

Community Health Needs Assessment

2017 - 2019



Advocate Eureka Hospital

We are AdvocateAuroraHealth



December 2019

Advocate Eureka Hospital (Advocate Eureka) is pleased to present the 2019 Community Health Needs Assessment (CHNA). Every three years the hospital completes a CHNA by collecting and analyzing demographic and health data as well as getting input from community residents through a community health survey. As the only hospital in a rural community, we strive not only to provide excellent patient care, but also to improve the health of our community through partnerships and collaboration.

The strength of collaboration is demonstrated by Advocate Eureka's participation in the Partnership for a Healthy Community (PFHC) ad hoc CHNA collaborative team. Members of this collaborative team include hospitals, health departments and social service agencies in Peoria, Woodford and Tazewell Counties. The Community Health Director for Advocate BroMenn Medical Center (Advocate BroMenn) and Advocate Eureka serves on the PFHC board and the ad Hoc CHNA collaborative team.

Four significant health needs were selected during the Tri-County collaborative process by key community stakeholders at the March 12, 2019, prioritization meeting. From these needs, the CHNA team from Advocate Eureka analyzed additional data for Woodford County and selected two significant health needs to address for its 2019 CHNA; mental health and healthy eating/active living. Mental health has been a health priority for the hospital for its two previous CHNA's.

It is a privilege to serve as your community hospital. Through strong partnerships, collaboration, input from the community and effective programming, we continually strive to positively impact the health of the residents in our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Colleen Kannaday".

Colleen Kannaday
President, Advocate BroMenn Medical Center and Advocate Eureka Hospital
PSA President, Central Illinois

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I. Executive Summary

Advocate Eureka participated in the Tri-County Community Health Needs Assessment (CHNA) which is a collaborative undertaking spearheaded by the Partnership for a Healthy Community (PFHC). The PFHC is a multi-sector community partnership working to improve population health in Woodford, Peoria and Tazewell County. An ad hoc committee within the PFHC formed a collaborative team to facilitate the Tri-County CHNA. Members of the PFHC ad-Hoc CHNA collaborative team include Advocate Eureka, OSF St. Francis Medical Center, UnityPoint Health – Methodist and Proctor, Hopedale Medical Center, Woodford County Health Department, Peoria City/County Health Department, Tazewell County Health Department. Hopedale Medical Complex, Pekin Hospital, Heart of Illinois United Way, Heartland Health Services and Bradley University. The goal of the PFHC ad hoc CHNA collaborative is to highlight the health needs of residents in the Tri-County region and effectively utilize resources and establish partnerships from the three counties to improve the health of the communities. The Community Health Director for Advocate BroMenn and Advocate Eureka serves on the PFHC board and the PFHC ad hoc CHNA collaborative team. Similar to other members of the PFHC, Advocate Eureka used the Tri-County CHNA to prepare its 2019 CHNA report with a focus on Woodford County.

For the 2017-2019 CHNA, the hospital participated in the priority setting process with the PFHC ad hoc CHNA collaborative. Four significant health needs were selected during the Tri-County CHNA collaborative process by key community stakeholders at the March 12, 2019 prioritization meeting. Representatives from all three counties were in attendance. The significant health needs selected for the Tri-County region were: 1) mental health; 2) substance use; 3) cancer; and 4) healthy behaviors or healthy eating/active living. From the four priorities, the CHNA team from Advocate Eureka analyzed additional data for Woodford County for the four priorities (included in this report) and selected two significant health needs for its 2019 CHNA—mental health and healthy eating/active living. The hospital wanted to focus its efforts on two significant health needs, specific to Woodford County, as its resources are limited as a critical access hospital. Mental health has been a health priority in the hospital's 2013 and 2016 CHNAs. Although the hospital will focus a majority of its community health efforts on the two health priorities, by being active members of the PFHC mental health and healthy eating/active living priority action teams, staff members of Advocate Eureka will participate in the PFHC priority action teams for cancer and substance use, when needed, to further Tri-County efforts to address both of these health priorities.

For the 2020-2022 implementation plan, the hospital hopes to expand/supplement its current efforts to increase access to mental health services in Woodford County through a partnership with the Tazwell Center for Wellness and to continue offering Mental Health First Aid classes for the community. Programs and efforts to improve healthy eating and active living in the county will also be included in the implementation plan.

II. Description of Advocate Aurora Health and Advocate Eureka Hospital

Advocate Aurora Health

Advocate Eureka is one of 27 hospitals in the Advocate Aurora Health (Advocate Aurora) system. Advocate Aurora is one of the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly three million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. The organization contributed nearly \$2.1 billion in charitable care and services to its communities in 2018. We help people live well.

Advocate Eureka Hospital

As an Advocate Aurora hospital, Advocate Eureka embraces the system purpose of "We help people live well". The hospital is a 25-bed facility that has served and cared for the people of Woodford County and the surrounding area since 1901. Advocate Eureka is the only hospital in Woodford County and is a critical access hospital as certified by the Centers for Medicare and Medicaid Services. By functioning in this capacity, Advocate Eureka plays a vital role in serving the health needs of a primarily rural area. Community residents benefit from having access to care close to home as provided by a dedicated group of primary care and specialty physicians. If the patient's condition requires advanced care, the hospital is available to stabilize the condition and seamlessly transition the patient to another facility. A cherished community institution, Advocate Eureka has set new standards for what a rural hospital can accomplish. While patients appreciate the small-town touch of one-on-one care, they also know that it's backed by services and technology typically unavailable at a small hospital. Emergency care, inpatient and outpatient surgeries, rehabilitation and advanced radiology are only a few of the services offered. These services are provided by a skilled and caring staff that has won numerous awards for patient satisfaction.

III. Summary of the 2014-2016 Community Health Needs Assessment and Program Implementation

Community Definition

For the purpose of this assessment, “community” is defined as Woodford County, Illinois. Advocate Eureka is the only hospital in Woodford County, which is located in rural central Illinois. Although the hospital participated in the 2016 Tri-County Collaborative for the three counties illustrated in Exhibit 1 below, for the 2014-2016 Advocate Eureka CHNA, the community was defined as Woodford County. The following towns are in Woodford County: Bay View Gardens, Benson, Congerville, El Paso, Eureka, Germantown Hills, Goodfield, Kappa, Lowpoint, Metamora, Minonk, Panola, Roanoke, Secor, Spring Bay and Washburn.

Exhibit 1: Tri-County Map 2016



Source: <http://tricountyinteragencycouncil.com/about>, 2016

Overview of Collaborations

For the 2014-2016 community health needs assessment, Advocate Eureka collaborated with numerous stakeholders. The key stakeholders and partners include the following:

- Tri-County Health Department Collaboration (see description below)
- Central Illinois Community Health Collaborative (see description below)
- Advocate BroMenn and Advocate Eureka Governing Council
- Woodford County Health Department
- Advocate Aurora system and hospital leadership.

Tri-County Health Department Collaboration

Advocate Eureka defined the community as Woodford County Illinois for its 2016 CHNA. However, because multiple community-based agencies provide social services to the Tri-County region, which includes Woodford, Peoria and Tazewell counties, the three county health departments and six hospitals located in this region chose to form a Tri-County Collaborative. This collaborative was led by the Woodford County Health Department, the Peoria City/County Health Department and the Tazewell Health Department.

The Tri-County Collaborative utilized the MAPP process (Mobilizing for Action through Planning and Partnership) to conduct its community health needs assessment. The three county health departments utilized a shared assessment for their certification process for the first time in 2016. The process is community-driven and assists in development and implementation efforts around identifying and prioritizing health issues. The MAPP process consists of four assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health Systems Assessment.

Tri-County MAPP Steering Council

The Director of Community Health for Advocate BroMenn and Advocate Eureka served on the MAPP Steering Council, which was led by the Tri-County health departments. Five individuals from each of the three counties of Peoria, Woodford and Tazewell comprised the MAPP Steering Council for the Tri-County region.

Central Illinois Community Health Collaborative

In 2016, for the Tri-County region consisting of Peoria, Woodford and Tazewell Counties, there was a second collaborative created by a team of healthcare professionals from OSF St. Francis Medical Center and UnityPoint called the Central Illinois Community Health Collaborative. This collaborative was created to engage the entire community in improving population health as a part of the community health assessment process. Members of the Central Illinois Community Health Collaborative include: Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Kindred Hospital, Advocate Eureka, Hopedale Medical Complex, Pekin Hospital, Heart of Illinois United Way, Heartland Community Health Clinic and Bradley University, as well as OSF St. Francis Medical Center and UnityPoint. The Director of Community Health for Advocate BroMenn and Advocate Eureka.

Summary of Assessment Process

Advocate Eureka participated in the priority setting process as outlined in Appendix 7, page 102, in the Tri-County Community Health Needs Assessment 2016 report. The link for the assessment can be found at: https://www.osfhealthcare.org/media/filer_public/4b/0f/4b0f6793-d9e8-499d-870b-ecfac56a14f2/2016chna-peoria-full.pdf. In brief, the following steps occurred during the prioritization process with the Central Illinois Community Health Collaborative:

- Data was presented for health concerns for the Tri-County region
- Discussion occurred regarding the issues and potential grouping of issues
- The PEARL Test was applied from the Hanlon method
- The collaborative council voted to narrow issues
- The collaborative council voted a second time based on magnitude, severity and ability to impact through collaboration
- Consensus was agreed upon for two health priorities for the Tri-County region.

Needs Identified and Priorities Selected

The two needs identified during the prioritization process with the Central Illinois Community Health Collaborative were healthy eating/active living and mental health. The community health team at Advocate Eureka, however, selected mental health as a health priority for several reasons. In addition to mental health being identified as a top health priority for the Central Illinois Community Health Collaborative, behavioral health was also identified as one of three health priorities for the Tri-County Health Department collaboration. The health departments utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process to determine the health priorities. Specific to Woodford County, on December 3, 2015, several staff members from Advocate Eureka, including the Administrator of the hospital, participated in the local forces of change assessment conducted by the Woodford County Health Department as a part of the Tri-County MAPP process. Mental health was identified as one of the top three forces by the 30 individuals that participated in the assessment. Forces of change are defined as those things that influence the health and quality of the life of Woodford County residents.

A second reason mental health was selected as a key health priority is that Woodford County residents that participated in the 2016 Tri-County Community Health Survey perceived mental health as the second most important health issue in the community.

In addition to the survey data and local forces of change assessment results mentioned above, the number of suicide attempts in Woodford County for the first half of the year for 2016 exceeded the number of attempts for the entire year in both 2014 and 2015. The number of deaths due to suicide also increased from 2014–2015.

Mental health was also selected as a key health priority for the previous CHNA by both Advocate Eureka and the Woodford County Health Department. It is clear from community input and current data that continued efforts are needed to reduce the stigma associated with mental health and give further momentum to the efforts of improving mental health for county residents.

Summary of Implemented Programs and Key Accomplishments

Highlights for steps taken in 2017 and 2018 to address mental health are as follows:

- Seven Mental Health First Aid (MHFA) courses were hosted at Advocate Eureka
- The Advocate Eureka MHFA Instructor:
 - received additional MHFA certifications in Older Adults and Higher Education
 - taught several sessions on depression and anxiety for freshman from Eureka High School at Eureka College
 - taught two MHFA courses to 43 residential assistants at Eureka College.
- Two-hundred and thirty-two counseling and psychiatric services were offered on-site at Advocate Eureka. The services were provided by the Tazwood Center for Wellness at the hospital which allowed residents to receive care locally versus traveling outside of the county for care.
- Telepsychiatry consults were available at Advocate Eureka beginning in August 2017, thus expanding access to psychiatric care.
- The Community Health Director for Advocate BroMenn and Advocate Eureka served as a board member on the Partnership for a Healthy Community. The behavioral health priority action team for implementation is a sub-committee of the board.
- As a result of a partnership between Advocate Medical Group (AMG) Behavioral Health, Tri-County Special Education Association and Illinois State University's Psychological Services Center, doctoral level psychology interns provide four days of integrated behavioral health services across three Advocate Aurora settings in Central Illinois, Advocate BroMenn Outpatient Center, El Paso Family Practice and Eureka Family Practice.

Input from the Community

Although many feedback mechanisms were put in place for the public to comment or provide input for the CHNA, the hospital did not receive any feedback from the community. The hospital will continue to encourage input from the community by providing various feedback mechanisms for the 2017-2019 CHNA.

Lessons Learned

A lesson learned by all of the organizations that collaborated for the 2016 CHNA cycle, is that even greater collaboration would increase effectiveness and efficiencies in improving the health of the community.

