

2022

COMMUNITY HEALTH NEEDS ASSESSMENT

LaSalle County Health
Department

Ottawa Regional Hospital
& Healthcare Center
d/b/a OSF Saint Elizabeth Medical Center

Mendota Community Hospital
d/b/a OSF Saint Paul Medical Center

LaSalle County

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Community Health Needs Assessment

2022

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The LaSalle County Community Health Needs Assessment is a collaborative undertaking by LaSalle County Health Department, OSF St. Elizabeth and St. Paul Medical Centers to highlight the health needs and well-being of residents in LaSalle County. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the LaSalle County region. Several themes are prevalent in this health-needs assessment – the demographic composition of the LaSalle County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

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

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally,

primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

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

- **Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity**
- **Behavioral Health – including mental health and substance abuse**
- **Healthy Aging**

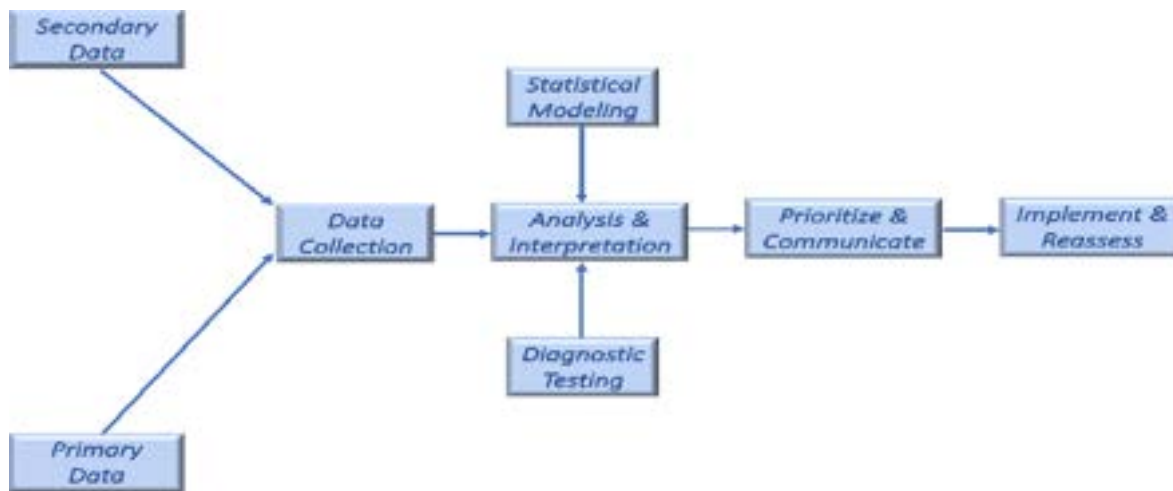
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt charitable hospital organizations to conduct community health needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by LaSalle County Health Department and OSF St. Elizabeth and St. Paul Medical Centers including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors with respect to OSF St. Elizabeth and St. Paul Medical Centers on July 25, 2022.

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

Figure 1



Collaborative Team and Community Engagement

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Elizabeth and OSF Saint Paul Medical Centers, members of the LaSalle County Health Department, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarter of 2022. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM.

Definition of the Community

OSF Saint Elizabeth and OSF Saint Paul Medical Centers each define their community as constituting LaSalle County. In order to determine the geographic boundaries for OSF Saint Elizabeth and OSF Saint Paul Medical Centers, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by LaSalle County. Data show that LaSalle County represent 88% of all patients for the hospitals.

Purpose of the Community Health-Needs Assessment

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care organizations to orchestrate

limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in LaSalle County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2019 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

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

2019 CHNA Health Needs and Implementation Plans

The joint 2019 LaSalle County CHNA for both OSF St. Elizabeth and OSF St. Paul Medical Centers identified two significant health needs. These included: healthy behaviors, defined as active living and healthy eating, and their impact on obesity and behavioral health, including mental health and substance abuse. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on these activities.

Social Determinants of Health

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

Figure 2

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

Assessment of SDOH is included in the CHNA, as social determinants help contribute to health inequities and disparities. Simply creating interventions without incorporating SDOH will have limited impact on improving community health for people living in underserved or at-risk areas.

II. METHODS

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

Secondary Data Collection

Existing secondary statistical data were first used to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

Based on several retreats, a separate OSF Collaborative Team used COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for health-care organizations. Their team of experts includes MDs, PhDs, RNs and health-care leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, the research design used for this study: survey design, data collection and data integrity.

Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, a new survey in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, eight specific sets of items were included:

- **Ratings of health issues in the community** – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity.
- **Ratings of unhealthy behaviors in the community** – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking.
- **Ratings of issues concerning well-being** – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.
- **Accessibility to healthcare** – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental-healthcare, as well as access to prescription medication.
- **Healthy behaviors** – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits and cancer screenings.
- **Behavioral health** – to assess community issues related to areas such as anxiety and depression.
- **Food security** – to assess access to healthy food alternatives.
- **Social determinants of health** – to assess the impact that social determinants may have on the above-mentioned areas.

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

Sample Size

In order to identify our potential population, we first identified the percentage of the LaSalle County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for LaSalle County is 11.4 percent. The population used for the calculation was 107,689 yielding a total of 12,277 residents living in poverty in the LaSalle County area.

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

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

where:

n = the required sample size

N = the population size

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

pq = population proportions (set at .05)

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

To provide a representative profile when assessing the aggregated population for the LaSalle County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 729 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS. Counties were then weighted based on population size.

Data Collection

Survey data were collected in the 3rd and 4th quarter of 2021. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection effort, this became a stratified sample, as other groups were not specifically targeted based on their socio-economic status.

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

Data Integrity

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

Analytic Techniques

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

CHAPTER 1 OUTLINE

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

CHAPTER 1: DEMOGRAPHY AND SOCIAL DETERMINANTS

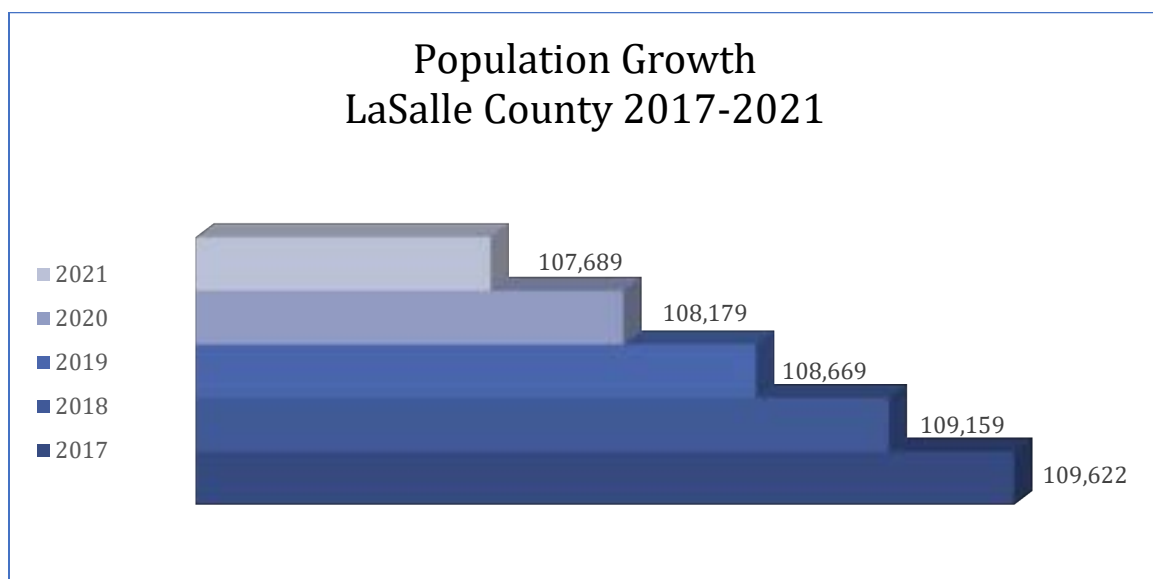
1.1 Population

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

Population Growth

Data from the last census indicate the population of LaSalle County has slightly decreased (1.8%) between 2017 and 2021 (Figure 3).

Figure 3



Source: US Census

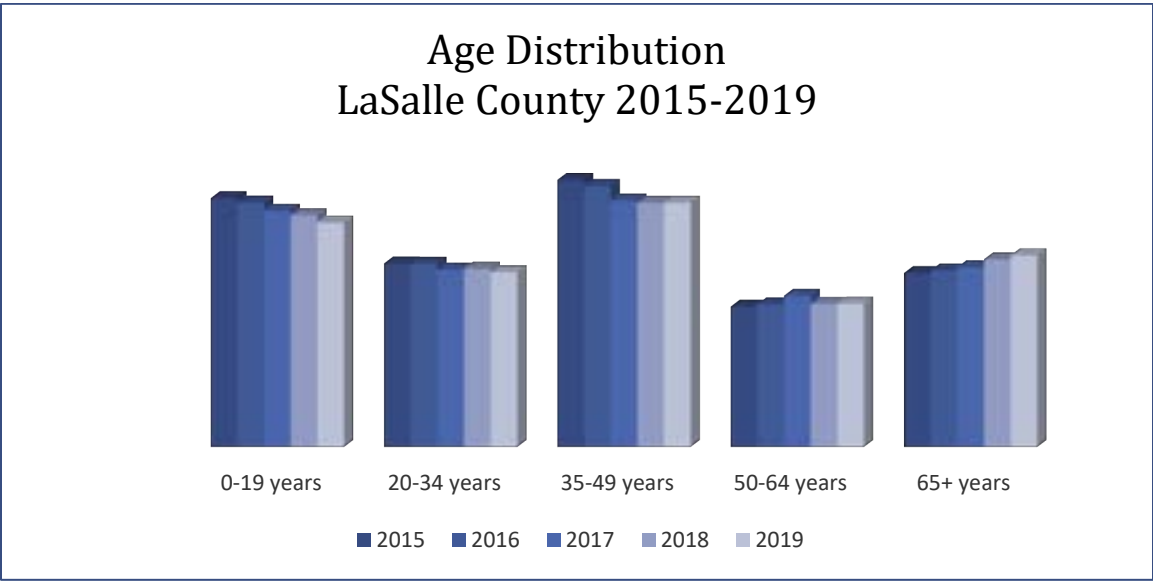
1.2 Age, Gender and Race Distribution

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

Age

Figure 4 illustrates the percentage of individuals in LaSalle County in each age group. Of note, the elderly population (residents aged 65+ years) increased 10.2% between 2015 and 2019.

Figure 4



Source: US Census

Gender

The gender distribution of LaSalle County (Figure 5) residents has remained relatively consistent between 2017 and 2019.

Figure 5

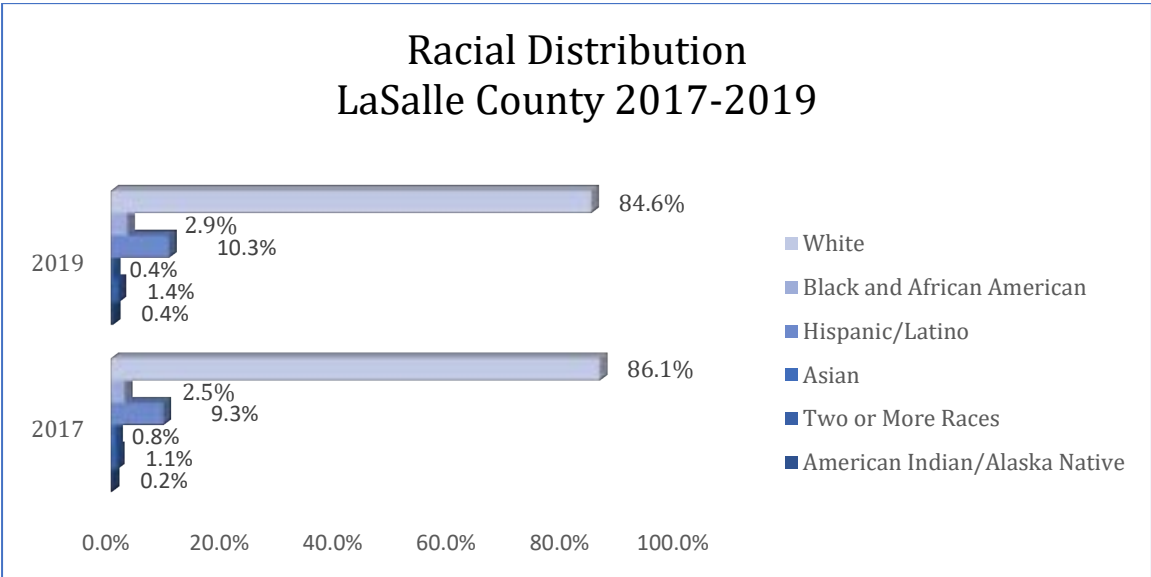


Source: US Census

Race

With regard to race and ethnic background, LaSalle County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2019 suggest that White ethnicity comprises 84.6% of the population in LaSalle County. However, the non-White population of LaSalle County has been increasing (from 13.9% in 2017 to 15.4% in 2019), with Black ethnicity comprising 2.9% of the population, multi-racial ethnicity comprising 1.4% of the population, and Hispanic/Latino (LatinX) ethnicity comprising 10.3% of the population (Figure 6).

Figure 6



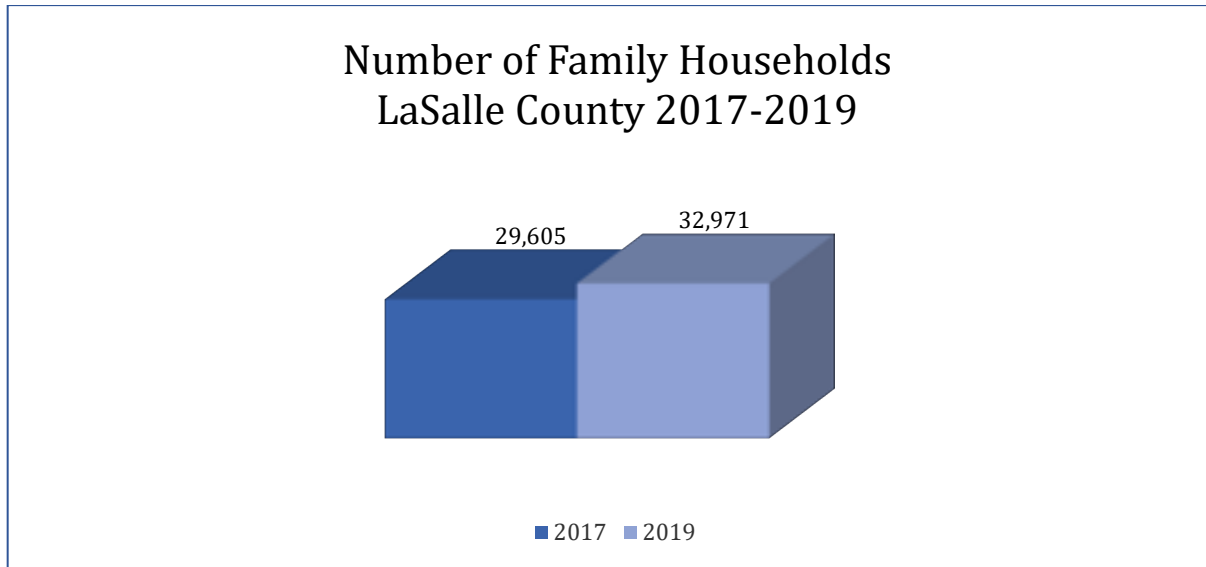
Source: US Census

1.3 Household/Family

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

As indicated in Figure 7, the number of family households in LaSalle County increased from 2017 to 2019.

Figure 7

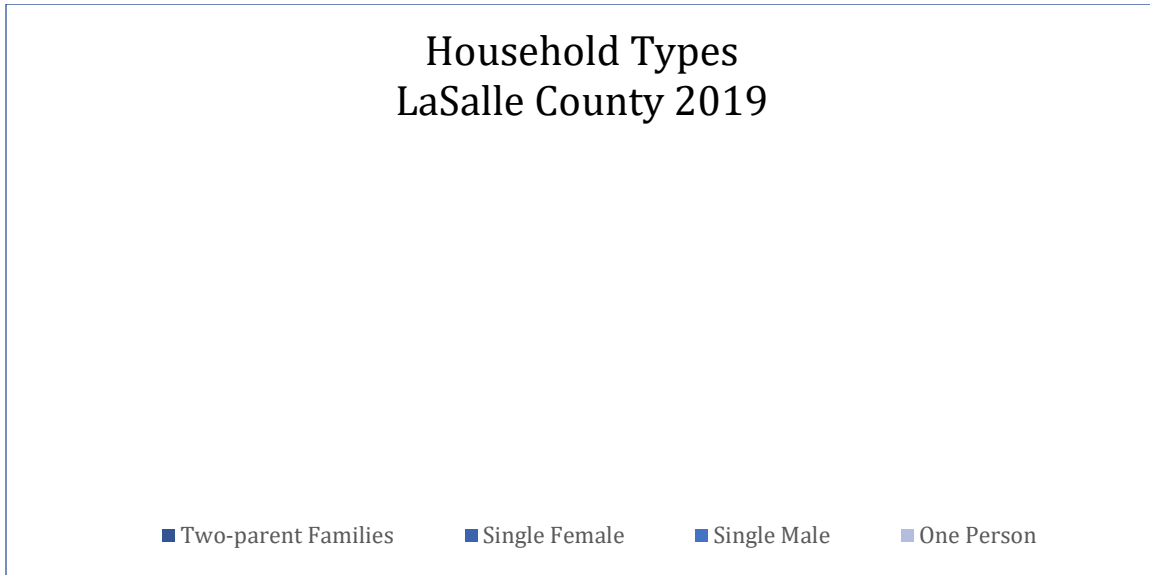


Source: US Census

Family Composition

In LaSalle County, data from 2019 suggest the percentage of two-parent families in LaSalle County is 48.8%. One-person households represent 35% of the county population and single-female households represent 11.4% and single-male households represent 4.8% (Figure 8).

Figure 8

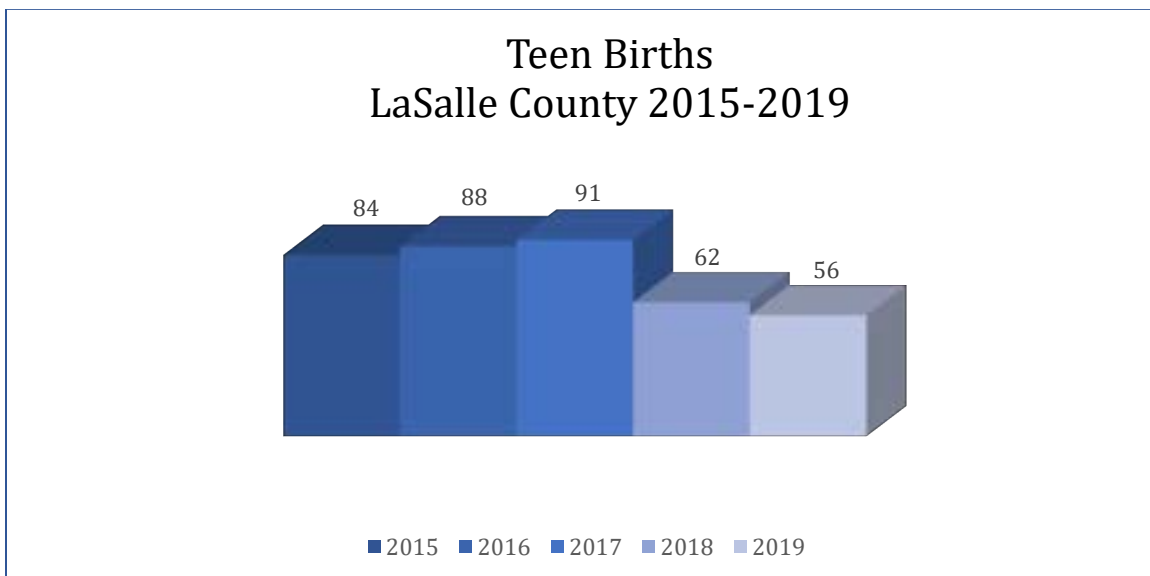


Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

LaSalle County has experienced a slight fluctuation in teenage birth count. The teen birth count steadily declined in 2018 and 2019 (Figure 9).

Figure 9



Source: Illinois Department of Public Health

1.4 Economic Information

Importance of the measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median

income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education and employment conditions.

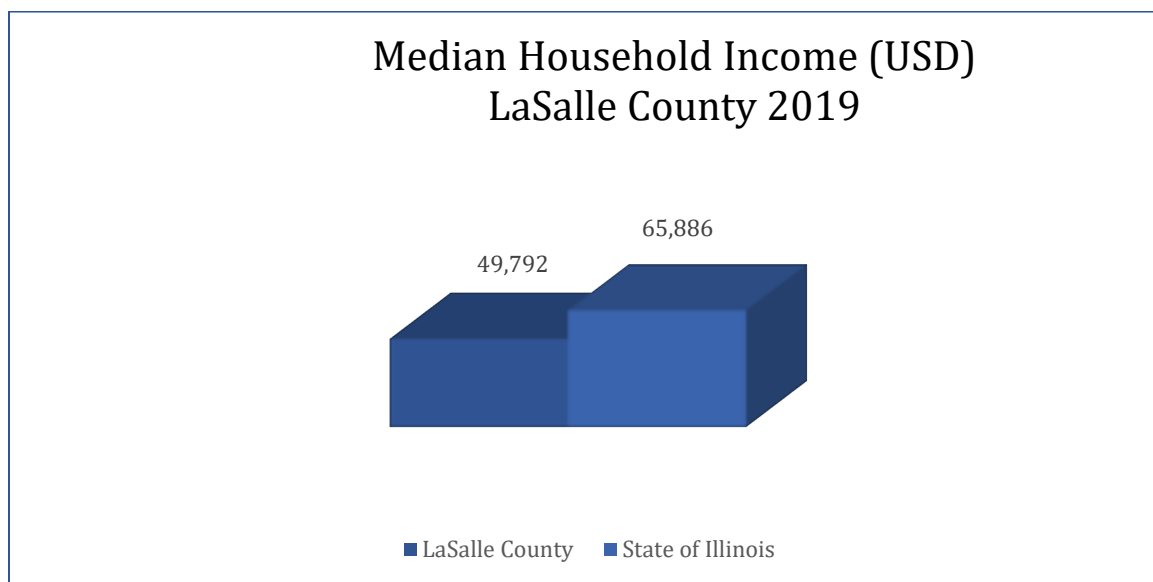
Economic Climate

Economic climate is a measure of a community's financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For LaSalle County, 25% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

Median Income Level

For 2019, the median household income in LaSalle County was lower than the State of Illinois (Figure 10).

Figure 10

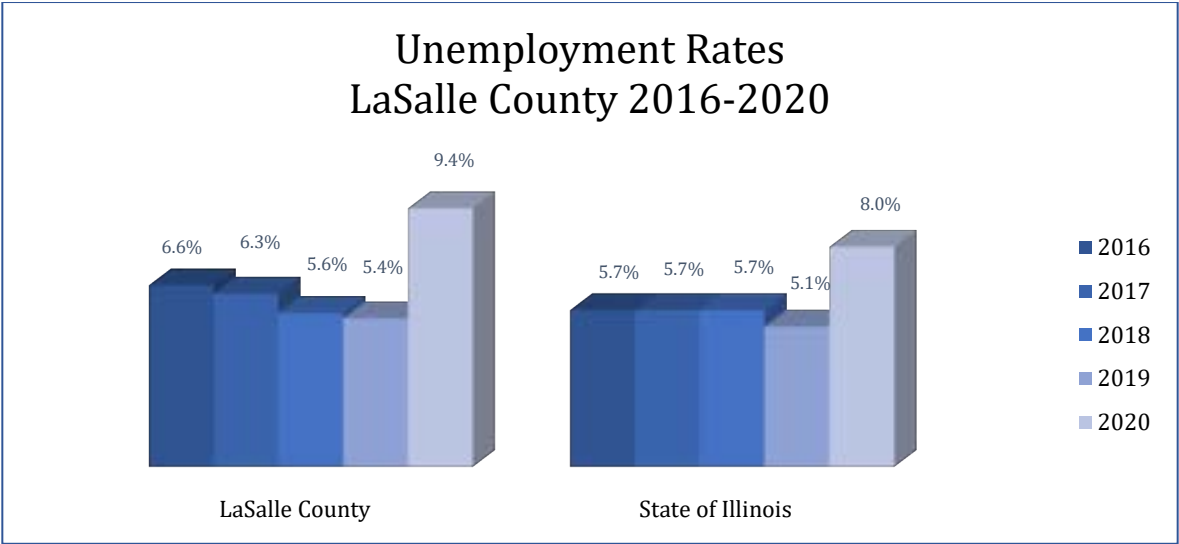


Source: US Census

Unemployment

For the years 2016 to 2020, except 2018, the LaSalle County unemployment rate was higher than the State of Illinois unemployment rate. However, in 2020 the rate significantly increased higher than State of Illinois. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 11).

Figure 11

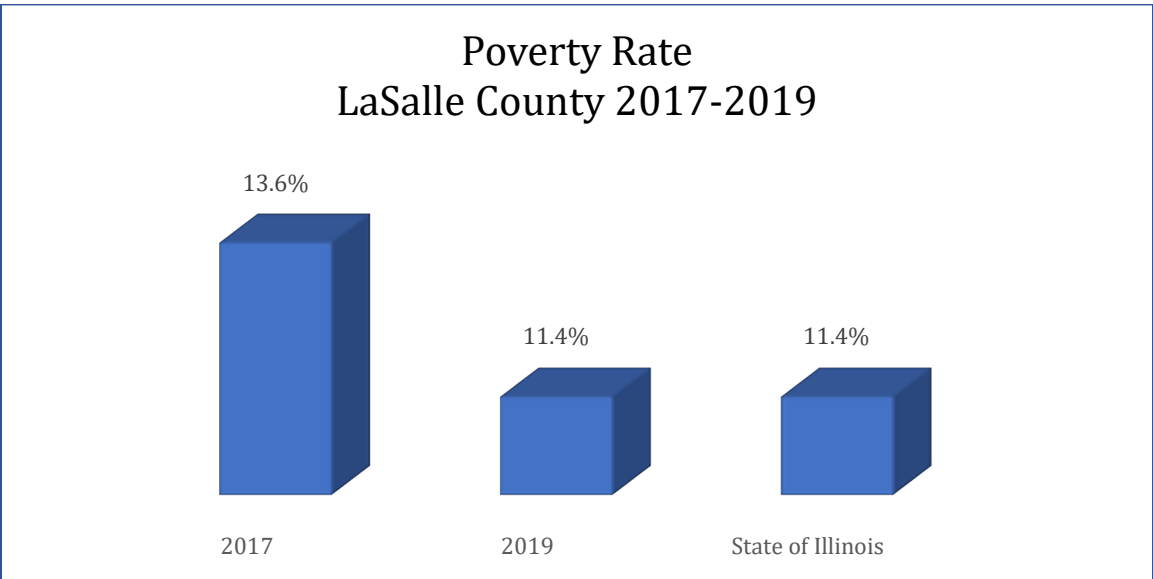


Source: Bureau of Labor Statistics

Individuals in Poverty

In LaSalle County, the percentage of individuals living in poverty between 2017 and 2019 decreased by 2.2%. The poverty rate for individuals is 11.4%, which is equal to the State of Illinois individual poverty rate of 11.4%. Poverty has a significant impact on the development of children and youth. (Figure 12).

Figure 12



Source: US Census

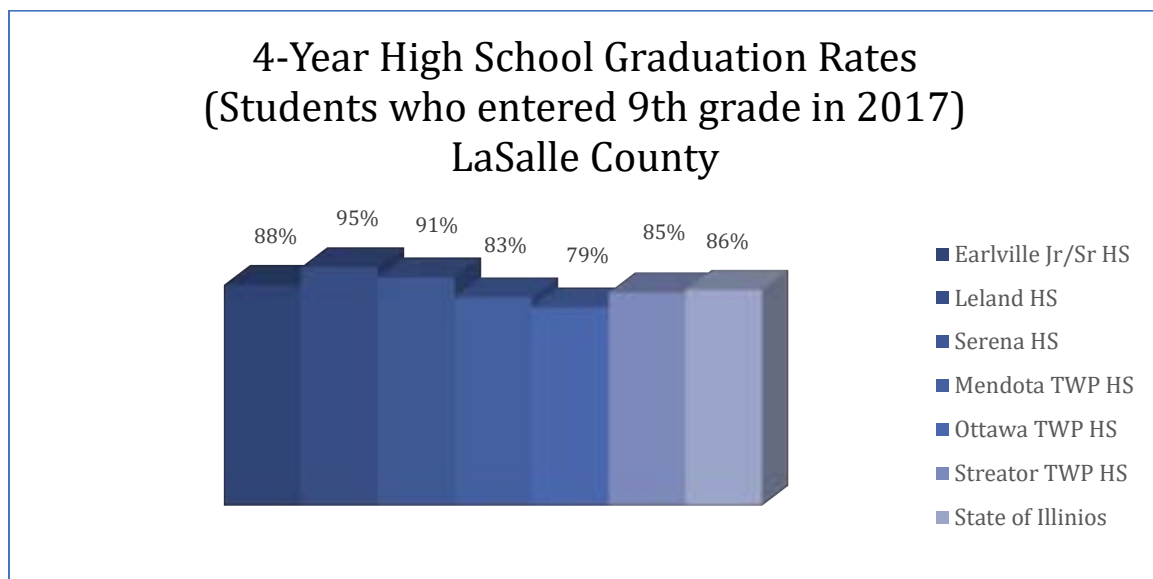
1.5 Education

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

High School Graduation Rates

Students who entered 9th grade in 2017 in LaSalle County school districts were at or above the State averages for graduation rates, except Mendota Township HS, Ottawa Township HS and Streator Township HS, which reported lower rates (Figure 13).

Figure 13



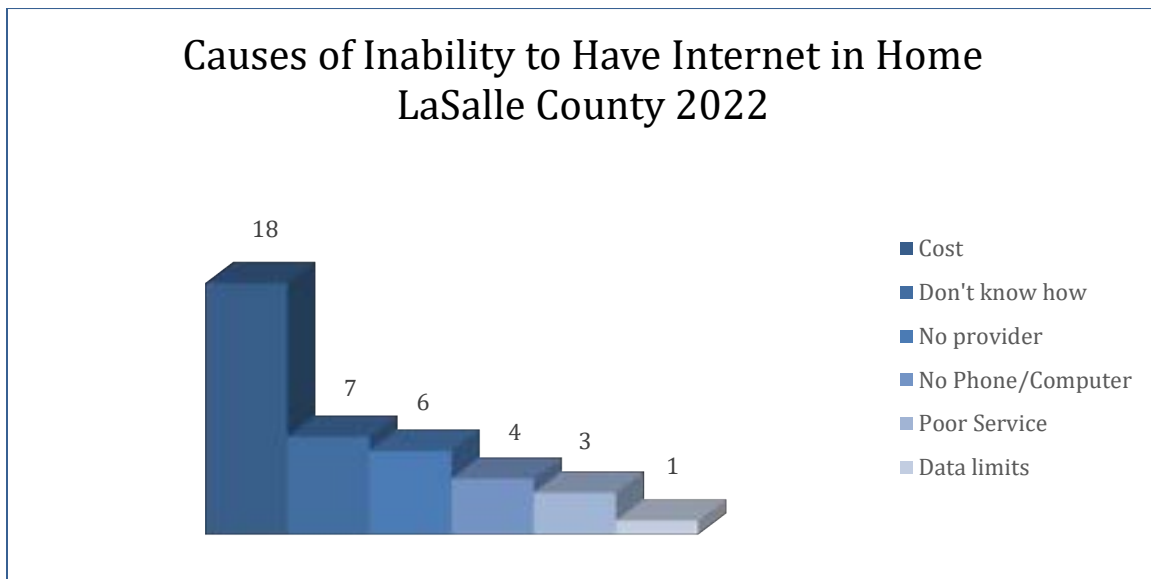
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 95% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

¹ NCES 2005

Figure 14



Source: CHNA Survey

Digital Landscape

Digital landscape is a community's access to digital tools and the digital literacy to use them. Key risk influencers include affordability, accessibility and digital literacy. For LaSalle County, 10% of the population is at elevated risk for digital landscape. This is similar to the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).

Social Determinants Related to Internet Access

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

- **Access to Internet** tends to be higher for younger people, White people, those with higher education, those with higher income. Internet access tends to be lower for people in an unstable (e.g., homeless) housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ DECREASING WHITE POPULATION, INCREASING LATINX POPULATION.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 11.4% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

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

CHAPTER 2: PREVENTION BEHAVIORS

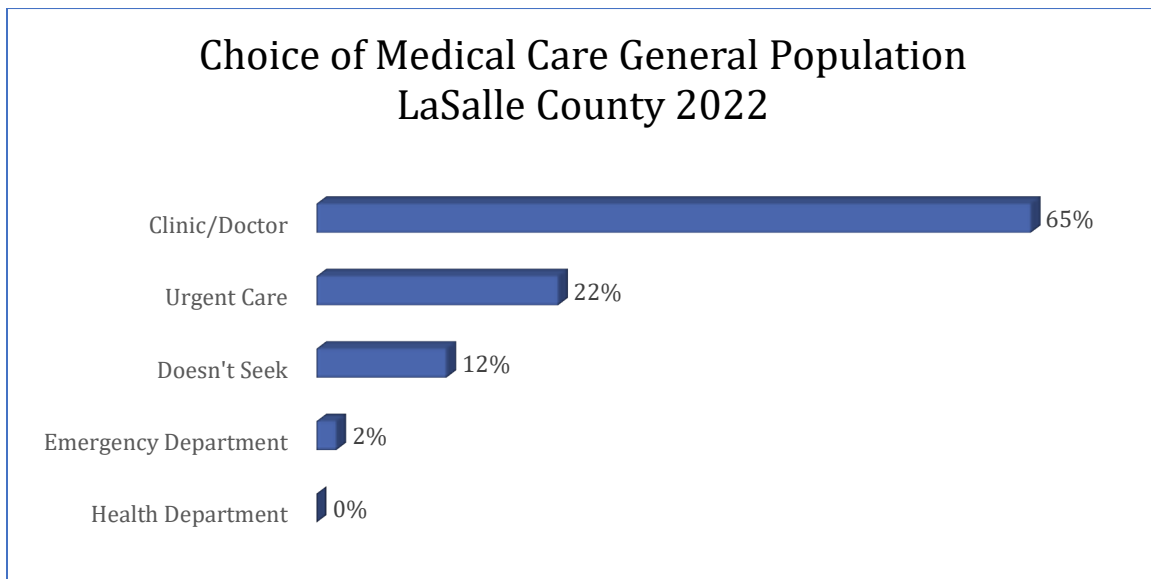
2.1 Accessibility

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

Choice of Medical Care

Survey respondents were asked to select the type of health-care facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment and other. The most common response for source of medical care was clinic/doctor's office, chosen by 65% of survey respondents. This was followed by urgent care (22%), not seeking medical attention (12%), the emergency department at a hospital (2%) and the health department (0%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2019 CHNA

Clinic/doctor's office and urgent care facility usage has decreased slightly since 2019. Those that don't seek care have increase by 4%. Emergency department usage has remained unchanged.



