX 12: CHNA SURVEY RESULTS FOR WOODFORD COUNTY 2025

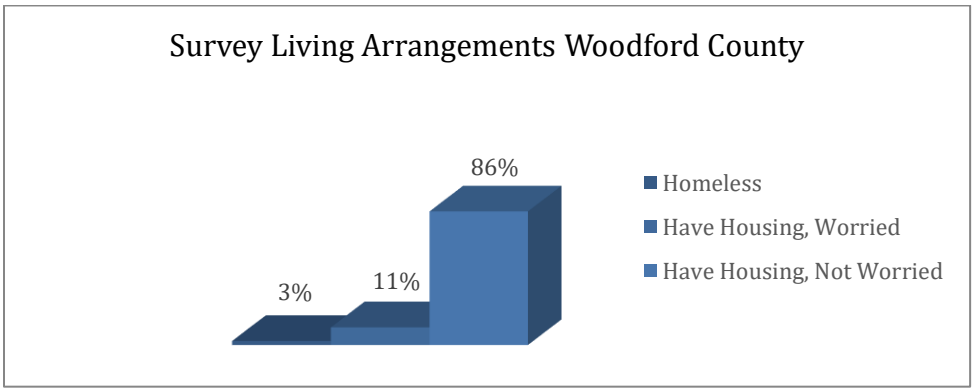


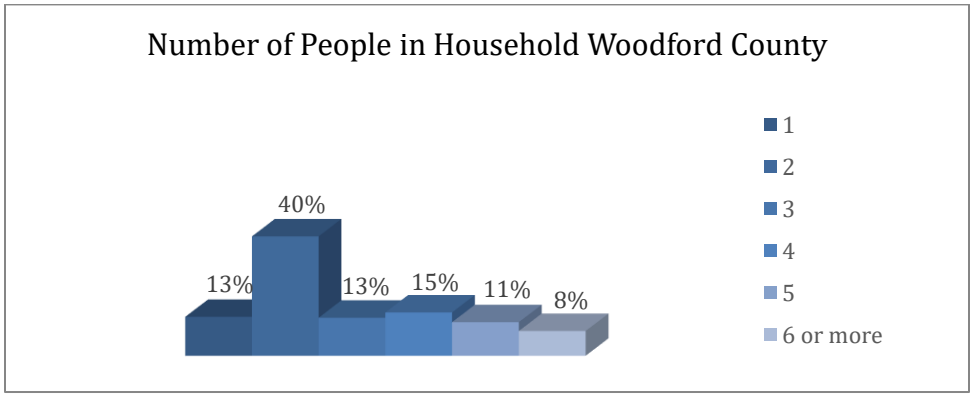


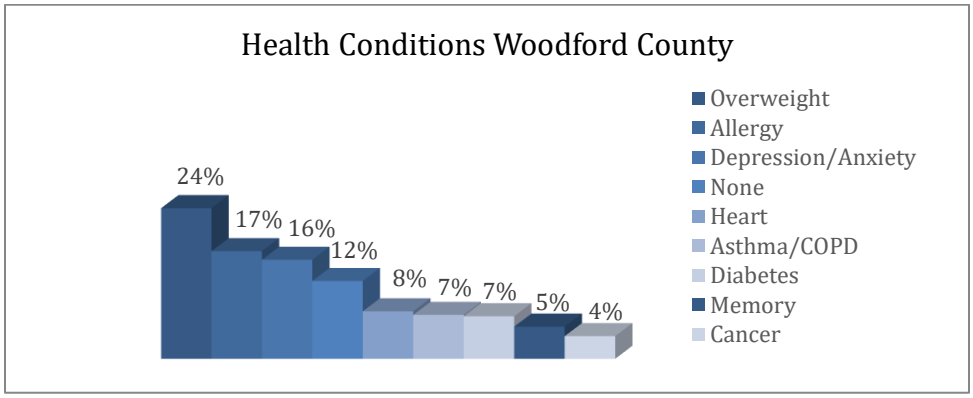


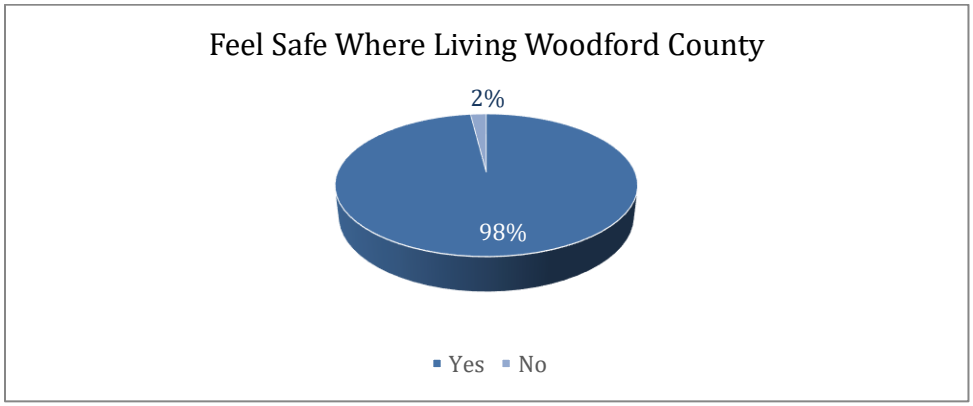

Survey Race Woodford County
98%
0%
1%
1%
White
Black
Latino
Multirace

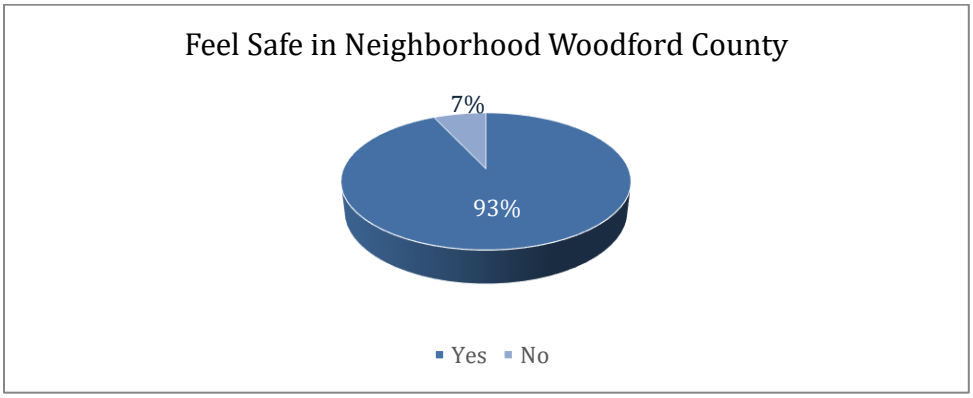

Survey Education Woodford County
1%
2%
17%
18%
13%
5%
29%
15%
Less than High School
Some High School
High School
Some College
Associate's Degree
Certificate
Bachelor's Degree
Graduate Degree

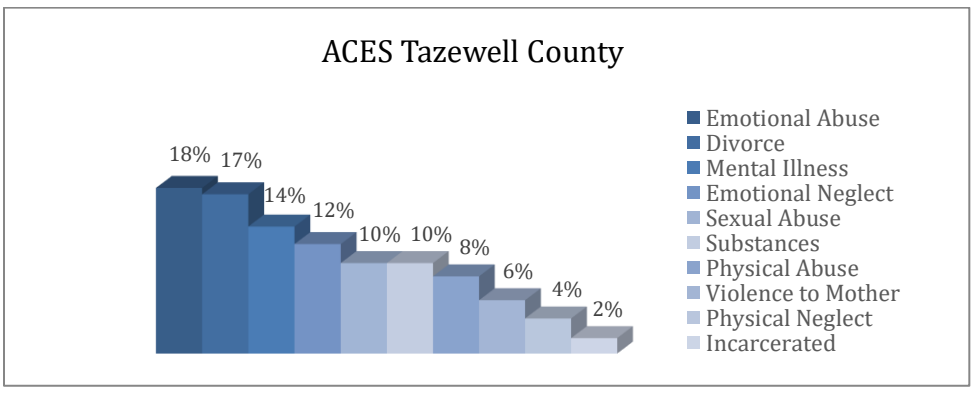

Survey Living Arrangements Woodford County
3%
11%
86%
Homeless
Have Housing, Worried
Have Housing, Not Worried


Number of People in Household Woodford County
13%
40%
13%
15%
11%
8%
1
2
3
4
5
6 or more


Health Conditions Woodford County
24%
17%
16%
12%
8%
7%
7%
5%
4%
Overweight
Allergy
Depression/Anxiety
None
Heart
Asthma/COPD
Diabetes
Memory
Cancer


Feel Safe Where Living Woodford County
2%
98%
Yes
No


Feel Safe in Neighborhood Woodford County
7%
93%
Yes
No


ACES Tazewell County
18%
17%
14%
12%
10%
10%
8%
6%
4%
2%
Emotional Abuse
Divorce
Mental Illness
Emotional Neglect
Sexual Abuse
Substances
Physical Abuse
Violence to Mother
Physical Neglect
Incarcerated

APPENDIX 13: COMMUNITY PARTNER ASSESSMENT

APPENDIX 14: COMMUNITY CONVERSATIONS SUMMARY