IV. 2017-2019 Community Health Needs Assessment

Community Definition

For the purpose of this assessment, “community” is defined as Woodford County Illinois. Advocate Eureka is the only hospital in Woodford County, which is located in rural central Illinois. Although the hospital participated in the 2019 Tri-County Collaborative, led by the Partnership for a Healthy Community for the three counties illustrated in Exhibit 2 below, for the purpose of the 2017-2019 Advocate Eureka CHNA, the community is defined as Woodford County. The following towns are in Woodford County: Bay View Gardens, Benson, Congerville, El Paso, Eureka, Germantown Hills, Goodfield, Kappa, Lowpoint, Metamora, Minonk, Panola, Roanoke, Secor, Spring Bay and Washburn.

Exhibit 2: Tri-County Map 2019



Source: <http://www.tricountyinteragencycouncil.org/files/tri-county.bmp>, 2019

County Health Ranking

Woodford County ranks fourth out of 102 counties in Illinois. The lower the ranking, the better the health outcomes in the county (County Health Rankings, 2019).

Population

Woodford County consists of a total population of 38,606 (Conduent Healthy Communities Institute, Claritas, 2019). The town of Eureka has the largest population in the county with 6,735. The population in Woodford County decreased by 0.15 percent from 2010 to 2019 (Conduent Healthy Communities Institute, Claritas, 2019).

Social Determinants of Health: SocioNeeds Index

The SocioNeeds Index is a Conduent Healthy Communities Institute indicator that is a measure of socioeconomic need, correlated with poor health outcomes. The index is calculated from six indicators, one each from the following topics: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death

rates and preventable hospitalization rates. All zip codes, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help identify the areas of highest need within a defined geographic area, the selected zip codes are ranked from 1 (low need) to 5 (high need) based on their Index value. These values are sorted from low to high and divided into five ranks using natural breaks. These ranks are then used to color the zip codes with the highest SocioNeeds Indices with the darker colors.

Woodford County has four communities that have greater socioeconomic needs (ranking of a 4 or 5) compared to other communities in the county (Conduent Healthy Communities Institute, 2018). This information is illustrated in Exhibit 3 below.

Exhibit 3: High SocioNeeds Zip Codes in Woodford County 2018

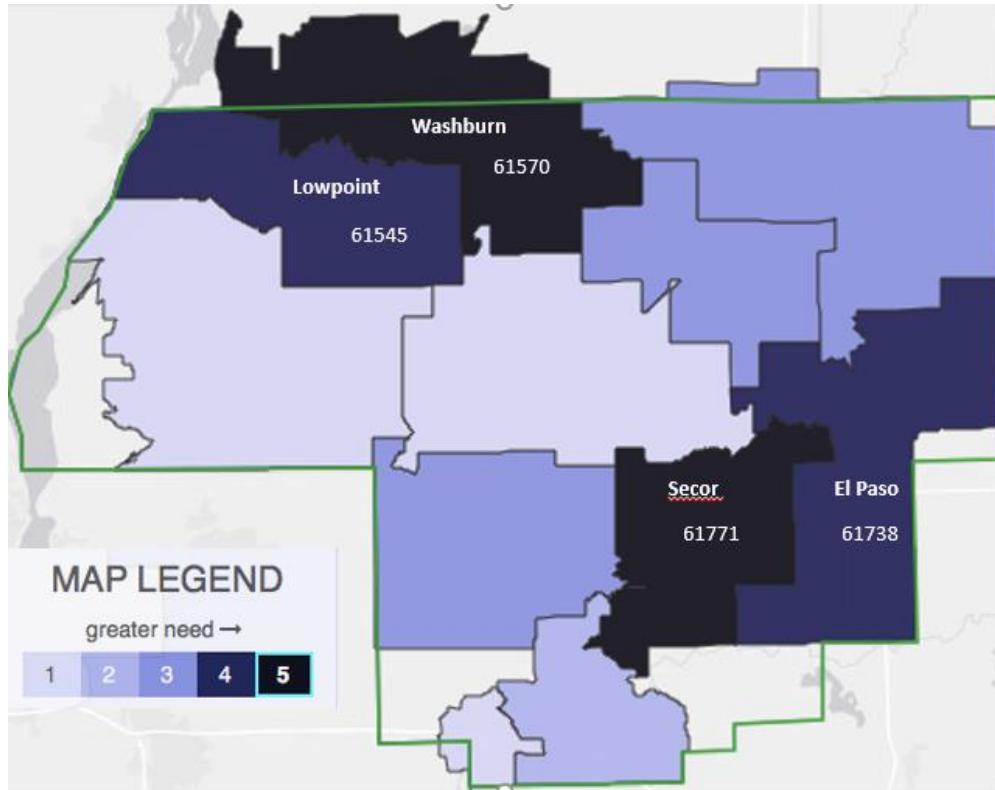
City/Town	Zip Code	SocioNeeds Ranking	Population
Washburn	61570	5	1,784
Secor	61771	5	925
Lowpoint	61545	4	637
El Paso*	61738	4	4,019*

*El Paso is in McLean and Woodford County.

Source: Conduent Healthy Communities Institute, Claritas, 2018

In addition to the above zip codes with a high SocioNeeds ranking, Woodford County has three zip codes, with a low SocioNeeds ranking. Goodfield (61742), Germantown Hills (61548) and Roanoke (61561) all have a SocioNeeds ranking of 1. The SocioNeeds map for Woodford County is illustrated in Exhibit 4. Additionally, see Appendix 1 for county rankings and the national indexes for all the zip codes in Woodford County. When available, data for the highest SocioNeeds zip codes will be included in this report.

Exhibit 4: SocioNeeds Map for Woodford County 2018



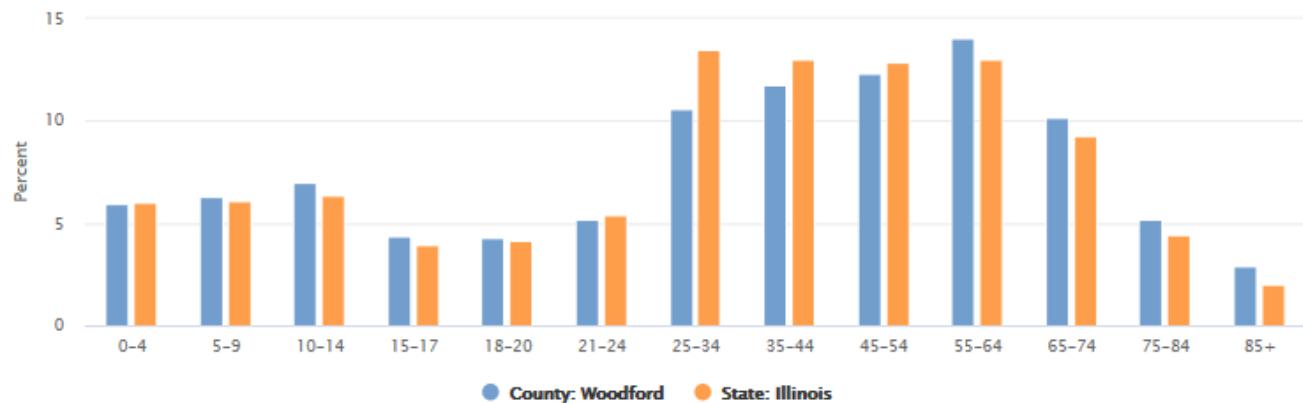
Source: Conduent Healthy Communities Institute, 2018

Demographics

Age and Gender

The median age in Woodford County is 40.4 years which is higher than the median age for Illinois of 38.5 years. The age distribution for Woodford County in comparison to Illinois is shown in Exhibit 5 as follows.

Exhibit 5: Age Distribution for Woodford County vs. Illinois 2019



Population by Age Group	County: Woodford		State: Illinois	
	Persons	% of Population	Persons	% of Population
0-4	2,289	5.93%	765,044	5.99%
5-9	2,441	6.32%	780,381	6.11%
10-14	2,687	6.96%	811,994	6.36%
15-17	1,688	4.37%	505,923	3.96%
18-20	1,651	4.28%	532,593	4.17%
21-24	2,006	5.20%	692,058	5.42%
25-34	4,083	10.58%	1,721,027	13.48%
35-44	4,535	11.75%	1,656,780	12.97%
45-54	4,741	12.28%	1,644,576	12.88%
55-64	5,425	14.05%	1,661,318	13.01%
65-74	3,922	10.16%	1,178,821	9.23%
75-84	2,012	5.21%	564,342	4.42%
85+	1,126	2.92%	256,824	2.01%

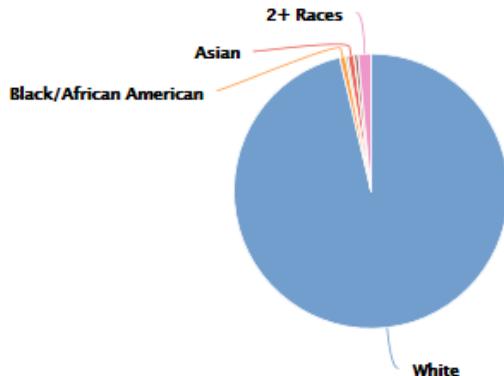
Source: Conduent Healthy Communities Institute, 2019

Woodford County is evenly split in population in terms of gender with 49.69 percent of the population being male and 50.31 percent being female.

Race and Ethnicity

The population by race for Woodford County is 96.31 percent White, 0.69 percent Black or African American, 0.73 percent Asian, 0.26 percent American Indian and Alaska Native and 0.03 percent Native Hawaiian or Pacific Islander (Conduent Healthy Communities Institute, Claritas, 2019). See Exhibit 6 for an illustration of this data in comparison to Illinois.

Exhibit 6: Population by Race, Woodford County vs. Illinois 2019



Population by Race	County: Woodford		State: Illinois	
	Persons	% of Population	Persons	% of Population
White	37,183	96.31%	8,872,760	69.47%
Black/African American	265	0.69%	1,823,605	14.28%
American Indian/Alaskan Native	102	0.26%	46,983	0.37%
Asian	283	0.73%	728,041	5.70%
Native Hawaiian/Pacific Islander	11	0.03%	4,682	0.04%
Some Other Race	179	0.46%	950,675	7.44%
2+ Races	583	1.51%	344,935	2.70%

Source: Conduent Healthy Communities Institute, 2019

The population by ethnicity for Woodford County is 2.13 percent Hispanic/Latino and 97.87 percent Non-Hispanic/Latino (Conduent Healthy Communities, Claritas, 2019).

Household/Family

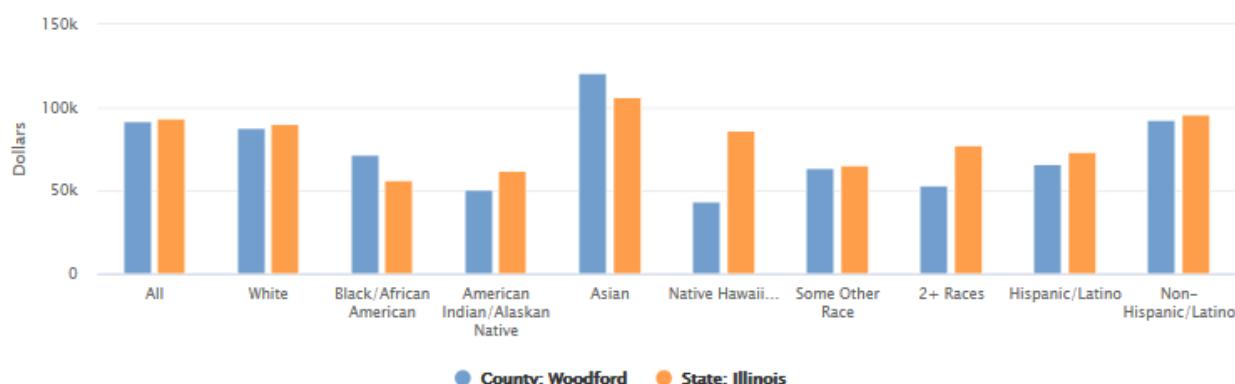
The average household size in Woodford County is 2.61 persons with 14,412 residents living as a part of a household (Conduent Healthy Communities Institute, Claritas, 2019). Twenty percent of the households in Woodford County are single parent households. In comparison to other counties in Illinois, the Woodford County single parent household value is in the best 0-50th percentile range (green indicator). The percent of seniors (age 65 years and older) who are living alone in Woodford County is 23.6 percent. This is also in the best 0-50th percentile (green indicator) compared to other counties in Illinois (Conduent Healthy Communities Institute, 2019).