Social Determinants Related to Choice of Medical Care

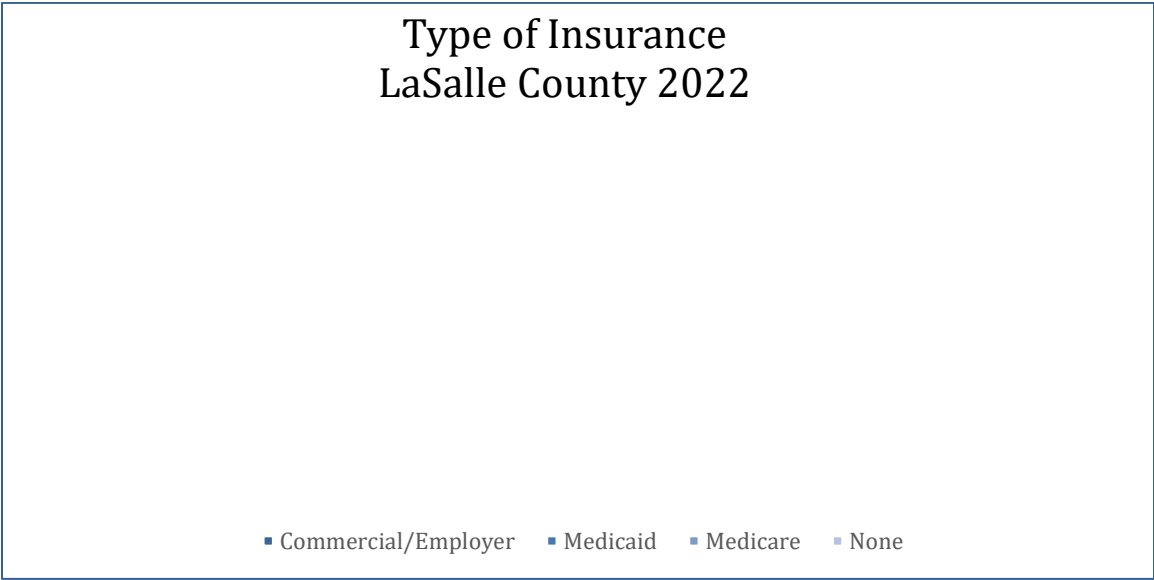
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by women, older people, and White people. Clinics/doctor's office tend to be used less by people in an unstable (e.g., homeless) housing environment.
- **Urgent Care** tends to be used more by younger people, White people, those with higher education and higher income.
- **Emergency Department** tends to be used more by those with lower income and by people in an unstable (e.g., homeless) housing environment.
- **Do Not Seek Medical Care** tends to be used more by younger people, LatinX people, and those with lower income. Do not seek medical care tends to be lower for White people.
- **Health Department** did not have any significant correlates.

Insurance Coverage

According to survey data, 60% of the residents are covered by commercial/employer insurance, followed by Medicare (23%), and Medicaid (15%). Only 3% of respondents indicated they did not have any health insurance (Figure 16).

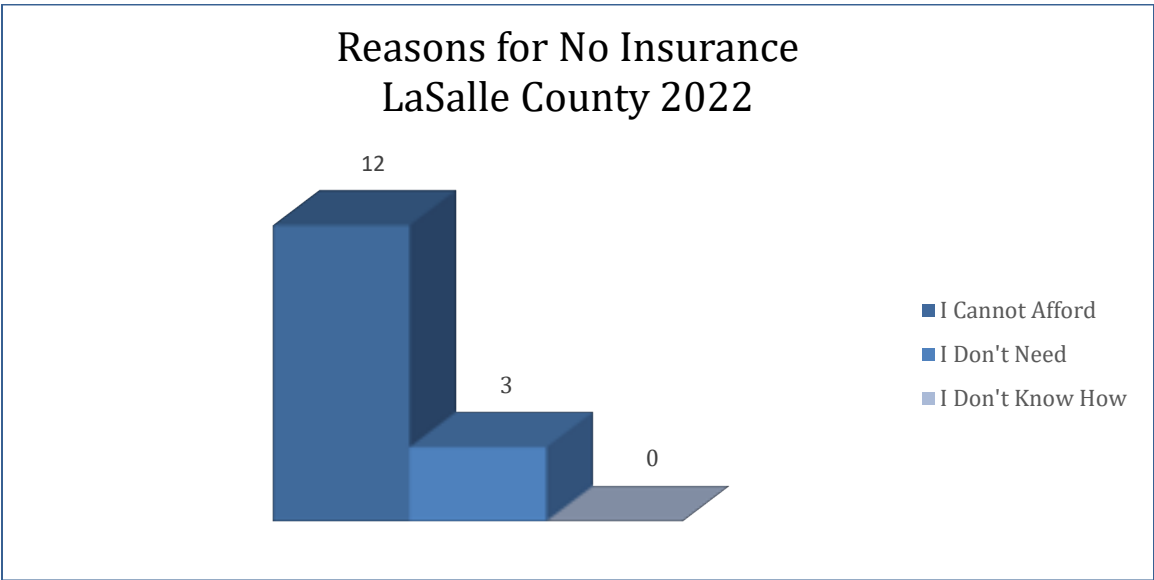
Figure 16



Source: CHNA Survey

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

Figure 17



Source: CHNA Survey

Comparison to 2019 CHNA

Results are similar to the 2019 survey.



Social Determinants Related to Type of Insurance

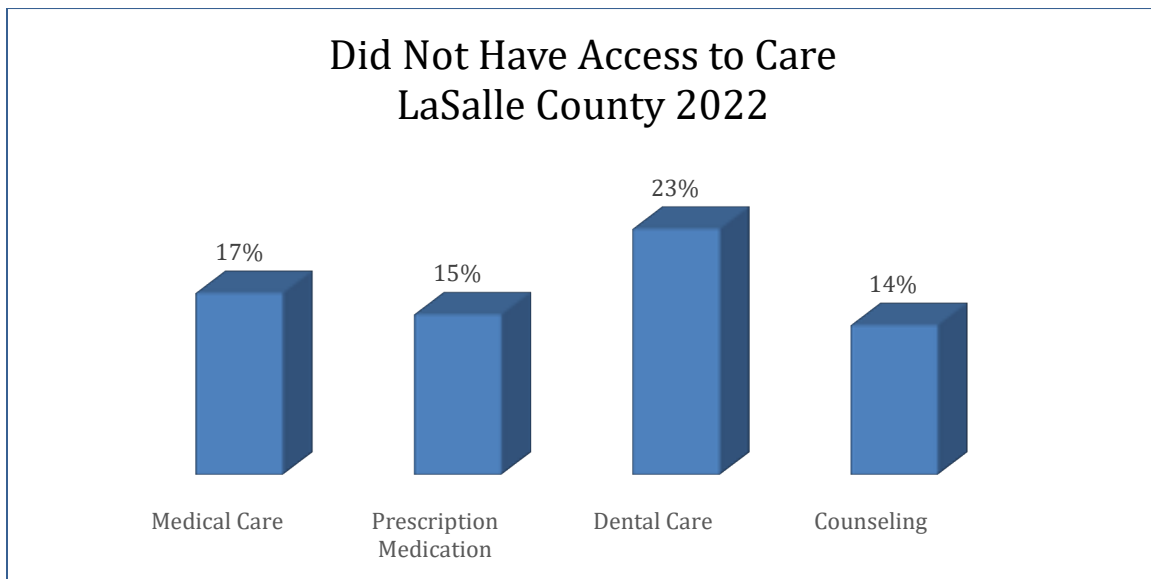
Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by older people, White people and those with lower income. Medicare tends to be used less frequently by LatinX people.
- **Medicaid** tends to be used more frequently by younger people, those with lower income and people with an unstable (e.g., homeless) housing environment.
- **Commercial/employer insurance** is used more often by younger people, and those with higher education, those with higher income. Commercial/employer insurance is used less often by people with an unstable (e.g., homeless) housing environment.
- **No Insurance** tends to be reported more often by LatinX people and people with an unstable (e.g., homeless) housing environment. Given the low survey response rate for LatinX people, findings should be interpreted with caution.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 17% of the population did not have access to medical care when needed; 15% of the population did not have access to prescription medication when needed; 23% of the population did not have access to dental care when needed; and 14% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey



Social Determinants Related to Access to Care

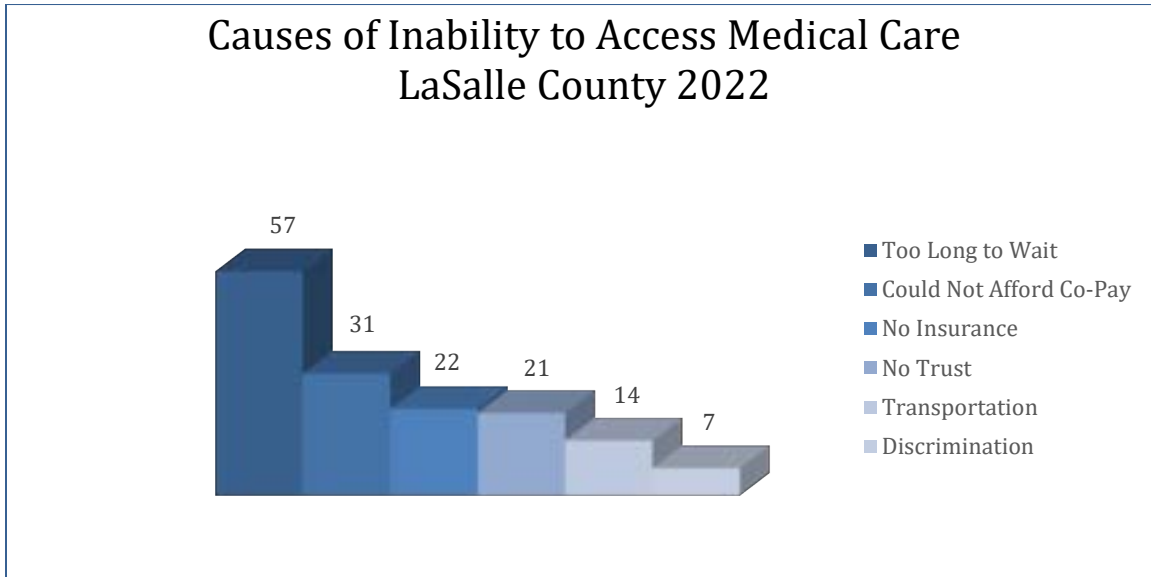
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for older people, White people and those with those with higher income. LatinX people are less likely to have access to medical care.
- **Access to prescription medication** tends to be higher for White people, those with higher education and those with higher income. Access to prescription medication tends to be lower for Black people.
- **Access to dental care** tends to be higher for White people, those with higher education and those with higher income. Access to dental care tends to be lower for Black people.
- **Access to counseling** tends to be higher for older people, White people and those with higher income.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait for an appointment (57), the inability to afford the copay (31) no insurance (22) and no trust (21). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 19).

Figure 19

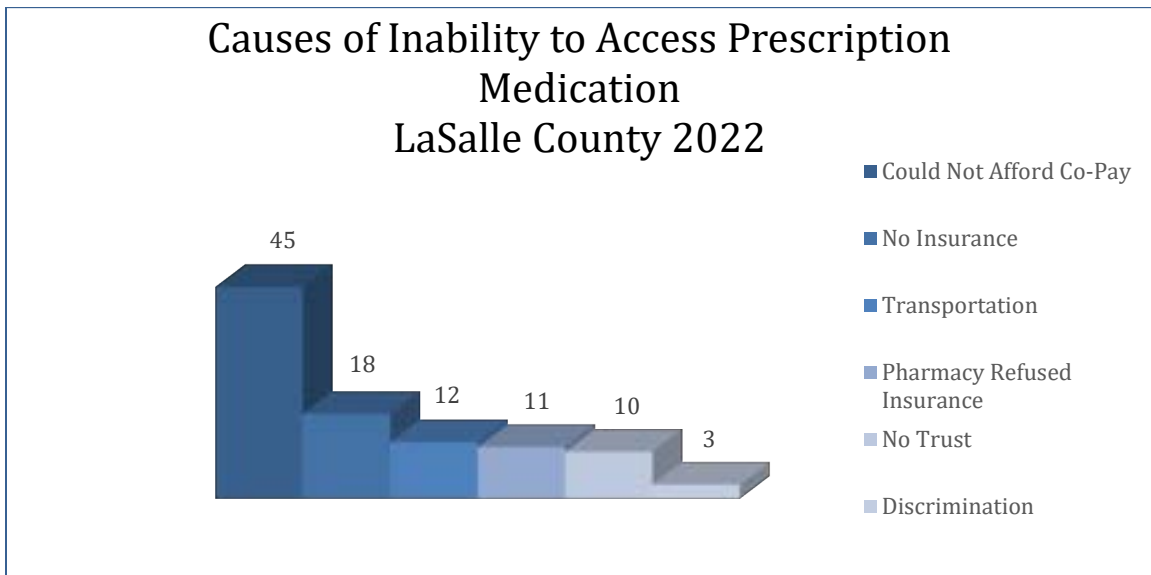


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (45) and no insurance (18) (Figure 20).

Figure 20

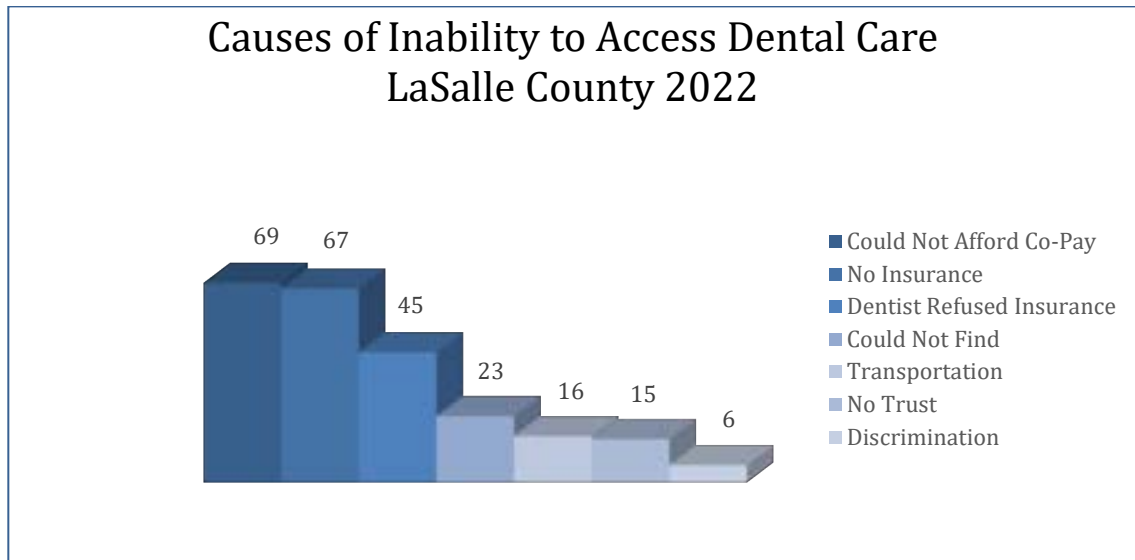


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause was inability to afford copay or deductible (69), followed by no insurance (67), refusal of insurance (45) and could not find (23) (Figure 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21

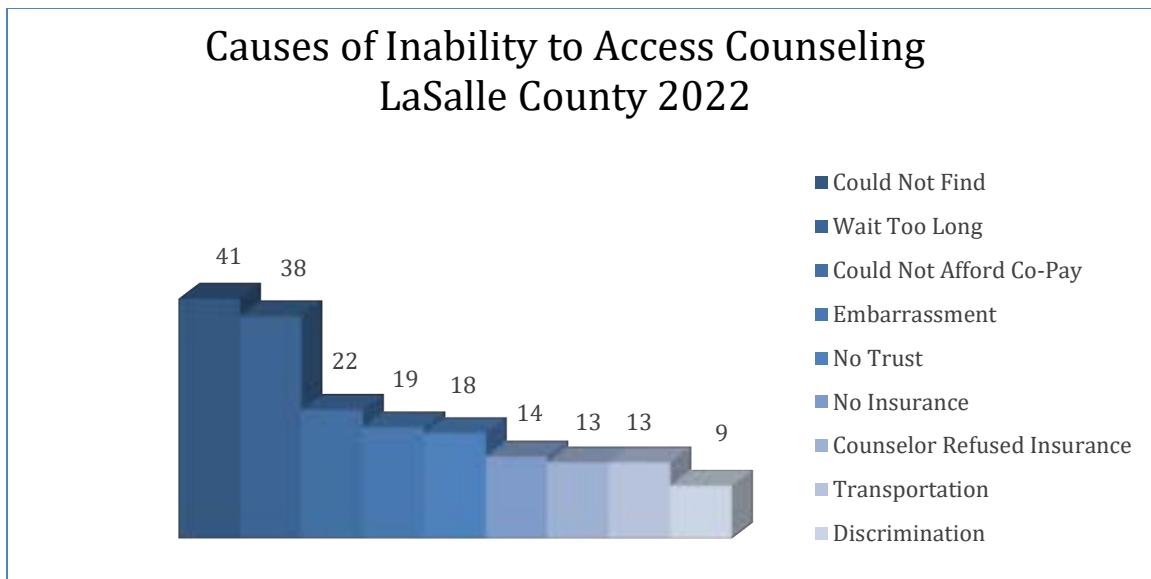


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were could not find (41) and wait was too long (38). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 22).

Figure 22



Source: CHNA Survey

Comparison to 2019 CHNA

Access to Medical Care – showed an increase in access of 2%.

Access to Prescription Medications – showed an increase in access of 2%.

Access to Dental Care – showed a decrease in access of 2%.

Access to Counseling – showed a significant decrease of 5%.

Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for LaSalle County, 17% of the population is at elevated risk for transportation network. This is higher than the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

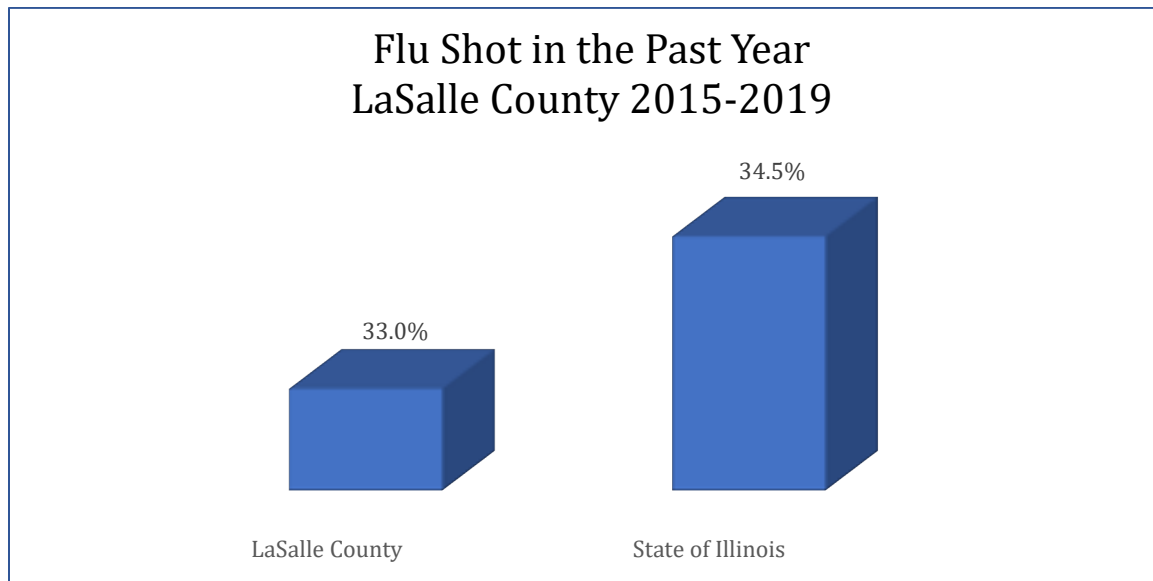
2.2 Wellness

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

Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot in the past year is 33% for LaSalle County, which is slightly lower than the State of Illinois average (34.5%). Note that data have not been updated by the Illinois Department of Public Health.

Figure 23

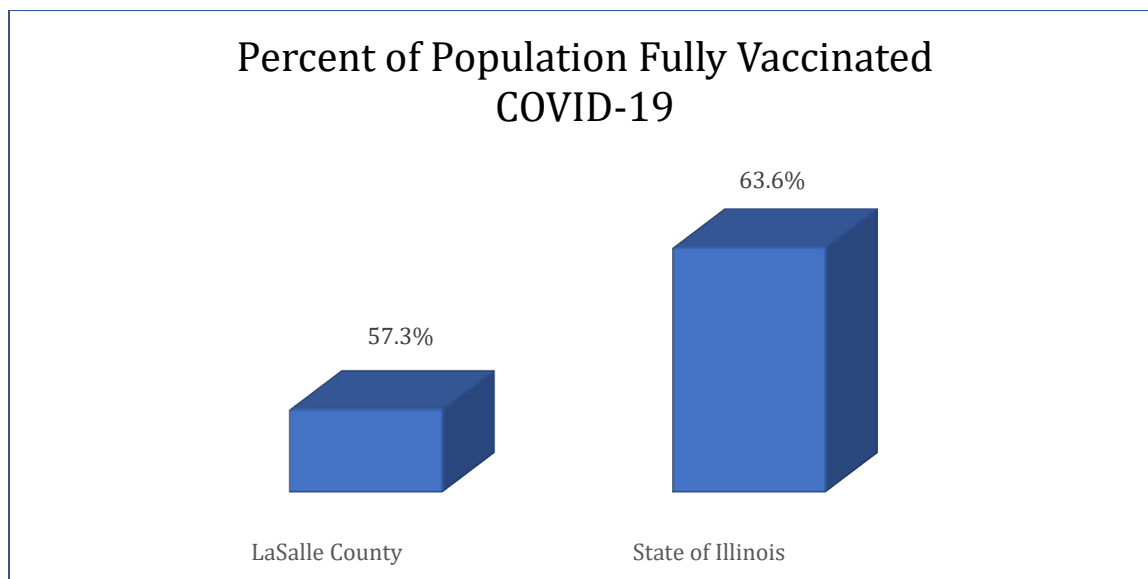


Source: CHNA Survey

COVID-19 Vaccinations

Figure 24 shows the percentage of people who have been fully vaccinated from the COVID-19 virus as of February 27, 2022. Although LaSalle County remains above half at 57.3%, they remain under the rate for the State of Illinois at 63.6%. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 24

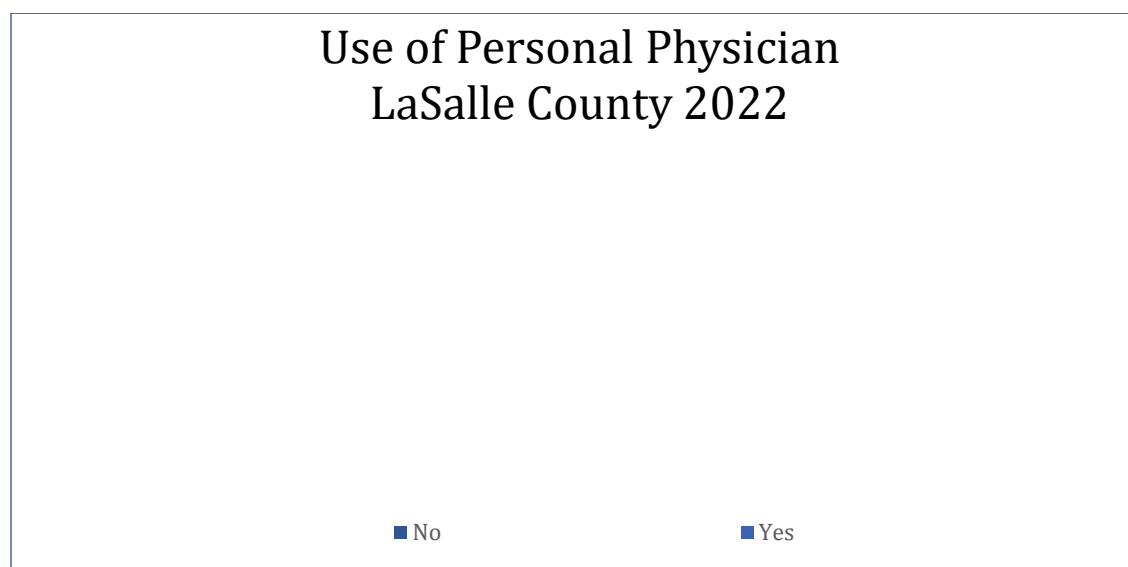


Source: Illinois Department of Public Health (02-27-22)

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 91% of residents have a personal physician (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2019 CHNA

Survey results for having a personal physician were the same as the 2019 CHNA.



Social Determinants Related to Having a Personal Physician

The following characteristic shows a significant relationship with having a personal physician. The following relationship was found using correlational analyses:

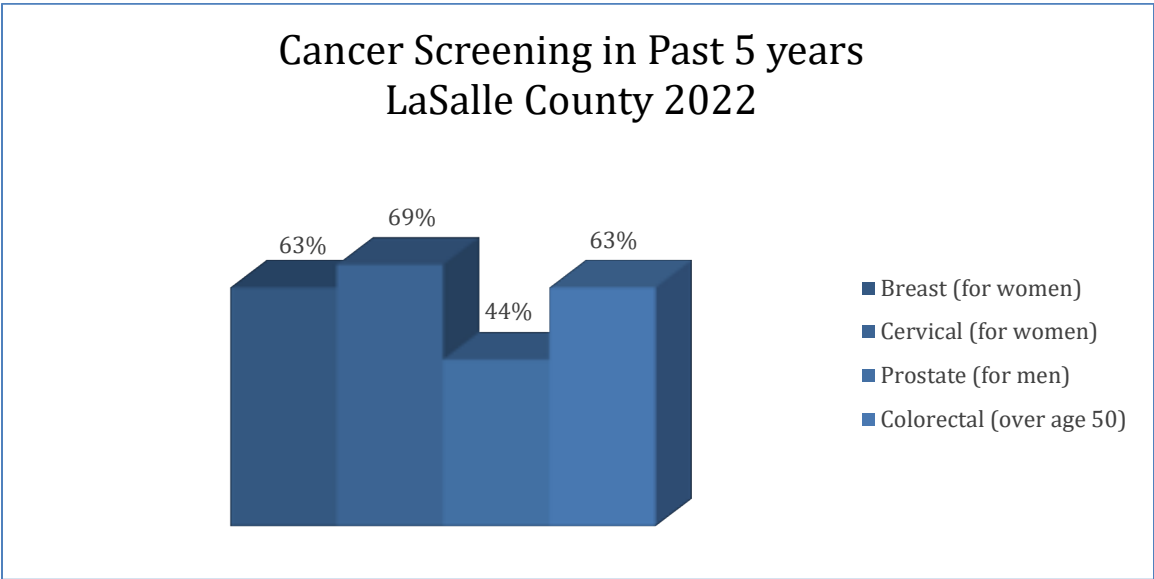
- **Having a personal physician** was higher for older people.

Cancer Screening

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

Results from the CHNA survey show that 63% of women had a breast screening in the past five years and 69% of women had a cervical screening. For men, 44% had a prostate screening in the past five years. For women and men over the age of 50, 63% had a colorectal screening in the last five years (Figure 26).

Figure 26



Source: CHNA Survey

Comparison to 2019 CHNA

Survey results for having a breast screening (8%) decreased; however, there was an increase for prostate screening (15%) and colorectal screening (5%). This is the first year the CHNA collected data for cervical screening so no comparison was possible.



Social Determinants Related to Cancer Screenings

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

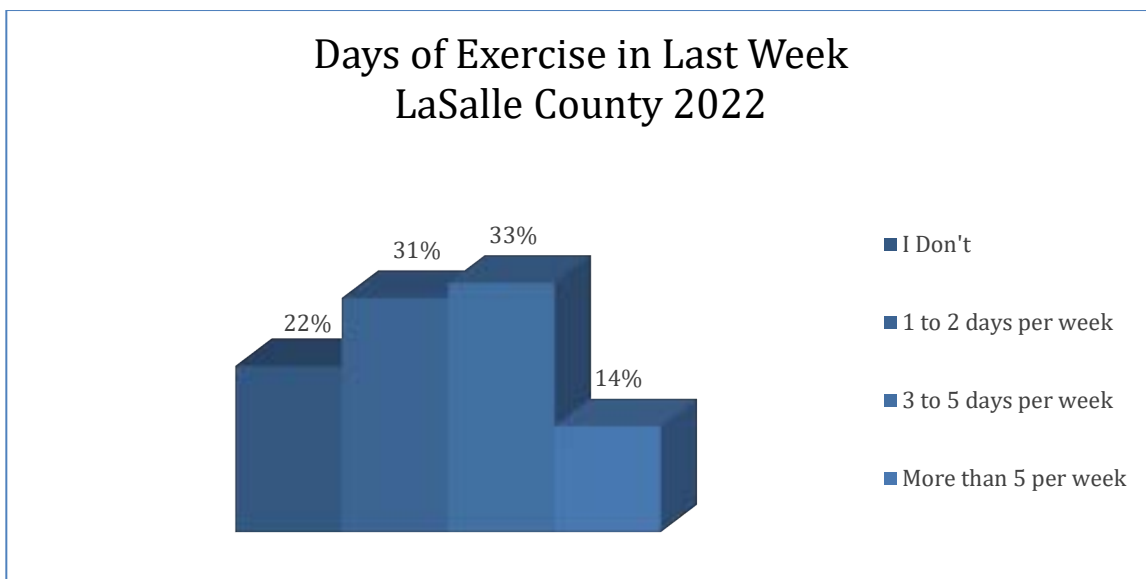
- **Breast screening** tends to be more likely for older women, those with a higher level of education and higher income. LatinX women, Black women and those in an unstable (e.g., homeless) housing environment are less likely to have a breast screening.
- **Cervical screening** tends to be more likely for White women, those with a higher level of education and higher income. LatinX women and those in an unstable (e.g., homeless) housing environment is less likely to have a cervical screening.
- **Prostate screening** tends to be rated higher by older men and those with higher income. Prostate screening was less likely for LatinX men.
- **Colorectal screening** tends to be more likely for men, older people and White people. Colorectal screening tends to be less likely for LatinX people.

Physical Exercise

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

Specifically, 22% of respondents indicated that they do not exercise at all, while the majority (64%) of residents exercise 1-5 times per week (Figure 27).

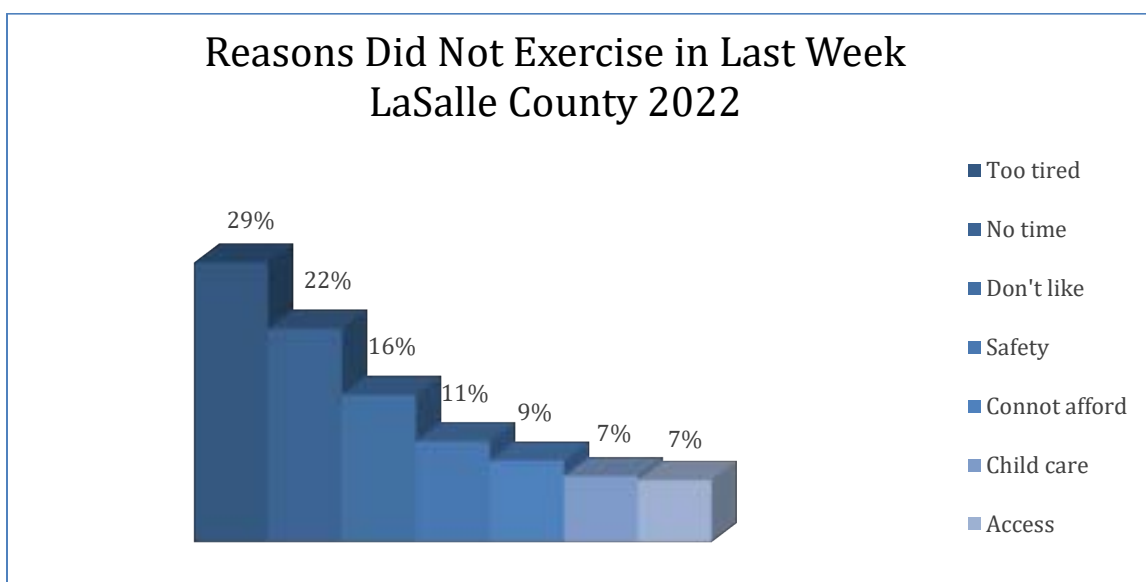
Figure 27



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2019 CHNA, the most common reasons for not exercising are not having enough energy (29%), not enough time (22%) and a dislike of exercise (16%) (Figure 28).

Figure 28



Source: CHNA Survey

Comparison to 2019 CHNA

There has been a slight increase in the number of people who exercise. In 2019, 28% of residents indicated they did not exercise at all and only 22% indicated they did not exercise in 2022.



Social Determinants Related to Exercise

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

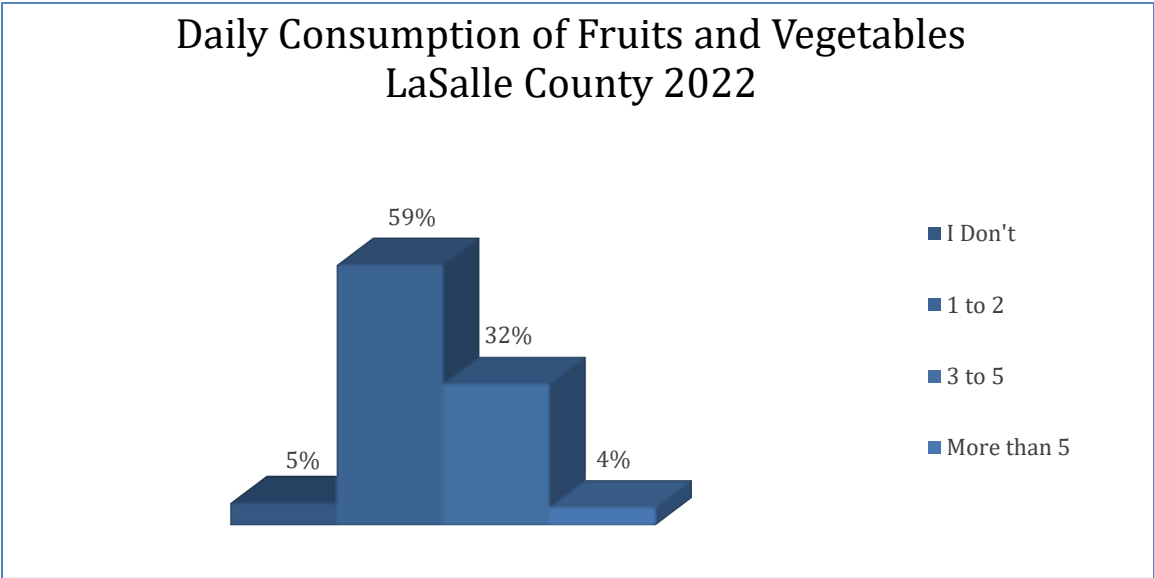
- **Frequency of exercise** was rated higher by men, older people, those with higher education and those with higher income.

Healthy Eating

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

Almost two-thirds (64%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 4% (Figure 29).

Figure 29

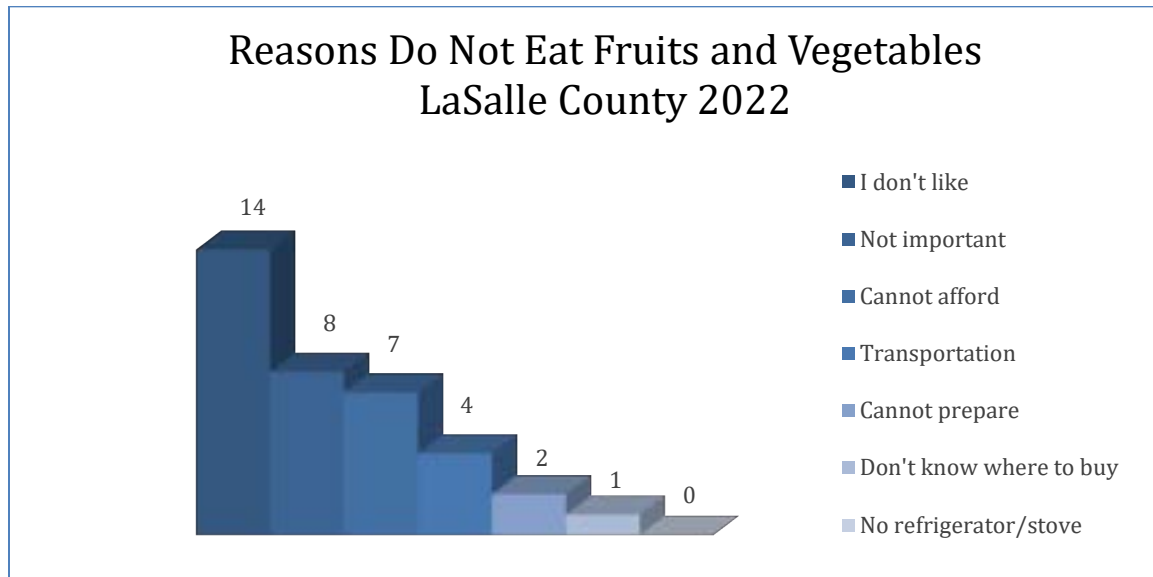


Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The reasons most frequently given for failing to eat more fruits and vegetables is don't like fruits and

vegetables (14) (Figure 30). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 30



Source: CHNA Survey

Comparison to 2019 CHNA

Results show a decline in eating fruits and vegetables, where 56% of respondents indicated they had two or fewer servings of fruits and vegetables per day in 2019 compared to 64% in 2022.