Economics

Median Household Income

The median household income in Woodford County is \$72,597, which is higher than the Illinois median household income of \$66,487 (Conduent Healthy Communities Institute, Claritas, 2019). Median household income by race/ethnicity is illustrated in Exhibit 7 as follows.

Exhibit 7: Median Household Income by Race/Ethnicity for Woodford County vs. Illinois 2019



Average Household Income by Race/Ethnicity	County: Woodford	State: Illinois
	Value	Value
All	\$92,000	\$93,193
White	\$88,001	\$90,655
Black/African American	\$72,170	\$56,077
American Indian/Alaskan Native	\$50,532	\$62,459
Asian	\$120,649	\$106,370
Native Hawaiian/Pacific Islander	\$43,333	\$86,461
Some Other Race	\$63,792	\$65,365
2+ Races	\$53,528	\$77,054
Hispanic/Latino	\$66,280	\$73,475
Non-Hispanic/Latino	\$92,373	\$95,878

Source: Conduent Healthy Communities Institute, 2019

Living below the Poverty Level

People Living Below the Poverty Level

The percent of people living below the poverty level in Woodford County is 7.4 (Conduent Healthy Communities Institute, American Community Survey, 2013-2017). This is in the best 0–50th percentile (green indicator) compared to other counties in Illinois and lower than the Illinois value (13.5 percent). It is trending unfavorably, although not in a statistically significant direction.

Children Living below the Poverty Level

The percent of children living below the poverty level in Woodford County is 11.8 percent (Conduent Healthy Communities Institute, American Community Survey, 2013-2017). This is in the best 0–50th percentile (green indicator) compared to other counties in Illinois and lower than the Illinois value (18.8 percent). It is trending unfavorably, although not in a statistically significant direction.

Persons with Disabilities Living below the Poverty Level

The percent of individuals with disabilities living in poverty in Woodford County is 24.6 percent (Conduent Healthy Communities Institute, American Community Survey, 2013-2017). This is in the best 0–50th percentile (green indicator) compared to other counties in Illinois and lower than the Illinois value (26.2 percent).

People 65 Years and Older Living below Poverty Level

The percent of people 65 years and older living below the poverty level is 2.9 percent (Conduent Healthy Communities Institute, American Community Survey, 2013-2017). This is in the best 0–50th percentile (green indicator) compared to other counties in Illinois and lower than the Illinois value (8.8 percent). It is trending favorably in a statistically significant direction.

Employment

The percent of the civilian labor force over the age of 16 that is unemployed in Woodford County is 5.2 percent, lower than Illinois at 6.7 percent. The three common industries of employment are manufacturing at 16.6 percent, healthcare at 12.9 percent and retail trade at 11.5 percent (Conduent Healthy Communities Institute, Claritas, 2019).

Education

Educational Level

Ninety-four percent of the population over the age of 25 in Woodford County possesses a high school diploma or higher and 21.7 percent have a bachelor's degree or higher (Conduent Healthy Communities Institute, Claritas, 2019). Eureka College, a small liberal arts college, is located in Woodford County.

High School Graduation Rates

Ninety-two percent of students in Woodford County graduate high school within four years of their first enrollment in ninth grade (Conduent Healthy Communities Institute, County Health Rankings, 2011-2015). This is in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois, is higher than the Illinois value (85.6 percent), is trending favorably in a statistically significant direction and meets the Healthy People 2020 target of 87 percent.

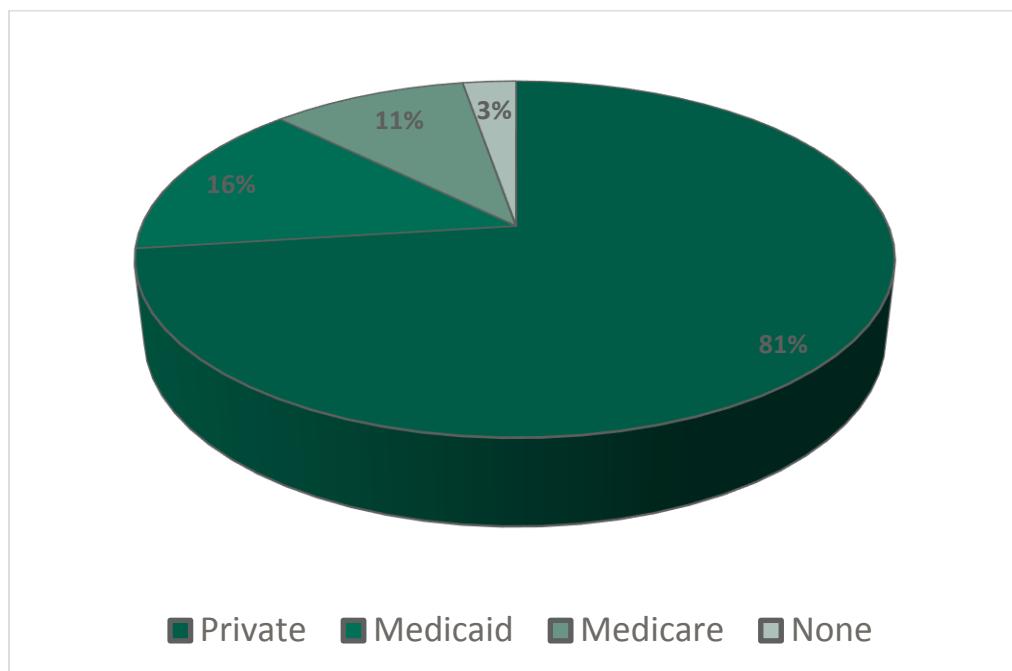
Student-to-Teacher Ratio

This indicator shows the average number of public school students per teacher in the region. It does not measure class size. According to the National Center for Education Statistics, larger schools tend to have higher student-teacher ratios. There are 14.7 students per teacher in Woodford County (Conduent Healthy Communities Institute, National Center for Education Statistics, 2016-2017). This is in the worst 50-75th percentile range (yellow indicator) compared to other counties in Illinois but is trending favorably, although not in a statistically significant direction.

Health Care Coverage

According to the Tri-County Community Health Survey, eighty-one percent of Woodford County survey respondents reported having private insurance, followed by 16 percent having Medicaid and 11 percent having Medicare. Three percent of survey respondents reported not having any insurance. See Exhibit 8 below.

Exhibit 8: Type of Health Insurance, Woodford County 2018



Source: Tri-County Community Health Survey, 2018

Health Care Resources in the Defined Community

Advocate Eureka's director of community health mapped all health care resources within the hospital's PSA. These health care resources are listed below.

Name of Facility

Advocate Eureka
Woodford County Public Health Department
Heart House/Shelter

Type of Facility

Critical Access Hospital
Health Clinic
Community Organization

Key Findings: Community Definition

- Woodford County is a predominately white community with a large proportion of the residents falling between the ages of 25 and 74 years.
- The student to teacher ratio is in Woodford County is in the worst 50-75th percentile range (yellow indicator) compared to other counties in Illinois.
- The median household income in Woodford County is \$72,597 which is higher than the Illinois median household income of \$66,487.

Key Roles in the 2017-2019 Community Health Needs Assessment

Advocate Aurora Health System and Advocate Eureka Leadership

The community health director for Advocate BroMenn and Advocate Eureka reports to the vice president of community health and faith outreach for Illinois. All community health programs are under the leadership of the Advocate Aurora chief external affairs officer. Locally, the central Illinois president (Advocate BroMenn and Advocate Eureka) and the Advocate Eureka administrator support the community health director in efforts to coordinate and align strategy for community health interventions.

Governing Council

The Advocate BroMenn and Advocate Eureka Governing Council is comprised of 18 members. Governing Council members support hospital leadership in their pursuit of the hospital's goals, represent the community's interest to the hospital and serve as ambassadors in the community. Seventy-eight percent of the current Governing Council members represent the community and a broad array of community sectors. On November 19, 2019, the Governing Council reviewed and approved the recommended significant health needs and the 2017-2019 Community Health Needs Assessment Report.

Collaborative Team and Community Engagement

The Partnership for a Healthy Community and CHNA Collaborative Team

The 2019 Tri-County CHNA is a collaborative undertaking spearheaded by the Partnership for a Healthy Community (PFHC), a multi-sector community partnership working to improve population health. An ad hoc committee within the PFHC formed a CHNA collaborative team to facilitate the CHNA. The CHNA collaborative team included members from Advocate Eureka, OSF Saint Francis Medical Center (OSF), UnityPoint Health | Peoria (UnityPoint), Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Kindred Hospital, Hopedale Medical Complex, Pekin Hospital, Heart of Illinois United Way, Heartland Health Services and Bradley University.

The PFHC ad-hoc CHNA collaborative team was created to guide the CHNA process. Members of the ad-hoc collaborative team consisted of individuals with special knowledge of and expertise in the health

of the community. Team members were carefully selected to ensure representation of the broad interests of the community. The team met in the third and fourth quarters of 2018 and in the first quarter of 2019. Additionally, a data-action team was created and met monthly to focus on CHNA data. The CHNA collaborative team conducted the 2019 Tri-County CHNA to highlight the health needs and well-being of residents in the Tri-County region. The Community Health Director for Advocate BroMenn and Advocate Eureka serves on the PHC board and the ad Hoc CHNA collaborative team. A full listing of CHNA Collaborative team members can be found in Appendix 2.

Although Advocate Eureka served on the PFHC ad-hoc CHNA collaborative team for the Tri-County region, for the purposes of this CHNA, the hospital defines its community as Woodford County. Advocate Eureka used the 2019 Community Health Needs Assessment for the Tri-County region to prepare and adopt this 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. Illinois law requires certified local health departments to conduct a CHNA and to complete a community health plan. Peoria City/County Health Department, Tazewell County Health Department and Woodford County Health Department also used the CHNA to prepare a report to satisfy the requirements imposed on health departments under 77 Ill. Adm. Code 600 to prepare an IPLAN.

Methodology

Advocate Eureka's 2019 CHNA was conducted using a mixed methodological approach. The main source of primary data came from the Tri-County Community Health Survey that was administered in the summer of 2018 to examine perceptions of community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare. See Appendix 3 to view the survey. Woodford County results indicated that 465 residents responded to the survey. The Tri-County Community Health Survey results, the results for Woodford County and information about the survey instrument design can be accessed through the following link: <https://healthyhoi.wildapricot.org>. The PFCH ad-hoc CHNA collaborative team examined data from a variety of secondary sources which can also be found in the link to the Tri-County report.

In addition to the primary and secondary data examined by the PFHC ad-hoc CHNA collaborative team, this report includes secondary data focusing on Woodford County for the four significant health needs determined by the PFHC CHNA collaborative team and key community stakeholders during the prioritization meeting held on March 12, 2019. The needs are listed below. The Advocate Eureka community health team considered the additional data, specific to Woodford County, in selecting two of the four significant health needs for Advocate Eureka's 2019 CHNA and 2020-2022 Implementation Plan.

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

The additional information specific to Woodford County that is included in this report was acquired via Conduent Healthy Communities Institute, a centralized data platform purchased by Advocate Health Care to help drive community health improvement efforts. Conduent Healthy Communities Institute operates as a repository for publicly available secondary data, hospital emergency room visits and hospitalization rates. The platform includes dashboards, Geographic Information System (GIS) maps, disaggregation at the zip code level, disparities information and effective practices for over 100 health-related issues. Conduent Healthy Communities Institute also supplies a colorful gauge to depict comparisons between Woodford County and other counties in Illinois. See Exhibit 9 below.

Exhibit 9: Conduent Healthy Communities Institute Gauges



Green (Good):	When a high value is good, community value is equal to or higher than the 50th percentile (median), or, when a low value is good, community value is equal to or lower than the 50th percentile.
Yellow (Fair):	When a high value is good, community value is between the 50th and 25th percentile, or when a low value is good, the community value is between the 50th and 75th percentiles.
Red (Poor):	When a high value is good, the community value is less than the 25th percentile, or when a low value is good, the community value is greater than the 75th percentile.

Source: Conduent Healthy Communities Institute, 2019

Throughout this report, indicators may be referred to as being in the green, yellow or red zone, in reference to the above value ratings from Conduent Healthy Communities Institute.

See Appendix 4 for a detailed explanation of additional icons and gauges used throughout this report. A comprehensive list of secondary data sources can be found in Appendix 5.