Social Determinants Related to Healthy Eating

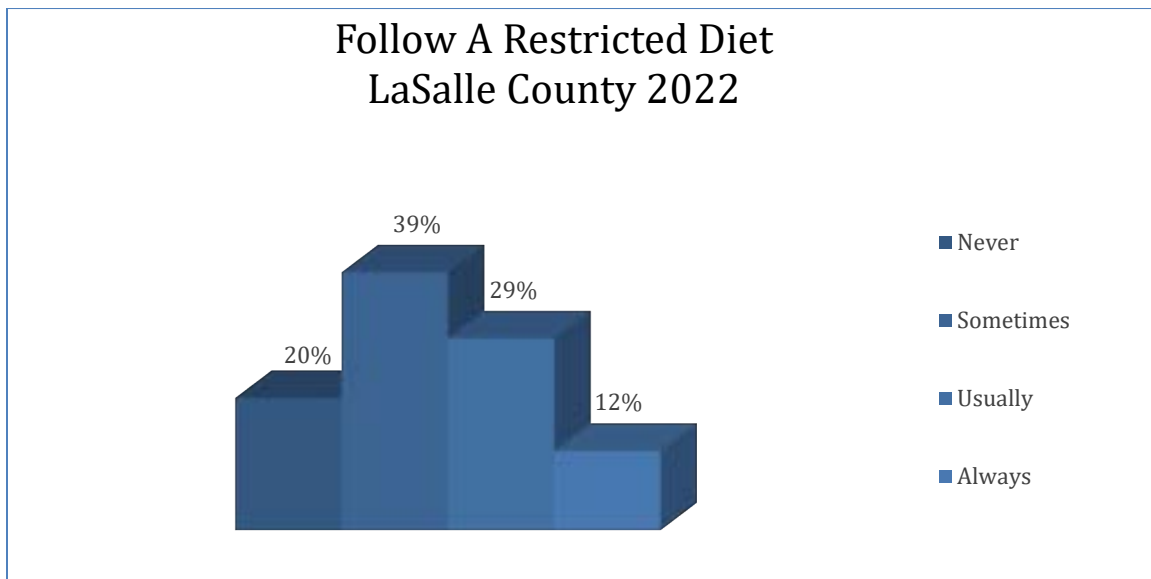
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for older people, White people and those with a higher education. Consumption of fruits and vegetables tends to be less likely for Black people.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 41% usually or always follow a restricted diet (Figure 31).

Figure 31



Source: CHNA Survey

Comparison to 2019 CHNA

Results show no significant change compared to 2019 CHNA results.

Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For LaSalle County, 20% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

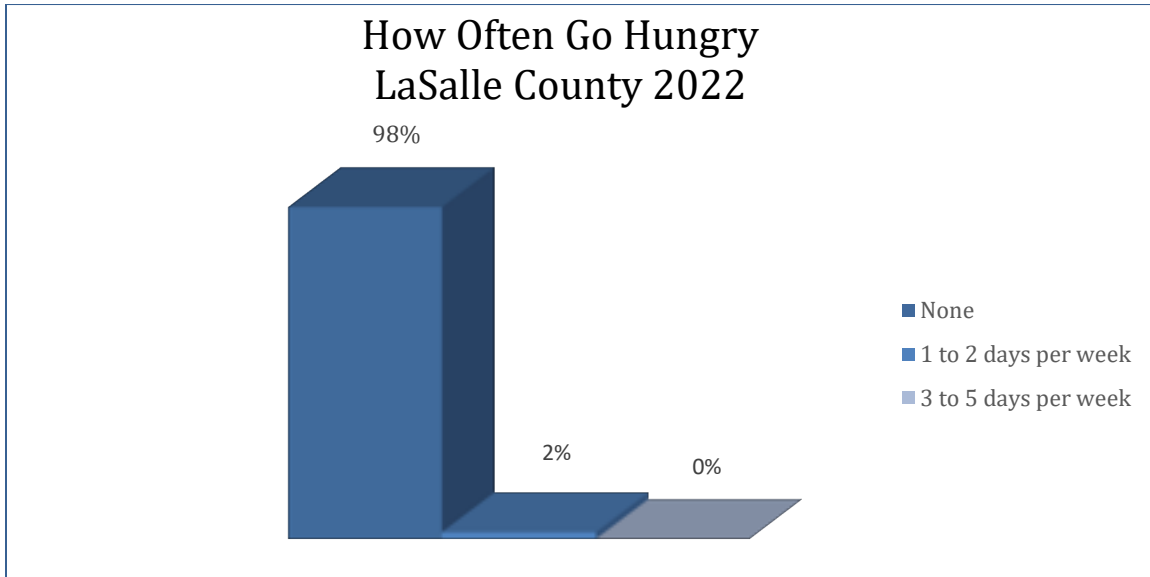
2.3 Understanding Food Insecurity

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

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry, however, 2% indicated they go hungry 1 to 2 days per week (Figure 32).

Figure 32



Source: CHNA Survey

Comparison to 2019 CHNA

Results show a 3% decrease compared to 2019 CHNA results for those who go hungry.



Social Determinants Related to Prevalence of Hunger

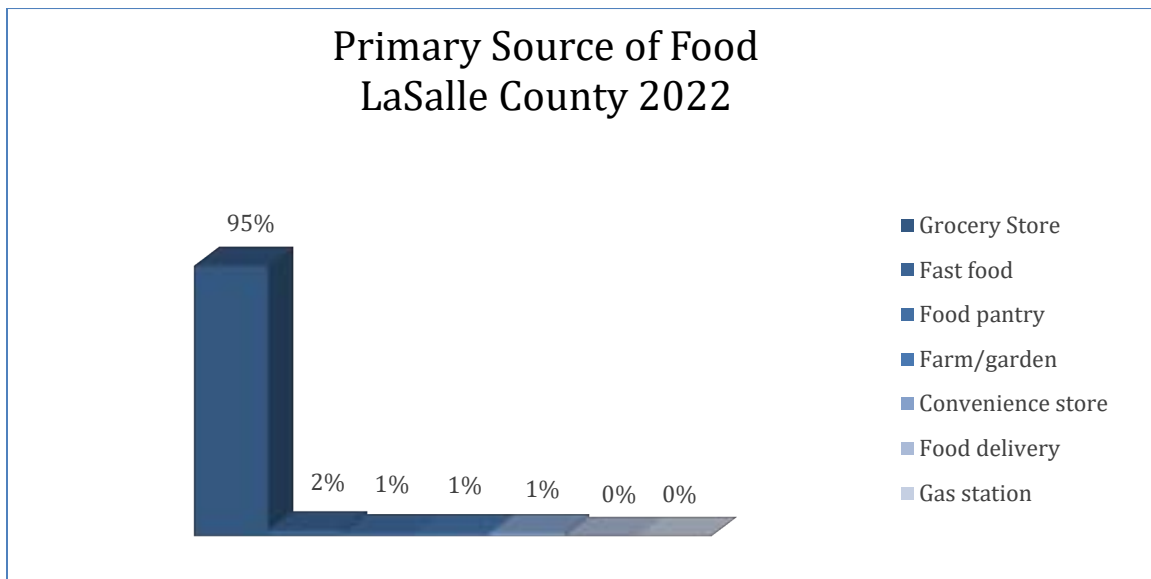
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

- **Prevalence of Hunger** tends to be more likely for younger people, Black people, those with less education and those with less income.

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (95%) identified a grocery store (Figure 33).

Figure 33



Source: CHNA Survey

Food Landscape

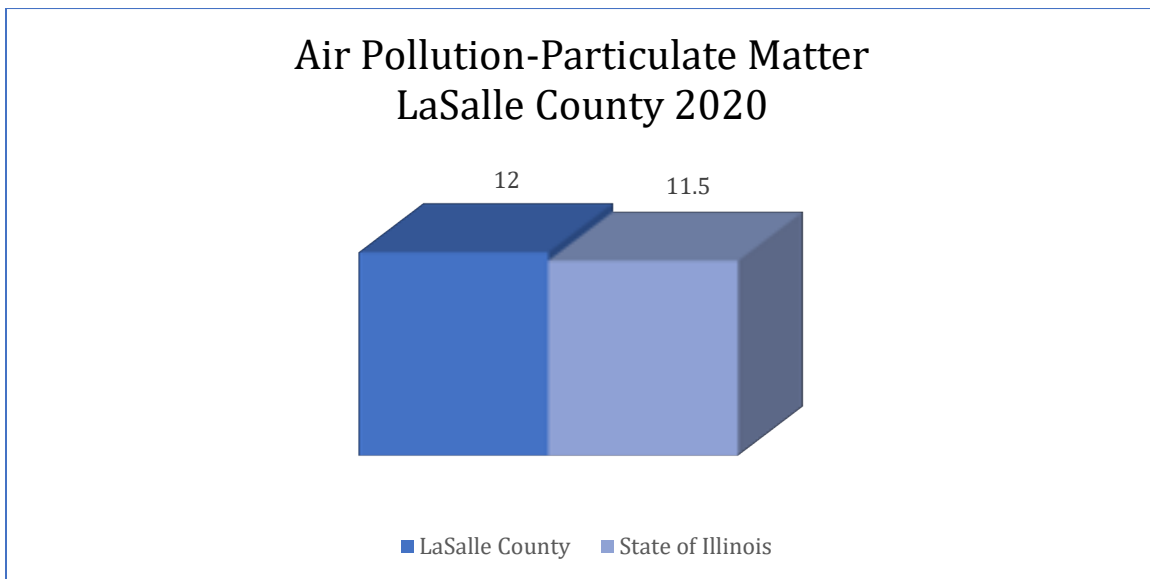
Food landscape is a measure of the conditions that affect the ability of residents to access healthy, affordable nutrition. Key risk influencers include accessibility, affordability and literacy. For LaSalle County, 25% of the population is at elevated risk for food landscape. This is the same as the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

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for LaSalle County (12) is slightly higher than the State average of 11.5 (Figure 34).

Figure 34



Source: County Health Rankings 2021

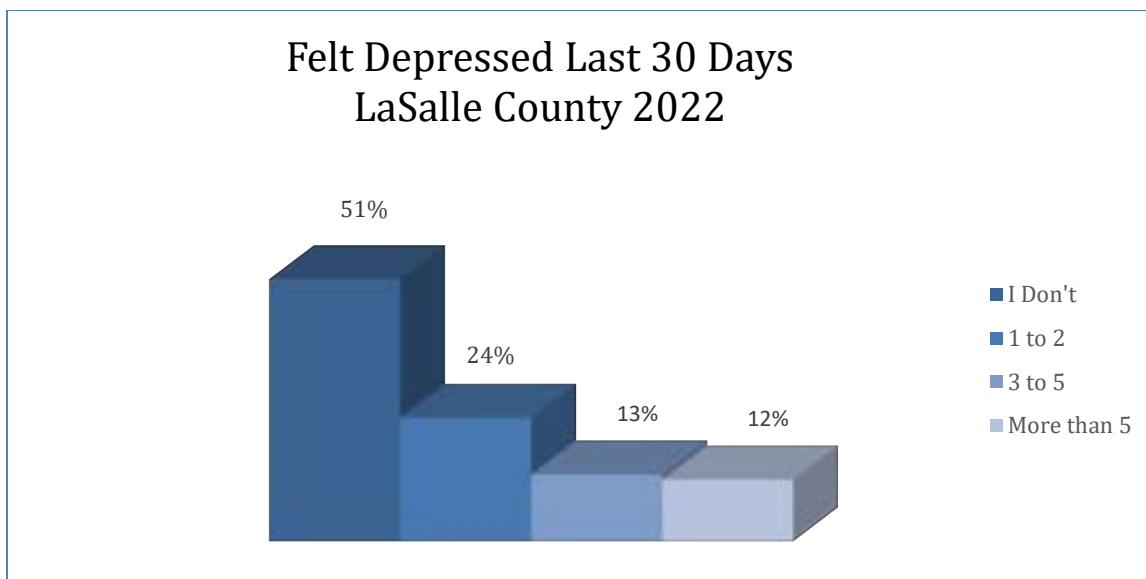
2.5 Health Status

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

Mental Health

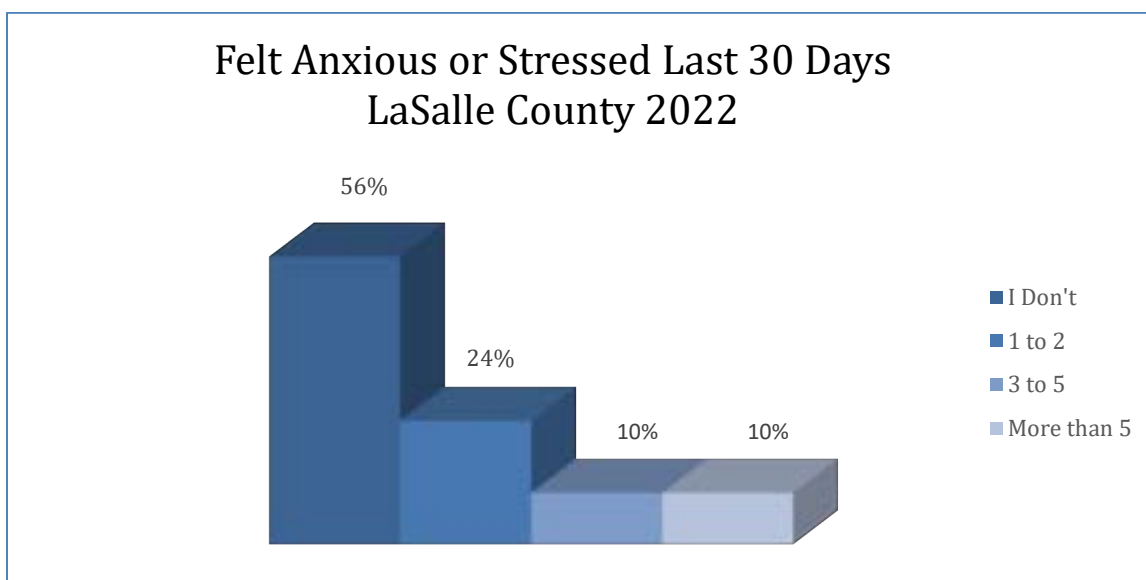
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 51% indicated they did not feel depressed in the last 30 days (Figure 35) and 56% indicated they did not feel anxious or stressed (Figure 36).

Figure 35



Source: CHNA Survey

Figure 36



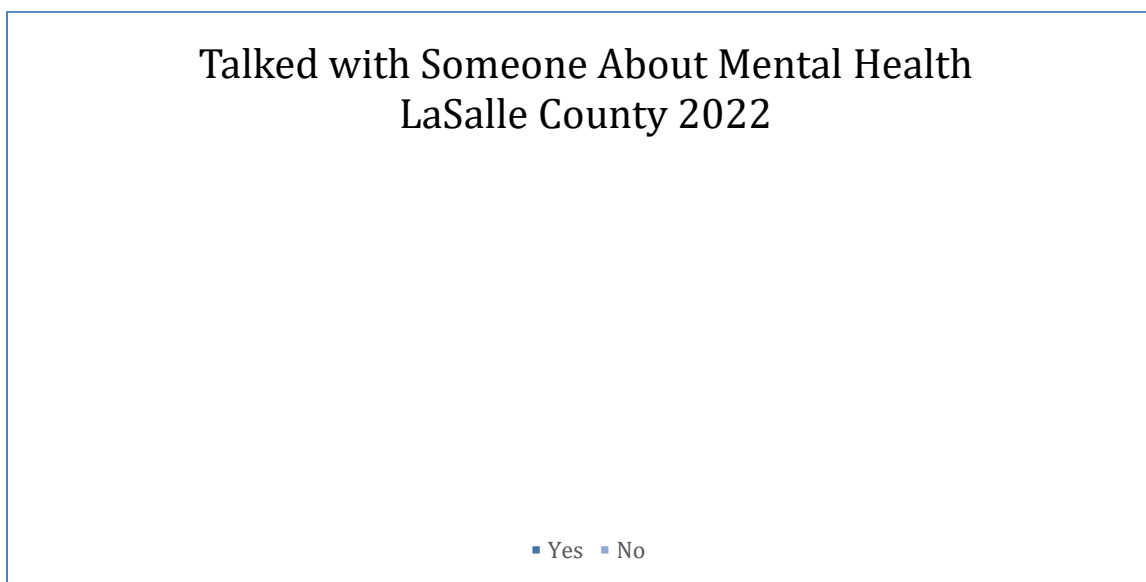
Source: CHNA Survey

Comparison to 2019 CHNA

Results show an increase (8%) in the number of people that have experienced depression in the last 30 days and an increase (5%) in the number of people that have experienced anxiety/stress in the last 30 days.

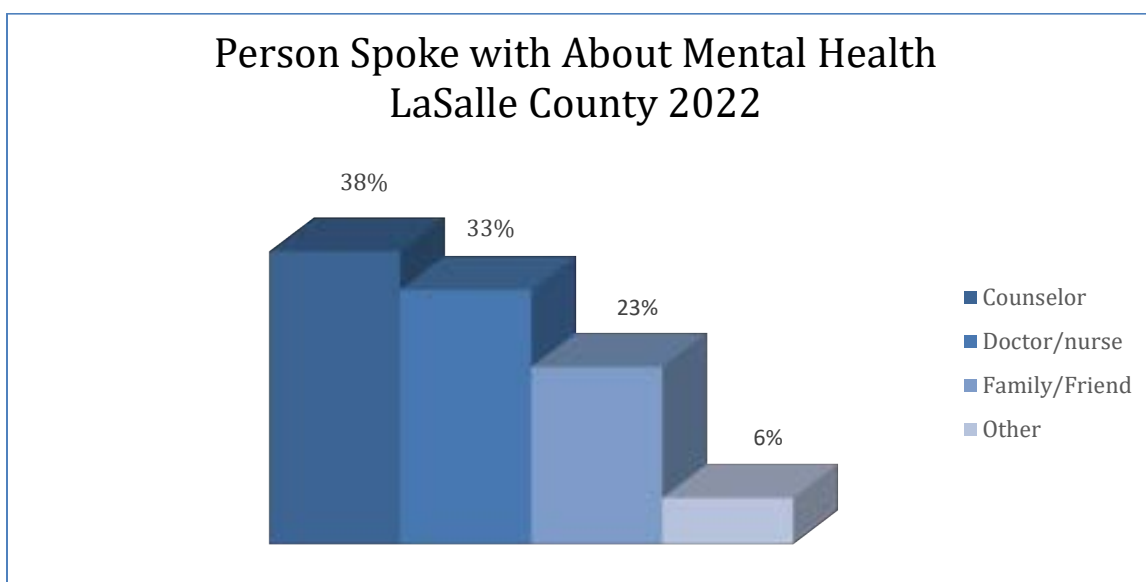
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 31% indicated that they spoke to someone (Figure 37). The most common response was a Counselor (38%) (Figure 38).

Figure 37



Source: CHNA Survey

Figure 38



Source: CHNA Survey



Social Determinants Related to Behavioral Health

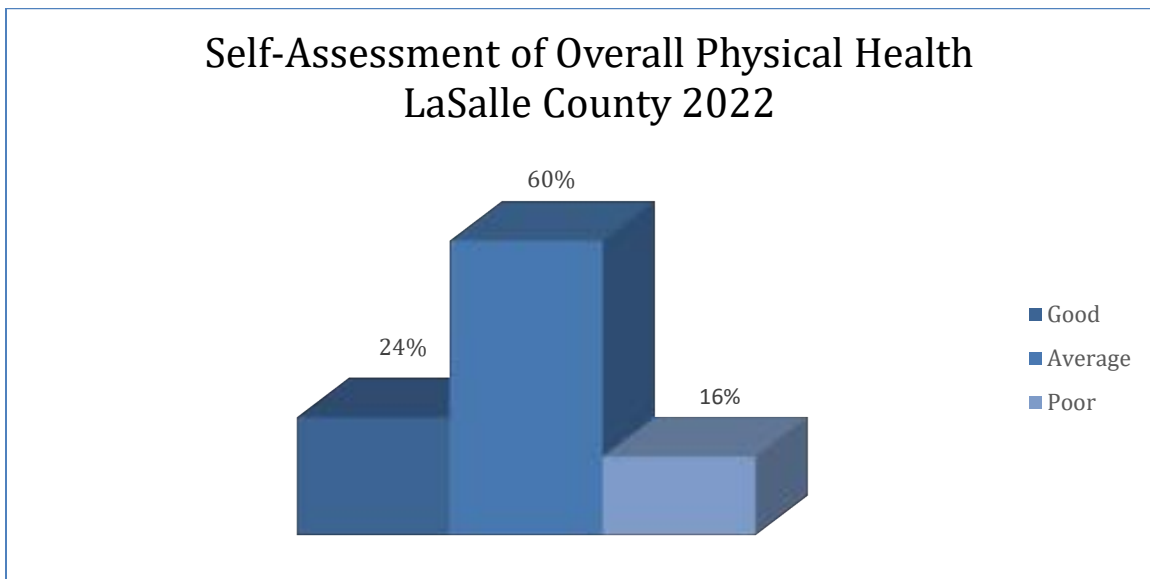
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for women, younger people, those with less education and those with less income.
- **Stress and anxiety** tends to be rated higher for women, younger people, those with less education and those with less income.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 16% of respondents reported having poor overall physical health (Figure 39).

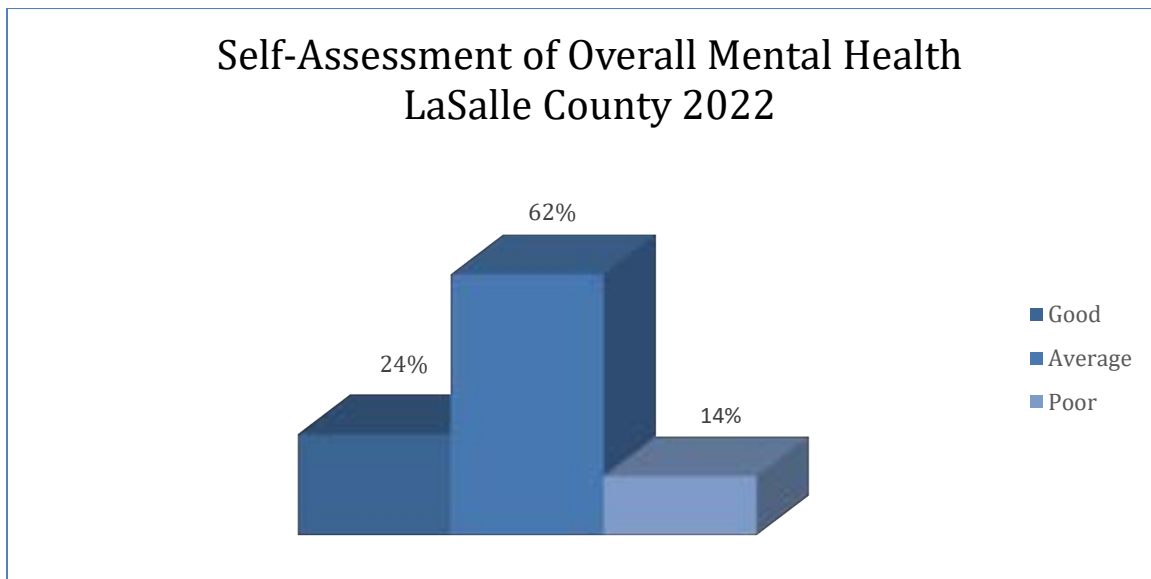
Figure 39



Source: CHNA Survey

In regard to self-assessment of overall mental health, 14% of respondents stated they have poor overall mental health (Figure 40).

Figure 40



Source: CHNA Survey

Comparison to 2019 CHNA

With regard to physical health, more people see themselves in poor health in 2022 (16%) than 2019 (14%). With regard to mental health, more people see themselves in poor health in 2022 (14%) than 2019 (12%).



Social Determinants Related to Self-Perceptions of Health

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

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

2.6 Key Takeaways from Chapter 2

- ✓ ACCESS TO HEALTHCARE WAS DOWN IN ALL FOUR CATEGORIES.
- ✓ COVID-19 VACCINATION RATES LOWER THAN STATE AVERAGES.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ ALMOST HALF OF RESPONDENTS EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

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

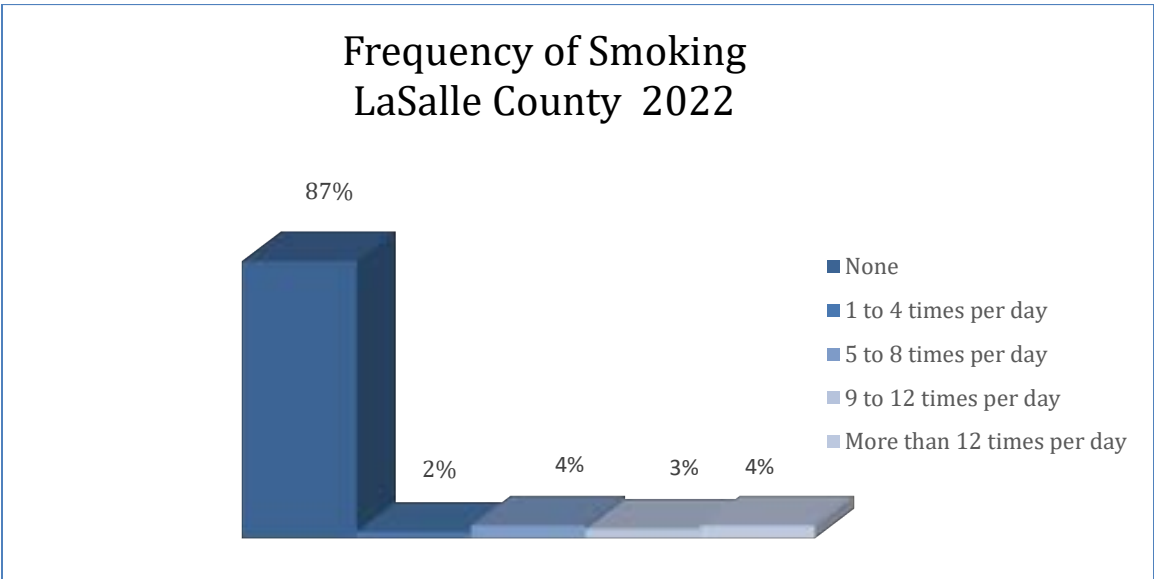
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

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

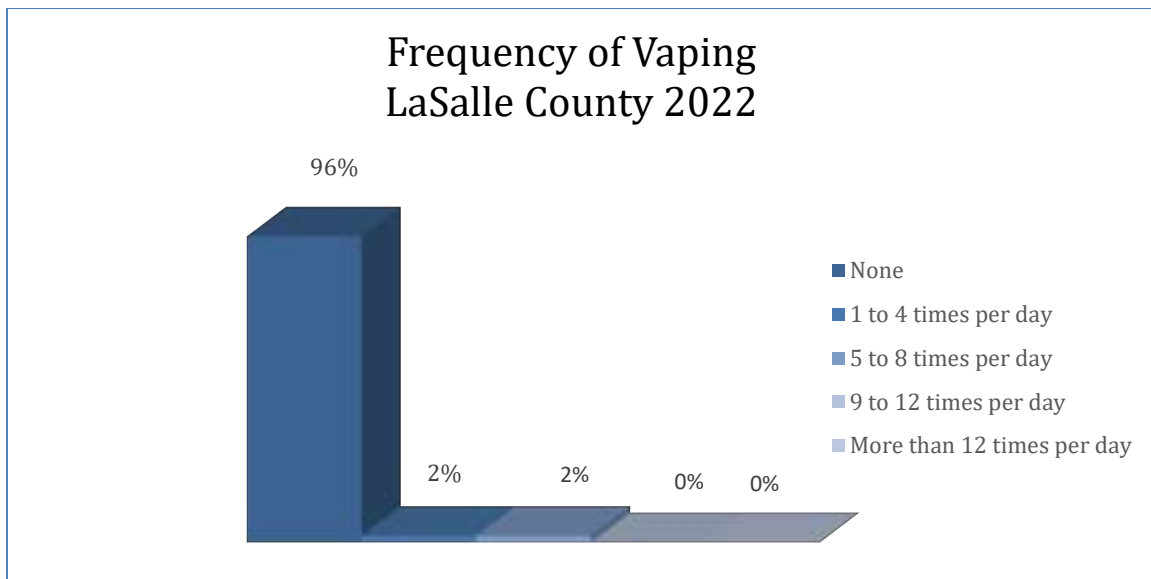
CHNA survey data show 87% of respondents do not smoke (Figure 41) and 96% of respondents do not vape (Figure 42). Only 4% smoke more than 12 times per day.

Figure 41



Source: CHNA Survey

Figure 42



Source: CHNA Survey

Comparison to 2019 CHNA

Results indicate smoking has decreased by 5% compared to 2019.



Social Determinants Related to Smoking or Vaping

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

- **Smoking** tends to be rated higher by those with less education and a lower income and those in an unstable (e.g., homeless) housing environment.
- **Vaping** tends to be rated higher by younger people, those with less education and those with a lower income.

3.2 Drug and Alcohol Abuse

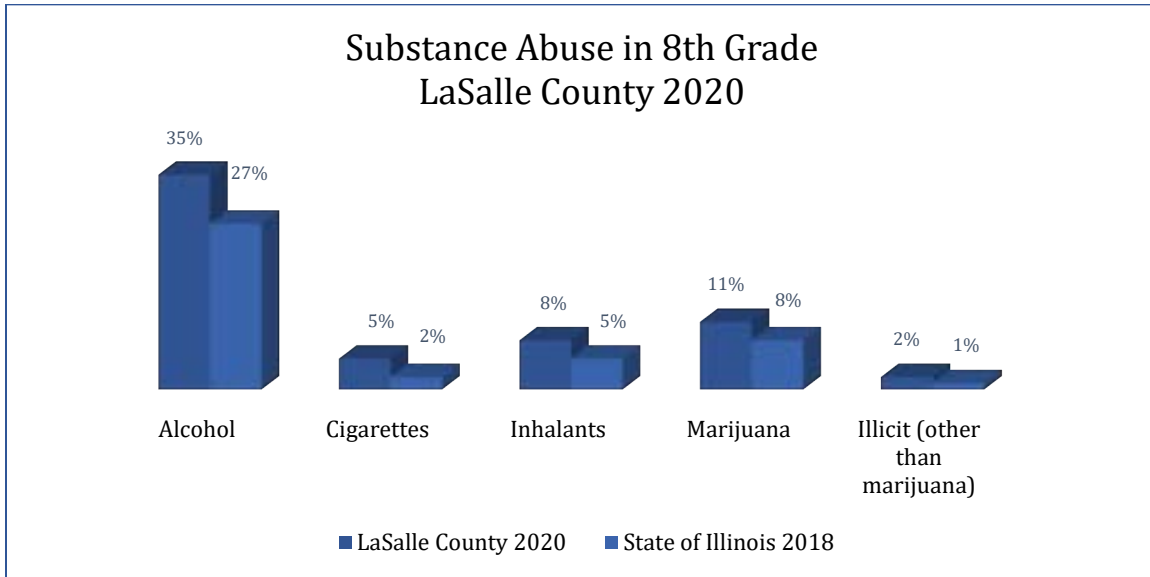
Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors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

Youth Substance Abuse

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

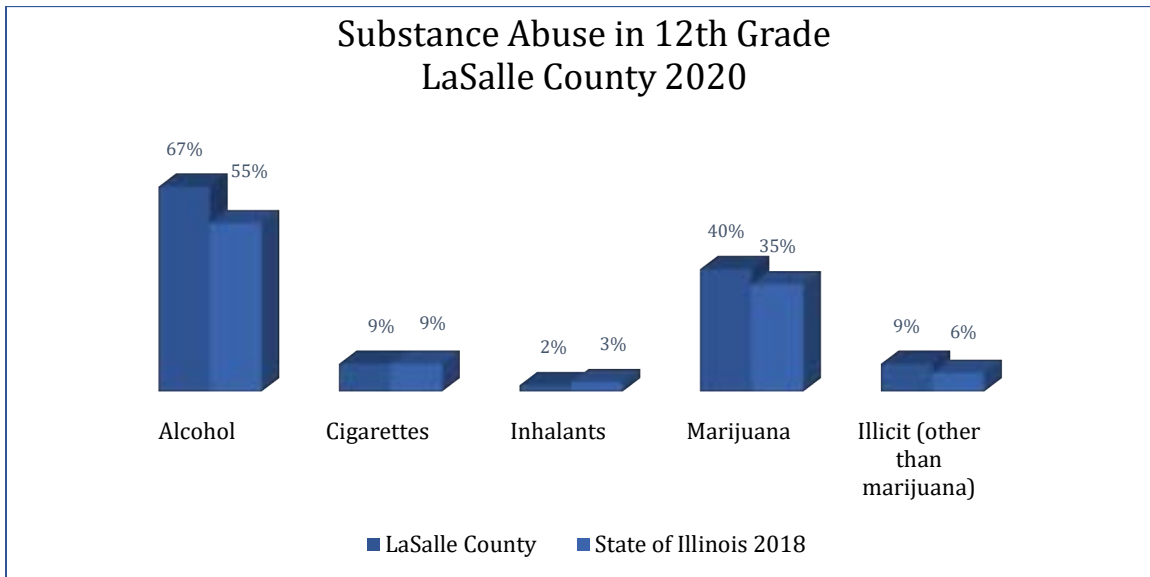
reporting 2018 data. LaSalle County is above State averages in all categories among 8th graders (Figure 43). Among 12th graders, LaSalle County is above all categories except inhalants (Figure 44).

Figure 43



Source: University of Illinois Center for Prevention Research and Development

Figure 44



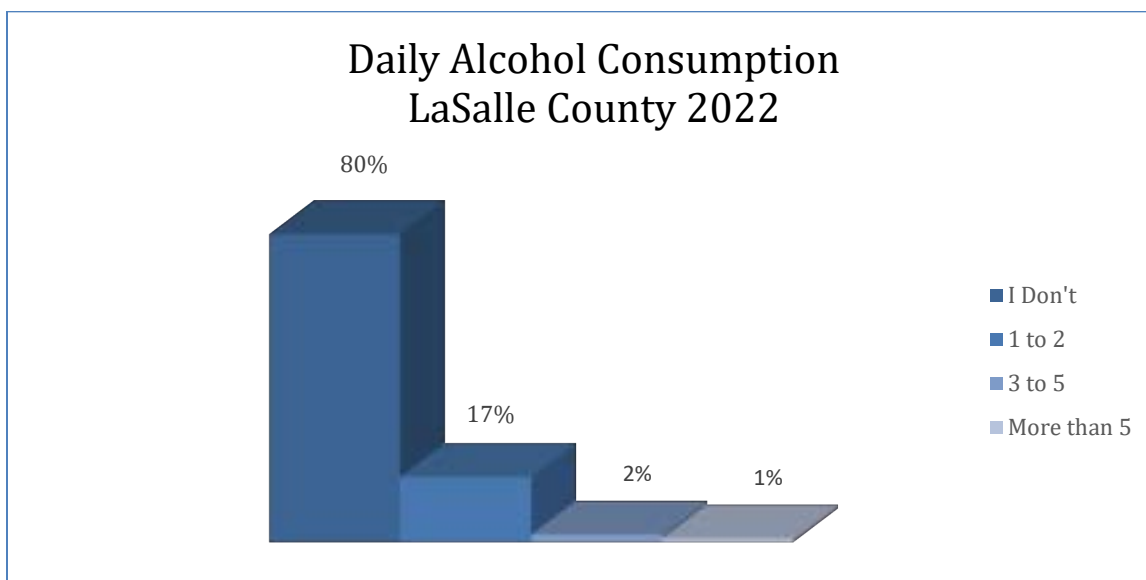
Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 80% indicated they did not consume alcohol on a typical day, 94% indicated they do not take prescription medication improperly including opioids on a typical day, 93% indicated they do not use marijuana on a typical day and 99% indicated they do not use illegal substances on a typical day. Note this is the first

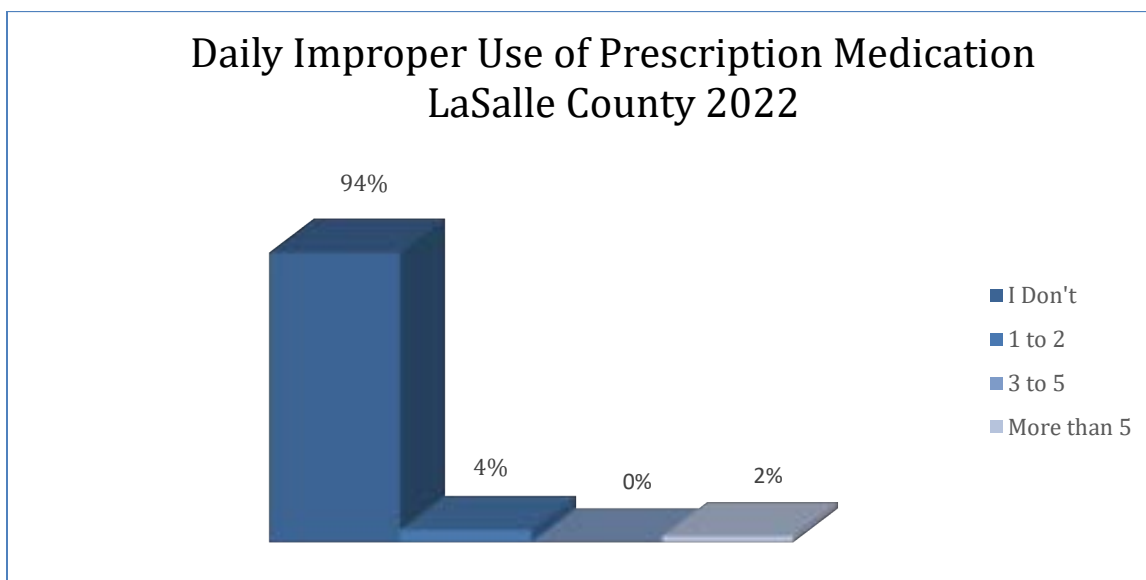
year that the CHNA has measured separated categories of substance use, so there is no comparison to the 2019 CHNA.