Woodford County Data for the 2019 Tri-County CHNA's Four Selected Priority Health Needs

Cancer

Breast Cancer

Woodford County's age-adjusted death rate due to breast cancer is 24.4 deaths per 100,000 females (Conduent Healthy Communities Institute, National Cancer Institute, 2011-2015). This rate:

- is in the worst 50th-75th percentile range (yellow indicator) when compared to other counties in Illinois
- is higher than the Illinois value (22.4 deaths per 100,000 females)
- does not meet the Healthy People 2020 goal (20.7 deaths per 100,000 females)
- is trending unfavorably in a statistically significant direction.

The breast cancer incidence rate for Woodford County females is 120.2 cases per 100,000 females (Conduent Healthy Communities Institute, National Cancer Institute, 2011-2015). This rate is:

- in the best 0–50th percentile range (green indicator) when compared to other counties in Illinois
- lower than the Illinois value (131.7 cases per 100,000 females)
- not statistically different from the prior value (129.9 cases per 100,000 females)
- trending favorably in a statistically significant direction.

See Exhibit 10 for an illustration of this data.

Exhibit 10: Woodford County Breast Cancer Incidence Rate 2005–2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2019

The percent of Medicare beneficiaries who have received a mammogram in the past two years is 69.4 percent, which is in the best 0-50th percentile range (green indicator) when compared to other counties in the United States (Healthy Communities Institute, County Health Rankings, 2015).

Colorectal Cancer

Woodford County's age-adjusted death rate due to colorectal cancer is 20.7 deaths per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2011-2015). This rate:

- is in the worst 25th percentile (red indicator) when compared to other counties in Illinois
- is higher than the Illinois value (15.6 deaths per 100,000 population)
- does not meet the Healthy People 2020 goal (14.5 deaths per 100,000 population)
- is trending unfavorably in a statistically significant direction.

See Exhibit 11 as follows for an illustration of this data.

Exhibit 11: Woodford County Colorectal Cancer Death Rate 2005–2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2019

The colorectal cancer incidence rate for Woodford County is 45.2 cases per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2019). This rate is:

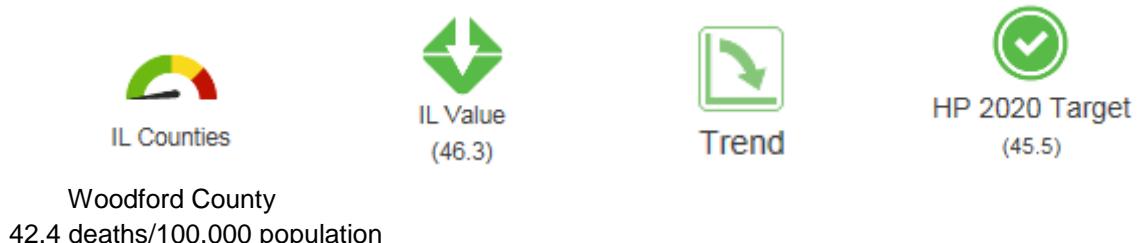
- in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois
- higher than the Illinois value (43.9 cases per 100,000 population)
- trending unfavorably but not in a statistically significant direction.

The percentage of Woodford County adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy exam is 54.6 percent (Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2007-2009). This is in the worst 25th percentile (red indicator) compared to other counties in Illinois.

Lung Cancer

The age-adjusted death rate due to lung cancer in Woodford County is 42.4 deaths per 100,000 population. This is in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois, is lower than the Illinois value (46.3 deaths per 100,000 population), is trending favorably but not in a statistically significant direction and meets the Healthy People 2020 target of 45.5 deaths per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2005-2015). See Exhibit 12 below.

Exhibit 12: Woodford County Age-Adjusted Death Rate due to Lung Cancer 2005–2015.



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2019

Woodford County's lung and bronchus cancer incidence rate is 56.5 cases per 100,000 population, which is in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois. This rate is lower than the Illinois value (20.9 deaths per 100,000 males) and is trending favorably in a

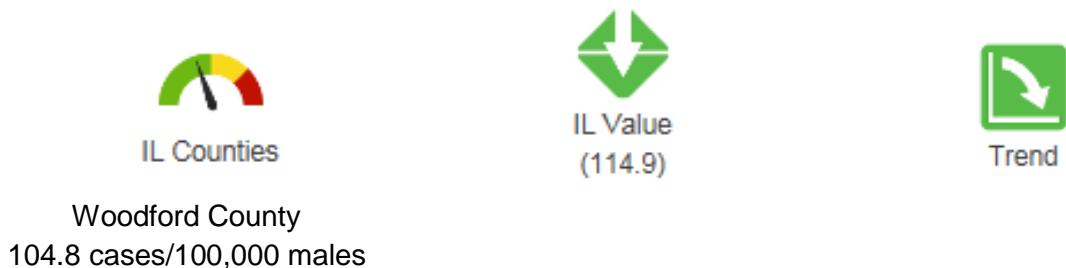
statistically significant direction (Conduent Healthy Communities Institute, National Cancer Institute, 2005-2015).

Prostate Cancer

The age-adjusted death rate due to prostate cancer in Woodford County is 15.2 deaths per 100,000 males. This is in the best 0–50th percentile range (green indicator) when compared to other counties in Illinois, is lower than the Illinois value (46.3 deaths per 100,000 population), is trending favorably but not in a statistically significant direction and meets the Healthy People 2020 target of 45.5 deaths per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2019).

Woodford County's prostate cancer incidence rate is 104.8 cases per 100,000 males which is in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois. This rate is lower than the Illinois value (114.9 cases per 100,000 males) and is trending favorably in a statistically significant direction (Conduent Healthy Communities Institute, National Cancer Institute, 2005-2015). See Exhibit 13 below.

Exhibit 13: Woodford County Prostate Cancer Incidence Rate 2005–2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2019

Key Findings: Cancer

- The incidence rates for breast, colorectal, lung and prostate cancer for Woodford County are all in the best 0–50th percentile range (green indicator) compared to other counties in Illinois.
- Woodford County's age-adjusted death rate due to breast cancer is in the worst 50th-75th percentile range (yellow indicator) when compared to other counties in Illinois.
- Woodford County's age-adjusted death rate due to colorectal cancer is in the worst 25th percentile (red indicator) when compared to other counties in Illinois.
- The age-adjusted death rate due to lung cancer in Woodford County is in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois.

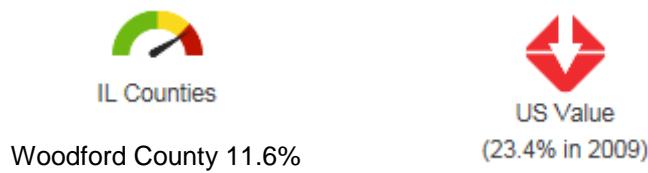
Healthy Eating/Active Living

Nutrition

The percentage of adults who eat fruits and vegetables five or more times per day in Woodford County is 11.6 percent (Conduent Healthy Communities Institute, Illinois Risk Factor Behavior Surveillance

System, 2007-2009). This is in the worst 25th percentile range (red indicator) compared to other counties in Illinois and is well below the U.S. value of 23.4 percent. See Exhibit 14.

**Exhibit 14: Woodford County Residents Adult Fruit and Vegetable Consumption
2007–2009**



Source: Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2019

According to the 2018 Illinois Youth Survey for Woodford County, the average percent of eighth, tenth and twelfth graders that ate fruit and/or vegetables four to six times per day is 22.5 percent. This is higher than the average percent for Illinois eighth, tenth and twelfth graders (21 percent).

The 2018 Tri-County Community Health Survey data show over half (58 percent) of Woodford County residents report low consumption (zero to two servings per day) of fruits and vegetables. Four percent of survey respondents with low consumption of fruits and vegetables reported that they cannot afford them.

Physical Activity and Inactivity

The percentage of adults (ages 20 and up) who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month in Woodford County is 23.6 percent (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015). This rate is in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois. It is higher than the Illinois value (21.5 percent) and is trending favorably, but not in a statistically significant direction. The percentage does meet the Healthy People 2020 target of 32.6%.

According to the 2018 Illinois Youth Survey, the average percentage of eighth, tenth and twelfth graders in Woodford County that were physically active for a total of 60 minutes per day three days per work or more is 16.6 percent.

The 2018 Tri-County Community Health Survey data provide a more granular assessment of exercise. Specifically, 26 percent of Woodford County survey respondents indicated that they do not exercise at all, while 34 percent exercise one to two times per week. Ten percent of survey respondents reported that they did not exercise because they could not afford it and seven percent reported they did not have access to exercise opportunities.

Weight Status

The percentage of adults aged 18 and older who are obese in Woodford County, according to body mass index, is 30.1 percent (Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2010-2014). This rate is in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois and is lower than the Illinois value of 31.6 percent in 2016.

The average percent of eighth, tenth and twelfth graders that are overweight or obese in Woodford County is 10.6 percent (Illinois Youth Survey, 2018). This is lower than the average percent for rural counties in Illinois (16 percent) and the state value of 12.8 percent.

Built Environment

Physical Activity

According to the Robert Wood Johnson Foundation, “the built environment describes physical or manmade features such as sidewalks, streetlights, traffic and parks that may promote or discourage activity.” The built environment is important to consider when assessing physical activity as there is strong evidence suggesting an association between access to recreational resources, bikability and walkability of neighborhoods as well as safe, esthetically pleasing environments with increased physical activity and reduced obesity rates (Robert Wood Johnson Foundation, Built Environment and Physical Activity, 2007).

In Woodford County, 74.5 percent of residents have access to exercise opportunities, meaning they live reasonably close to a park or recreational facility. Woodford County falls in the best 0-50th percentile range (green indicator) when compared to other counties in Illinois for access to exercise opportunities despite the county’s rural expanse (Conduent Healthy Communities Institute, County Health Rankings, 2019). This percentage is, however, lower than the Illinois value of 90.8 percent.

There are 0.08 recreation and fitness centers per 1,000 population in Woodford County, slightly more than the national average of 0.06 per 1,000 population (Conduent Healthy Communities Institute, U.S. Department of Agriculture Food Environment Atlas, 2014).

Food Insecurity

The U.S. Department of Agriculture defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percentage of the population that experienced food insecurity in Woodford County at some point in 2017 is 7.9 percent. This rate is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. The percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during 2017 is 14.2 percent (Conduent Healthy Communities Institute, Feeding America, 2017). This rate is also in the best 0-50th percentile range (green indicator) compared to other counties in Illinois.

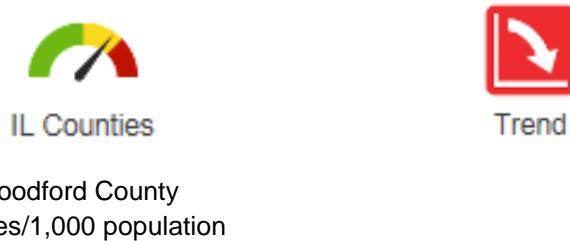
According to the 2018 Tri-County Community Health Survey, two percent of respondents reported that they go hungry one or two days a week and one percent reported going hungry three to five days per

week. The average percent of eighth, tenth and twelfth graders in Woodford County who reported going hungry because there was not enough food in the home is higher at 6.3 percent (Illinois Youth Survey, 2018).

Grocery Store Density

Woodford County is in the worst 50th–75th percentile range (yellow indicator) in comparison to other counties in Illinois for grocery store density with 0.15 supermarkets and grocery stores per 1,000 in Woodford County (Conduent Healthy Communities Institute, U.S. Department of Agriculture–Food Environment Index, 2014). The value is trending unfavorably in a statistically significant direction. See Exhibit 15 below for an illustration of this data.

Exhibit 15: Woodford County Grocery Store Density 2014



Source: Conduent Healthy Communities Institute, U.S. Department of Agriculture–Food Environment Index, 2019

People with Low Access to a Grocery Store

Low access to a grocery store is defined as living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. The percentage of individuals in Woodford County with low access to a grocery store is 11.7 percent (Conduent Healthy Communities Institute, U.S. Department of Agriculture–Food Environment Atlas, 2015). This is in the best 0–50th percentile range (green indicator) compared to other counties in Illinois.

Supplemental Nutrition Assistance Program (SNAP) Certified Stores

The number of stores certified to accept SNAP benefits is 0.7 stores per 1,000 population. This is in the worst 50th–75th percentile range (yellow indicator) compared to other counties in Illinois. It is trending favorably, but not in a statistically significant direction (Conduent Healthy Communities, U.S. Department of Agriculture–Food Environment Atlas, 2016). See Exhibit 16.