Figure 45



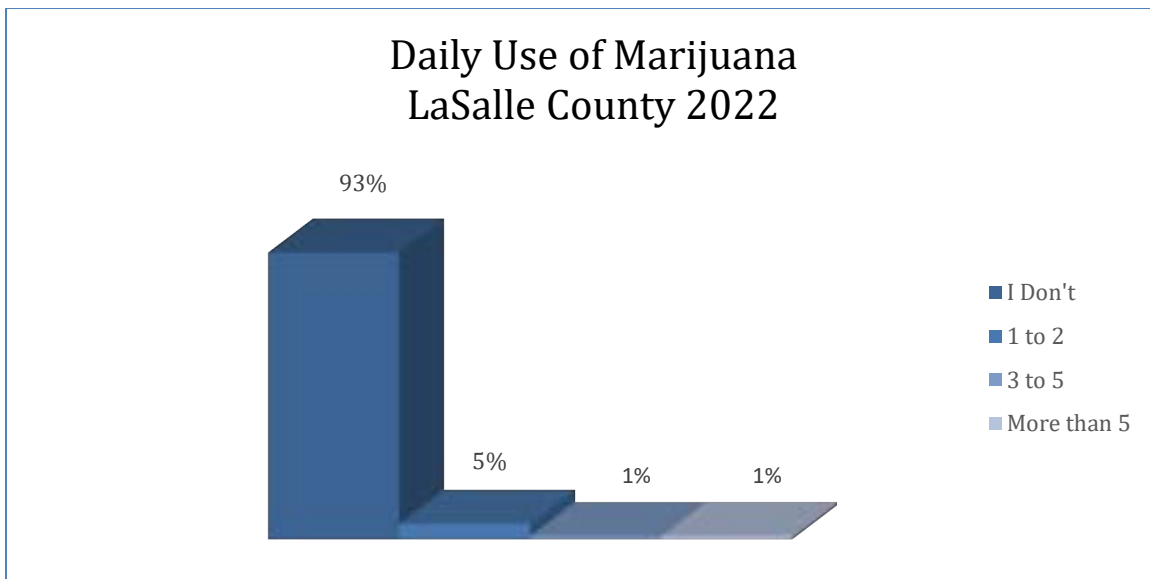
Source: CHNA Survey

Figure 46



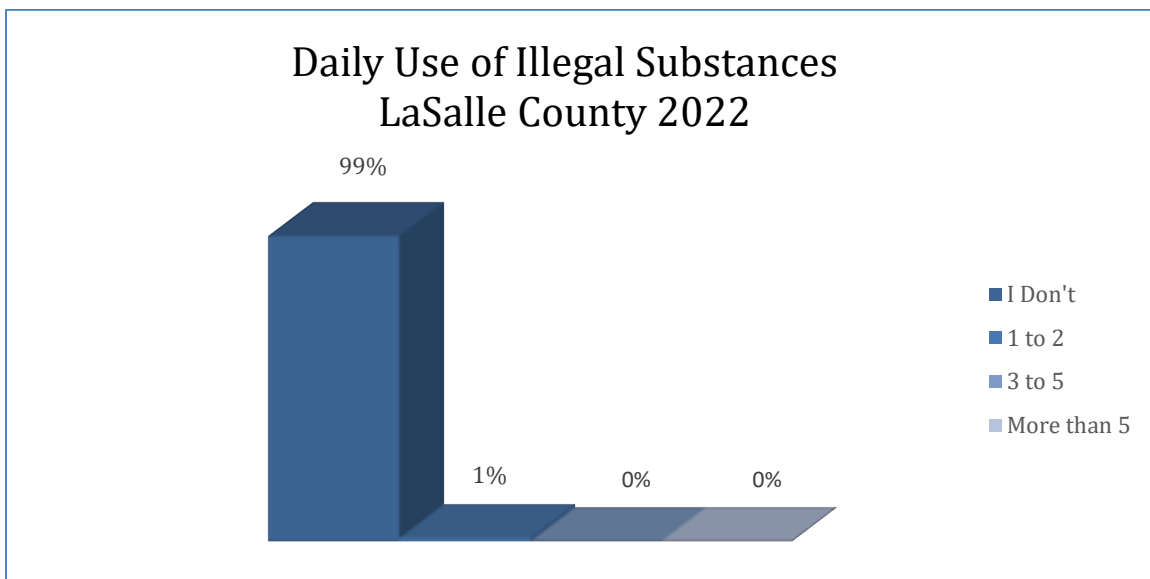
Source: CHNA Survey

Figure 47



Source: CHNA Survey

Figure 48



Source: CHNA Survey



Social Determinants Related to Substance Use

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

- **Alcohol consumption** tends to be rated higher by men, White people and those with higher income.
- **Misuse of prescription medication including opioid use** tends to be rated higher by Black people and those with lower income. Misuse of prescription medication tends to be rated lower by White people.

- **Marijuana use** tends to be rated higher by Black people, those with lower education and those with less income. Use of marijuana tends to be rated lower by LatinX people.
- **Use of Illegal substances** tends to be rated higher by Black people and those with lower income. Use of illegal substances tends to be rated lower by White people.

3.3 Overweight and Obesity

Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within LaSalle County. The US Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

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

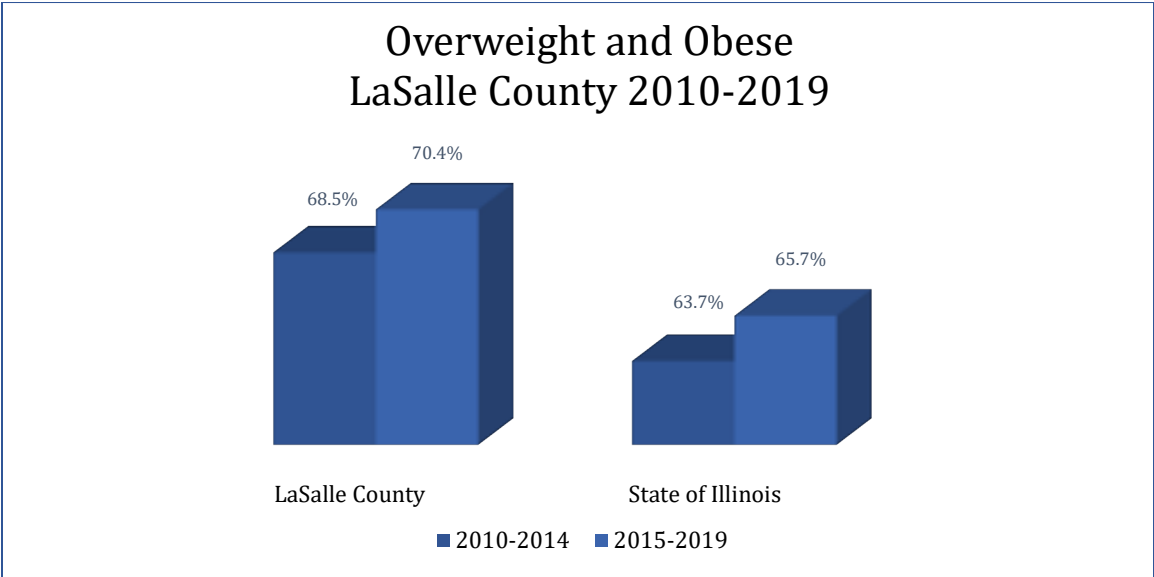
With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times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

In LaSalle County, the number of people diagnosed with obesity and being overweight has increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 68.5% to 70.4%.

Overweight and obesity rates in Illinois have increased over the years from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 63.7% to 65.7%. Note that data have not been updated by the Illinois Department of Public Health.

Additionally, note in the 2019 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 49

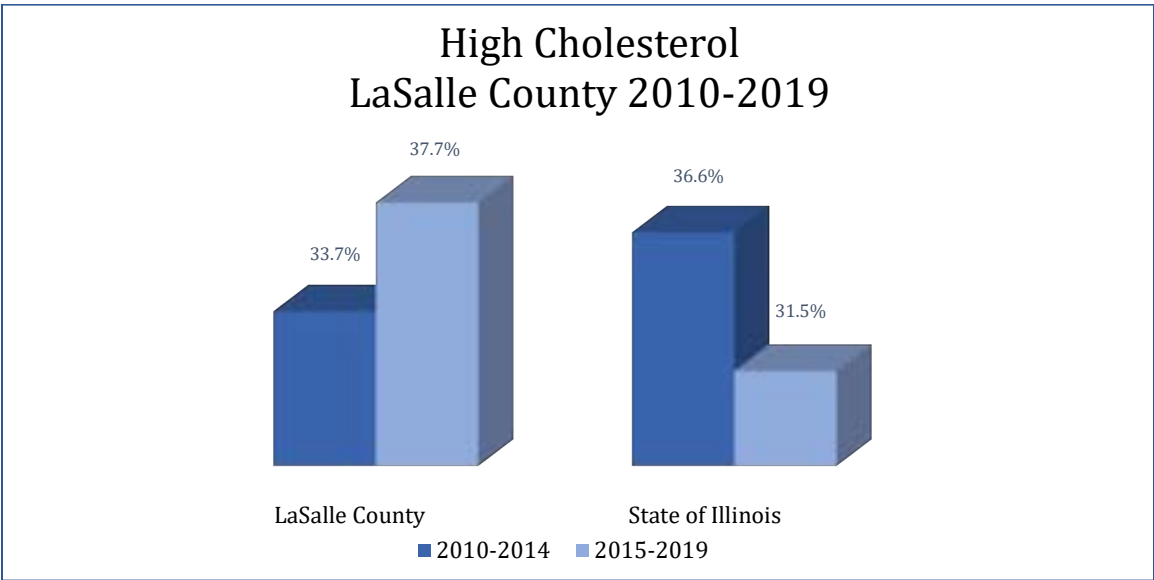


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in LaSalle County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in LaSalle County (37.7%) than the State of Illinois average of 31.5%. Note that data have not been updated by the Illinois Department of Public Health (Figure 50).

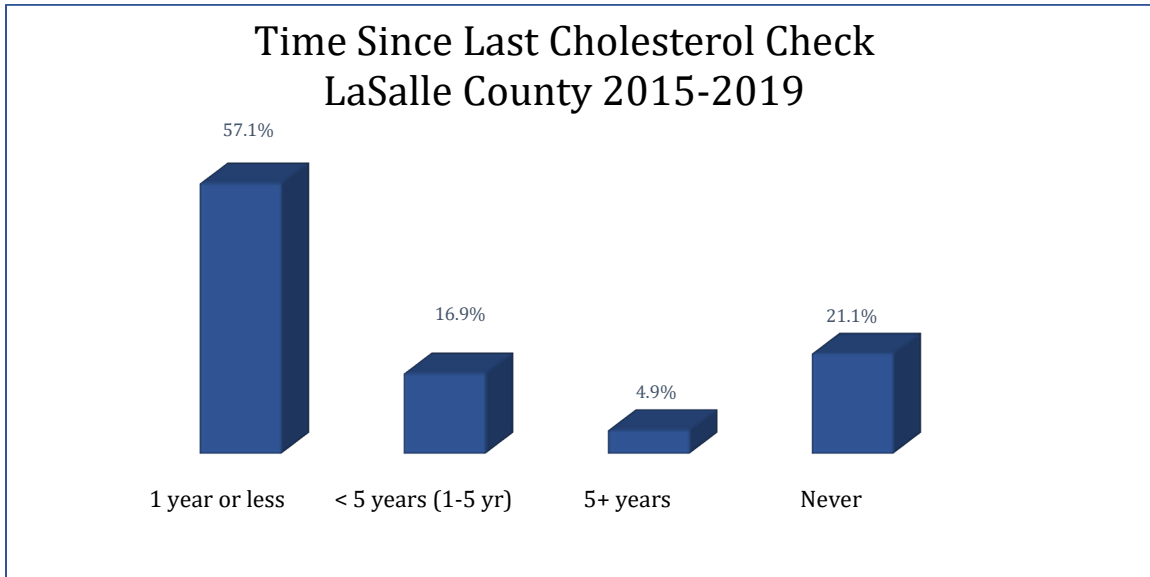
Figure 50



Source: Illinois Behavioral Risk Factor Surveillance System

Most (57.1%) residents of LaSalle County report having their cholesterol checked recently, whereas 21.1% report never having their cholesterol checked (Figure 51). Note that data have not been updated by the Illinois Department of Public Health.

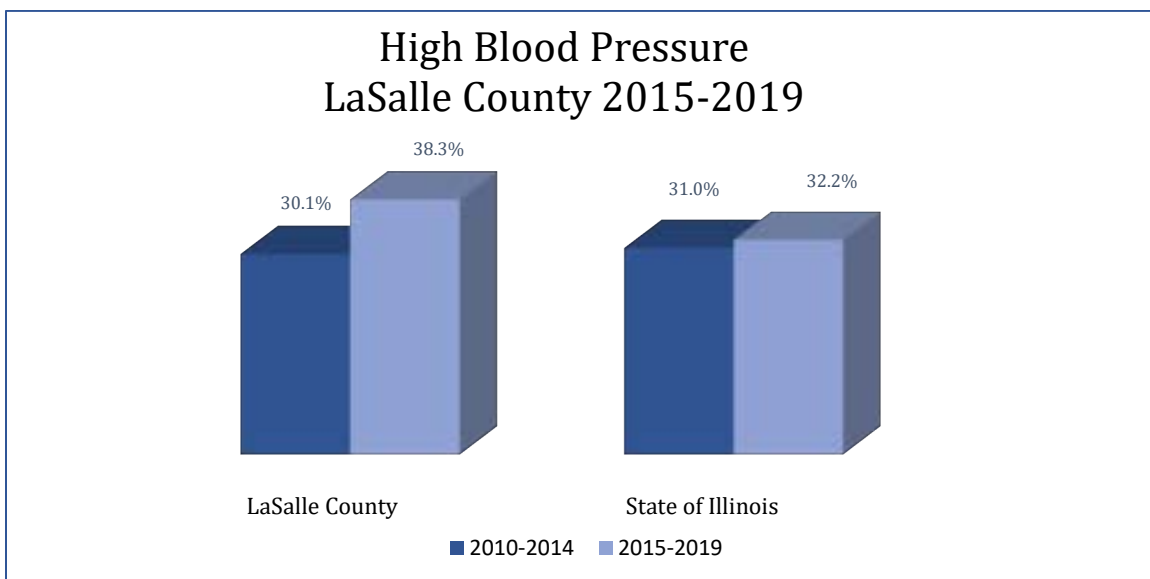
Figure 51



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, LaSalle County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of LaSalle County residents reporting they have high blood pressure in 2019 (38.3%) is higher than the State average of 32.2% (Figure 52). Note that data have not been updated by the Illinois Department of Public Health.

Figure 52



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE ABUSE AMONG 8TH AND 12TH GRADERS IS AT OR ABOVE STATE AVERAGES FOR MOST CATEGORIES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN LASALLE COUNTY.
- ✓ RISK FACTORS FOR HEART DISEASE ARE INCREASING.

CHAPTER 4 OUTLINE

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

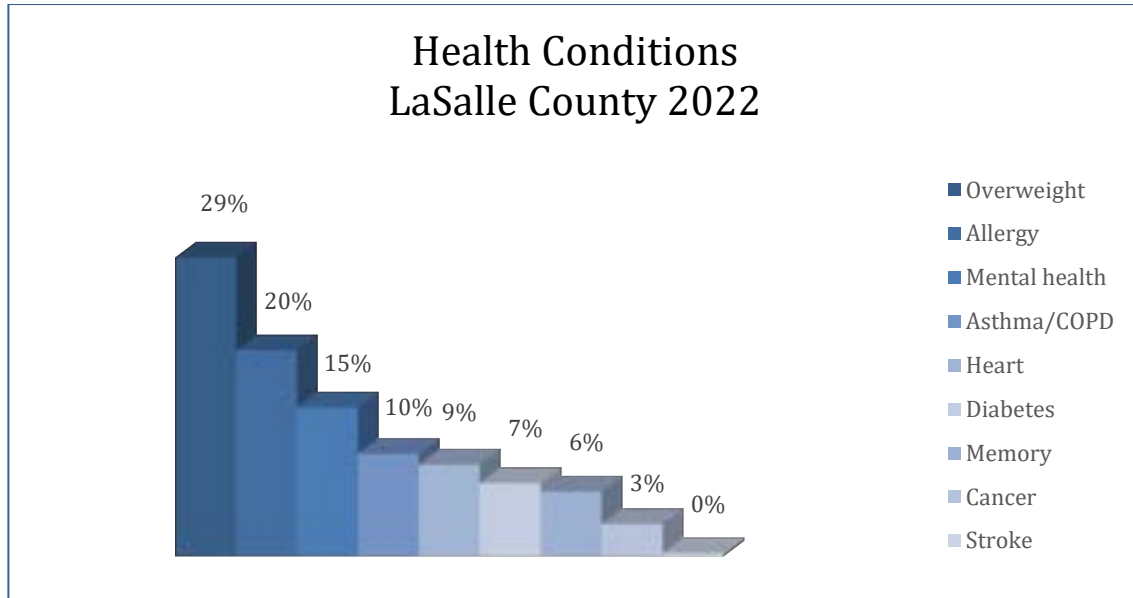
CHAPTER 4: MORBIDITY AND MORTALITY

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

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (29%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese (Figure 53).

Figure 53



Source: CHNA Survey

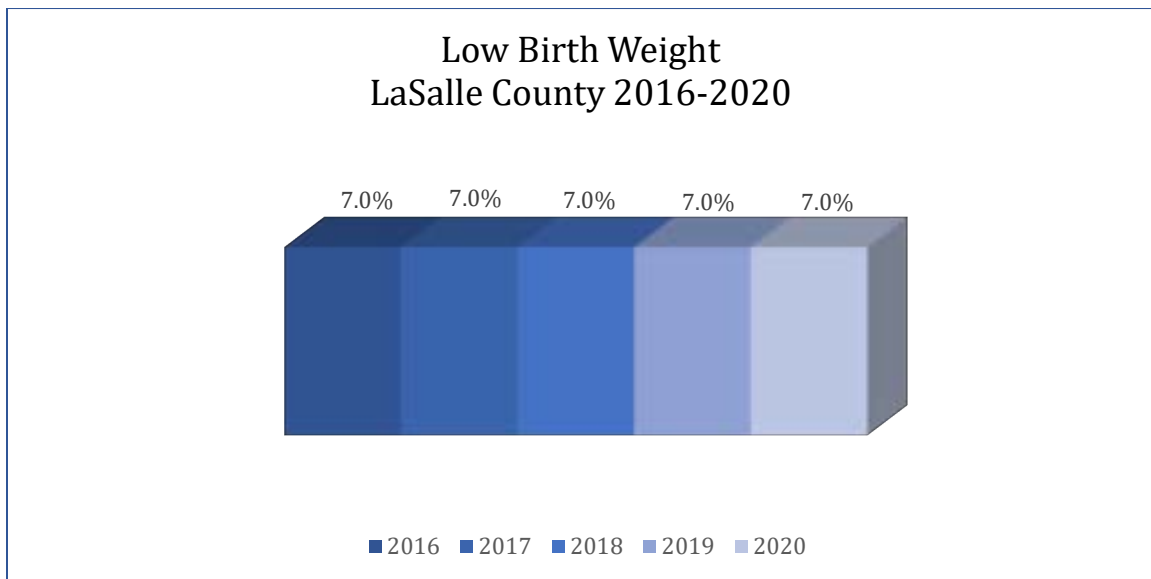
4.2 Healthy Babies

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

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in LaSalle County stayed consistent at 7% 2016-2020 (Figure 54).

Figure 54



Source: County Health Rankings

4.3 Cardiovascular Disease

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

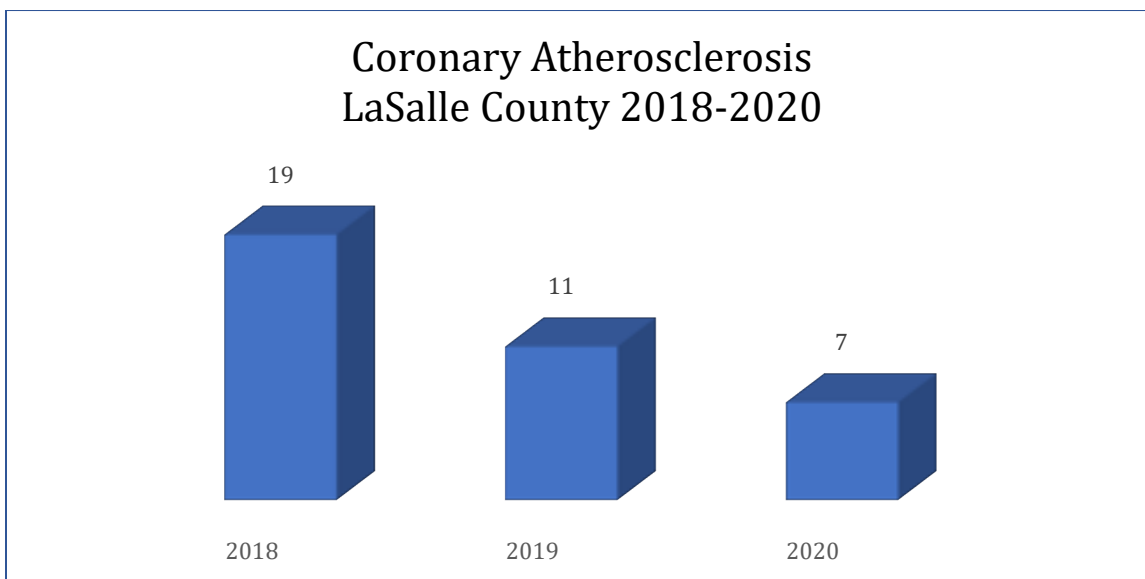
Coronary Atherosclerosis

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

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

The number of cases of coronary atherosclerosis complication at LaSalle County area hospitals decreased from 2018 to 2020. This change is likely due to the COVID-19 pandemic (Figure 55). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 55

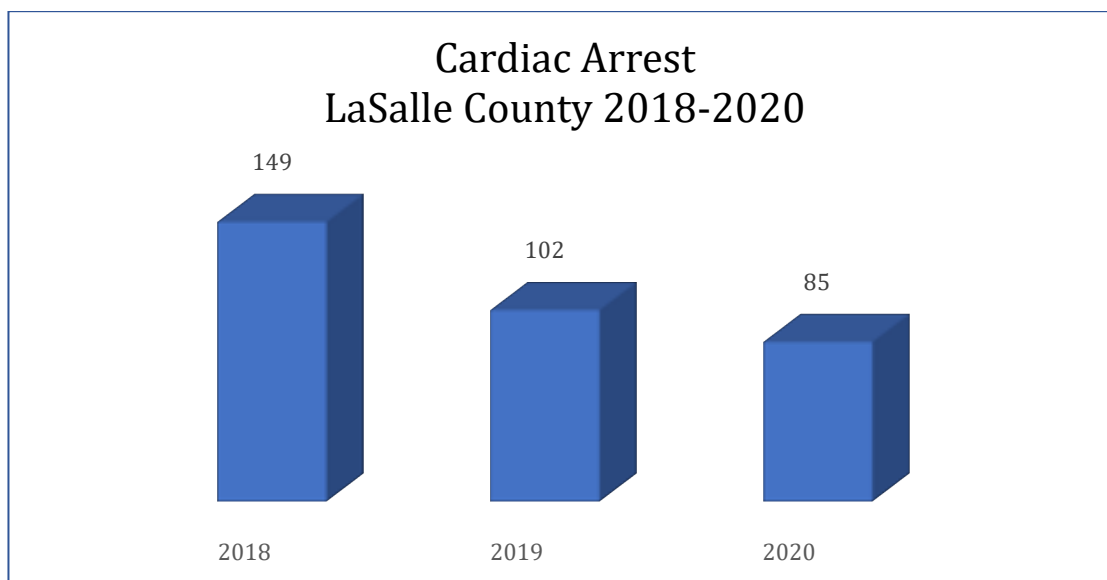


Source: COMPdata Informatics 2021

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at LaSalle County area hospitals decreased by 17 cases between 2019 and 2020 (Figure 56). Note that hospital-level data only show hospital admissions.

Figure 56

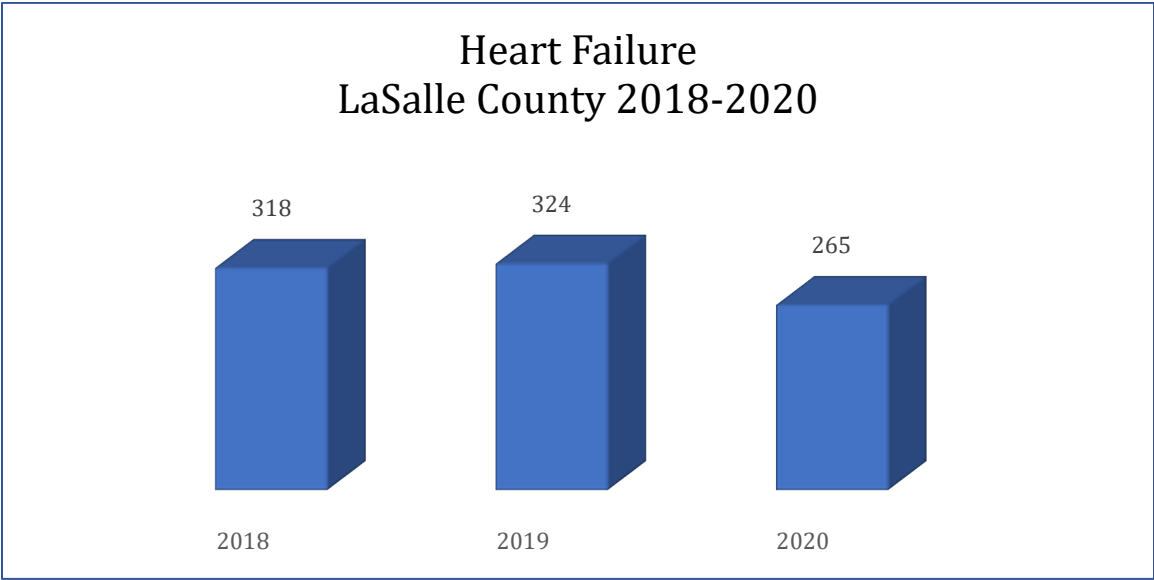


Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at LaSalle County area hospitals decreased in 2020. In 2018, 318 cases were reported, and in 2020, there were 265 cases reported (Figure 57). Note that hospital-level data only show hospital admissions.

Figure 57

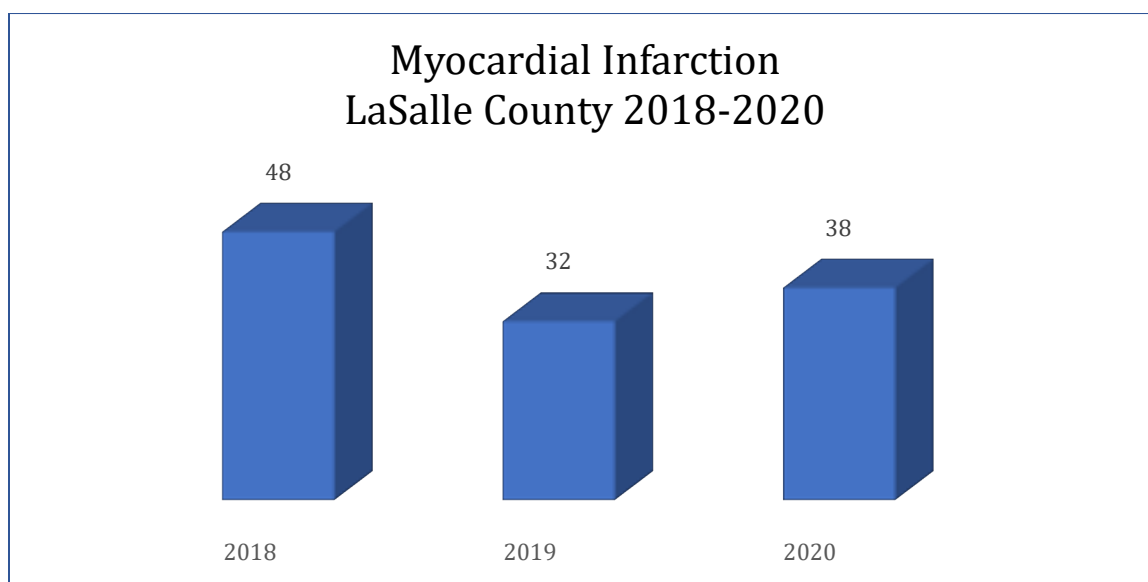


Source: COMPdata Informatics 2021

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in LaSalle County increased from 32 in 2019 to 38 in 2020. (Figure 58). Note that hospital-level data only show hospital admissions.

Figure 58



Source: COMPdata Informatics 2021

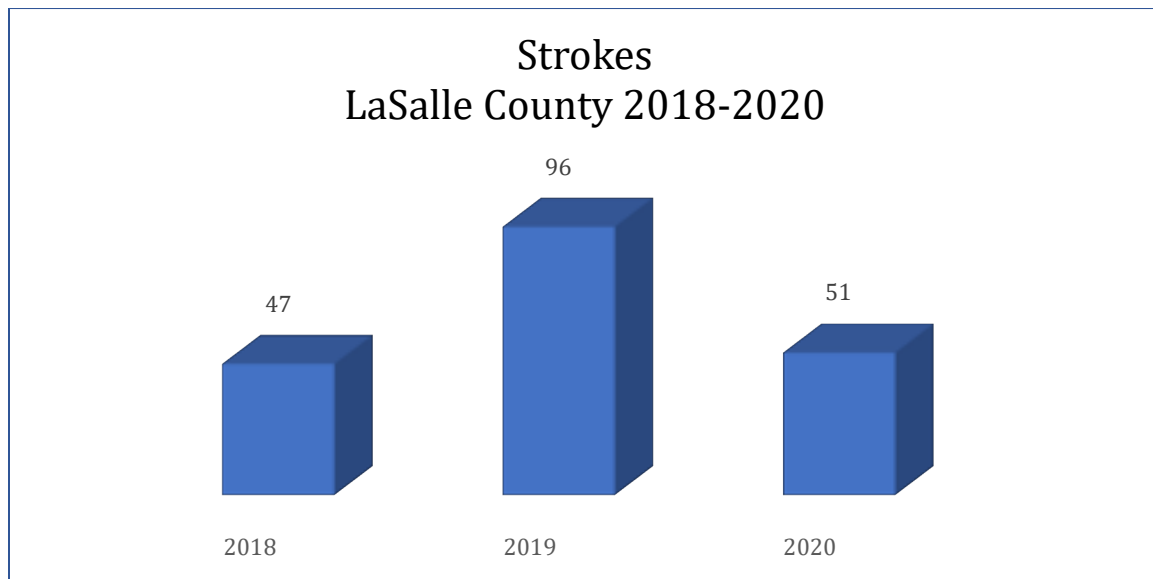
Arterial Embolism

There were no treated cases of arterial embolism at LaSalle County area hospitals. Note that hospital-level data only show hospital admissions.

Strokes

The number of treated cases of stroke at LaSalle County area hospitals increased between 2018 (47) and 2019 (96). The number of cases then decreased in 2020 to 51 cases (Figure 59). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 59



Source: COMPdata Informatics 2021

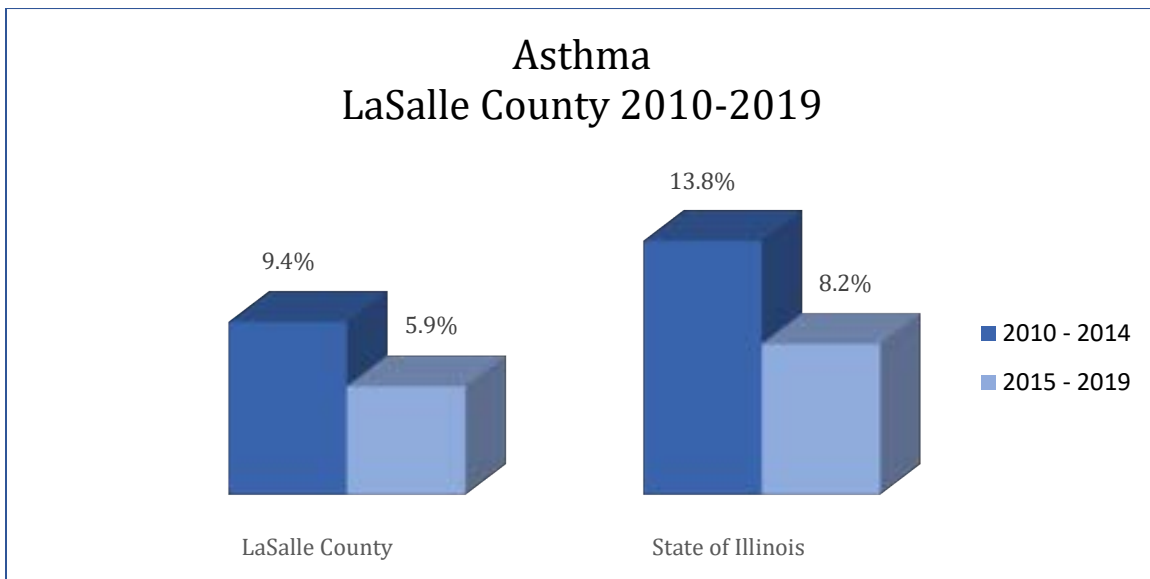
4.4 Respiratory

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

Asthma

The percentage of residents who have been diagnosed with asthma increased in LaSalle County has decreased between 2010-2014 and 2015-2019, while State averages also decreased. According to the Illinois BRFSS, asthma rates in LaSalle County (5.9%) are lower than the State of Illinois (8.2%) (Figure 60). Note that data have not been updated by the Illinois Department of Public Health.