Exhibit 16: Woodford County SNAP Certified Stores 2016



Woodford County
0 .7 stores/1,000 population

Source: Conduent Healthy Communities, U.S. Department of Agriculture–Food Environment Atlas, 2019

Farmers Market Density

There are 0.05 Farmers Markets per 1,000 population in Woodford County. This rate is better than the U.S. value of 0.03 markets per 1,000 population (Conduent Healthy Communities Institute, U.S. Department of Agriculture–Food Environment Index, 2016).

Key Findings: Healthy Eating/Active Living

- The percentage of adults who eat fruits and vegetables five or more times per day in Woodford County is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois
- The 2018 Tri-County Community Health Survey data show over half (58 percent) of Woodford County residents report low consumption (zero to two servings per day) of fruits and vegetables
- Woodford County is in the worst 50th-75th percentile range (yellow indicator) in comparison to other counties in Illinois for grocery store density
- The number of stores certified to accept SNAP benefits is 0.7 stores per 1,000 population. This is in the worst 50th-75th percentile range (yellow indicator) compared to other counties in Illinois.

Mental Health

Mental illnesses are one of the leading causes of disability in the United States. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year (Conduent Healthy Communities Institute, 2019).

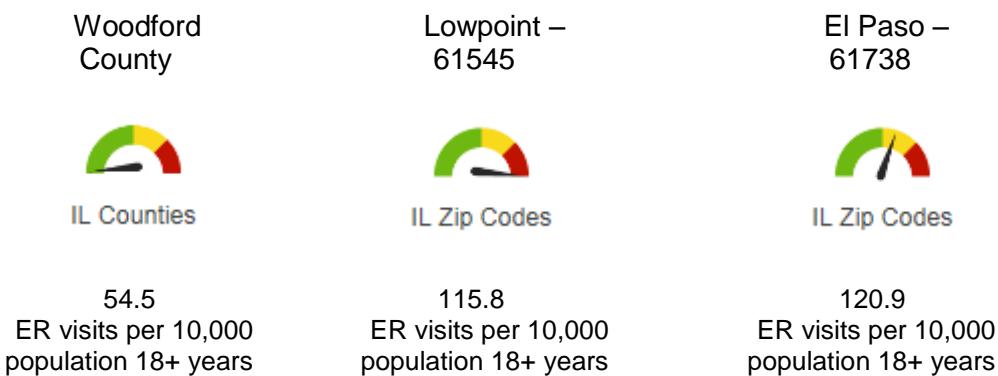
Age-Adjusted Emergency Room Rates

Mental Health (Adults)

The age-adjusted emergency room rate due to mental health is 54.5 emergency room visits per 10,000 population ages 18 years and older for Woodford County. The rate is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. The rate for Lowpoint (61545) (115.8 emergency room visits per 10,000 population 18+ years), however, is in the worst 25th percentile range (red indicator) compared to other zip codes in Illinois. The rate for El Paso (61738) (120.9 emergency

room visits per 10,000 population 18+ years), is worse than the county rate and in the worst 50th-75th percentile range (yellow indicator) compared to other zip codes in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017). See Exhibit 17 for an illustration of this data.

Exhibit 17: Age-Adjusted Emergency Room Rate Due to Mental Health for Woodford County vs. Lowpoint (61545) and El Paso (61738) 2015–2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Disparities

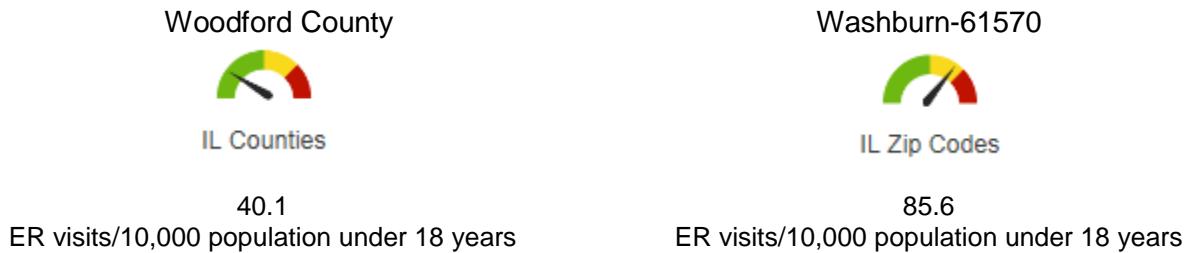
The highest emergency room rates occur in:

- individuals 18-24 years (90.9 emergency room visits per 10,000 population 18+ years)
- Lowpoint (61545) (115.8 emergency room visits per 10,000 population 18+ years) or approximately two times higher than the county rate
- El Paso (61738) (120.9 emergency room visits per 10,000 population 18+ years) or 122 percent higher than the county rate.

Pediatric Mental Health

The rate for age-adjusted emergency room visits due to pediatric mental health (ages 18 years and under) for Woodford County is 40.1 emergency room visits per 10,000 population. This is in the best 0–50th percentile range (green indicator) compared to other counties in Illinois. The rate for Washburn (61570) (85.6 emergency room visits per 10,000 population 18 years and under) is the worst 50th-75th percentile range (yellow indicator) compared to other zip codes in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017). See Exhibit 18 as follows.

Exhibit 18: Age-Adjusted Emergency Room Rate for Pediatric Mental Health for Woodford County vs. Washburn (61570) 2015–2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Disparities

The highest emergency room rates occur in:

- individuals 15-17 years (120.9 emergency room visits per 10,000 population <=18 years) which is three and one-half times higher than the county rate
- Washburn (61570) (85.6 emergency room visits per 10,000 population <=18 years).

Suicide and Intentional Self-inflicted Injury (Adults)

The rate for age-adjusted emergency room visits for adults due to suicide and intentional self-inflicted injury in Woodford County is 19.7 emergency room visits per 10,000 population ages 18 years and older. This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. In contrast, the rate for El Paso (61738) (47.4 emergency room visits per 10,000 population 18+ years) is in the worst 50th-75th percentile range (yellow indicator) compared to other zip codes in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017). See Exhibit 19 below.

Exhibit 19: Age-Adjusted Emergency Room Rate Due to Suicide and Intentional Self-Inflicted Injury for Population 18+ Years for Woodford County vs. El Paso (61738) 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Disparities

The highest emergency room visit rates due to suicide and intentional self-inflicted injury occurs in:

- El Paso (61738) (47.4 emergency room visits per 10,000 population 18+ years) or nearly two and one-half times the county rate.

Adolescent Suicide and Intentional Self-inflicted Injury

The rate for age-adjusted emergency room visits due to adolescent suicide and intentional self-inflicted injury in Woodford County is 34.8 emergency room visits per 10,000 population 10-17 years of age. This is in the best 0–50th percentile range (green indicator) compared to other counties in Illinois. In contrast, El Paso (61738) (92.1 emergency room visits per 10,000 population 18+ years) is in the worst 50th–75th percentile range (yellow indicator) compared to other zip codes in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017). See Exhibit 20 below.

Exhibit 20: Age-Adjusted Emergency Room Rate Due to Adolescent Suicide and Intentional Self-Inflicted Injury for Population 18+ Years for Woodford County vs. El Paso (61738) 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Disparities

The highest emergency room visit rates for adolescent suicide and intentional self-inflicted injury occur in:

- El Paso (61738) (92.1 emergency room visits per 10,000 population 10-17 years).

Suicide Deaths

The age-adjusted death rate due to suicide in Woodford County is 25.1 deaths per 100,000 population. This is in the worst 25th percentile range (red indicator) compared to other counties in the U.S., is higher than the Illinois value of 10.7 deaths per 100,000 population and does not meet the Healthy People 2020 target of 10.2 deaths per 100,000 population (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015-2017). See Exhibit 21 for an illustration of this data.

Exhibit 21: Age-Adjusted Death Rate Due to Suicide in Woodford County 2015–2017



Source: Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2019

Percent of Medicare Beneficiaries Receiving Treatment for Depression

The percent of Medicare beneficiaries receiving treatment for depression in Woodford County is 15.6 percent. This is in the best 0-50th percentile range (green indicator) in comparison to other counties in Illinois, is lower than the Illinois value (15.1 percent) and is trending unfavorably but not in a statistically significant direction (Conduent Healthy Communities Institute, Center for Medicare and Medicaid Services, 2015).

Self-Assessment of Mental Health

According to the 2018 Tri-County Community Health Survey, 29 percent of survey respondents for Woodford County reported their mental health as good, 65 percent reported it as average and six percent reported it as poor. Additionally, 27 percent of survey respondents for Woodford County reported that they felt depressed one to two days in the last 30 days, while seven percent reported feeling depressed three to five days and seven percent reported feeling depressed more than five days (Tri-County Community Health Survey, 2018).

Access to Counseling

Ten percent of Woodford County survey respondents reported that they were unable to access counseling services. Twenty-seven percent reported that they did not access services due to embarrassment and 22 percent reported that they could not afford the co-pay (Tri-County Community Health Survey, 2018).

Illinois Youth Survey

Teens Feeling Sad or Hopeless

The average percentage of eighth, tenth and twelfth graders in Woodford County who reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities was 23 percent which is lower than both the value for rural counties in Illinois (37 percent) and the state value of 33.6 percent (Illinois Youth Survey, 2018).

Teens Who Considered Attempting Suicide

The average percentage of tenth and twelfth graders in Woodford County who reported they seriously considered attempting suicide during the past 12 months is 14 percent (Illinois Youth Survey, 2018). This is similar to the 2016 value of 16.5 percent but lower than the value for rural counties in Illinois (18.5 percent) and the state value (15.5 percent).

County Health Rankings

Frequent Mental Distress

The percentage of adults in Woodford County who stated that their mental health was not good for 14 or more of the past 30 days is 9.9 percent (Conduent Healthy Communities Institute, County Health Rankings, 2019). This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois and is lower than the Illinois value (10 percent).

Poor Mental Health

The number of days Woodford County residents reported that their mental health was not good in the past 30 days is 3.3 days. This is in the best 0-50th percentile range (green indicator) in comparison to other counties in Illinois and is lower than the Illinois value (3.5 days) (Conduent Healthy Communities Institute, County Health Rankings, 2016).

Key Findings: Mental Health

- The age-adjusted emergency room rate due to mental health is highest for individuals 18–24 years old and in the worst 25th percentile range (red indicator) for Lowpoint (61545) compared to other zip codes in Illinois.
- The age-adjusted emergency room rate due to pediatric mental health is highest for individuals 15-17 years of age and in the worst 50th–75th percentile range (yellow indicator) for Washburn (61570) compared to other zip codes in Illinois.
- The age-adjusted rate due to suicide and self-inflicted injury for both adults and adolescents in El Paso is higher than the county rate.
- The age-adjusted death rate due to suicide in Woodford County is in the worst 25th percentile range (red indicator) compared to other counties in the United States.
- The average percentage of tenth and twelfth graders in Woodford County who reported they seriously considered attempting suicide during the past 12 months is 14 percent.

Substance Use

Tobacco and Marijuana Use

Adults Who Smoke

The percentage of adults who currently smoke cigarettes in Woodford County is 14.4 percent. This is less than the state rate of 15.8 percent and the national rate of 17.1 percent (Conduent Healthy Communities Institute, County Health Rankings, 2016). The percent of adults who currently smoke cigarettes in Woodford County, however, does not meet the Healthy People 2020 goal to reduce regular cigarette smoking by adults to 12 percent.

Teens Who Smoke

In 2018, five percent of 12th graders in Woodford County reported smoking at least one cigarette in the 30 days prior to completing the Illinois Youth Survey. This is lower than the prior value for Woodford County of 12 percent and in the best 0-50th percentile range (green indicator) in comparison to other counties in Illinois. The trend for Woodford County is favorable or decreasing in a statistically significant direction (Conduent Healthy Communities Institute, Illinois Youth Survey, 2019).

Teens Who Use Marijuana

In 2018, 15 percent of 12th graders in Woodford County reported using marijuana one or more times during the 30 days prior to completing the Illinois Youth Survey. This is lower than the prior value for Woodford County of 16 percent, lower than the state value of 25 percent and in the best 0-50th percentile range (green indicator) in comparison to other counties in Illinois. (Conduent Healthy Communities Institute, Illinois Youth Survey, 2018).