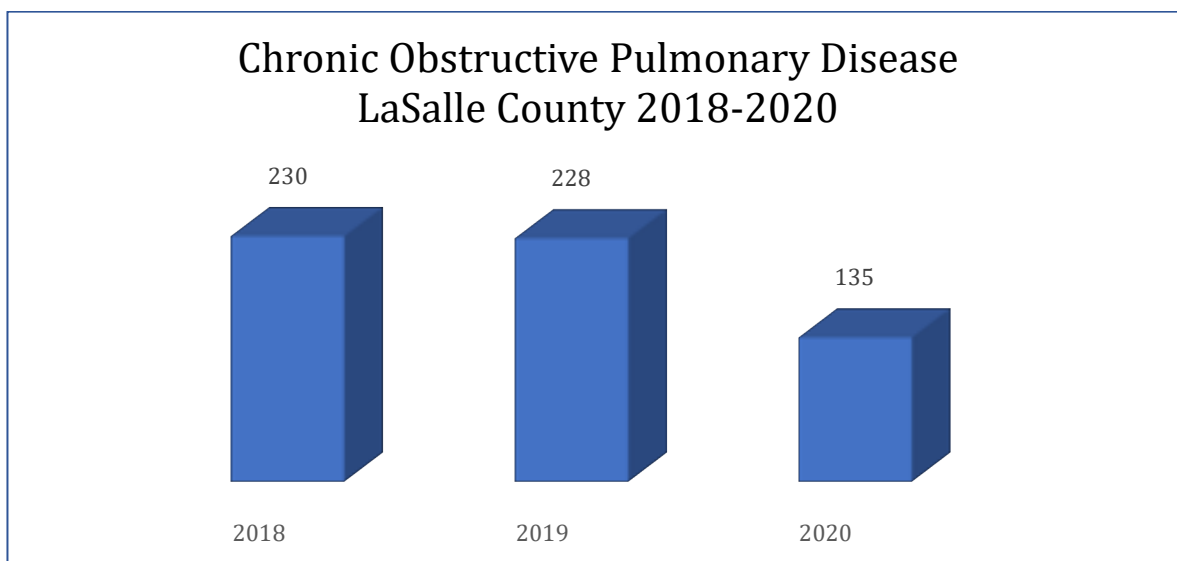
Figure 60



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at LaSalle County area hospitals stayed relatively the same between 2018 and 2019, with a decline in 2020 (Figure 61). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 61



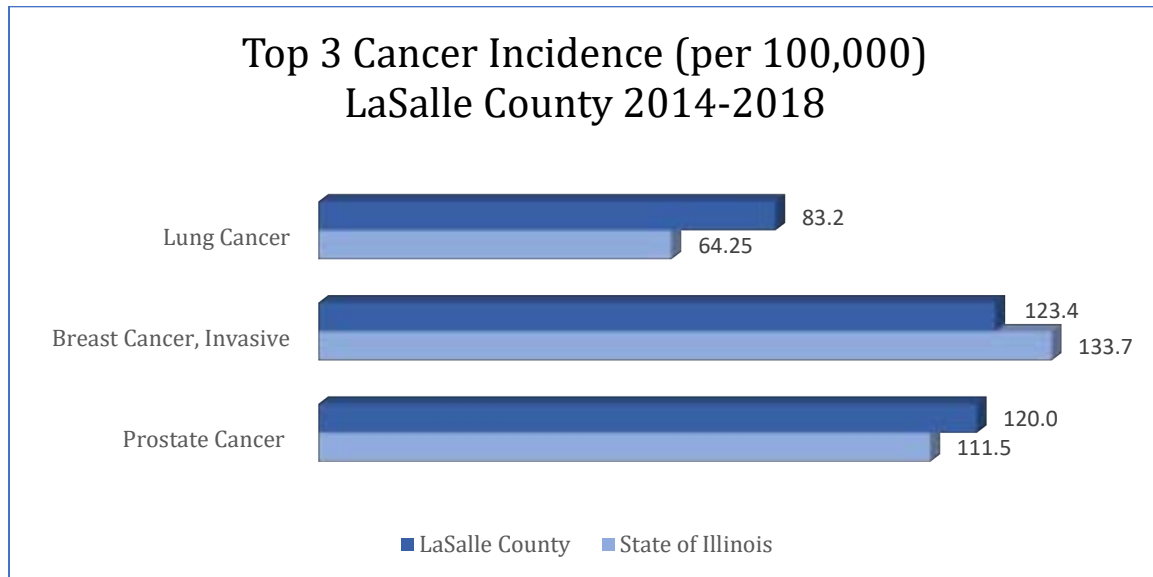
Source: COMPdata Informatics 2021

4.5 Cancer

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

The top three prevalent cancers in LaSalle County are illustrated in Figure 62. Specifically, breast cancer is lower than the State of Illinois, while prostate and lung cancer rates are higher.

Figure 62



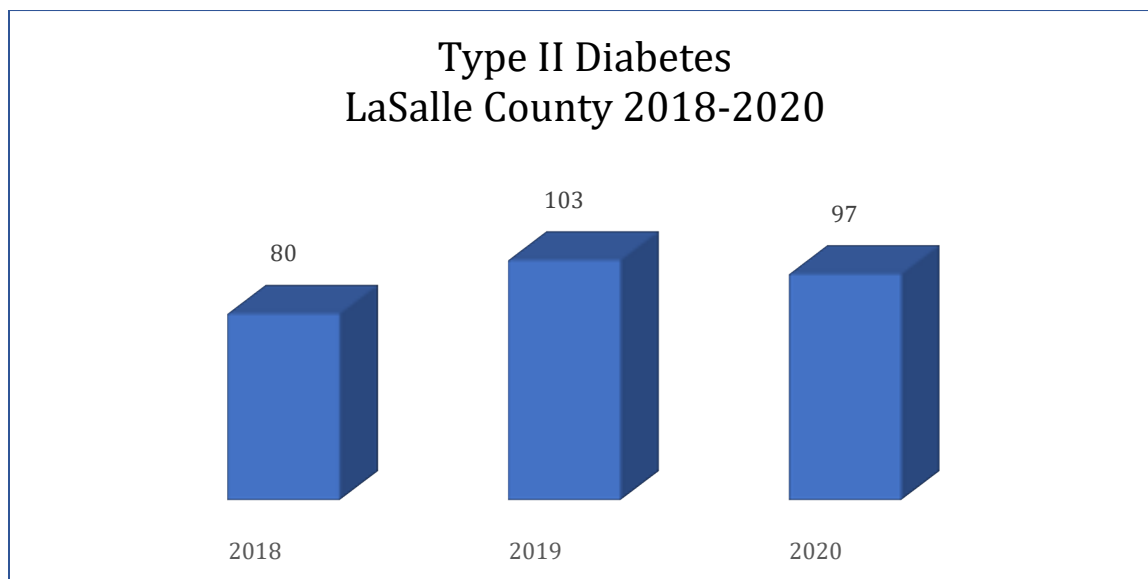
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

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

Inpatient cases of Type II diabetes from LaSalle County increased between 2018 (80 cases) and 2020 (97 cases) (Figure 63). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

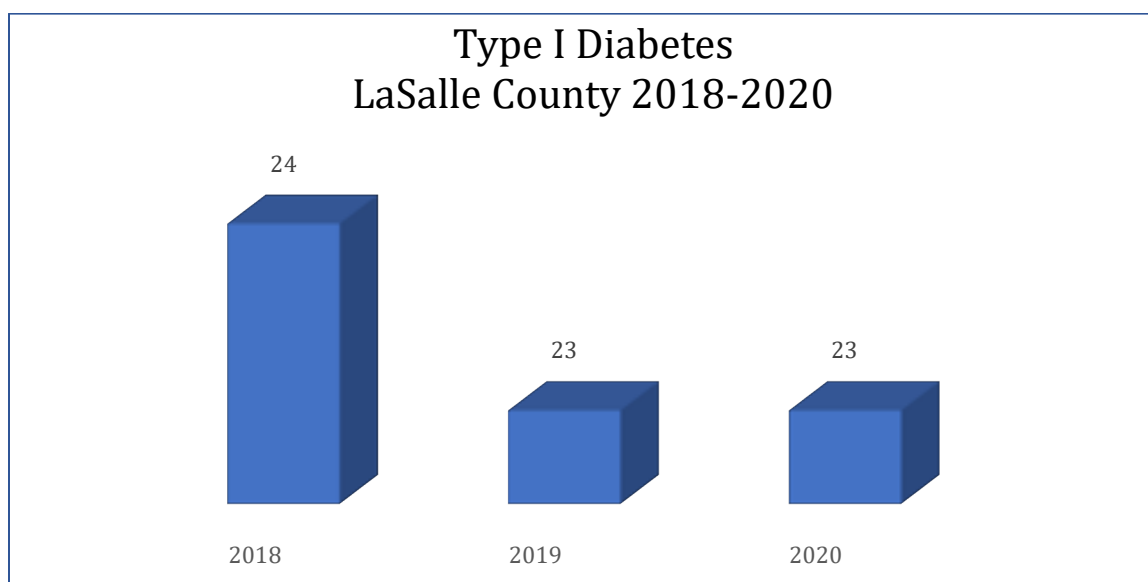
Figure 63



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a slight decrease from 2018 (24) to 2020 (23) for LaSalle County (Figure 64). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

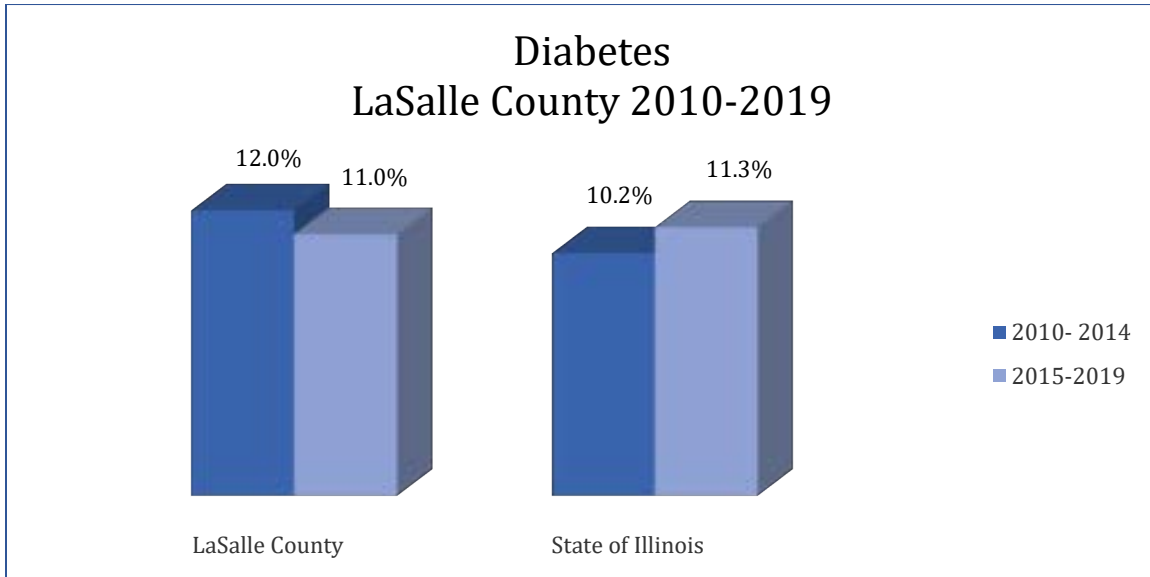
Figure 64



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 11% of LaSalle County residents have diabetes (Figure 65). Trends are concerning, as the prevalence of diabetes is increasing dramatically in the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.

Figure 65



Source: Illinois Behavioral Risk Factor Surveillance System

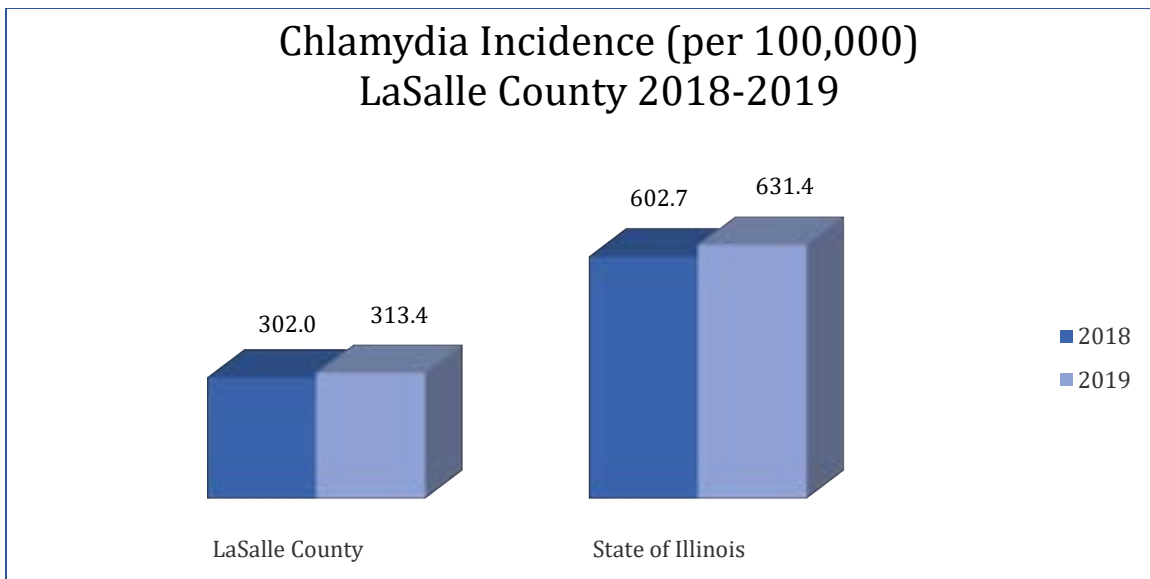
4.7 Infectious Diseases

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

Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in LaSalle County from 2018-2019 indicate an increase. There is also an increase of incidence of chlamydia across the State of Illinois. (Figure 66). Rates of chlamydia in LaSalle County are lower than State averages.

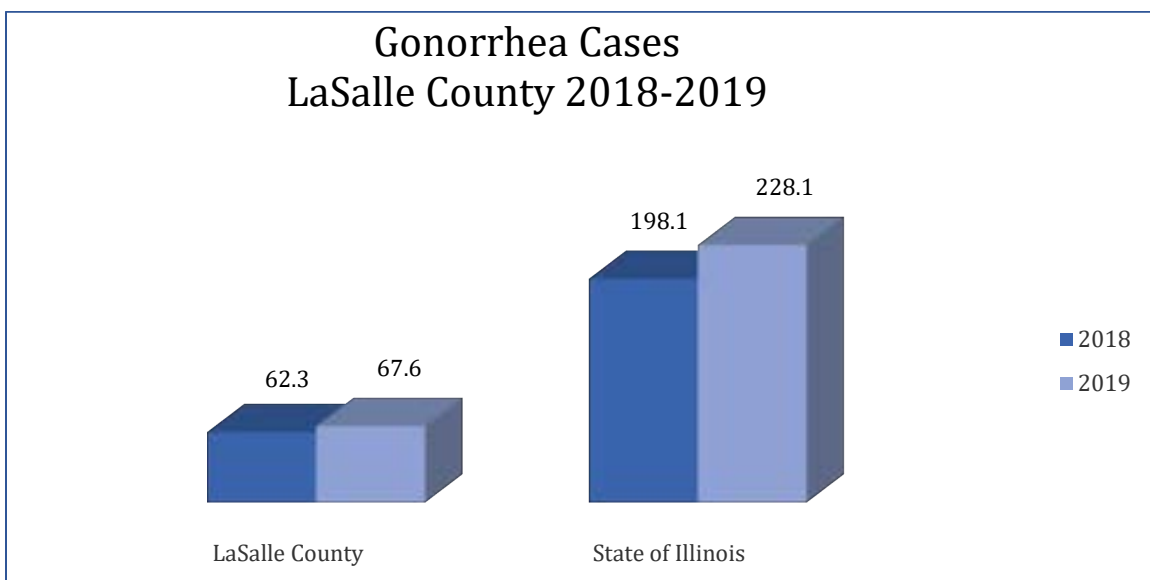
Figure 66



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in LaSalle County indicate a slight increase from 2018-2019, similar to the increase experienced by the State of Illinois from 2018-2019. Rates of gonorrhea in LaSalle County are significantly lower than State averages (Figure 67).

Figure 67



Source: Illinois Department of Public Health

Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable

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

Table 1 Vaccine Preventable Diseases 2013-2016 LaSalle County Region

Mumps	2013	2014	2015	2016
LaSalle County	0	0	1	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
LaSalle County	32	2	0	2
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
LaSalle County	16	10	13	6
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

Table 2 Tuberculosis 2017-2018 LaSalle County Region

Tuberculosis	2017	2018
LaSalle County	1	2
State of Illinois	336	319

Source: Illinois Department of Public Health

4.8 Injuries

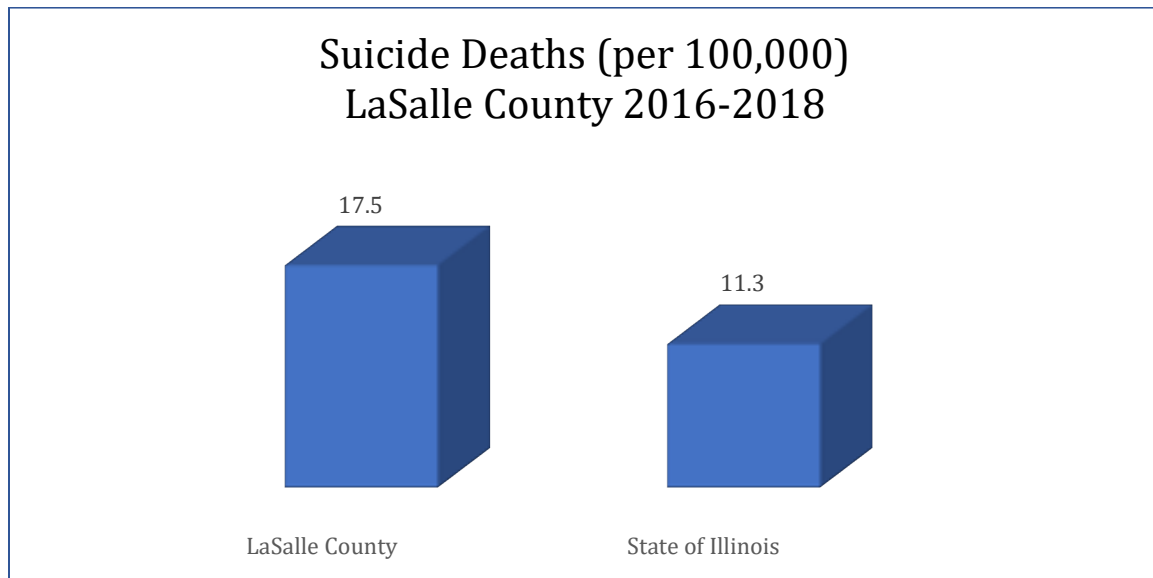
Importance of the measure: Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues. Unintentional injuries can occur, in part, from violent crimes.

² Source: <http://www.idph.state.il.us/about/vpcd.htm>

Suicide

The number of suicide deaths in LaSalle County indicate higher incidence than State of Illinois averages, as there were approximately 17.5 per 100,000 people in LaSalle County in 2018 (Figure 68).

Figure 68

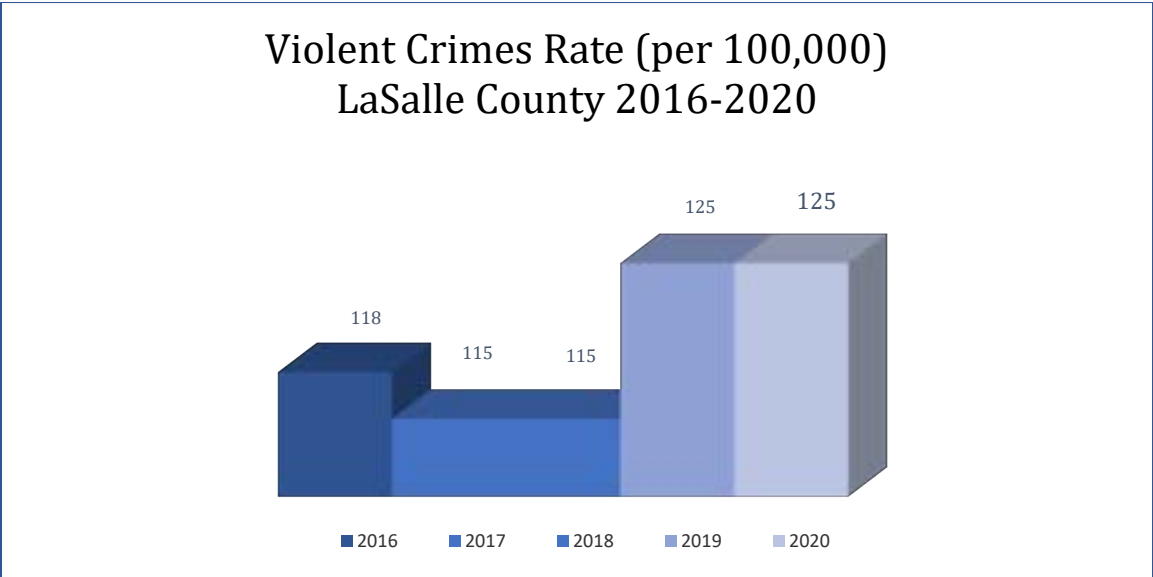


Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people (Figure 69). The number of violent crimes has increased for year 2019-2020 in LaSalle County.

Figure 69



Source: Illinois County Health Rankings 2020

4.9 Mortality

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

The top three leading causes of death in the State of Illinois and LaSalle County are similar as a percentage of total deaths in 2020. Diseases of the Heart are the cause of 21.4% of deaths, cancer is the cause of 18.8% of deaths and COVID-19 is the cause of 11.8% of deaths in LaSalle County (Table 3).

Table 3

Top 5 Leading Causes of Death for all Races, County & State 2020		
Rank	LaSalle County	State of Illinois
1	Diseases of Heart (21.4%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (18.8%)	Malignant Neoplasm (18.1%)
3	COVID-19 (11.8%)	COVID-19 (11.8%)
4	Cerebrovascular Disease (4.2%)	Accidents (5.1%)
5	Accidents (4.2%)	Cerebrovascular Disease (5.4%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES ARE SLIGHTLY HIGHER THAN STATE AVERAGES.
- ✓ THERE HAS BEEN A DECREASE IN ASTHMA CASES AND IN DIABETES.
- ✓ CANCER, HEART DISEASE AND COVID-19 ARE THE LEADING CAUSES OF MORTALITY IN LASALLE COUNTY.
- ✓ VIOLENT CRIMES HAVE INCREASED IN LASALLE COUNTY.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE AVERAGES.

CHAPTER 5 OUTLINE

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

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

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

5.1 Perceptions of Health Issues

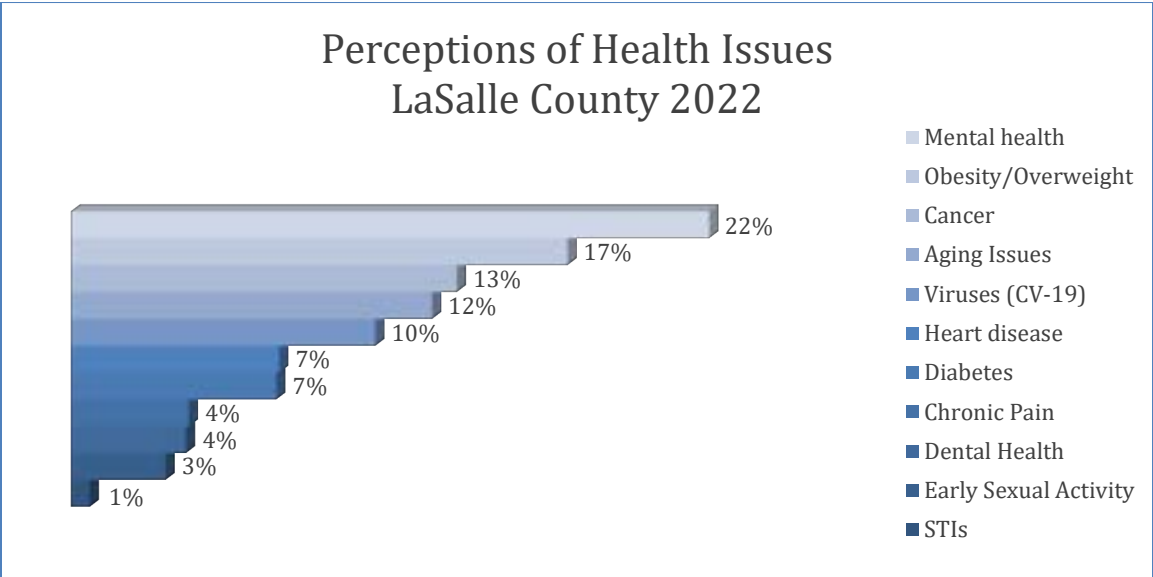
The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 11 different options.

The health issue that rated highest was mental health (22%), followed by obesity (17%). The two factors were significantly higher than other categories based on t-tests between sample means).

Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing. Also, there is a steady rise in obesity. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low (Figure 70).

Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing. Also, there is a steady rise in obesity. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 70

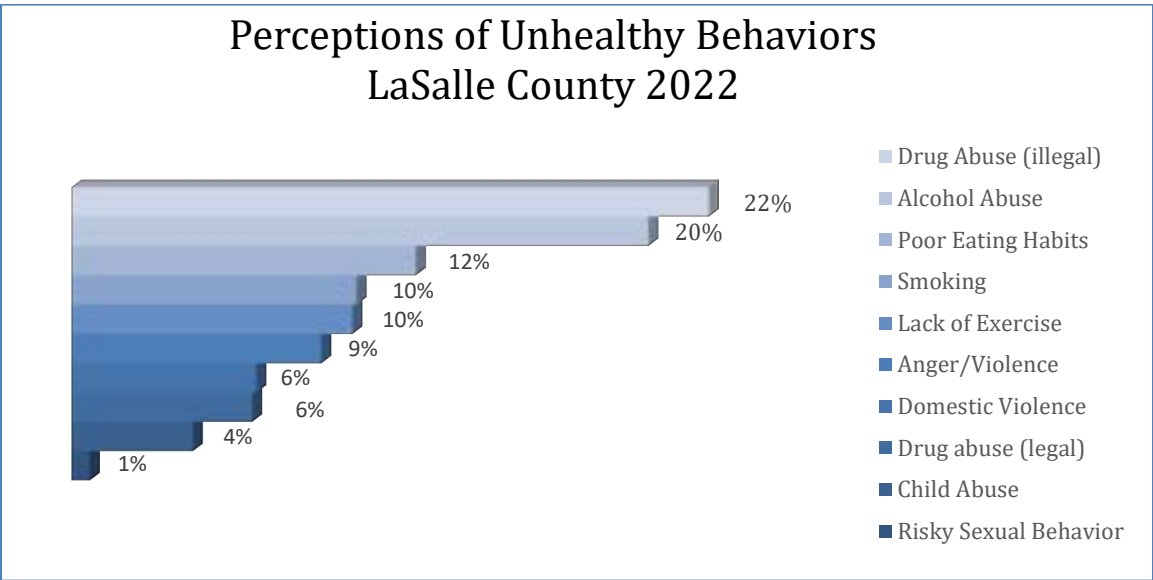


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The two unhealthy behaviors that rated highest were drug abuse (illegal) at 22% and alcohol abuse at 20% (Figure 71). These two factors were significantly higher than other categories based on *t*-tests between sample means.

Figure 71



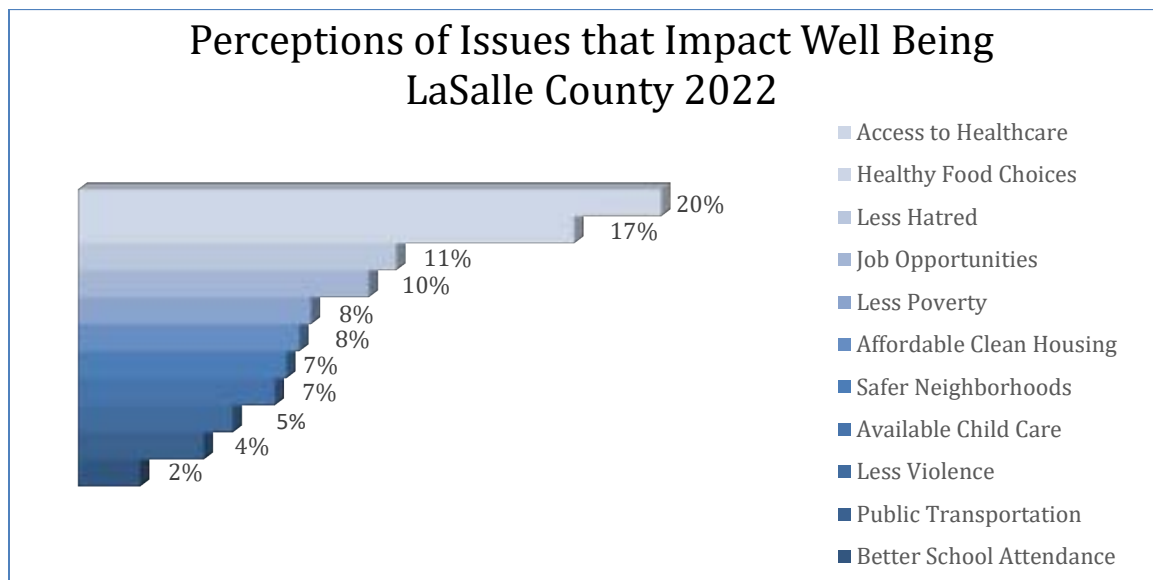
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

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

The issue impacting well-being that rated highest was access to healthcare (20%). It was followed by healthy food choices (17%) (Figure 72).

Figure 72



Source: CHNA Survey

5.4 Summary of Community Health Issues

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

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

- Population decreased
- Population over age 65 increased
- Increasing LatinX population
- Single female head-of-house-household

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

- Access to healthcare
- COVID-19 vaccination rates
- Prostate screening is very low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Substance abuse among youth
- Overweight and obesity
- Heart disease

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

- Cancer – lung
- Violent crime
- Suicide

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 9 potential categories. Based on similarities and duplication, the 9 potential areas considered are:

- Aging issues
- Healthy behaviors – nutrition & exercise
- Behavioral health
- Overweight/Obesity
- Substance abuse
- Prostate screening
- Cancer – prostate
- Cancer - lung
- COVID-19

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 9 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 9 health-related issues.

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

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified three significant health needs and considered them equal priorities:

- **Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity**
- **Behavioral Health – including mental health and substance abuse**
- **Healthy Aging**

HEALTHY BEHAVIORS – ACTIVE LIVING, HEALTHY EATING AND SUBSEQUENT OBESITY

ACTIVE LIVING. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 22% of respondents indicated that they do not exercise at all, while the majority (64%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (29%), not time (22%) or a dislike of exercise (16%).

HEALTHY EATING. Almost two-thirds (64%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 4%. The most prevalent reasons for failing to eat more fruits and vegetables were the lack of desire and lack of importance.

OBESITY. In LaSalle County, over two-thirds (70.4%) of residents were diagnosed with obesity and being overweight. In the 2022 CHNA survey, respondents indicated that being overweight was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within LaSalle County. The U.S. Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker

compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 49% indicated they felt depressed in the last 30 days and 44% indicated they felt anxious or stressed. Depression tends to be rated higher by women, younger people, those with less income and those with less education. Similarly, stress and anxiety tend to be rated higher by women, younger people, those with less income and those with less education. Respondents were also asked if they spoke with anyone about their mental health in the last year. Of respondents 31% indicated that they spoke to someone, the most common response was to a counselor (38%). In regard to self-assessment of overall mental health, 14% of respondents stated they have poor overall mental health. In the 2022 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE ABUSE. Of survey respondents, 20% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men, White people, and those with higher income. Of survey respondents, 6% indicated they improperly use prescription medications each day to feel better and 7% indicated the use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by Black people, those with lower education, and those with less income. Marijuana use tends to be rated higher by Black people, those with lower education, and those with less income. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis.

In the 2022 CHNA survey, respondents rated drug abuse (illegal) as the most prevalent unhealthy behavior (22%) in LaSalle County, followed by alcohol abuse (20%).

HEALTHY AGING

In the CHNA survey, respondents rated aging issues (12%) as the fourth most important health issue. The percentage of individuals aged 65 and older increased 10.2% between 2015 and 2019. Alzheimer's disease was the 5th leading cause of death in LaSalle County in 2020. Illinois is projected to see an 18.2% increase in Alzheimer's disease incidence between 2018 and 2025. Alzheimer's and dementia care in the U.S. will cost an estimated \$277 billion. According to a 2015 study, the average cost of dementia care (over a five-year period) was \$287,038, compared to \$175,136 (heart disease) and \$173,383 (cancer).