Alcohol Use

Adults Who Drink Excessively

The percentage of Woodford County adults who report heavy or binge drinking is 22.4 percent. This is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois and is higher than the Illinois value of 21.1 percent. Woodford County does, however, meet the Healthy People 2020 target of 25.4 percent (Conduent Healthy Communities Institute, County Health Rankings, 2016). See Exhibit 22 below for an illustration of this information.

Exhibit 22: Woodford County Adults Who Drink Excessively 2014–2016



Source: Conduent Healthy Communities Institute, County Health Rankings, 2019

Teens Who Use Alcohol

Thirty-two percent of Woodford County 12th grade students reported that they drank alcohol during the 30 days prior to the 2018 Illinois Youth Survey. This is in the best 0-50th percentile range (green indicator) in comparison to other counties in Illinois, lower than the prior value of 33 percent in 2016 for Woodford County and lower than the 2016 Illinois value of 44 percent. The percentage of teens who use alcohol in Woodford County is trending favorably but not in a statistically significant direction. See Exhibit 23 below.

Exhibit 23: Woodford County Teens (12th Graders) Who Use Alcohol 2010-2018



Woodford County
32%

Source: Conduent Healthy Communities Institute, Illinois Youth Survey, 2019

Age-Adjusted Emergency Room Rates and Hospitalizations

Emergency Room Rates due to Alcohol Use 18+

The age-adjusted emergency room rate due to alcohol use is 17.8 visits per 10,000 population ages 18 years and older in Woodford County. This is in the best 0–50th percentile range (green indicator) in comparison to other counties in Illinois and lower than the Illinois value of 55 visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017). See Exhibit 24 below.

Exhibit 24: Age-Adjusted Emergency Room Rate Due to Alcohol Use by Adults for Woodford County 2015-2017



IL Counties



IL Value
(55.0)

Woodford County
17.8
ER visits/10,000 population
18+ years
(2015-2017)

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Disparities

The highest emergency room rates due to alcohol use are seen in:

- individuals ages 25-34 (37.7 emergency room visits per 10,000 population 18+ years).

Hospitalizations due to Alcohol Use 18+ Years

The age-adjusted hospitalization rate due to alcohol use is 5.6 hospitalizations per 10,000 population ages 18 years and older in Woodford County. This is in the best 0–50th percentile range (green indicator) in comparison to other counties in Illinois. It is also lower than the Illinois value of 18.1 visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017).

Disparities

No significant disparities.

Other Substances

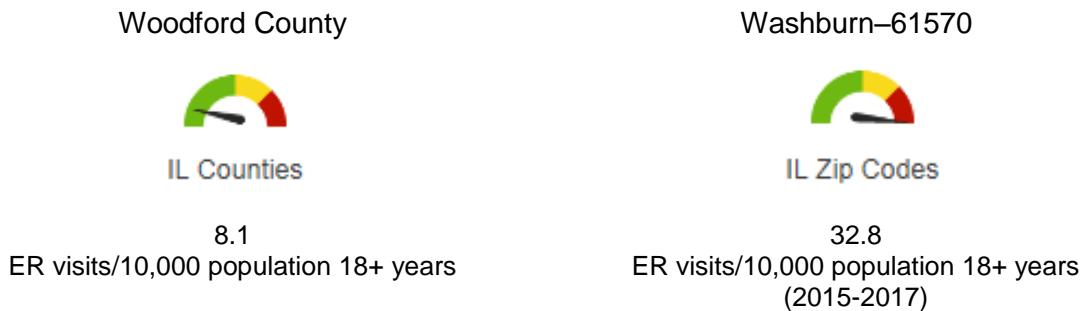
Death Rate Due to Drug Poisoning

The death rate due to drug poisoning in Woodford County is 11.1 deaths per 100,000 population (Conduent Healthy Communities Institute, County Health Rankings, 2014-2016). This is in the best 0–50th percentile range (green indicator) in comparison to other counties in Illinois and lower than the Illinois value of 18.3 deaths per 100,000 population. It is trending unfavorably, but not in a statistically significant direction.

Age-Adjusted Emergency Room Rates due to Substance Use

Compared to other counties in Illinois, the age-adjusted emergency room rate due to substance use in Woodford County is in the best 0–50th percentile range (green indicator) at 8.1 emergency room visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017). The rate for Washburn (61570) (32.8 emergency room visits per 10,000 population ages 18 years and older) is in the worst 25th percentile range (red indicator) compared to other zip codes in Illinois. See Exhibit 25.

**Exhibit 25: Age-Adjusted Emergency Room Rate Due to Substance Use
for Woodford County vs. Washburn (61570) 2015–2017**



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Disparities

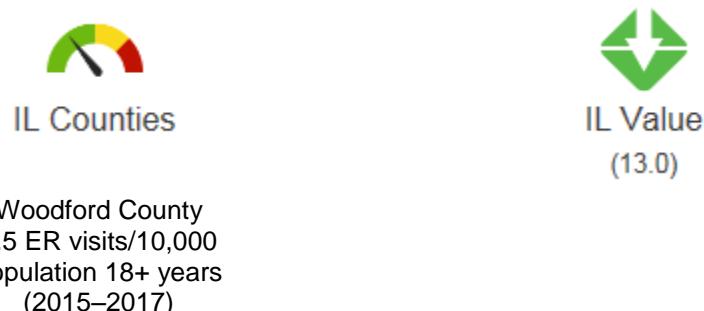
The highest emergency room rates due to substance use are seen in:

- Washburn (Code 61570) (32.8 emergency room visits per 10,000 population 18+ years) or more than four times the county rate.

Emergency Room and Hospitalization Rate Due to Opioid Use

Compared to other counties in Illinois, the age-adjusted emergency room rate due to opioid use in Woodford County is in the best 0–50th percentile range (green indicator) at 4.5 emergency room visits per 10,000 population ages 18 years and older and is lower than the Illinois value of 13 emergency room visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015–2017). See Exhibit 26 below.

**Exhibit 26: Age-Adjusted Emergency Room Rate Due to Opioid Use in
Woodford County 2015–2017**



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Disparities

No significant disparities.

Compared to other counties in Illinois, the age-adjusted hospitalization rate due to opioid use in Woodford County is in the best 0-50th percentile range (green indicator) at 1.5 hospitalizations per 10,000 population ages 18 years and older and is lower than the Illinois value of 11.7 hospitalizations per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

Disparities

No significant disparities.

2018 McLean County Community Health Survey

The 2018 Tri-County Community Health Survey data show that 86 percent of Woodford County survey respondents do not use substances on a typical day. Twelve percent use substances one or two times a day and two percent use substances three to five times a day or more than five times/day.

Key Findings: Substance Use

- The percentage of Woodford County adults who report heavy or binge drinking is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois but does, however, meet the Healthy People 2020 target.
- The age-adjusted emergency room rate and hospitalizations due to alcohol use are both in the best 0–50th percentile range (green indicator) for the county.
- The highest emergency room rates due to alcohol use are seen in individuals ages 25-34 years.
- The age-adjusted emergency room rate and hospitalizations due to opioid use are both in the best 0–50th percentile range (green indicator) for the county.

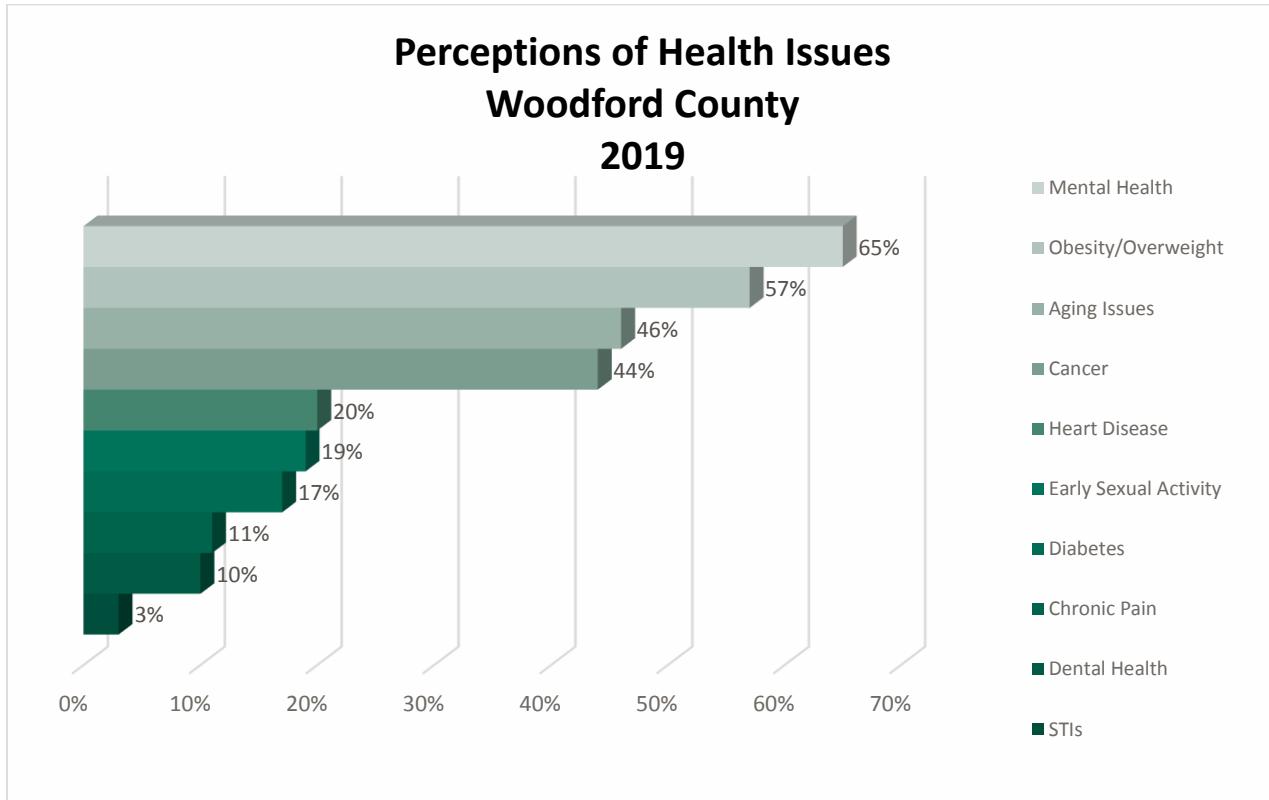
V. Prioritization of Health-Related Issues

Community Health Survey: Perceptions of Health Issues

Perception of Health Issues

In the 2018 Tri-County Community Health Survey, respondents were asked to rate the three most important health issues in their community out of 15 choices. Specifically, for Woodford County, mental health was rated as the most important health issue by 65 percent of Woodford County respondents. Obesity or overweight was the second most important health issue according to 57 percent of Woodford County respondents. See Exhibit 27 as follows.

Exhibit 27: Perception of Health Issues, Tri-County Community Health Survey 2018



Source: Tri-County Community Health Survey, 2018

Priority Setting Process

Significant Needs Identified and Prioritized

Advocate Eureka participated in the priority setting process of the PFHC ad-hoc CHNA collaborative team. The PFHC ad-hoc CHNA collaborative team, in conjunction with numerous community stakeholders, considered health needs based on: (1) **magnitude** of the issues, based on the percentage of the population impacted by the issue; (2) **seriousness** of the issues, based on seriousness of outcomes, economic impact, urgency, and future trends and forecasts; (3) **effectiveness considerations**, based on potential impact through collaboration, community support and measurement of impact. Using a modified version of the Hanlon Method, the collaborative team and community stakeholders identified four significant health needs and considered them equal priorities:

- **Healthy Behaviors:** defined as active living and healthy eating and their impact on obesity
- **Cancer:** defined as incidence of cancer and cancer screenings
- **Mental Health:** defined as depression, anxiety and suicides
- **Substance Abuse:** defined as abuse of illegal and legal drugs, alcohol and tobacco/vaping use.

Health Needs Selected

Mental Health

Advocate Eureka's CHNA team selected mental health as a significant health need for Woodford County from the four significant health needs selected by the PFHC ad-hoc CHNA collaborative team, for several reasons. The first reason mental health was selected is that Woodford County residents, that participated in the 2018 Tri-County Community Health Survey, perceived mental health as the most important health issue in the community.

A second reason mental health was selected is because the age-adjusted death rate due to suicide in Woodford County is in the worst 25th percentile range (red indicator) compared to other counties in the U.S., is higher than the Illinois value, does not meet the Healthy People 2020 target and is higher than both Peoria and Tazewell County. Additionally, 27 percent of Woodford County survey respondents who reported that they did not have access to care cited embarrassment as the reason. The continuation of the evidence-based Mental Health First Aid class helps decrease the stigma associated with mental health and has been offered by Advocate Eureka for several years.

Advocate Eureka also selected mental health as a significant health need because a few of the high SocioNeeds zip codes—specifically El Paso, Washburn and Lowpoint—had higher values than the county value for some of the age-adjusted emergency room rates; mental health, pediatric mental health and/or suicide and self-inflicted injury for both adults and adolescents.

The fourth reason mental health was selected as a significant health need for Woodford County is because mental health was a health priority or significant health need for both the 2013 and 2016 Advocate Eureka CHNA.

It is clear from community input and current data that continued efforts are needed to reduce the stigma associated with mental health and give further momentum to the efforts of improving mental health for county residents.

Healthy Behaviors

Advocate Eureka selected healthy eating/active living as a significant health need from the four needs selected by the PFHC ad-hoc CHNA collaborative team for several reasons. A healthy lifestyle of regular physical activity and a healthy diet serves as a foundation for good mental, physical and emotional health and is key in preventing numerous chronic diseases. Fifty-five percent of Tri-County Community Health Survey respondents also rated being overweight or obesity as one of the top perceived health needs in the county. Although Woodford County is surrounded by farm land, the percentage of adults who eat fruits and vegetables five or more times per day is low at 11.6 percent and is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois. In addition to not eating enough fruits and vegetables, the 2018 Tri-County Community Health Survey data show that 26 percent of Woodford County survey respondents indicated that they do not exercise at all, while 34 percent only exercise one to two times per week.

An additional reason Advocate Eureka selected healthy eating/active living as one of the two significant needs for its 2019 CHNA is due to the hospital resources and staffing available to assist with this issue for Woodford County as well as the Tri-County region. The hospital's community health assessment team felt that as a critical access hospital, it could make significantly more contributions toward improving healthy eating/active living in the county than with substance use or cancer.

Health Needs Not Selected

Cancer

The hospital CHNA team did not select cancer as a significant health need and elected to focus on just two significant health needs instead given its resources are limited as a critical access hospital. The hospital will, however, continue to support the efforts of the PFCH cancer priority action team for the Tri-County region. A member of the Advocate Eureka management team is serving on this team and has assisted in the mammography screening data initiative.

Substance Abuse

The hospital CHNA team also did not select substance use as a significant health need as it wanted to focus the hospital's efforts on only two significant health needs given its resources are limited as a critical access hospital. The hospital will, however, continue to support the efforts of the PFCH behavioral health priority action team for the Tri-County region, which includes substance use as well as mental health.

VI. Approval of Community Health Needs Assessment

Advocate Eureka is utilizing this report to meet the hospital's 2019 Community Health Needs Assessment requirement 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. This report was approved by the Advocate BroMenn and Advocate Eureka Governing Council on November 19, 2019. The Advocate Health Care Network Board approved Advocate Eureka's 2019 CHNA Report at the system level on December 16, 2019.

VII. Overview of 2020-2022 Implementation Plan Goals and Community Resources

Advocate Eureka is a vital part of Woodford County, serving the critical health needs of individuals, families and the community with a wholistic philosophy of care. The hospital's dedication to expanding its partnerships within the Tri-County region has resulted in engaging a network of community organizations to implement and enhance community health programs. See Appendix 6 for a description

of Tri-County community resources and Appendix 7 for a resource matrix for the seven health needs presented to community stakeholders for prioritization for the 2019 PFHC CHNA for the Tri-County region.

Advocate Eureka participated in the Partnership for a Healthy Community (PFHC) ad-hoc CHNA collaborative goal setting meetings for the 2020-2022 PFHC Community Health Improvement Plan. Although the hospital is primarily focusing on Woodford County and two of the four significant health needs selected for the Tri-County region, it will participate in the PFHC priority action teams and will support the Tri-County goals listed below for Advocate Eureka's selected health needs for its 2020-2022 implementation plan.

Healthy Eating/Active Living

Goal: To foster and promote healthy eating and active living to reduce chronic disease and food insecurity in the Tri-County area.

Community Resources

Advocate Eureka will have a staff member serve on the Partnership for a Healthy Community Healthy Eating/Active Living Priority Action Team for the 2020-2022 implementation period. The hospital's Community Health Director also serves on the Partnership for a Healthy Community board for the Tri-County region and will continue to look for ways the hospital can support healthy eating/active living in the Tri-County region, with a focus on Woodford County. In the fall of 2019, the hospital is co-sponsoring the Tri-County Trek with the Tazewell, Peoria and Woodford County Health Departments. The goal of the community program is to increase physical activity among Tri-County residents. The hospital also employs nurses in most of the public schools in Woodford County who can reinforce healthier eating habits and increased exercise among students.

Mental Health

Goal: Mental Health: Improve mental health among Tri-County residents through preventative strategies and increased access to services.

Community Resources

Advocate Eureka will have a staff member serve on the Partnership for a Healthy Community Behavioral Health Priority Action Team for the 2020-2022 implementation period. The Community Health Director also serves on the Partnership for a Healthy Community board for the Tri-County region and will continue to look for ways the hospital can support behavioral health in the Tri-County region, with a focus on Woodford County.

To improve mental health in Woodford County, the hospital will also continue its collaboration with the Tazwood Center for Wellness to allow Woodford County residents to receive mental health services

locally instead of travelling outside of the county for care. In June 2016 the counseling appointments, previously held at the Woodford County Health Department, by the Tazwood Center for Wellness, moved to Advocate Eureka. The move to the hospital improves access to mental health services because it allows for residents to schedule appointments later in the evening. Telepsychiatry will also continue to be offered at Advocate Eureka to improve access to mental health services.

For the 2020-2022 hospital implementation plan, it is also hoped that the partnership between Advocate Medical Group (AMG) Behavioral Health, Tri-County Special Education Association and Illinois State University's Psychological Services Center continues. As a result of this partnership, doctoral level psychology interns provide four days of integrated behavioral health services across three Advocate settings in Central Illinois, Advocate BroMenn Outpatient Center, El Paso Family Practice and Eureka Family Practice.

Advocate Eureka plans to continue offering Mental Health First Aid (MHFA), an evidence-based mental health program to the community. MHFA is a nationally recognized adult public education program that teaches individuals how to identify, understand and respond to the signs of mental illness and substance abuse disorders. Participants learn about the signs and symptoms of acute mental health crises and chronic mental health problems like anxiety and depression. Certified instructors teach participants to become Mental Health First Aiders. In April 2016, Advocate Eureka sent an employee to become a certified Mental Health First Aid trainer. The hospital will collaborate with the Tri-County Health Departments and the Central Illinois Area Health Education Center community partners to offer this program. Each year, the MHFA instructor from Advocate Eureka also offers a MHFA course for residential assistants at Eureka College and teaches sessions on depression and anxiety for high school freshmen.

VIII. Vehicle for Community Feedback

Advocate Eureka welcomes all feedback regarding the 2019 Community Health Needs Assessment. Any member of the community wishing to comment on this report, can click on the link below to complete a CHNA feedback form. Questions will be addressed and will also be considered during the next CHNA cycle.

<http://www.advocatehealth.com/chnareportfeedback>

If you experience any issues with the link to our feedback form or have any other questions, please click below to send an email to us at:

AHC-CHNAResponseFeedback@advocatehealth.com

This report can be viewed online at Advocate Health Care's Community Health Needs Assessment Report webpage via the following link: <http://www.advocatehealth.com/chnareports>

A paper copy of this report may also be requested by contacting the hospital's Community Health Department.

Sharing Results

In addition to the opportunity to provide feedback through the means described above, Advocate Eureka CHNA Report presentations will be provided to community groups and organizations upon request.

Appendices

Appendix 1: Woodford County SocioNeeds Rank and National Index 2018

Woodford County			
Zip Code	Index	Rank	Population
61771	66	5	925
61570	57.8	5	1,784
61545	43.7	4	637
61738	40.7	4	4,019
61760	35	3	2,424
61516	33.3	3	673
61530	29.3	3	6,827
61729	18.2	2	1,228
61561	15.1	1	2,825
61548	13.9	1	12,570
61742	11.2	1	1,230

Appendix 2: Members of the Partnership for a Healthy Community (PFCH) ad hoc CHNA 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:

Melissa Adamson was the Director of Community Health Policy & Planning/Assistant Administrator at the Peoria City/County Health Department. She holds a MPH in Health Education from Emory University, Rollins School of Public Health and has over 20 years' experience in public health. Melissa is passionate about improving population health through investing in programs and advocating for policies that address the underlying causes of disease and build capacity to respond effectively to changing needs. *We would like to thank her for the work she has done to drive this community approach as she has moved into a new role.*

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

Karla Burress is currently the Assistant Administrator for Tazewell County Health Department (TCHD). Ms. Burress has been leading the performance management/quality improvement program throughout the department for the last 6 years. She is currently a member of the Bradley Department of Nursing Council. Ms. Burress has worked in Public Health for 28 years and started her career as a nutritionist for WIC in Danville Illinois. She moved to Tazewell County, Illinois, in 1994 and continued her Public Health career at TCHD as a Nutritionist, eventually becoming the Director of the Maternal Child Health programs. Karla holds a Bachelor of Science degree in Food/Nutrition/Dietetics from Illinois State University in Normal Illinois.

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

Taylor Eisele, MPH, has been the Epidemiologist at Tazewell County Health Department since May 2018. Ms. Eisele received her MPH in 2018 from Indiana University Purdue University, Indianapolis, and a BS in 2016 from the University of Illinois Urbana-Champaign. Ms. Eisele has previously worked in the areas of occupational health, vector-borne disease, and health promotion.

Amy Fox is the administrator at Tazewell County Health Department. Ms. Fox has worked in public health for over 28 years in areas of community health improvement planning, health promotion, substance abuse prevention, coalition development and emergency preparedness. Currently, in addition to responsibilities in Tazewell County, Ms. Fox is the Co-Chair of the Public Health Committee

of the Illinois Terrorism Task Force and the Co-Chair of PHIST-Public Health is Stronger Together, a statewide group made up of all associations that work in governmental public health.

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

Sally Gambacorta (MS, Illinois State University; MA, University of Iowa) is the Director, Community Health for Advocate BroMenn and Advocate Eureka. Both hospitals are located in Central Illinois. She has worked for Advocate Aurora for 25 years in Wellness and Community Health. Sally holds a Bachelor's of Science degree in Business Administration from Augustana College, a Master's of Science degree in Industrial/Organizational Science from Illinois State University and a Master's of Arts degree in Leisure Studies with a concentration in Corporate Fitness and Health Promotion from the University of Iowa. In her community health role, Sally is responsible for the Community Health Needs Assessment and Community Benefits at both hospitals. She has extensive experience in collaborating with community partners to improve the health of the community. Sally is a member of the McLean County Community Health Council Executive Steering Committee and facilitates the McLean County Behavioral Health Improvement Plan Priority Action Team. She also serves on the leadership committee for the McLean County Wellness Coalition, is a member of the McLean County Mental Health First Aid Collaborative and is on the Partnership for a Healthy Community Board for Woodford, Tazewell and Peoria County.

Tim Heth currently serves as the Manager of Planning and Property Management for UnityPoint Health's Central IL Region. Mr. Heth was first employed by the Methodist Medical Center in 1985 in Laboratory Medicine and Toxicology Services and later joined the administration in a planning capacity in 2000. Mr. Heth is accountable for all aspects of planning and property management for UPH Methodist | Proctor | Pekin. He earned his Master's Degree in Business Administration from Bradley University in 1996 and is a former Baldrige National Quality Award Examiner.

Monica Hendrickson, MPH, is currently the Public Health Administrator for the Peoria City/County Health Department primarily working on fulfilling the mission of engaging, educating, and promoting health, preventing disease, and providing for a safe environment through collaborative partnerships, leveraging of resources, and Health in All Policy advocacy. Most recently, Ms. Hendrickson was the Epidemiologist at Peoria City/County Health Department from 2013-2017 and the Director of Health Protection at Knox County Health Department from 2010-2013. Ms. Hendrickson graduated with a MPH from the University of Michigan and a BS from the University of Illinois Urbana-Champaign. She currently facilitates the Behavioral Health Committee for the Partnership for a Healthy Community Tri-County Improvement Plan, as well as serves as a Board Member for WTCP and on the Solution Council for Heart of Illinois United Way.

Gregg D. Stoner, MD is Chief Medical Officer of Heartland Health Services and Clinical Professor of Family and Community Medicine, University of Illinois, College of Medicine. Heartland Health Services is a federally qualified health center which provides primary medical care to patients in Central Illinois through their seven clinics located in Peoria.