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

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

PARTICIPANT	BIO	AGENCY
Albers, Elise	Manager, Population Health for OSF Children's Hospital. She earned a BBA from the University of Memphis as well as MBA and MPH degrees from the University of South Dakota. Outside of work Elise serves as a board member for the Children's Discovery Museum Foundation and as a court appointed special advocate (CASA). She also serves on the advisory board for Sigma Kappa Sorority, Eta Chapter, at Illinois Wesleyan University.	OSF HealthCare Children's Hospital of Illinois
Alcorn, Carol	Executive Director Illinois Valley PADS Homeless Shelter Program. Began as a volunteer and has served in leadership for thirteen years. She has served on many local community leadership teams and currently is on the LP Township High School Board.	Illinois Valley Public Action to Deliver Shelter (IV PADS)
Barrie, Jenny	Health Educator and Public Information at the LaSalle County Health Department for 20 years. She received her bachelor's degree in Community Health from Eastern Illinois University. Her time is divided between the Administrative and Environmental Health Divisions.	LaSalle County Health Department
Bedeker, Cari	Manager of OSF HealthCare Physician Offices in Ottawa and Marseilles and Occupational Health in Ottawa and Streator.	OSF HealthCare Medical Group
Biggins, Ed	Director of Asset Management for the Housing Authority of LaSalle County.	Housing Authority for LaSalle County
Bima, Kim	Business Development Specialist in Employer Relations and Occupational Health Account Rep for OSF Healthcare. Serving I80 Region. Kim has worked for OSF Healthcare and previously for St. Mary's Hospital for 11 years.	OSF HealthCare I-80 Market
Bomstad, Heather	Vice President of Patient Care Services/CNO at OSF Saint Paul Medical Center. She has worked at the hospital for 28 years in a variety of nursing positions. Heather has lived in the community for her entire life and has been involved in different community organizations.	OSF HealthCare I-80 Market
Booze, Judy	Director of the Streator Salvation Army since 2008. Manages a food pantry, thrift store,	Streator Salvation Army

	shower facility, keep Streator warm program with socks, coats, hats etc. also manages financial assistance program for the Streator community.	
Bourell, Danielle	Community Outreach Coordinator for OSF HealthCare in the I-80 market. She previously worked for the Girl Scouts of Central Illinois as the Director of Membership before beginning her career in the healthcare setting. She received her Bachelor's degree in English and Psychology from the University of Minnesota. She is also a board member of the United Way of Eastern LaSalle County.	OSF HealthCare I-80 Market
Brooks, Connie	Illinois Registered Nurse and IVCC graduate. She worked in public health for over 10 years and 12 years in emergency management with 10 as Director for LaSalle County since 1999. Prior to that she worked at St. Margaret's Hospital in Spring Valley on Medical/Surgical/ICU floors.	LaSalle County Health Department
Bursztynsky, Susan	Executive Director of Safe Journeys (formerly, ADV & SAS) since 2016. Prior to this, Susan was managing attorney with Prairie State Legal Services (1987 - 1997), director of Thirteenth Judicial Circuit Family Violence Coordinating Council (1997 - 2009) and President/CEO of Starved Rock Regional Center (formerly, Easter Seals) (2009 - 2016). She serves on several community boards/agencies, including Tri-County Opportunities Council.	Safe Journeys
Capece, Joe	Executive Director of the Ottawa YMCA	Ottawa YMCA
Corcoran, Jerry	32 Years at Illinois Valley Community College, 14 years as President. Bachelor of Science in Liberal Arts and Sciences from University of Illinois. Master of Arts in Educational Administration and Supervision from Chicago State University. Doctorate in Curriculum and Instruction from Northern Illinois University.	Illinois Valley Community College
Cox, Brad	Superintendent for Mendota Elementary School District #289.	Mendota Elementary School District #289
Cushing, Michael	Superintendent of Ottawa Township High School District #140. Has served as a public-school administrator since 2004 and has been at OTHS since 2010. He earned his bachelor's degree from Southern Illinois University at Carbondale, his master's degree from Illinois State University and his doctoral degree from	Ottawa Township High School

	the University of St. Francis. He is a member of the Illinois Association of School Administrators, Sunrise Rotary and the Knights of Columbus (Ottawa, IL).	
Damron, Don	Vice President of Ambulatory Services for OSF HealthCare Saint Elizabeth Medical Center, OSF HealthCare Saint Paul Medical Center and the OSF HealthCare Center for Health – Streator. Prior to his career in healthcare leadership, Don was a physical therapist at Newsome and Damron Physical Therapy Center, where he was partner and director. Don earned his Bachelor's degree in Kinesiology from the University of Illinois Champaign/Urbana, his Master's degree in Physical Therapy from Midwestern University, and is currently pursuing his MBA at LSU- Shreveport. He holds board distinction as a Fellow of the American College of Healthcare Executives and is a Board Member for the Streator Area Chamber of Commerce and Industry.	OSF HealthCare I-80 Market
Donnell, Steve	Mendota YMCA Branch Manager	Mendota YMCA
Dougherty, Leslie	Health Educator and Public Information at the LaSalle County Health Department for 29 years. She received her bachelor's degree in Community Health from Eastern Illinois University. Her time is spent in the Personal Health Division.	LaSalle County Health Department
Driscoll, Michael Fr.	Chaplain and Director of Pastoral Care at OSF Saint Elizabeth Medical Center and Pastor of St. Mary's Catholic Church in Utica.	Ottawa Ministerial Association
Dvorak, Chris	Regional Superintendent of Schools for LaSalle, Marshall & Putnam Counties. He has served as Regional Superintendent since 2012 with a total of 27 years working in education. He received his bachelor's degree in education and master's degree in school administration from Illinois State University and his superintendent certification from Western Illinois University. He has served as chairman of the University of Illinois Extension Council for Bureau, LaSalle, Marshall & Putnam Counties, with eight years of service on the council.	LaSalle County Regional Office of Education #35
Dzuris, Jack	Streator Chamber of Commerce Executive Director since 2010. He retired from 42 years of banking with Streator National Bank/First Midwest Bank serving as President from 1988	Streator Chamber of Commerce & Industry

	through 2005. He has been an active Streator community fund raising member for a number of years. Some of his efforts have been directed to St. Mary's Hospital Foundation Board and Community Advisory Board, Streator Area United Way, Streator Twp. High School Foundation, Streator Elementary School District Board of Directors, the Streator Incubator, LLC., Live Well Streator Steering Committee and several of the local youth sports activities.	
Folken, Carrie	Executive Director	Business Employment Skills Team (BEST)
Foster, Kim	Manager of OSF HealthCare Physician Offices in Mendota.	OSF HealthCare Saint Paul Medical Center
Gahan, JoEllyn	JoEllyn has been an OSF HealthCare Mission Partner for over 13 years and currently serves as the Community Relations Coordinator for the I-80 market which covers, Mendota, Ottawa and Streator. She resides in Mendota and, over the years, has been involved in numerous community organizations.	OSF HealthCare I-80 Market
Glassman, Susan	Nutrition and Wellness Educator, Family and Consumer Sciences for the University of Illinois Extension office serving Bureau, LaSalle, Marshall and Putnam Counties.	University of Illinois Extension
Guerrero, Kassidi	Student Services	LaSalle County Regional Office of Education #35
Hettrick, Jeff	Ottawa Area Chamber of Commerce Executive Director since 2020, and also currently serving on the executive board of the United Way of Eastern LaSalle County. He retired after 37 years with Commonwealth Edison, serving in Government Affairs. Has lived in the Illinois Valley since 1990 and involved with many chambers of commerce, economic development groups and volunteer organizations.	Ottawa Chamber of Commerce
Kelsey, Jennifer	OSF HealthCare Advanced Practice Nurse	OSF Saint Elizabeth Medical Center

Kerestes, Julie	Worked in the Public Health field for 35 years and has been Public Health Administrator at LaSalle County Health Department for 20 years. She received her bachelor's degree at Eastern Illinois University and is a Licensed Environmental Health Practitioner.	LaSalle County Health Department
Krier, Rodney	Lead Pastor, Church of the Open Bible	Streator Ministerial Association
Lauterjung, Anne	Diabetes Education Coordinator for OSF Healthcare Saint Elizabeth Medical Center and OSF Center for Health Streator.	OSF Saint Elizabeth Medical Center
Lewis, Megan	Captain Megan Lewis is the Executive Director and Lead Pastor of The Salvation Army in Ottawa. She brings a decade of diverse experience to the Starved Rock area, including serving in urban Indianapolis, rural Minnesota, and other unique locations. Megan has a passion for leadership development, creating sustainable community change, and changing lives through loving service wherever there is a need.	Ottawa Salvation Army
Mascal, Amy Jo	Principal at Streator Township High School. She received her bachelor's degree from North Central College and her master's degree from Illinois State University. She is in her 28th year employed by Streator Township High School, serving as an English teacher for 13 years and Principal for the last 15 years. She is also a member of the IHSA Golf Advisory Committee, and the Starved Rock Illinois Principal Association and the state level Illinois Principal Association. She also facilitates the Bulldog Pantry at Streator High School and is a member of the Live Well Streator Steering Committee.	Streator Township High School
Ocepek, Shelli	Executive Director of United Way of Eastern LaSalle County with thirty-three years in non-profit administration and thirty years with United Way. She has served on numerous Boards, including Easter Seals, the OTHS Foundation, Reddick Mansion Association, United Way of Illinois, and LaSalle County Long Term Recovery. She currently leads the LaSalle County Emergency Food and Shelter Program and serves on the LaSalle County Early Childhood Collaboration.	United Way of Eastern LaSalle County

Olson, Lissa	Outreach Coordinator	LaSalle County Veterans Assistance Commission
Palm, Elizabeth	Executive Director of the Streator Area United Way	Streator Area United Way
Palm, Jeremy	Licensed professional engineer in the State of Illinois and is the City Engineer for the City of Streator.	City of Streator
Parker, Lisa	Superintendent at Streator Elementary School District #44 since March 2018 with a total of 32 years in education. She received her Doctorate from Western Illinois University with her Masters in Guidance and Counseling from Eastern Illinois University. She is a member of the Illinois Association of School Administrators, Illinois Association of School Business Officials and previously served on the board for Methodist College in Peoria.	Streator Elementary District 44
Peshel, Zoe	Zoe is a Registered Nurse and currently the Interim physician office manager of OSFMG Ottawa/Streator/Mendota Orthopedics, General Surgery, and ENT/Allergy and Audiology. She has a BSN and is currently pursuing her MHA. She has been a nurse for 20+ years and has been with OSF for almost 10 years.	OSF HealthCare Medical Group
Pilon, Peter Fr.	Pastor at Holy Cross Church in Mendota and Sts. Peter and Paul Church in Peterstown and St. Theresa Church in Earlville	Mendota Ministerial Association
Pozzi, Chris	Environmental Health Director since 2016, 29+ year's public health experience. Licensed Environmental Health Practitioner. Graduate of Northern Illinois University.	LaSalle County Health Department
Prusator, Jeff	Administrator at Mendota High School for over 20 years. He served 5 years as the assistant principal, 3 years as the principal, and is currently completing his 12th year as the district superintendent. He received his BA degree from St. Ambrose University, MS in Educational Administration from Western Illinois University, and his Education Specialist Degree also from Western Illinois University.	Mendota High School

Pyszka, Lindsey	Coordinator Community Health Education for OSF HealthCare Saint Elizabeth Medical Center for 15 years. She received a bachelor's degree in Community Education from Illinois State University. She is certified in Basic Life Support, is a Safe Sitter Instructor, Real Colors Facilitator and MOAB Facilitator. She is a leader for Dimmick Braves 4-H and was the LaSalle County Make-A-Wish Team Captain for the last 3 years.	OSF HealthCare I-80 Market
Pyszka, Molly	Regional Director of Food and Nutrition Services for the I-80 Market. She is a Registered Dietitian and has worked at OSF for over 35 years in both clinical and management roles.	OSF HealthCare I-80 Market
Sage, Emily	Manager of Behavioral Health Department at OSF Saint Elizabeth Medical Center. She has bachelor's degree of nursing from University of St. Francis and has been with OSF since 2013.	OSF Saint Elizabeth Medical Center
Seaton, Jill	CEO of the Streator Family YMCA since May of 2021. She earned her Masters degree from Benedictine University and Bachelors degree from St. Mary-of-the-Woods College. She taught for 14 years in Catholic elementary education. She also serves as a new member of the Live Well Streator Steering Committee. Jill resides in Streator with her husband and six children.	Streator YMCA
Sester, Rayanne	Executive Director of Mendota Area Senior Services. She joined MASS in 1993 as a part-time Outreach Specialist, became the Information & Assistance Supervisor for many years before accepting the position of Director in 2014. She is certified as an Information & Referral Specialist for Aging/Disabilities (CIRS-A/D), and a certified Senior Health Insurance Program (SHIP) counselor. She has also completed certification under the Illinois ADRC Program for Aging and Disabilities through Boston University's Center for Aging and Disability Education and Research. Rayanne has been involved in many community organizations over the years, and is an active advocate for seniors, caregivers, and the disabled.	Mendota Area Senior Services
Snell, Lori	Manager of Physician Offices in Streator. Has served in Catholic Healthcare since 2007 in	OSF HealthCare Medical Group

	both the hospital and Medical Group entities for two separate health systems. Community enthusiast and Streator business owner since 1991.	
Swank, Paula	Director of OSF Medical Group Physician Offices for the I80 Region. She has a bachelor's degree in Health Information Management from ISU. She has been with OSF Healthcare and previously with Ottawa Regional Medical Center for over 30 years.	OSF HealthCare Medical Group
Szewczuk, Karen	Health & Wellness Coordinator	Ottawa YMCA
Theis, Lauren	Director of Community Engagement for OSF HealthCare Mendota, Ottawa and Streator. Lauren received her bachelor's degree from Columbia College of Missouri in 2014 and her MBA from the University of St. Francis in 2019. She has worked for OSF HealthCare since 2015. She also serves as a Rotarian for the Ottawa Noon Rotary club.	OSF HealthCare I-80 Market
Threadgill, Cleve	Superintendent of Ottawa Elementary Schools. He has an associate's degree from Illinois Valley Community College, bachelor's degree in elementary education and a master's degree in administration from Illinois State University and a superintendent endorsement from ISU. He earned national board certification in early adolescent science and is an adjunct instructor for Aurora University. He is a member of the Noon Rotary and Illinois Association of School Administrators.	Ottawa Elementary Schools
Tomsha, Luke	Founder/Executive Director	The Perfectly Flawed Foundation
Trenor, David	Bridges Community Center Coordinator in Peru, IL. He received his bachelor's degree in Recreation, Parks, and Tourism from the University of Florida. He is a former adaptive sports instructor, park ranger, and volunteer coordinator who wants to help people to live their lives to their fullest.	Bridges Senior Center

Trompeter, Dawn	President of OSF Saint Elizabeth Medical Center in Ottawa and OSF Saint Paul Medical Center in Mendota. She has over 30 years of experience in the healthcare field.	OSF HealthCare I-80 Market
Trumper, Marissa	Ottawa PADS Program Director	Illinois Valley Public Action to Deliver Shelter (IV PADS)
Vogel, Ellen	Community Health Engagement Program Manager who leads the Live Well Streator community collaborative. She holds a bachelor's degree from the University of Illinois at Urbana-Champaign, is a trustee for the Streator Public Library and a board member for the Streator Business Incubator and the LaSalle County Emergency Food and Shelter Program.	OSF Center for Health - Streator
Weide, Shelby	President/CEO Mendota Area Chamber of Commerce for 1 year and was the Administrative Assistant for 2 years prior.	Mendota Chamber of Commerce
Whalen, Beth	BS in Business from Northern IL University. Owned her private Optometric Office for 28 years in the Illinois Valley. Currently working for a Federally Qualified Community Health Center for the past 13 years and the prior 4 years in Community Health in Rockford. As operations manager she supports all clinical aspects of the Clinics including Dental and Behavior Health. Her duties also include support of IT and Facilities management.	Community Health Partnership of Illinois
Williams, Eileen	Chief Administrative Office/VP for North Central Behavioral Health Systems, has worked in the behavioral health field for over 30 years. Graduate from University of Saint Francis with a masters degree in Healthcare Administration.	North Central Behavioral Health Systems
Zimmerman, Diane	Manager Physician Office OSFMG Primary/Prompt Care South, Ottawa/Streator/Mendota OB/GYN. She has her BSN from University of Illinois-Springfield and has worked for OSF Healthcare for 26 years.	OSF HealthCare Medical Group
Zimmerman, Kim	Transit Director for North Central Area Transit	North Central Area Transit (NCAT)

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

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

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

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

APPENDIX 2: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in LaSalle County 2019 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

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

Goal 1: Increase active living in LaSalle County over the next three years as evidenced by the Community Health Needs Assessment survey.

1. Promote the use of Bike Routes/Walking Paths in Mendota, Ottawa and Streator.
 - a. The Live Well Streator Activity Maps posted on our website. It has been promoted on the Live Well Streator Facebook page and was handed out at our 3/11/20 Move Your Way kickoff event at the Streator Business Incubator. University of Illinois finished the walking guide for Ottawa, Streator, and Mendota.
2. Increase offering of the Healthy Kids U Program.
 - a. North lawn Jun. High School, Streator, IL = 145 kits
 - b. St. Michael Archangel School – Streator, IL = 18 kits
 - c. Woodland Comm. Sch. District - Streator, IL = 32 kits
 - d. Ransom Grade School, Ransom, IL = 9 kits
 - e. Grand Ridge Grade School, Grand Ridge, IL = 25 kits
 - f. Northbrook Middle School, Mendota IL = 110 kits
 - g. Holy Cross, Mendota IL = 17 kits
 - h. Wallace Grade School, Ottawa = 38
 - i. Waltham Grade School, Utica IL= 33
 - j. Dimmick Grade School, Peru IL = 25
 - k. Northbrook Middle School, Mendota IL = 24 Scavenger Hunts completed, 1 Fitbit donated by CHOI
 - l. Wallace Grade School, Ottawa = 12 Scavenger Hunts completed, 1 Fitbit donated by CHOI
 - m. Waltham Grade School, Utica IL= 12 Scavenger Hunts completed, 1 Fitbit donated by CHOI
3. Implement Journey to Health – Redesigned program.
 - a. Reset Program – locally 350 people participate LaSalle County. 90% complete all 6 weeks. July 12 – Summer Out Loud – 3-week summer family program. Fall Session – 9 participants

Goal 2: *Increase community consumption of fruits/vegetables to more than 2 servings per day.*

1. Promote awareness of Community Gardens at OSF Healthcare, Ottawa Community Gardens, SHS Edible Garden, North lawn Jr. High School Garden and the distribution locations to address local food disparities and access to healthy foods.
 - a. Ottawa partnered with U of I extension. Working with master gardener. Purchasing and planting in the month of May. Ottawa – 12 beds and herbs planted. Mendota – 26 beds. Streator – 3 garden bed areas, south lot garden divided into 4 sections, transportation center 12 raised beds. The Ottawa Community Garden harvested 347 pounds and donated the produce to Servant’s Heart. Streator donated 563.5 pounds to the Streator Land Food Pantry, Grace Community Church Food Pantry and New Beginnings Baptist Church Food Pantry. The Mendota Garden donated 946.69 pounds to the SPMC Café, Mission Partners, and the Mendota Area Christian Food Pantry. Total of 1857.19 pounds of produce this season.
2. Increase offerings of the Healthy Kids U Program. Host a Healthy Kids U session quarterly.
 - a. North Lawn Jun. High School, Streator, IL = 145 kits, St. Michael Archangel School – Streator, IL = 18 kits, Woodland Comm. School District - Streator, IL = 32 kits, Ransom Grade School, Ransom, IL = 9 kits, Grand Ridge Grade School, Grand Ridge, IL = 25 kits, Northbrook Middle School, Mendota IL = 110 kits, Holy Cross, Mendota IL = 17 kits, Wallace Grade School, Ottawa = 38, Waltham Grade School, Utica IL= 33, Dimmick Grade School, Peru IL = 25, Healthy Kids Camp and Walking Adventure (Streator) – 20 kids.
3. Develop and Promote Live Well Streator Health Eating Restaurant Menu Guide.
 - a. The Live Well Streator Restaurant Guide has been developed. 6 pilot restaurants. 2021 – 1. Do to COVID, supplier and staffing short.
4. Conduct the Illinois Jr. Chef’s Cooking School in three communities.
 - a. Due to the COVID-19 pandemic, the University of Illinois Extension Junior Chef program was cancelled in Streator.
5. Promote healthier school lunchroom environments.
 - a. Due to the COVID-19 pandemic, our April 2020 fruit and veggie taste testing is at Kimes & Centennial Schools in Streator were cancelled. On 7/30/20, Ellen Vogel spoke about Live Well Streator to a group of teachers and school foodservice employees on the University of Illinois Extensions’ Serve It Safely virtual training call.
6. King Care-A-Van client nutrition education and food demonstrations within OSF Service area through mobile King Care-A-Van service.
 - a. Nutrition education 4/20, Marshall Putnam Fair Healthy Eating Education 7/15.

2. Behavioral Health – Including Mental Health and Substance Abuse

Goal1: *Increase the overall community understanding of Mental Health needs and access to Mental Health services.*

1. Conduct Mental Health First Aid Training, Groups/Programs for behavioral/mental health for specific ages from youth, 18-35 and senior.
 - a. North Central trained staff from IVCIL – 8 participants – 8hr - 2 dates June 8th and 10th.
2. Embed bilingual Behavioral Health provider at OSF Multi-Specialty Group Mendota, Bilingual programming's and communications.
 - a. Another bilingual provider starting next September, 2022 - full time NP. Using Globo which has been a big improvement with translation that in demand.
 - b. Current bilingual Providers Dr. Lopez/Joy.
3. Engage Faith Community Nurse to work with school nurses regarding students not having medications needed.
 - a. COVID determining factor in staffing position after resignation.
4. Provide free access to digital Behavioral Health solution – Silvercloud.
 - a. 2020 - 104 utilizing app. 2021 - 116 utilizing app.
5. Provide free Behavioral Health Navigation Service.
 - a. 2020 – 9; 2021 – 63

Goal 2: *Use Social Determinates of Health (SDOH) to identify patients at increased risk of poor mental health and connect them to community organizations in order to improve mental health outcomes.*

1. Implement screening of patients for SDOH. Screen and Connect. Number of patients screened.
 - a. 4,400
2. Track number of patients referred to community based organizations (CBO)
 - a. 1006
3. Track number of Mission Partners educated for continued roll-out.

a. 23

4. Track number of patient referrals to OSF Care Management and social workers.

a. 40

Goal 3: *Improve community compliance with proper drug disposal processes to decrease availability of prescription and non-prescription drugs utilized for substance abuse.*

1. Provide education on substance use in target schools throughout communities.

a. 2020- 2021 School Year Ottawa Township High School, Streator Township High School participate in Prescription Drug Safety.

APPENDIX 3: SURVEY

LaSalle County 2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

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

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COMMUNITY PERCEPTIONS

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

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

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

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

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

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

ACCESS TO CARE

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

Medical Care

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

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

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

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

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Didn't have health insurance. | <input type="checkbox"/> Too long to wait for appointment. |
| <input type="checkbox"/> Couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> Didn't have a way to get to the doctor. |
| <input type="checkbox"/> Fear of discrimination. | <input type="checkbox"/> Lack of trust. |

Prescription Medicine

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please answer #5) | <input type="checkbox"/> No (please go to #6: Dental Care) |
|---|--|

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Didn't have health insurance. | <input type="checkbox"/> Pharmacy refused to take my insurance or Medicaid. |
| <input type="checkbox"/> Couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> Didn't have a way to get to the pharmacy. |
| <input type="checkbox"/> Fear of discrimination. | <input type="checkbox"/> Lack of trust. |

Dental Care

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please answer #7) | <input type="checkbox"/> No (please go to #8: Mental-Health Counseling) |
|---|---|

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

- | | |
|--|---|
| <input type="checkbox"/> Didn't have dental insurance. | <input type="checkbox"/> The dentist refused my insurance/Medicaid. |
| <input type="checkbox"/> Couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> Didn't have a way to get to the dentist. |
| <input type="checkbox"/> Fear of discrimination. | <input type="checkbox"/> Lack of trust. |
| <input type="checkbox"/> Not sure where to find available dentist | |

Mental-Health Counseling

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please answer #9) | <input type="checkbox"/> No (please go to next section – HEALTHY BEHAVIORS) |
|---|---|

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Didn't have insurance. | <input type="checkbox"/> The counselor refused to take insurance/Medicaid. |
| <input type="checkbox"/> Couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> Embarrassment. |
| <input type="checkbox"/> Didn't have a way to get to a counselor. | <input type="checkbox"/> Cannot find counselor. |
| <input type="checkbox"/> Fear of discrimination. | <input type="checkbox"/> Lack of trust. |
| <input type="checkbox"/> Long wait time. | |

HEALTHY BEHAVIORS

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

Exercise

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

- | | | | |
|--|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> None (please answer #2) | <input type="checkbox"/> 1 – 2 times | <input type="checkbox"/> 3 – 5 times | <input type="checkbox"/> More than 5 times |
|--|--------------------------------------|--------------------------------------|--|

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

- | | |
|---|--|
| <input type="checkbox"/> Don’t have any time to exercise. | <input type="checkbox"/> Don’t like to exercise. |
| <input type="checkbox"/> Can’t afford the fees to exercise. | <input type="checkbox"/> Don’t have child care while I exercise. |
| <input type="checkbox"/> Don’t have access to an exercise facility. | <input type="checkbox"/> Too tired. |
| <input type="checkbox"/> Safety issues. | |

Healthy Eating

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> Don’t have transportation to get fruits/vegetables | <input type="checkbox"/> Don’t like fruits/vegetables |
| <input type="checkbox"/> It is not important to me | <input type="checkbox"/> Can’t afford fruits/vegetables |
| <input type="checkbox"/> Don’t know how to prepare fruits/vegetables | <input type="checkbox"/> Don’t have a refrigerator/stove |
| <input type="checkbox"/> Don’t know where to buy fruits/vegetables | |

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

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Fast food | <input type="checkbox"/> Gas station | <input type="checkbox"/> Food delivery program |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> Farm/garden | <input type="checkbox"/> Convenience store | |

6. Please check the box next to any health conditions that you have. (Please choose all that apply).

If you don’t have any health conditions, please check the first box and go to question #8: Smoking.

- | | | |
|--|--|---|
| <input type="checkbox"/> I do not have any health conditions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental-health conditions |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma/COPD | <input type="checkbox"/> Overweight | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Memory problems | |

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

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always

Smoking

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

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

Vaping

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

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

GENERAL HEALTH

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

11. Do you have a personal physician/doctor? ☐ Yes ☐ No
12. How many days a week do you or your family members go hungry?
☐ None ☐ 1-2 days ☐ 3-5 days ☐ More than 5 days
13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?
☐ None ☐ 1-2 days ☐ 3-5 days ☐ More than 5 days
14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
☐ None ☐ 1-2 days ☐ 3-5 days ☐ More than 5 days
15. In the last YEAR have you talked with anyone about your mental health?
☐ Yes (please answer #16) ☐ No (please go to #17)
16. If you talked to anyone about your mental health, who was it?
☐ Doctor/nurse ☐ Counselor ☐ Family/friend ☐ Other _____
17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?
☐ None ☐ 1-2 times ☐ 3-5 times ☐ More than 5 times
18. How many alcoholic drinks do you have on a typical DAY?
☐ None ☐ 1-2 drinks ☐ 3-5 drinks ☐ More than 5 drinks
19. How often do you use marijuana on a typical DAY?
☐ None ☐ 1-2 times ☐ 3-5 times ☐ More than 5 times
20. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
☐ None ☐ 1-2 times ☐ 3-5 times ☐ More than 5 times
21. Do you feel safe where you live? ☐ Yes ☐ No
22. In the past 5 years, have you had a:
- | | | | |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Overall Health Ratings

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

INTERNET

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

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

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

BACKGROUND INFORMATION

1. What county do you live in?

☐ LaSalle ☐ Other

2. What is your Zip Code? _____

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

☐ Medicare ☐ Medicaid/State insurance ☐ Commercial/Employer
☐ Don't have (Please answer #4)

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

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

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

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

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

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

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/LatinX
☐ Pacific Islander ☐ Native American ☐ Asian/South Asian
☐ Multiracial ☐ Other: _____

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

☐ Grade/Junior high school ☐ Some high school ☐ High school degree (or GED)
☐ Some college (no degree) ☐ Associate's degree ☐ Certificate/technical degree
☐ Bachelor's degree ☐ Graduate degree ☐ Other: _____

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

☐ Less than \$20,000 ☐ \$20,001 to \$40,000 ☐ \$40,001 to \$60,000
☐ \$60,001 to \$80,000 ☐ \$80,001 to \$100,000 ☐ More than \$100,000

11. What is your housing status?

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

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

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

13. How many people live with you? _____

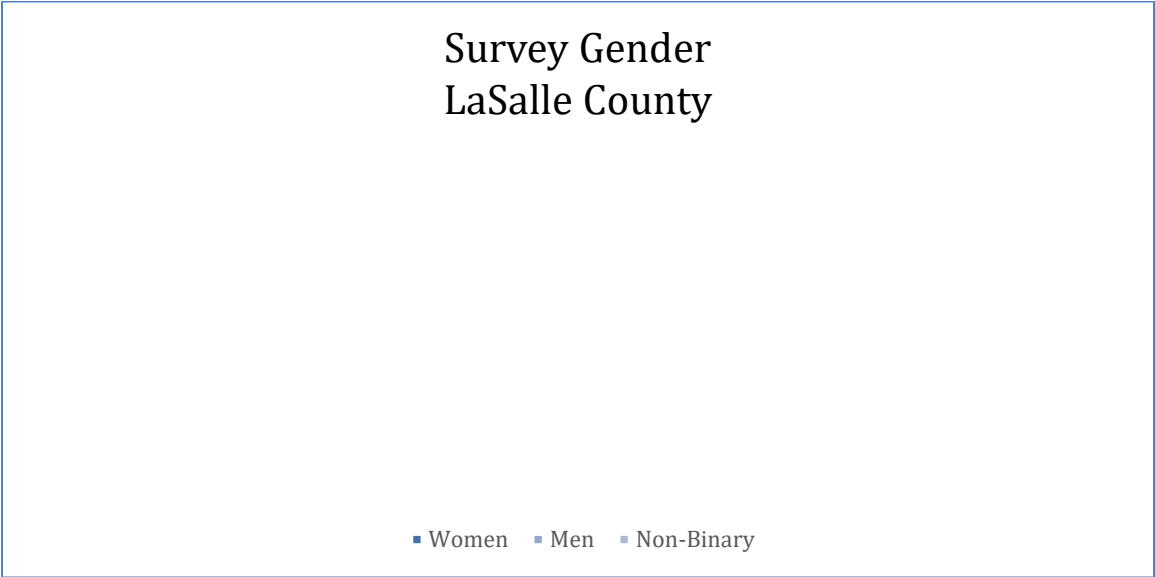
14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

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

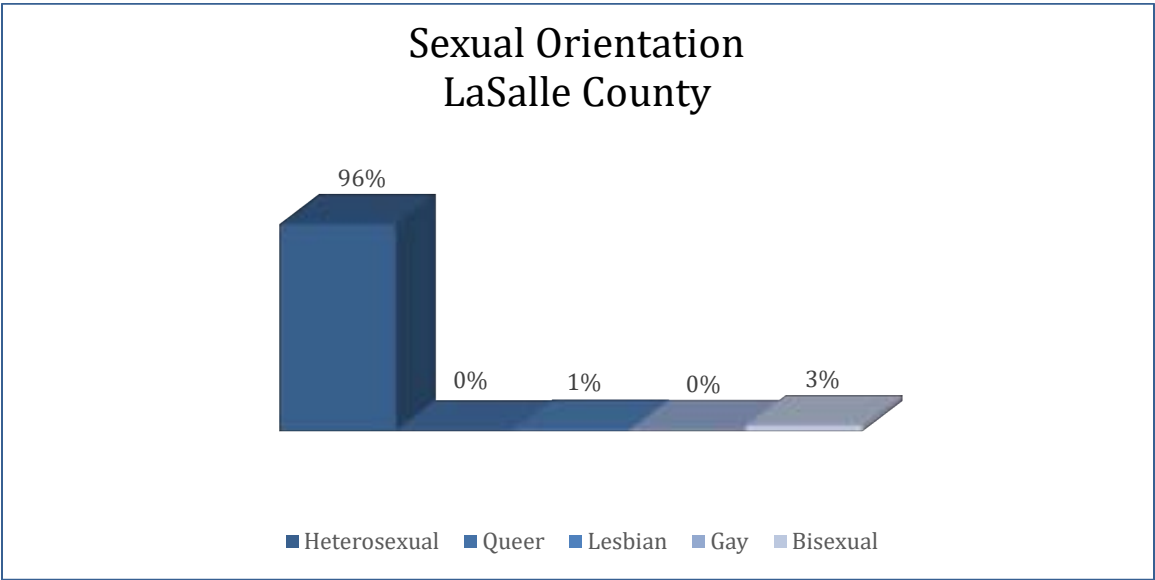
Is there anything else you'd like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

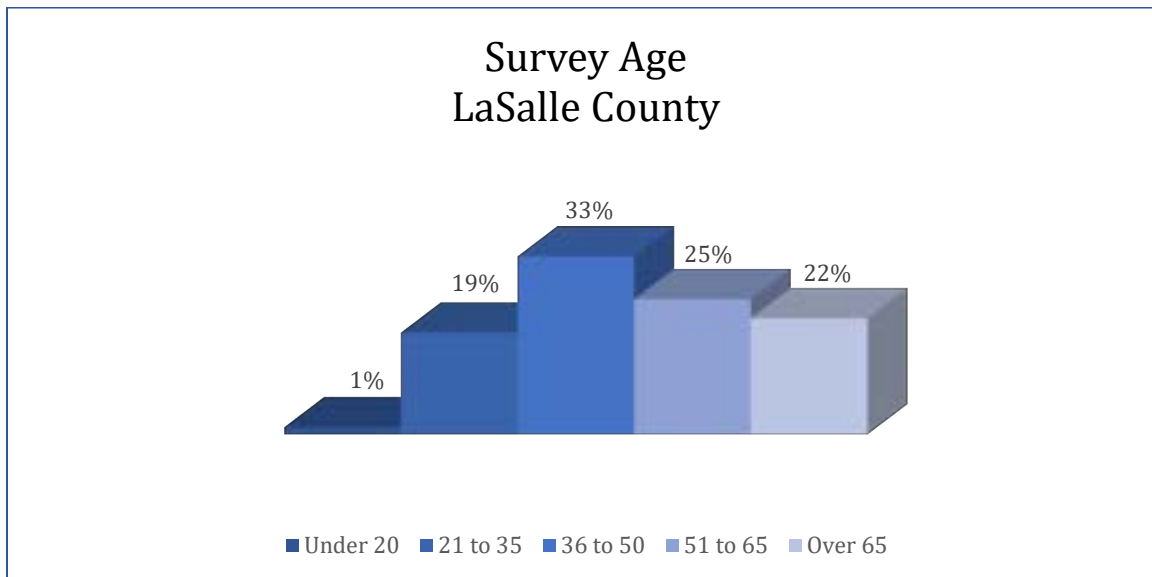
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS



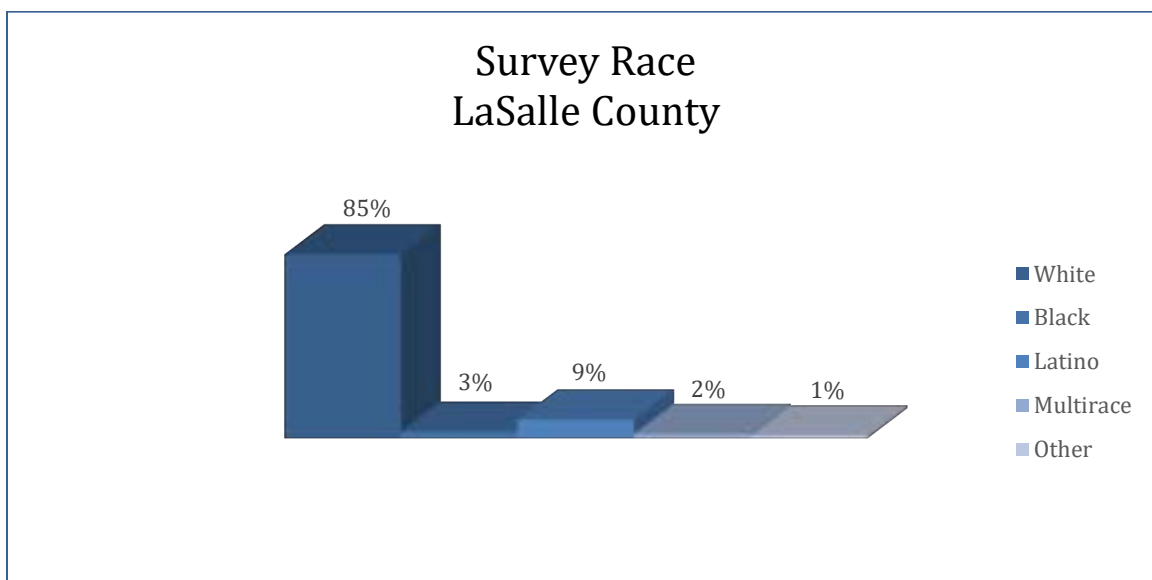
Source: CHNA Survey



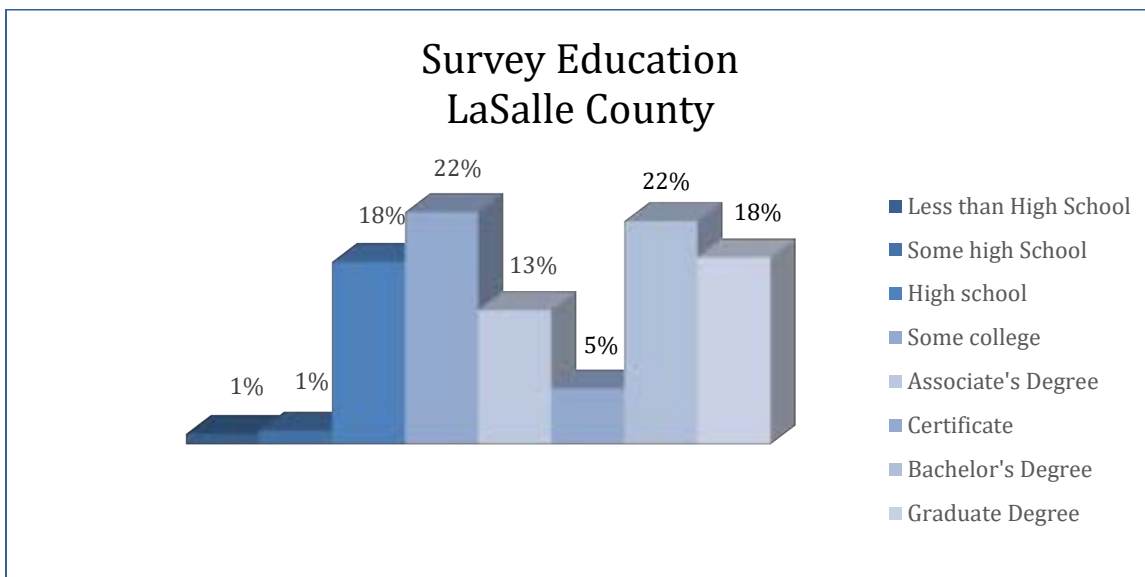
Source: CHNA Survey



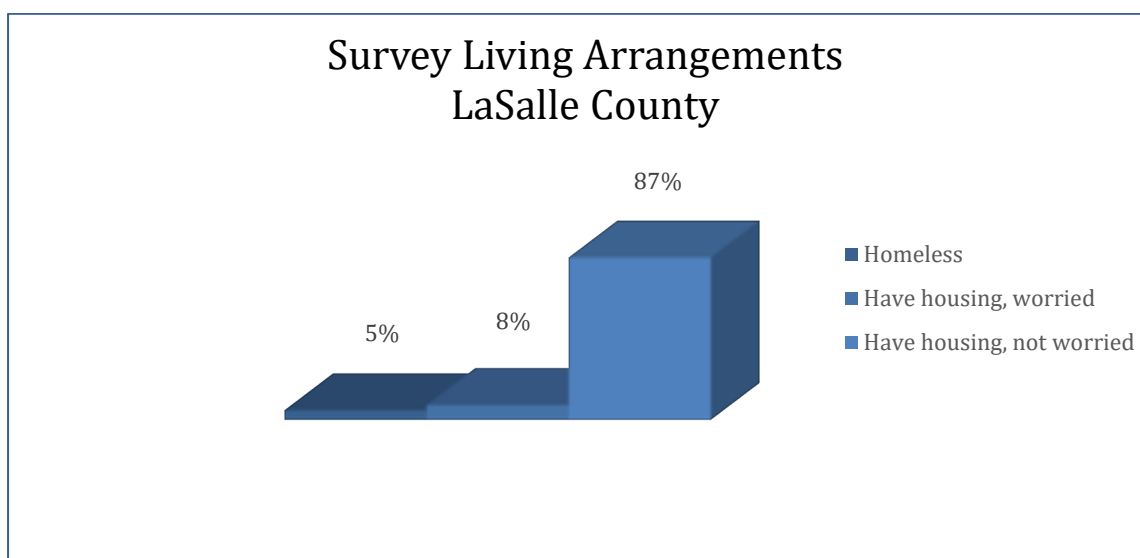
Source: CHNA Survey



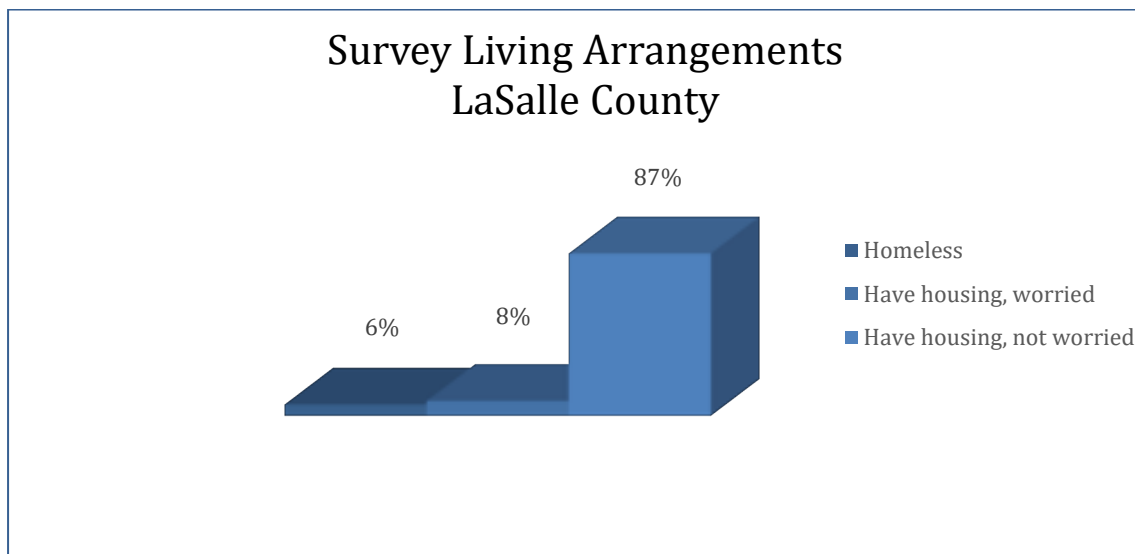
Source: CHNA Survey



Source: CHNA Survey



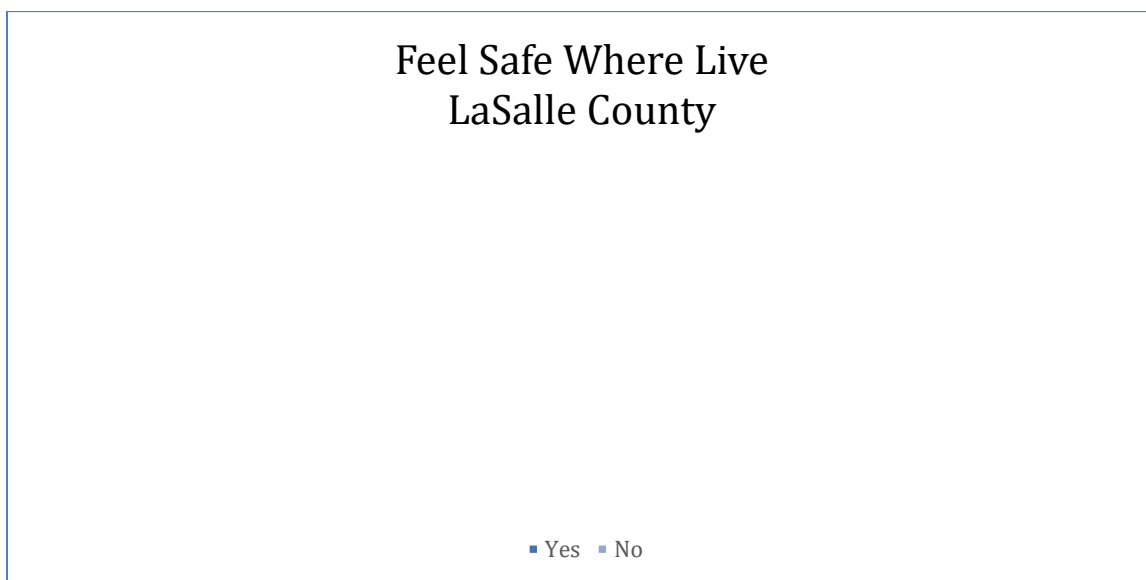
Source: CHNA Survey



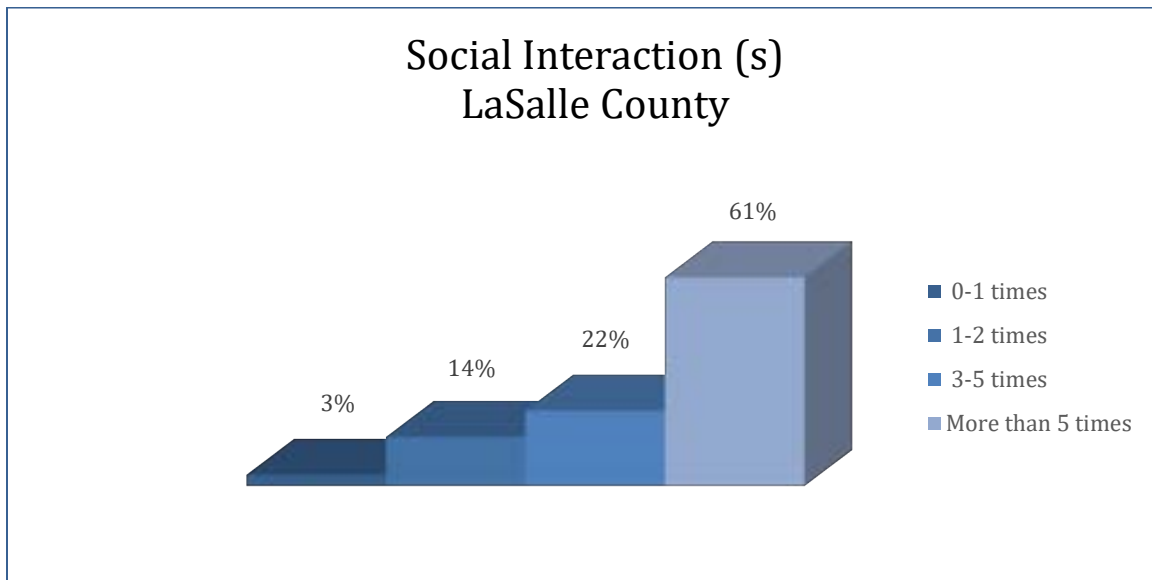
Source: CHNA Survey

Housing Environment

Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For LaSalle County, 29% of the population is at elevated risk for Housing environment. This is lower than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5: RESOURCE MATRIX

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer	COVID-19
Recreational Facilities									
Mendota Area YMCA	3	3	1	3	1	1	1	1	1
Ottawa Parks and Recreation	3	3	1	3	1	1	1	1	1
Streator Family YMCA	3	3	1	3	1	1	1	1	1
YMCA of Ottawa	3	3	1	3	1	1	1	1	1
Health Departments									
LaSalle County Health Department	1	2	1	1	2	1	1	1	3
Schools									
Allen-Otter Creek CCSD #65	0	3	2	3	2	0	0	1	1
Deer Park CCSD #82	1	2	2	2	3	1	1	1	3
Dimmick CCSD #175	0	3	2	2	2	0	0	1	2
Earlville CUSD #9	0	3	2	3	2	0	0	0	2
Grand Ridge CCSD #95	0	3	2	3	3	0	0	2	2
LaSalle ESD #122	0	3	2	3	2	0	0	0	0
LaSalle Peru Twp. High School #120	0	2	2	2	3	0	0	0	2
Leland CUSD #1	0	3	2	3	2	0	0	0	2
Lostant CUSD #425	0	3	2	3	2	0	0	1	3

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer	COVID-19
Marseilles ESD #150	1	2	2	2	2	0	0	0	3
Mendota CCSD #289	0	3	2	2	2	0	2	2	3
Mendota Twp. High School #280	1	2	2	2	3	1	1	1	3
Miller CCSD #210	0	2	2	1	1	0	0	0	0
Oglesby ESD #125	0	3	2	2	2	0	0	3	3
Ottawa Twp. High School #140	0	2	2	2	2	0	1	1	1
Ottawa ESD #141	0	2	2	2	2	0	0	0	3
Peru ESD #124	0	3	2	3	3	0	1	2	3
Regional Safe School	0	2	2	2	2	0	0	0	1
Rutland Twp. CCSD #230	0	3	2	2	2	0	0	0	2
Seneca CCSD #170	0	3	2	1	1	0	0	0	1
Seneca Twp. High School #160	0	2	2	2	2	0	0	1	2
Serena CUSD #2,	3	3	1	2	3	0	1	1	1
Streator ESD #44	0	3	2	3	2	0	0	0	1
Streator Twp. High School #40,	0	2	2	2	2	0	1	1	1
Tonica CCSD #79,	0	3	2	3	2	0	0	0	2
Wallace CCSD #195	0	3	2	2	3	0	0	0	2

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer	COVID-19
Waltham CCSD #185	0	3	2	2	2	0	0	0	2
Community Agencies									
A Servant's Heart	3	1	1	1	1	1	1	1	1
Al-Anon	2	1	2	1	3	1	1	1	1
Alateen	1	2	2	1	3	1	1	1	1
Alcoholics Anonymous	1	2	2	1	2	1	1	1	1
Alternatives for Older Adults	3	2	2	1	1	1	1	1	1
BEST Inc.	2	1	1	1	1	1	1	1	1
Body & Soul Food Ministries (Mendota)	2	3	1	3	1	1	1	1	1
Bridges Community Center	3	2	2	1	1	1	1	1	1
Cancer Resource Center - Streator	2	1	1	1	1	3	3	3	1
Celebrate Recovery - Grace Community Church, Streator	2	1	2	1	3	1	1	1	1
Center for Youth and Family Solution - LaSalle	1	1	3	1	2	1	1	1	1
Changes Counseling, LLC (Mendota)	2	2	3	1	2	1	1	1	1
Community Food Basket of Ottawa	1	3	1	2	1	1	1	1	1
Cops 4 Cancer	3	1	1	1	1	1	3	3	1
Crossroads Counseling Services, LLC	2	1	3	1	2	1	1	1	1

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer	COVID-19
Family Home Medical Equipment	3	1	1	1	1	1	1	1	1
Grace Community Church Food Pantry	2	2	1	3	1	1	1	1	1
Great Heights Family Medicine (Methadone Clinic)	1	1	2	1	3	1	1	1	1
Guardian Angel Outreach	1	2	1	1	1	1	1	1	1
Help at Home	3	2	1	2	1	1	1	1	1
Illinois Dept of Human Services/Div of Rehab Services	2	1	1	1	1	1	1	1	1
Illinois Valley Center for Independent Living	3	1	1	1	1	1	1	1	1
Illinois Valley Counseling Services (Mendota)	2	2	3	1	1	1	1	1	1
Illinois Valley Food Pantry	2	2	1	3	1	1	1	1	1
Illinois Valley Hispanic Health Partnersip Council	2	2	2	2	1	2	2	2	3
Illinois Valley PADS Homeless SheltersOttawa & Peru	2	2	2	1	2	1	1	1	2
In Home Care Connection	3	2	1	1	1	1	1	1	1
Live Well Streator	2	3	2	3	3	1	1	1	1
Mendota Area Christian Food Pantry	2	2	1	3	1	1	1	1	1
Mendota Area Seniors Service	3	2	1	1	1	1	1	1	1
Mendota Chamber of Commerce	1	1	1	1	1	1	1	1	1
Narcotics Anonymous (NA)	2	1	1	1	3	1	1	1	1

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer	COVID-19
New Beginnings Baptist Church Food Pantry	2	2	1	3	1	1	1	1	1
North Central Area Transit (NCAT)	3	1	1	1	1	1	1	1	1
North Central Behavioral Health Systems	3	2	3	1	3	1	1	1	1
Ottawa Area Chamber of Commerce	1	1	1	1	1	1	1	1	1
Safe Journeys (formerly ADV&SAS)	1	1	1	1	2	1	1	1	1
Schott's Pharmacy (Home Medical Equipment)	3	1	1	1	1	1	1	1	1
St. Vincent de Paul Society - Streator	3	1	1	1	1	1	1	1	1
Starved Rock Reg Center for Therapy /Child Develop	1	2	2	1	1	1	1	1	2
Streator Chamber of Commerce	1	1	1	1	1	1	1	1	1
Streator Lions Club	3	1	1	1	1	1	1	1	1
Streator Salvation Army	3	1	1	1	1	1	1	1	1
Streatorland Food Pantry	2	2	1	3	1	1	1	1	1
The Landing-Grace Community Church, Streator	1	2	2	1	2	1	1	1	1
The Perfectly Flawed Foundation	2	1	2	1	3	1	1	1	1
TriCounty Opportunity Council - LaSalle	3	1	2	1	1	1	1	1	1
United Way of Eastern LaSalle County	3	1	1	1	1	1	1	1	1
United Way of the Illinois Valley	3	1	1	1	1	1	1	1	1

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer	COVID-19
Streator Area United Way	3	1	1	1	1	1	1	1	1
University of Illinois Extension	3	3	1	3	1	1	1	1	1
Veterans Benefits - LaSalle County	3	1	1	1	1	1	1	1	1
Youth Service Bureau of Illinois Valley	1	1	3	1	3	1	1	1	1
Hospitals / Clinics									
Abigail Women's Clinic - Mendota	2	1	1	1	1	1	1	1	3
Community Health Partnership (CHP) (Mendota)	2	1	1	2	1	2	2	2	3
Fox River Cancer Center	3	2	1	1	1	2	3	3	3
LaSalle Veteran's Health Administration Clinic	3	1	1	1	1	2	2	2	3
Morris Hospital Ottawa Campus	3	2	2	2	1	2	2	2	3
OSF Center for Health - Streator	3	2	3	2	2	2	2	2	3
OSF Prompt Care	3	2	1	2	1	1	1	1	3
OSF Medical Group	3	2	1	2	1	1	1	1	3
OSF Saint Elizabeth Medical Center (Ottawa)	3	2	3	2	1	1	1	1	3
OSF Saint Paul Medical Center (Mendota)	3	2	3	2	1	1	1	1	3
OSF OnCall Urgent Care - Ottawa	3	2	1	2	1	1	1	1	3
St. Margaret's Health - Oglesby Clinic	3	1	1	1	1	1	1	1	3

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer	COVID-19
St. Margaret's Health - Peru	3	1	1	1	1	1	1	1	3
St. Margaret's Midtown Health Center - Peru	3	1	1	1	1	1	1	1	3
Trinity Health Care Mendota	2	2	1	2	1	1	1	1	3
Xpress Care (Urgent Care) Mendota, Streator	2	2	1	2	1	1	1	1	3
Governmental									
LaSalle County Drug Court	1	1	2	1	3	1	1	1	1
LaSalle County Mental Health Court	1	1	3	1	2	1	1	1	1

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

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES (4)

Ottawa Parks and Recreation

The Ottawa Parks and Recreation district offers a variety of summertime programs for infants, toddlers, early childhood, youth, adults, and seniors.

Mendota Area YMCA

The Mendota Area YMCA provides a full range of opportunities that empower people and communities to learn, grow and thrive. With a focus on youth development, healthy living and social responsibility.

Streator Family YMCA

The Streator Family YMCA provides a full range of aquatics and other fitness, child care, adult literacy, health and leisure, and community service programs.

YMCA of Ottawa

The YMCA of Ottawa offers high quality after school programs, swimming and gymnastics instruction, youth sports, teen programs, Day Camp and a variety of recreational experience for children and adults of all ages.

HEALTH DEPARTMENTS (1)

LaSalle County Health Department

The LaSalle County Health Department sponsors programs in the following areas: environmental health, personal health, and health education. Programs have been targeted to serve the needs of LaSalle County residents.

COMMUNITY AGENCIES/PRIVATE PRACTICES (43)

A Servant's Heart

A Servant's Heart provides assistance with food, material goods, transportation, house and utilities. They also operate a community kitchen serving nutritious lunches, free of charge, five days per week from 11:30 am – 12:30 pm.

Al-Anon

Support network of peers who share their experience in applying the Al-Anon principles to problems related to the effects of a problem drinker in their lives.

Alateen

Peer support group for teens affected by someone else's drinking problem.

Alcoholics Anonymous – Mendota, Ottawa & Streator

Alcoholics Anonymous is an international mutual aid fellowship whose stated purpose is to "enable its members to stay sober and help other alcoholics achieve sobriety."

Alternatives for Older Adults

Supports the independence and quality of life for older adults, adults with disabilities, and their families.

BEST Inc.

Business Employment Skills Team offers job seekers resources to look for employment.

Body & Soul Food Ministries – Mendota

Located inside the Victory Baptist Church

Bridges Community Center

Senior center that is a designated aging and disability resource center that provides information and assistance on available services.

Cancer Resource Center – Streator

The Cancer Resource Center and Wig Boutique provides free resources to cancer patients offering items such as wigs, hats, scarves, quilt lap blankets, bras, forms and educational materials.

Celebrate Recovery – Grace Community Church, Streator

A Christ-centered, 12 step recovery program for anyone struggling with hurt, pain or addiction or any kind.

Center for Youth and Family Solution – LaSalle

The Center for Youth and Family Solutions is a comprehensive not-for-profit social service agency providing strength-based, family-centered services to youth and families in need throughout Central Illinois and Eastern Iowa, which provides: critical counseling, casework, and support services to assist those whose lives have been touched by trauma, grief and loss, abuse and neglect, and other significant family life challenges. Programs include: foster care services for abused and neglected children; adoption services; crisis response for runaways and their families; delinquency prevention services for at-risk youth; residential treatment for abused and neglected boys; professional counseling for children, individuals, couples, and families; in-home counseling for seniors; mental health crisis response for youth; and community advocacy programs.

Changes Counseling, LLC – Mendota

Life is full of changes. Make your next change a good one. All counselors are licensed, skilled, and experiences in helping people make positive changes in their lives.

Community Food Basket of Ottawa

Food pantry is open Monday and Tuesday 9 am – 11 am and Wednesday and Thursday 3 pm – 6:30 pm.

Cops 4 Cancer

A local charity that assists families of the Illinois Valley area when battling cancer.

Crossroads Counseling Services, LLC

Provide behavioral/emotional counseling, addiction services and medication management.

Family Home Medical Equipment

Medical equipment provider.

Grace Community Church Food Pantry - Streator

Food pantry open Wednesday 8:30 am – 10:30 am.

Great Heights Family Medicine

A licensed provider of alcohol and substance abuse services.

Guardian Angel Outreach

Our outreach assists at-risk mothers and their infants from conception through the first two years of the baby's life.

Help At Home

Help At Home is a home care agency that provides care which allows our clients to remain comfortable in their own homes with dignity and independence.

Illinois Department of Human Services/Division of Rehabilitation Services

State agency that works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living opportunities.

Illinois Valley Center for Independent Living

The Illinois Valley Center for Independent Living advocates with compassion for the dignity and rights of people with disabilities and their families. Our goal is equal access for all: to services, to employment, and to the benefits our society offers.

Illinois Valley Counseling Services – Mendota

(IVCS) is unlike any other psychotherapy practice in LaSalle County. We provide services to LaSalle County and the surrounding area. Our therapists specialize in meeting the needs of infants, children, adolescents, adults and geriatric patients. We have therapists who treat both mental health and substance use issues. Additionally, IVCS can provide individual, couples, and family therapy.

Illinois Valley Food Pantry

Food pantry open Monday and Friday 9 am – 12 pm; Wednesday 3 pm – 6 pm

Illinois Valley Hispanic Health Partnership Council

The Illinois Valley Hispanic Partnership Council promotes Hispanic participation in higher education; cultural sensitivity and diversity in the Illinois Valley; and provides resources to individuals, organizations and communities enriched by Hispanic stakeholders.

- To help Hispanic families access the healthcare system and educational services.
- To reduce language barriers and improve communication in order to provide access to available resources.
- To develop community-based partnerships
- To focus on bilingual community programs and agencies that promote access for Hispanic stakeholders in the Illinois Valley.
- To inform the Hispanic community of new immigration laws, procedures and help them obtain services.
- To establish a scholarship program for Hispanic students electing to further their education beyond high school and to encourage their parents to participate in scholarship grant application procedures.

Illinois Valley PADS (Ottawa and Peru)

IV PADS is a PLAN for a workable future for an individual in crisis. IV PADS utilizes case management, assessments, and service plans. Individuals are able to improve their lives by building skills learned in the Education Programs. They then develop positive change in their own lives and end the spiral of hopelessness, unemployment and homelessness. Resources, support groups, and referral guidance is provided in the areas of mental health issues, healthcare needs and substance abuse addiction.

In Home Care Connection

The In-Home Care Connection & IHCC Hospice team is made up of Nurses, Physical, Occupational, and Speech Therapists, Medical Social Workers, Home Health & Hospice Aides, Caregivers and Client Care Managers who all have a passion for serving the disabled and senior citizens living in our communities. We are proud to come together as a locally owned and operated Home Health, Hospice & Caregiver Agency serving clients and employing staff from our communities. We are your friends and neighbors. Many of us have years of experience providing Home Health, Hospice and Caregiver Services in the community setting, have backgrounds in long term care, or in the hospital setting. We understand the importance and desire to live safely and independently at home for as long as possible. We promise to be partners in the communities we serve and ethically provide Home Health, Hospice & Caregiver Services to those in our communities needing our assistance.

Live Well Streator

Live Well Streator is a community collaborative organization focused on building awareness about community resources and creating new partnerships that support healthy living.

Mendota Area Chamber of Commerce

The Mendota Area Chamber of Commerce is a not-for-profit organization of businesses representing industry, retail, service, professionals, and agriculture in partnership with tourism and government to further promote economic growth and quality of life in Mendota. The strength of the Chamber lies in the active involvement of its membership. Both large and small businesses are represented and influence the direction of the organization.

Mendota Area Christian Food Pantry

The MACFP strives to provide an emergency, supplemental food supply for the people of the community. It is important to us that our clients leave with both food and their dignity.

Mendota Area Seniors Service

Mendota Area Seniors Service is a not-for-profit corporation formed to act as an umbrella agency to coordinate and introduce programs and services for seniors over the age of 60 as well as persons with disabilities with the purpose of helping to improve the quality of life and to attain their highest level of independence. *Serving the townships of: Adams, Earl, Freedom, Mendota, Meriden, Mission, Northville, Ophir, Serena & Troy Grove*

Narcotics Anonymous (NA)

NA is a global, community-based organization that offer recover from the effects of addiction through working a twelve-step program, including regular attendance at group meetings.

New Beginnings Baptist Church Food Pantry - Streator

Food pantry open Wednesday from 9 am – 11 am

North Central Area Transit (NCAT)

Public transportation serving LaSalle County.

North Central Behavioral Health Systems

North Central Behavioral Health Systems provides a comprehensive continuum of mental health and addiction services throughout Central and North Central Illinois. Services include, Emergency & Crisis Intervention, Information and Referral, Assessment & Evaluation, Mental Health Counseling/Therapy, Substance Use/Addictions Counseling, Psychiatric Evaluation, Medication Management, Clinical Consultation, Community Support Services, Permanent Supportive Housing Program, Psychosocial Rehabilitation, Community Integrated Living Arrangements (CILA), Health Promotion & Wellness through Prevention and Intervention and Community Outreach, Parent & Teacher Risk Prevention, Student Assistance Programs, Community & Industry Education & Training, Employee Assistance Programs (EAP), DUI Evaluation & Risk Education, and Mental Health First Aid Trainings (MHFA).

Ottawa Area Chamber of Commerce

The Ottawa Area Chamber of Commerce & Industry is a dynamic business organization working to advance the economic and civic interests of the Ottawa Area. We serve our members as an action agency, information clearing house, a business counselor, a government liaison, and a center for research and promotion of the Ottawa business community. The Chamber works very closely with its members and local government officials to determine the needs of the business community and the city as a whole. The Chamber works to assess and serve those needs through effective communication of available resources and programs.

Safe Journeys

Safe Journeys (formerly ADV & SAS) assists individuals seeking to free themselves from violence through crisis intervention, supportive counseling, and advocacy and prevention education.

Schott's Pharmacy (Home Medical Equipment)

Community pharmacy providing home medical equipment.

St. Vincent de Paul Society - Streator

Provides financial assistance, utilities assistance, transportation, and other social services.

Starved Rock Regional Center for Therapy & Child Development

A daycare for children with and without special needs. Provides developmental, speech, occupational and physical therapy for children.

Streator Chamber of Commerce

The Streator Chamber of Commerce & Industry was organized and incorporated for the purpose of serving the needs and concerns of the business community of Streator, Illinois. The ways we meet the needs of our business community include but are not limited to: preserving our competitive enterprise system; appreciating the importance of all businesses; addressing current economic issues; representing members on city, county, state, national and political affairs; promoting business and community growth; and offering education programs.

Streator Lions Club

Provides assistance for the purchase of eyeglasses, hearing aids, and home medical equipment.

Streator Salvation Army

Provides assistance for medication, water bill, gas utility and rent along with operating a food pantry.

Streatorland Food Pantry

Food pantry open Monday, Thursday and Friday from 9 am – 10:30 am and Wednesday from 5 pm - 6 pm.

The Landing – Grace Community Church, Streator

The Landing is Celebrate Recovery's ministry for junior high and high school students who may need guidance in finding freedom from life's hurts and habits.

The Perfectly Flawed Foundation

The Perfectly Flawed Foundation is a community based non-profit organization that provides services and support related to substance use and addiction to individuals and families in North Central Illinois.

Tri-county Opportunity Council

The Tri-County Opportunities Council (TCOC), Community Action Agency, was organized and incorporated for the purposes of investigating the frequency, location, character and cause of poverty; and coordinating efforts to prevent, alleviate and eliminate poverty through the cooperation of public agencies, private organizations, business, industry and interested individuals.

- To strengthen and enable low-income people to become self-sufficient through the attaining of necessary skills, knowledge, motivations and opportunities.

- To better organize a wide range of services related to the needs of low-income people in Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside Counties by utilization of innovative approaches and new types of services in attacking the causes of poverty including the support of self-help groups and cooperative efforts of low-income people.
- To encourage participation of low-income people in the planning, development and implementation of programs and projects and in the decision-making processes of governmental entities affecting their lives.
- To strengthen the capabilities of the CAA's community for planning and coordinating federal, state, local and private assistance related to the elimination of poverty by broadening the resource base of programs to include public officials, private organizations, individuals, business and industry.

United Way of Eastern LaSalle County

United Way Illinois Valley

Streator Area United Way

The United Way is a recognized leader in helping solve community problems by gathering and distributing, in an efficient and accountable manner, community resources that respond to priority health and human service needs.

University of Illinois Extension LaSalle County

Illinois Extension is the flagship outreach effort of the University of Illinois, offering unbiased, practical education to help people, businesses and communities solve problems, develop skills and build a better future.

Veterans Benefits – LaSalle County

Assists veterans with applying for claims with the Department of Veterans Affairs, Department of Defense, and various other agencies.

Youth Services Bureau of Illinois Valley

YSB responds to the needs of children and youth through a variety of programs with the purpose of enhancing the quality of life for all children, youth and families.

HOSPITALS/CLINICS (22)

Abigail Women's Clinic

To empower individuals to make healthy choices related to sexuality and childbearing, consistent with the sanctity of human ...life. Providing free and confidential services, education, counsel, support, and encouragement. We are a Christian organization committed to helping men and women within our community that are facing a crisis pregnancy. ...As a medical clinic with nurses on staff, we offer free pregnancy tests and limited obstetrical ultrasounds starting at 5 to 6 weeks after a positive pregnancy test. We offer educational material to assist women in making an informed choice for life as well as material assistance to women in need, clothing up to size 2T, childcare supplies and equipment. We also offer classes to non-pregnant women as well.

Community Health Partnership of Illinois - Mendota

CHP is committed to improving the health and well-being of migrant and seasonal farmworkers. We support these communities by providing quality medical and dental care to workers and their families from a team of dedicated, bilingual-bicultural professionals, in an atmosphere that fosters a sense of belonging.

Fox River Cancer Center*Cancer*

The Fox River Cancer Center is a collaboration between Radiation Oncology of Northern Illinois, Illinois CancerCare, and OSF Saint Elizabeth Medical Center. Services include oncology/hematology and radiation oncology.

LaSalle Veterans Health Administration Clinic

An outpatient clinic that provides primary care and specialty health services, including mental health care, pharmacy, laboratory services, and more.

Morris Hospital Ottawa Campus

Morris Hospital Ottawa Campus offers primary care for all ages, behavioral health, same-day appointments, on-site blood draws, blood pressure screenings, immunizations, physicals, ePrescribing, and more.

OSF Saint Elizabeth Medical Center Ottawa**OSF Center for Health Streator**

OSF Saint Elizabeth Medical Center, formally known as Ottawa Regional Hospital and Healthcare Center, is a 97-bed acute care facility. OSF Saint Elizabeth provides a full range of services, including inpatient and outpatient medical and surgical care, emergency care, pre-natal and post-partum care, physical therapy, behavioral health services, home health and hospice care. Center for Health in Streator provides outpatient Emergency Services, Lab, Radiology and Cardio-pulmonary services.

OSF Saint Paul Medical Center Mendota

OSF Saint Paul Medical Center is a 25-bed Critical Access Hospital located in Mendota, Illinois. OSF Saint Paul provides a full range of services, including inpatient and outpatient medical and surgical care, emergency care, physical therapy, home health and hospice care.

OSF Medical Group – Ottawa/Marseilles/Mendota/Streator

A part of OSF HealthCare, the OSF Medical Group offices are multi-specialty primary-care facilities in Ottawa, Marseilles, Mendota, and Streator. Outpatient laboratory and radiology services are also available on most sites.

Xpress Care-Urgent Care Mendota, Streator

Xpress Care is committed to providing our patients with professional healthcare services in an affordable, convenient, and timely manner.

OSF OnCall Urgent Care - Ottawa**OSF Prompt Care – Mendota, Ottawa, and Streator**

Convenient locations are open with extended hours to care for walk-in patients with physician office type concerns, not requiring emergency room level of service.

St. Margaret's Health – Oglesby Clinic

St. Margaret's Health – Oglesby Clinic offers a full range of primary care for all ages.

St. Margaret's Health – Peru

St. Margaret's Health – Peru, formally known as Illinois Valley Community Hospital, is a 49-bed acute care hospital providing a full range of services.

St. Margaret's Midtown Health Center – Peru

The Midtown Health Center offers a full range of primary care for all ages, including walk-in care for minor injuries and illnesses.

Trinity Health Care - Mendota

Serves those who cannot afford traditional health care. We offer Diabetic teaching, mental health counseling, and minor ailment treatment per physician- approved protocols.

GOVERNMENTAL (2)**LaSalle County Drug Court**

The mission of the LaSalle County Drug Court is to enhance public safety and reduce recidivism for substance addicted offenders by combining effective treatment and intensive judicial supervision in a therapeutic court setting that uses accountability, support, and individualized treatment plans to encourage offenders to change their lives.

LaSalle County Treatment Alternative Court (TAC)

The LaSalle County Treatment Alternative Court (TAC) is a problem-solving court for non-violent offenders with a serious mental illness involved in the criminal justice system. This mental health court provides for increased judicial interaction and participant accountability while providing expedited access to treatment and increase services.

APPENDIX 7: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply “PEARL” Test from Hanlon Method³

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

Economics – Does it make economic sense to address the problem?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available for a program?

Legality – Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

Prioritize Issues. Use a weighted-scale approach (1-5 scale) to rate remaining issues based on:

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:

- Percentage of general population impacted
- Prevalence of issue in low-income communities
- Trends and future forecasts

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:

- Does an issue lead to serious diseases/death
- Urgency of issue to improve population health

3. Potential for impact through collaboration – can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

³ “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)

LaSalle County Health Department

Adendum A

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EXECUTIVE SUMMARY

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. The purpose of the community health improvement plan is to describe how the health department and the community it serves will work together to improve the health of the population of the community that the health department serves. The planning and implementation process is community-driven. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. The plan is more comprehensive than the roles and responsibilities of the health department alone, and the plan's development must include participation of a broad set of stakeholders and partners. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. The plan reflects the results of a participatory planning process that includes significant involvement by a variety of community sectors. Stakeholders and partners can use a solid community health improvement plan to set priorities, direct the use of resources, and develop and implement projects and programs.¹²³

In 2022, OSF Saint Elizabeth Medical Center, OSF Saint Paul Medical Center, and the LaSalle County Health Department were tasked with completing Community Health Needs Assessments. While both of these projects may have some different requirements for each agency, the process of prioritizing health needs and developing a Health Plan/Intervention Strategy are quite similar. Therefore, both organizations made the decision to work together to complete one Community Health Needs Assessment (CHNA) for LaSalle County.

The 2022-2027 Community Needs Assessment and Health Plan is a public health approach to improving the quality of life for the citizens of LaSalle County. This is the sixth needs assessment and health plan for the county coordinated by the LaSalle County Health Department. Past community health plans share some similarities, but allow for growth, expansion, evaluation, and improvement. Past priorities addressed family violence, substance abuse, mental health, access to in-patient treatment centers, and access to dental care. The priorities identified in the 2022-2027 Community Health Plan continue to build on past priorities and there is a familiar theme in relation to the past plans. The issues and their associated risk factors continue to challenge the county in improving the health of residents.

Statistical data was obtained from a variety of sources. Sources included the United States Census data, Illinois Department of Public Health vital statistics and I-Query system. In addition, the Robert Woods Johnson County Health Rankings Report, along with the Illinois Behavioral Risk Factor Surveillance Survey were also utilized. Furthermore, an online survey was developed by the LaSalle County Health Department to give LaSalle County residents the opportunity to identify health issues they face in their communities. LaSalle County residents rated factors that influence a healthy community, including safe neighborhoods, affordable housing,

¹ Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphsp/FAQ.pdf).

² National Association of County and City Officials, www.naccho.org

³ Public Health Accreditation Board, Domains and Standards, Standard 5.2.

the environment and healthy living. The survey was promoted through a media release to local newspaper and radio stations, in addition to highlighting the survey on the health department's Facebook page. The survey was open from July through September 30, 2022 and there were over 220 responses.

During the same timeframe, OSF St. Elizabeth and OSF St. Paul also released their community survey so there was some overlap of distribution in the county. After moving forward with the joint process and further evaluation of the Community Health Needs Assessment, it was determined that due to a small response rate the survey conducted by the LaSalle County Health Department lacked statistical value. The survey conducted by the LaSalle County Health Department provides more of a snapshot of the health issues LaSalle County residents face in their communities. However, collectively the results of the Health Department's survey and OSF's Community Survey are reflective and in line with each other.

The first meeting for the Healthy LaSalle County Steering Committee was scheduled for April 7, 2022. A meeting invite was sent to 25 key stakeholders representing a broad cross section of the county's services and medical providers. Agency representatives attending the meeting are in leadership positions in their organizations and offer a diverse viewpoint. The purpose of the meeting was to review community needs, select and prioritize the top community health problems facing LaSalle County.

OSF and Health Department staff, which included representation from management and health education, were present. Staff served as a resource, without unduly influencing the outcome of the meeting. A nominal group process was utilized with Ms. Dawn Tuley, Strategic Reimbursement Sr Analyst, OSF Healthcare serving as the facilitator of the forum.

Priorities identified with the nominal group process were:

- Healthy Behaviors (Activity and Nutrition/Health Eating)
- Health Aging
- Behavioral Health (Mental Health and Substance Abuse)

STATEMENT OF PURPOSE AND BACKGROUND

The Community Health Needs Assessment and Community Health Plan developed by the LaSalle County Health Department, in conjunction with OSF St. Elizabeth/St. Paul fulfills the certification requirement for local health departments by completing the Illinois Project for Local Assessment of Needs (IPLAN). This document will cover the years of 2022-2027.