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

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and has acted as the coordinator for 13 Hospital Community Health Need Assessments. In addition, she has coordinated the submission of the Community Benefit Report annual submitted to the Attorney General and the filing of the IRS Form 990 Schedule H since 2008. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over ten years. Dawn has been a member of the McMahon-Illini Chapter of Healthcare Financial Management Association for over ten years. Dawn served as the Vice President, President-Elect and two terms as a Chapter President on the Board of Directors with the McMahon-Illini HFMA Chapter. She currently serves as a Director on the Board.

Dr. Laurence G. Weinzimmer, PhD (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, Illinois. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principle 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 community health needs assessment.

Appendix 3: 2018 Community Health Needs Assessment Survey

We want to know how you view our community, so we are inviting you to participate in a research study about community health needs. Your opinions are important. This survey will take about 10 minutes to complete. All of your individual responses are confidential. We will use the survey results to better understand and address health needs in our community.

Biggest Health Issues in Our Community

Please identify the three (3) biggest health issues in our community.

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

Most Unhealthy Behaviors

Please identify the three (3) most unhealthy behaviors in our community.

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

Factors that Impact Your Well Being

Please identify the three (3) most important factors that impact your well-being in our community.

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

Access to Health Care and Healthy Living

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

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

Clinic/Doctor's office Emergency Department I don't seek medical attention

Urgent Care Center Health Department Other _____

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

Yes (please go to the next question) No (please go to question #4: Prescription Medicine)

3. If you answered "yes" to question #2, why weren't you able to get medical care? Check all that apply.

Didn't have health insurance. Too long to wait for appointment.

Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the doctor.

Are there any other reasons why you could not access medical care?

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?

Yes (please go to the next question) No (please go to question #6: Dental Care)

5. If you just answered "yes" to question #4, why weren't you able to get prescription medication? Check all that apply.

Didn't have health insurance. The pharmacy refused to take my insurance or Medicaid.

Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the pharmacy.

Are there any other reasons why you could not access prescription medicine?

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

Yes (please go to the next question) No (please go to question #8: Mental-Health Counseling)

7. If you answered "yes" to question #6, why weren't you able to get dental care? Choose all that apply.

Didn't have dental insurance. The dentist refused my insurance/Medicaid

Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the dentist.

Are there any other reasons why you could not access a dentist?

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

Yes (please go to the next question) No (please go to question #10: Deliberate Exercise)

9. If you just answered "yes" to question #8, why weren't you able to get mental-health counseling?
Choose all that apply.

- Didn't have insurance. The counselor refused to take my insurance/Medicaid
- Couldn't afford to pay my co-pay or deductible. Embarrassment.
- Didn't have a way to get to a counselor.

Are there any other reasons why you could not access a mental-health counselor?

10. In the last WEEK how many times did you participate in deliberate exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes?

None (please go to next question) 1 – 2 times 3 - 5 times More than 5 times

11. If you answered "none" to the last question, why didn't you exercise in the past week?
Choose all that apply.

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

Are there any other reasons why you could not exercise in the last week?

12. 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 go to next question) 1 - 2 3 - 5 More than 5

13. If you answered "none" to the last question, why didn't you eat fruits/vegetables? Choose all that apply.

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

Are there any other reasons why you do not eat fruits/vegetables?

14. Where do you get your fruits and vegetables? Choose all that apply.

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

15. What are the biggest challenges to eating healthy in our community? Choose all that apply.

- Knowledge Convenience Transportation People don't care
 Physical challenge/disability
 Cost Don't like Time Other

16. Please check the box next to any of the health conditions that you have. (Choose all that apply). If you don't have any of these health conditions, please go to question #18: Smoking.

- Diabetes Heart problems Mental-health conditions Stroke Allergy
 Cancer Asthma/COPD Overweight Memory problems
 Other _____

17. If you identified any conditions in Question #16, how often do you follow an eating plan to manage your condition(s)?

- Never Sometimes Usually Always

18. On a typical DAY, how many cigarettes do you smoke, or how many times do you use electronic vaping?

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

19. Where do you get most of your medical information (check only one)

- Doctor Friends/family Internet Pharmacy Nurse at my church

20. Do you have a personal physician? Yes No

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

- None 1-2 days 3-4 days More than 5 days

22. 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

23. 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

24. In the last YEAR have you talked with anyone about your mental health?

Yes No (skip to question #26)

25. If you talked to anyone about your mental health, who was it?

Doctor/nurse Counselor Family/friend Other _____

26. On a typical DAY, how often do you use substances (either legal or illegal) to make yourself feel better?

None 1-2 times 3-5 times More than 5 times

27. When you were a child, did a parent or other adult often swear at you, insult you or make you feel afraid?

Yes No

28. Do you feel safe where you live? Yes No

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

Breast exam No Yes Not applicable

Prostate exam No Yes Not applicable

Colonoscopy or other colorectal cancer screening No Yes

Overall Health Rating

30. My overall physical health is: Below average Average Above average

31. My overall mental health is: Below average Average Above average

Background Information

What county do you live in?

Peoria Tazewell Woodford Other

What is your Zip Code? _____

What type of insurance do you have? Please choose only one answer.

Medicare Medicaid Private/Commercial

None (Please go to next question)

If you answered "none" to the last question, why **don't** you have insurance? Choose all that apply.

- Can't afford insurance Don't need insurance
 Don't know how to get insurance Other _____

What is your gender? Male Female Other

What is your age?

- Under 20 21-35 36-50 51-65 Over 65

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

- White Black/African American Hispanic/Latino
 Pacific Islander Native American Asian (Indian, Japanese, Chinese, Korean, etc.)
 Multiracial Other: _____

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 Bachelor's degree
 Graduate or professional degree Other: _____

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

What is your housing status?

- Do not have Have housing, but worried about losing it Have housing, **NOT** worried about losing it
How many people live with you? _____

What is your job status? Please choose only one answer.

- Full-time Part-time Unemployed Homemaker
 Retired Disabled Student Armed Forces

How interested would you be in health services provided through Internet or phone?

- 1 2 3 4 5
Extremely interested Uninterested Somewhat interested Interested Extremely interested

Can you get free wi-fi in public locations? Yes No

Do you have Internet in your home? For example, can you watch Youtube?

Yes No (go to next question)

If NO, why not? Cost No available Internet provider Data limits I don't know how Other

Is there anything else you would like to tell us about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

This survey was reviewed by the Committee on the Use of Human Subjects and Research, Bradley University Institutional Review Board (IRB) in May 2018.

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Appendix 4: Conduent Healthy Communities Institute ICON and Gauge Meanings

Compare to Distribution (Dial Gauge)

The compare to distribution gauge measures how your community is doing compared to other communities in your state, the U.S. or region. The needle in the green means that the selected location is in the best 50% of similar locations, yellow represents the 50th to 25th percentile and red represents the worst quartile.



Compare to Target (Circle Gauge)

The Circle represents a comparison to a target value.

A green circle with a check means that the selected value has met or is better than the target value. A red circle with an "x" means that the selected value has not met the target value.



Compare to the Prior Value (Triangle Gauge)

The triangle represents a comparison to the immediate prior value. If the triangle is pointing up, the value is higher than the previous value, if the triangle points down the value is decreasing and if there is an equal sign there is no change in the value. If the triangle is green it means the change is good, if the triangle is red it means the change is bad.



Trend over Time (Square Gauge)

The square represents a comparison to a trend over time. The trend looks at how the indicator is doing over multiple time periods. We analyze up to 10 previous measurement periods (and at least 4) to determine if the value is going up significantly, not significantly, staying the same, decreasing significantly or decreasing not significantly. A solid color gauge means that the change is significant and an outlined gauge means there is a change but it is not significant. A red gauge represents a poor trend and a green gauge represents a positive trend. The blue gauge with an arrow means that going up or down is neither positive or negative and an equal sign means there is no change.

To learn more about how we calculate this rate, please visit the [Mann-Kendall Test for Trend Overview](#).



Appendix 5: 2017-2019 Community Health Needs Assessment Data Sources

(All data was verified and website links were fully functional within the CHNA Report and Appendices as of September 1, 2019.)

County Health Rankings, 2019

<https://www.countyhealthrankings.org/app/illinois/2019/rankings/woodford/county/outcomes/overall/snapshot>

Conduent Healthy Communities Institute, 2019. Website unavailable to the public. The following data sources were accessed through Conduent Healthy Communities Institute:

Centers for Disease Control and Prevention, Data and Statistics, 2015

<https://www.cdc.gov/datastatistics/index.html>

Center for Medicare and Medicaid Services, 2015

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html.](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html)

Claritas, 2018-2019. Website unavailable.

County Health Rankings County Health Rankings, 2014-2019

<http://www.countyhealthrankings.org/app/illinois/2014/rankings/woodford/county/outcomes/overall/snapshot>.

Feeding America, 2017

https://www.feedingac.org/donate/?gclid=CjwKCAjw67XpBRBqEiwA5RCocS6fzPc8RXbHV-B2VKXfvWtZNw1n2B9wCxfp4xc87fRq1S7q6NTOZRoCRt8QAvD_BwE

Illinois Behavioral Risk Factor Surveillance System, 2007-2014

http://app.idph.state.il.us/brfss/countydata.asp?selTopicCounty=nutrition&areaCounty=Wood_103&show=freq&yrCounty=4&form=county&yr=&area=&selTopic=.

National Cancer Institute, 2005-2015 <http://statecancerprofiles.cancer.gov/incidencerates/>.

National Center for Education Statistics, 2016-2017 <http://nces.ed.gov/ccd/elsi/default.aspx>.

Illinois Hospital Association 2015-2017 <http://www.team-ihha.org/>.

United States Department of Agriculture–Food Environment Atlas, 2014-2016

<http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx>.

University of Illinois, Center for Prevention Research and Development, Illinois Youth Survey, 2018

https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2018/Cnty18_Woodford.pdf

Partnership for a Healthy Community 2019 Community Health Needs Assessment
<https://healthyhoi.wildapricot.org>

Robert Wood Johnson Foundation, Built Environment and Physical Activity, 2007
<http://www.rwjf.org/en/library/research/2007/04/the-built-environment-and-physical-activity.html>

Tri-County Interagency Council, 2019 <http://tricountyinteragencycouncil.com/about>

University of Illinois, Center for Prevention Research and Development, Illinois Youth Survey, 2018
https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2018/Cnty18_Woodford.pdf

Appendix 6: Description of Community Resources

Health Departments

Peoria City/County Health Department

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

Tazewell County Health Department:

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

Woodford County Health Department

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

Hospitals/Clinics

Advocate Eureka Hospital

Advocate Eureka is one of 27 hospitals in the Advocate Aurora system. Advocate Aurora is the 10th largest not-for-profit, integrated health system in the United States. As an Advocate Aurora Hospital, Advocate Eureka embraces the system purpose of "We help people live well". Eureka Hospital is a 25-bed facility that has served and cared for the people of Woodford County and the surrounding area since 1901. Advocate Eureka is the only hospital in Woodford County and is a critical access hospital as certified by the Centers for Medicare and Medicaid Services. By functioning in this capacity, the hospital plays a vital role in serving the health needs of a primarily rural area.

Heartland Health Services

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

Hopedale Medical Complex

Hopedale Hospital is a Critical Access Hospital with a total of 25 beds that are interchangeable between acute care and swing bed services. Hopedale Hospital offers 24 hour emergency services, an intensive care unit, general and advanced vascular surgery, orthopedic surgery, cardiopulmonary services, diagnostic radiology imaging services, and numerous outpatient services.

OSF Healthcare Saint Francis Medical Center

OSF Saint Francis Medical Center is the fourth largest medical center in the state of Illinois. With a medical staff of more than 800 physician and 616 patient beds, it is a major teaching affiliate of the University of Illinois College of Medicine at Peoria, the area's only Level 1 Trauma Center and tertiary care medical center, and home to the Children's Hospital of Illinois. Specific centers of interest include

the Pediatric Diabetes Resource Center at the Children's Hospital, Joslin Diabetes Center Affiliate, Saint Francis Community Clinic, Mobile MRI/PET, community screenings, Faith Community Nursing and the CARE-A-VAN.

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

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

Community Agencies

Heart of Illinois United Way

The Heart of Illinois United Way brings together people from business, labor, government, health and human services to address the 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 7: Resource Matrix

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

***Note: S - indicates strategic focus, T- indicates tactical focus**

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