In 2022, OSF Saint Elizabeth Medical Center, OSF Saint Paul Medical Center, and the LaSalle County Health Department were tasked with completing Community Health Needs Assessments. While both of these projects may have some different requirements for each agency, the process of prioritizing health needs and developing a Health Plan/Intervention Strategy are quite similar. Therefore, both organizations made the decision to work together to complete one Community Health Needs Assessment (CHNA) for LaSalle County.

While in discussion with our OSF partners, the success that the OSF Center for Health in Streator had found in a community collaborative that began in 2018, was highlighted. The Live Well Streator community collaborative has been able to bring people together to develop solutions that create new possibilities for healthier lives. Partnerships have been developed and the collaborative has been able to begin to establish

structure in the community. This is not a fast or easy task, and takes a committed group of individuals to assist in initiating change.

The thought process shifted on how both agencies could partner together to utilize their requirements to build a larger, broader purpose. The goal was to develop a county-wide collaborative, with a wide variety of agencies and representatives who would serve on the Healthy LaSalle County Steering Committee, then to further expand on the collaborative, the healthy priorities identified would require an Action Team. While Action Teams include some members from the Steering Committee, they also allow for expansion with representatives from organizations and agencies that have clientele needs and programs specific to the health priority.

A small planning team was comprised with representatives from the Health Department and OSF to begin the development process. The planning team began to look at community partners and determine who had participated in the process prior to the collaboration and what organizations were missing from the table.

The first meeting for the Healthy LaSalle County Steering Committee was scheduled for April 7, 2022. A meeting invite was sent to 25 key stakeholders. The purpose of the meeting was to review community needs, select and prioritize the top community health problems facing LaSalle County.

As determined by the Healthy LaSalle County Steering Team Committee, priorities for the 2022-2025 LaSalle County Needs Assessment will be as follows:

- Healthy Behaviors (Activity and Nutrition/Health Eating)
- Health Aging
- Behavioral Health (Mental Health and Substance Abuse)

The mission of the LaSalle County Health Department is *“Promote Health and Prevent Disease.”* Government has a basic duty to assure the health of the public. Thus, the LaSalle County Health Department leads the county in assessing the health problems, developing appropriate policies, assuring that health problems are addressed and identifying resources to accomplish these tasks. The Health Department staff involved in the process consisted of:

Julie Kerestes, BS, LEHP	Administrator (Retired)
Chris Pozzi, BS, LEHP	Administrator
Connie Brooks, RN	Director of Personal Health
Jenny Barrie, BS, CHES	Health Educator
Leslie Dougherty, BS	Health Educator

The health department staff, LaSalle County Board of Health and the Healthy LaSalle County Steering Committee played a vital role in the design and implantation of the IPLAN process. Past experiences and partnerships will continue to plan an integral role in the development of this assessment and health plan.

Public health has always been a strong advocate for prevention, especially the population-based services. Prevention decreases the economic and emotional burden of health conditions. Education teaches citizens healthy lifestyle choices, thus impacting health problems in the county. Prevention is a logical method to assist in addressing the health problems of the county’s citizens and improving the quality of life in LaSalle County.

Our current approach to health care is really sick care—it starts when a person goes to the hospital, emergency room, or doctor’s office because he or she has a problem. But health starts at home—in our kitchens, our workplaces, our schools, our roads, and our cities. Building healthier communities can lower healthcare costs, improve productivity, and improve quality of life for all residents.

We make hundreds of decisions every day, and we make most of them without thinking. Unfortunately, our food environments are designed so that the easiest choice is to consume low-quality, high-calorie food. Similarly, our built environments — our roads, building, and towns—are designed so that the easiest choice is to be sedentary (to drive instead of bike or walk).

With the current economic situation in Illinois, our health programs have to transition with the times and meet the needs of our citizens. As funds continue to dwindle from the state, all resources need to be leveraged to meet the needs of our citizens. Prioritizing needs will allow strategic planning for the best use of limited resources. A county-wide approach prevents duplication of services and fosters collaboration. With the current economy, these resources will continue to become even more stressed and likely limited in scope. Prevention is challenging to prove short term benefits and make the case for continued funding during an economic crisis. Often the benefits of prevention are overlooked and implementation is delayed until the future. This procrastination with the allocation of resources impacts everyone in the future. It is difficult to offer population-based services to make a difference in the health status of our county without appropriate resources. It is equally important to maintain the public health infrastructure so when a communicable disease crisis occurs, such as COVID-19 or Ebola, there are the resources to respond. There are many competing facets of health problems the health department and our Healthy LaSalle County Steering Committee could focus on; however, limitations are often set by funding availability which impacts personnel available to provide the service. Innovative measures and creative thinking must be a utilized component for effective solutions.

The community health needs assessment will be utilized to identify and prioritize the health problems identified in LaSalle County and be the basis for our county’s health plan. The health plan is developed to address the priorities and focus on an implementation plan. Implementation of the health plan will focus attention and resources on the prioritized health problems and decrease the occurrence/incidence in the county. The Healthy LaSalle County Steering Committee and Action Teams will be the catalyst for implementing and evaluating the health plan. The Healthy LaSalle County Steering Committee, which includes representation from the LaSalle County Health Department, will have ownership of the needs assessment and health plan input, development and implantation of the county plan. This plan has a county wide focus so barriers and challenges in various locations can be discussed. This plan may serve as a catalyst to obtain funding from various sources for implementation. The overall goal of the LaSalle County Health Committee is to increase the span of a healthier life, reduce health disparities and achieve access to preventative services for all county citizens. LaSalle County will strive to meet the standards of practice in all areas to protect and promote public health throughout the county.

SELF-ASSESSMENT OF THE ORGANIZATIONAL CAPACITY OF THE LASALLE COUNTY HEALTH DEPARTMENT

To initiate the 2022-2027 IPLAN process, an assessment of the organizational capacity of the LaSalle County Health Department was completed. The Apex model for assessment was followed. The goal of the assessment was to determine the internal capabilities of the health department in regards to: Authority to Operate,

Community Relations, Community Health Assessment, Public Policy Development, Public Health Service, Financial Management, Personnel Management, Program Management and Policy Board Procedures.

The Apex worksheets were reviewed by the Health Department Administrator and Division Directors, the APEX worksheets showed a consensus of staff viewed indicators as shown below:

Indicator	Perceived Importance	Current Status	Comments
Authority to Operate	High Importance	Fully Met	A large number of responses indicated status unknown
Community Relations	High Importance	Fully Met	A large number of responses indicated status unknown
Community Health Assessment	Moderate Importance	Fully Met/Partially Met	Responses indicated equally either Fully Met, partially met or unknown status
Public Policy Development	Moderate Importance	Partially Met	A large number of responses indicated status unknown
Assurance of Public Health Services	High Importance	Fully Met	
Financial Management	High Importance	Fully Met	
Personnel Management	High Importance	Fully Met	
Program Management	High Importance	Partially Met	
Policy Board Procedures	High Importance	Fully Met	

The Apex Model for the Assessment of Organizational Capacity was completed by twenty- one employees of the three divisions of the LaSalle County Health Department in March and April 2022. In discussing survey results with the Department's management team, we feel the large number of unknown statuses is due to the large volume of new staff members at the department. These staff members have joined within the last two years, and many within the last six months. Many new staff members have worked in Covid Response from their date of hire and may not be as familiar with the overall functioning of the health department. The Management team feel that this should be a point of training focus for new and existing staff members in the upcoming year.

COMMUNITY PARTICIPATION

A. Community Survey

During the summer of 2021, a survey was updated and developed by Jack Marvel, a public health intern from the University of Illinois. Jack worked very closely and received input from Julie Kerestes, Administrator, Jenny Barrie, Health Educator, and Leslie Dougherty, Health Educator. The survey was developed as an online tool in order to promote the survey on the health department's website and Facebook page. Paper copies were also available at the reception area of the health department. The survey was distributed by email to Community Health Committee members and they were asked to promote survey completion in their agencies. Additionally, the survey was promoted through a media release to local newspaper and radio stations.

LaSalle County residents rated factors that influence a healthy community, including safe neighborhoods, affordable housing, the environment and healthy living. The survey was open from July until September 30, 2021 and there were over 220 responses. The survey questions and data compiled from the Community Survey is included in the Health Statistics booklet that is included in Appendix B.

In the past, the Health Department utilized the community survey and data collected into the final IPLAN document. During the same timeframe, OSF St. Elizabeth and OSF St. Paul also released their community survey so there was some overlap of distribution in the county. In early 2022, our community partners at OSF Elizabeth Medical Center and OSF Saint Paul Medical Center reached out and expressed interest in working together to complete one Community Health Needs Assessment (CHNA) for LaSalle County.

After moving forward with the joint process and further evaluation, it was determined that due to a small response rate the survey conducted by the LaSalle County Health Department lacked statistical value. The survey conducted by the LaSalle County Health Department provides more of a snapshot of some of the health issues LaSalle County residents face in their communities. However, collectively the results of the Health Department's survey and OSF's Community Survey are reflective and in line with each other.

Information on both community surveys was provided at Steering Committee meeting on April 7, 2021 at OSF Center for Health Streator as a reference as the group worked to prioritize the needs in LaSalle County.

B. Community Involvement

In early 2022, the realization was made that OSF Saint Elizabeth Medical Center, OSF Saint Paul Medical Center, and the LaSalle County Health Department were tasked with completing Community Health Needs Assessments. While both of these projects may have some different requirements for each agency, the process of prioritizing health needs and developing a Health Plan/Intervention Strategy are quite similar. Therefore, both organizations made the decision to work together to complete one Community Health Needs Assessment (CHNA) for LaSalle County.

A small planning team was comprised with representatives from the Health Department and OSF to begin the process. The planning team began to look at community partners and determine who had participated in the process prior to the collaboration and what organizations were missing from the table. The first meeting for the Healthy LaSalle County Steering Committee was scheduled for April 7, 2022. A meeting invite was sent to 25 key stakeholders. The purpose of the meeting was to review community needs, select and prioritize the top community health problems facing LaSalle County.

As determined by the LaSalle County Steering Team Committee, priorities for the 2022-2025 LaSalle County Needs Assessment will be as follows:

- Healthy Behaviors (Activity and Nutrition/Health Eating)
- Health Aging
- Behavioral Health (Mental Health and Substance Abuse)

At the end of the meeting, all stakeholders were given the opportunity to sign up for the Health Priority (Action Team) they would prefer to participate in.

The second meeting for the Healthy LaSalle County Steering Committee was held on April 27, 2022. The meeting was held to establish goals for each health priority. This meeting was held virtually, and the committee worked diligently to discuss and determine overall goals.

The Healthy LaSalle County Steering Committee met again on May 18, 2022. The purpose of the meeting was to discuss the next steps for the committee and the future Action Teams for Healthy Behaviors, Healthy Aging, and Behavioral Health. During the meeting committee members volunteered to lead or co-lead each of the three Action Teams. In addition, members also used the meeting time to discuss/nominate additional community partners to join the Action Teams. Action team members will

On May 24, 2022, a meeting was held at OSF St. Elizabeth from 8:00 a.m.-Noon. The main purpose of the meeting was to break out into the designated Action Teams. Action Team members were identified as an important voice and valued resource to discuss how to address the health priorities identified and to be a part of the solution. Action team members worked in groups to discuss their designated priority and brainstorm resources needed to address these issues and what is currently available throughout the county. In addition, the groups discussed risk factors, barriers, direct/indirect contributing factors, and ultimately decide on measurable objectives for their designated health priority.

To finalize the objectives developed by members of each Action Team, the Healthy LaSalle County Steering Committee met on June 9, 2022. There were 14 members of the committee in attendance. The goals of each health priority were reviewed and the proposed objectives were introduced and discussed by committee members. The committee formally voted on each of the objectives. The committee members unanimously voted to accepted the proposed objectives.

The Healthy LaSalle County Steering Committee also discussed the need to focus on and develop a communication strategy at future meetings. All committee members concur that no one agency can meet the needs of LaSalle County citizens without cooperation and collaboration of agencies. Committee members have played a key role in the development of the plan, and will continue to be integral in the implementation phase of the county health plan.

LaSalle County Health Department Adendum B



HEALTH STATISTICS

2022 Community Health Needs Assessment
LaSalle County Health Department



Statistical Indicators for LaSalle County

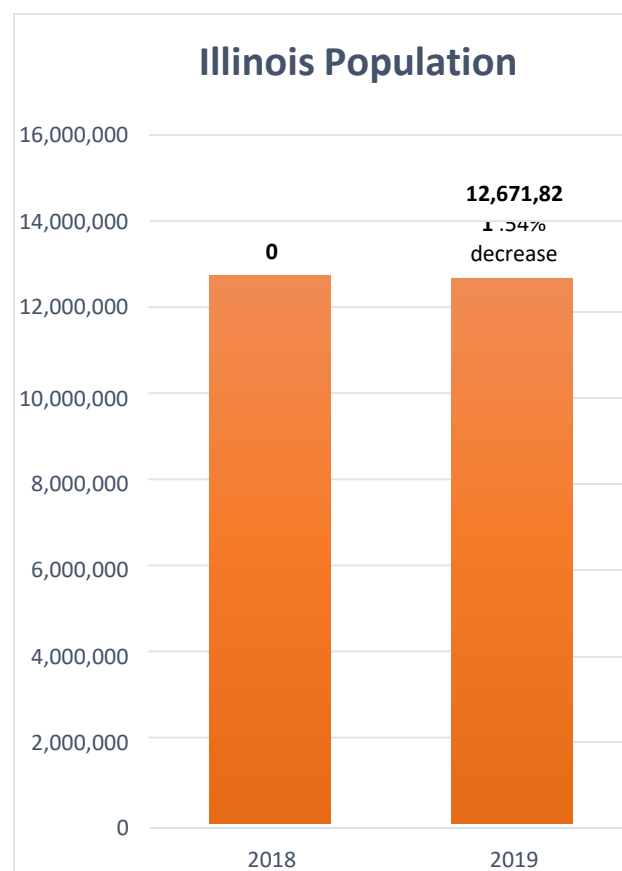
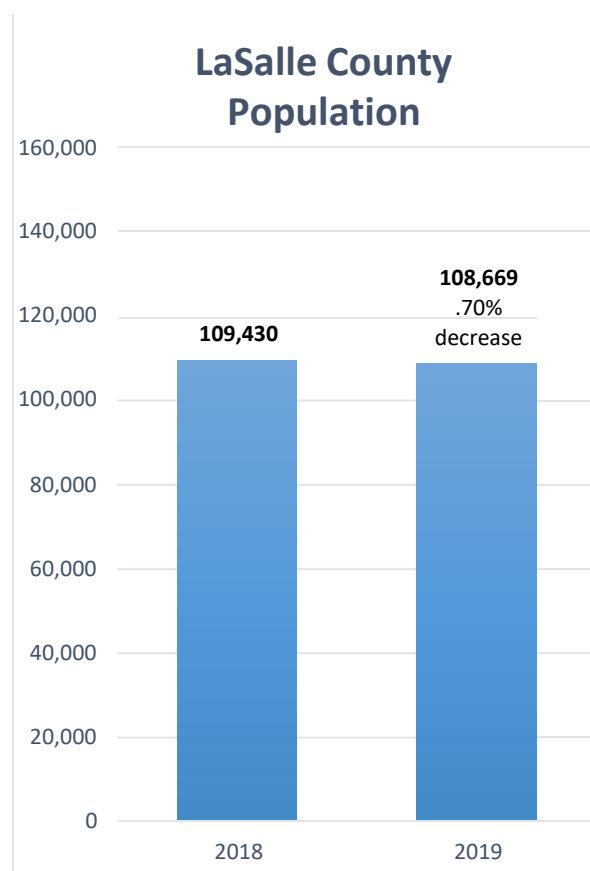
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Population

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

Population Growth

Data indicates the population of LaSalle County has slightly decreased (.70%) between 2018 and 2019.



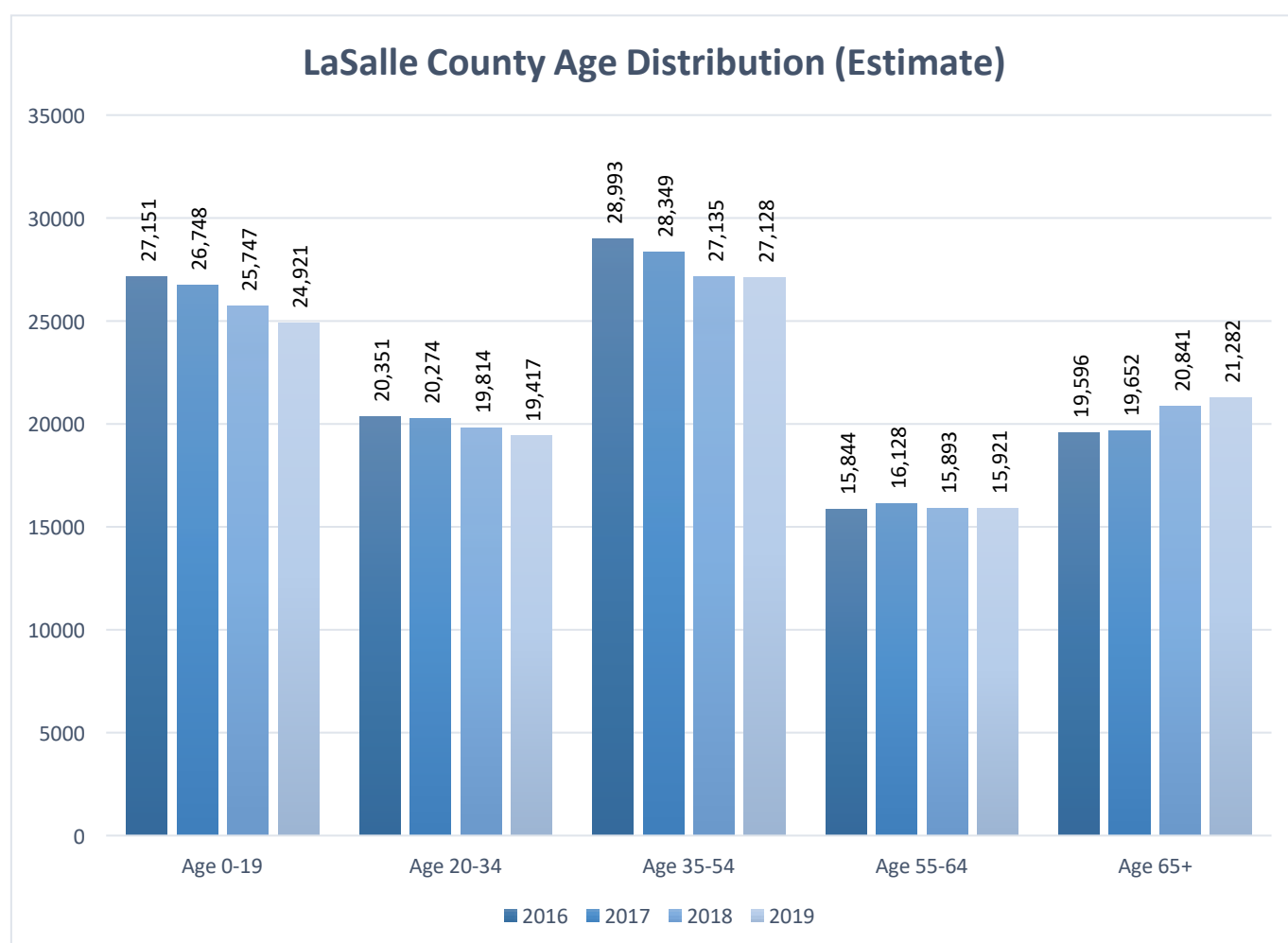
Source: County Health Rankings/US Census

Age, Dependency Indicators, Gender, and Race Distribution

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

Age

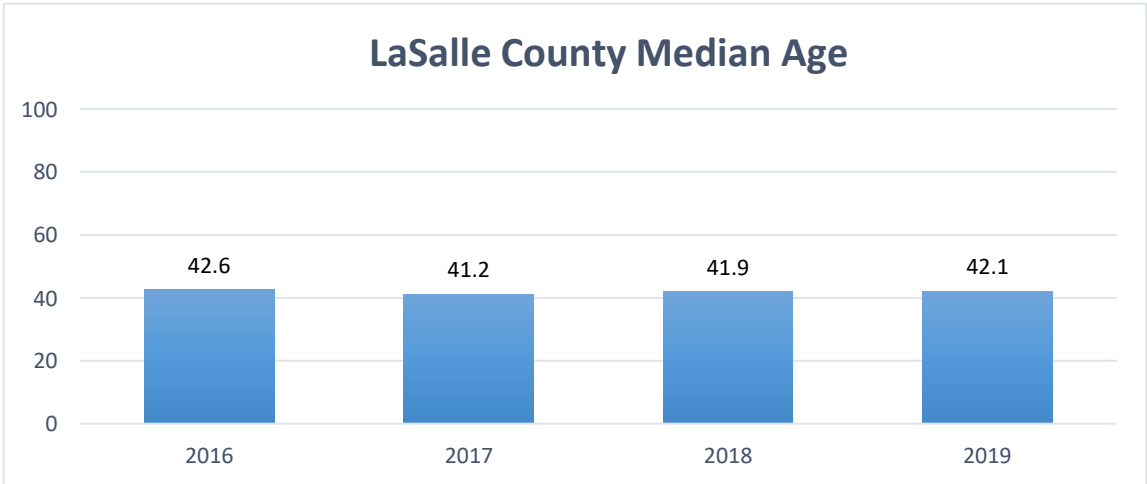
As indicated in the graph below, the percentage of individuals in LaSalle County aged 55-64 remained relatively the same, while individuals aged 65+ increased.



Source: U.S. Census

Median Age

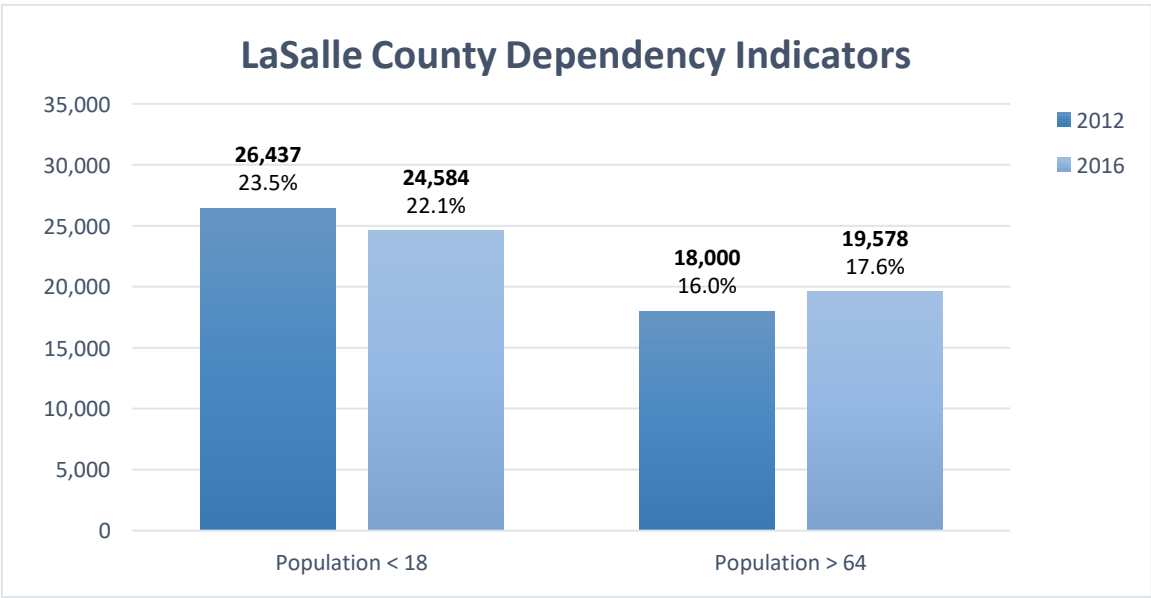
The median age in LaSalle County remained consistent from 2016-2019.



Source: U.S. Census

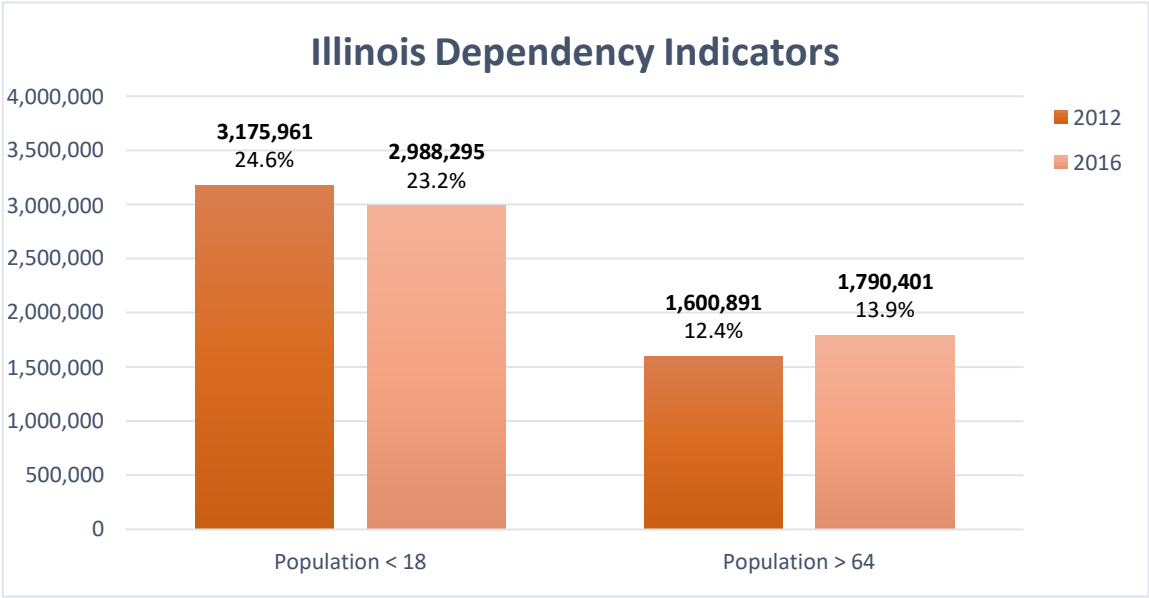
Dependency Indicators

Dependency is defined as a population of non-working, either pre-productive or post productive individuals (generally defined as <18 or >64) who are dependent on the productive population for social and economic support. When compared to state percentages, LaSalle County's indicators are slightly higher in those > 64.



Source: County Health Rankings

Note: There is no updated data on dependency indicators

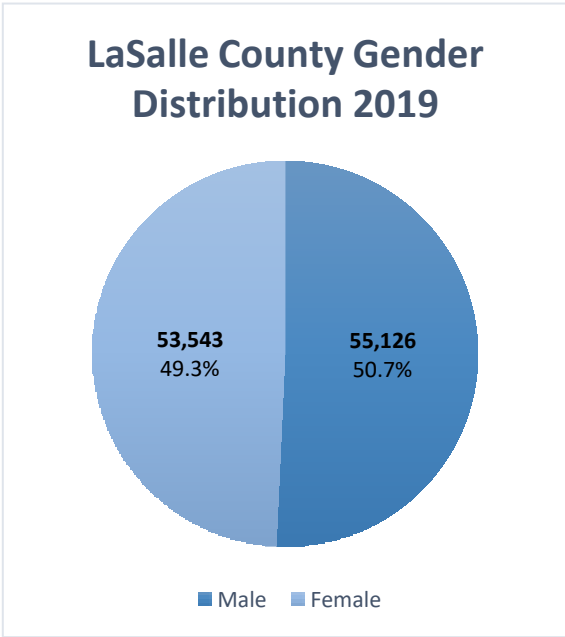
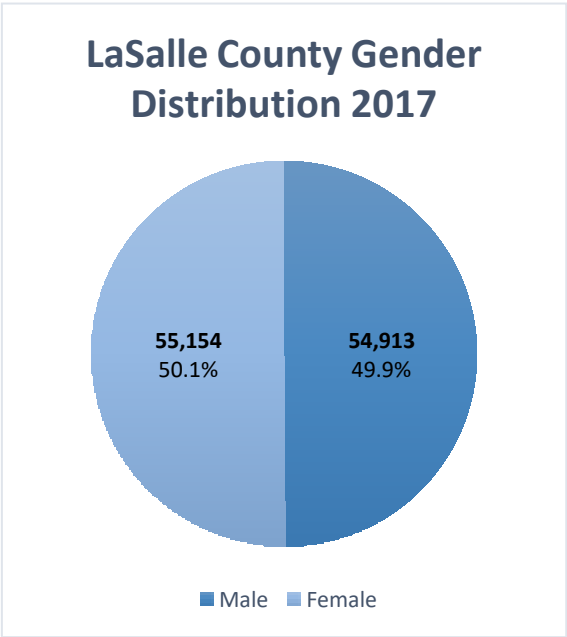


Source: County Health Rankings

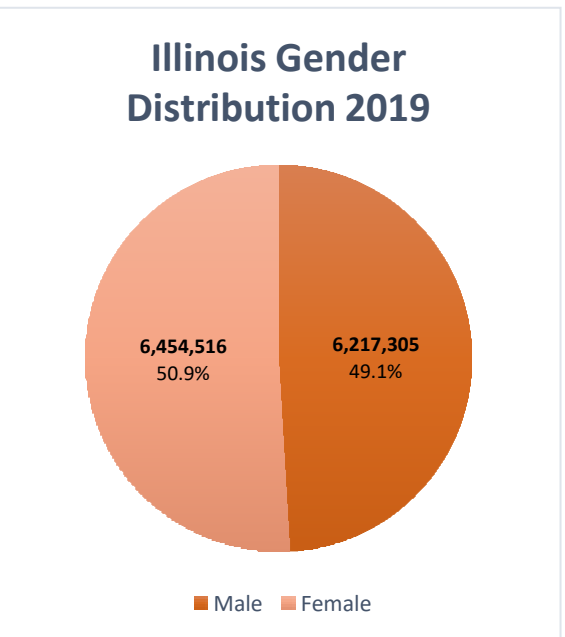
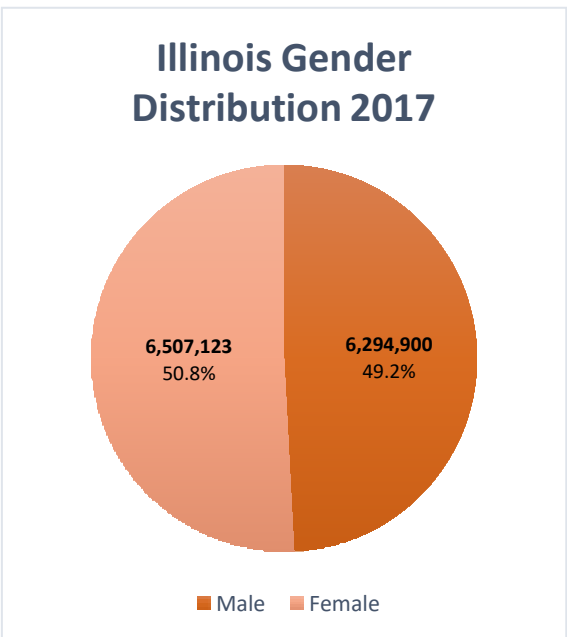
Note: There is no updated data on dependency indicators

Gender Distribution

In the gender distribution of LaSalle County residents, there has been a slight increase of male residents surpassing female residents while the state's gender distribution has remained relatively the same.



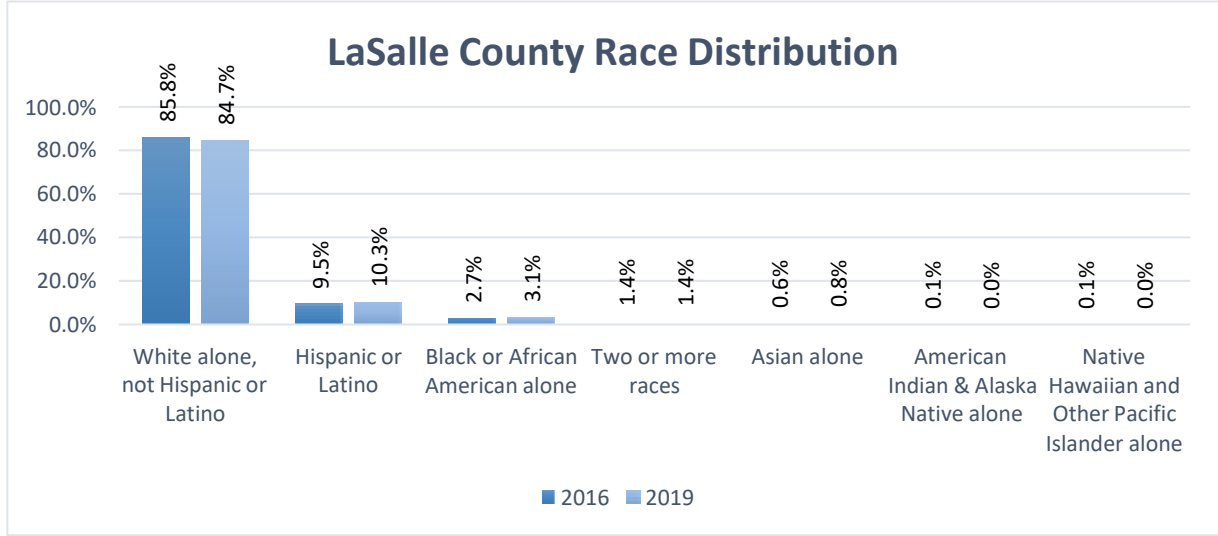
Source: US Census



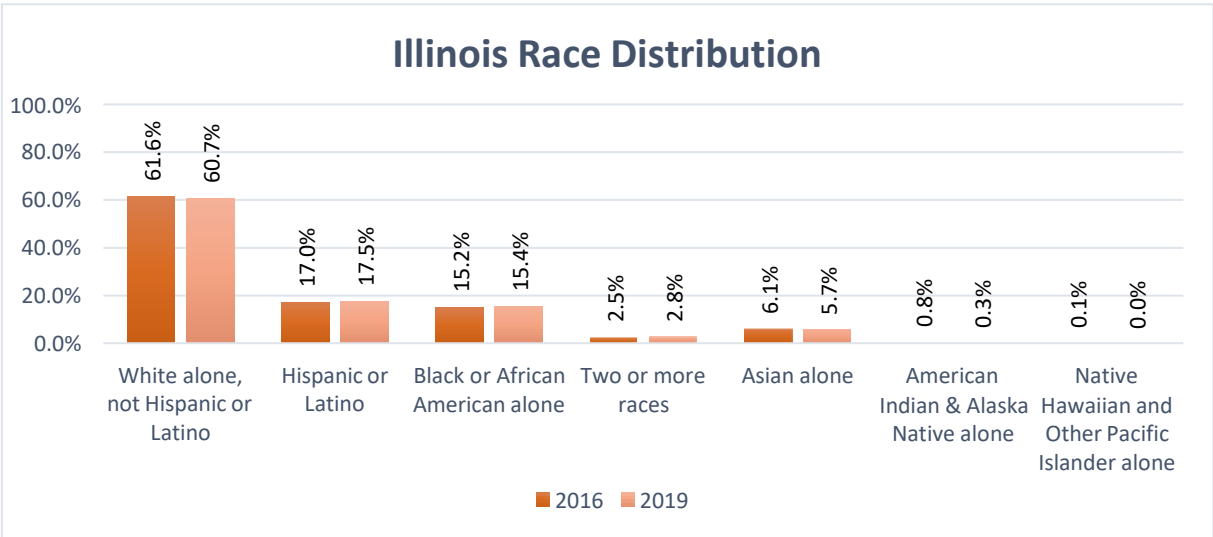
Source: US Census

Race

With regard to race and ethnic background, LaSalle County is largely consistent. Data from 2019 indicates that White ethnicity compromises slightly under 85% of the population of LaSalle County. However, the non-White population of LaSalle County has been slightly increasing (from 14.4% to 15.6% in 2019), with Black ethnicity comprising 3.1% of the population, Asian ethnicity comprising 0.8% of the population, and Hispanic/Latino ethnicity steadily increasing, now comprising 10.3% of the population.



Source: U.S. Census Bureau Quick Facts

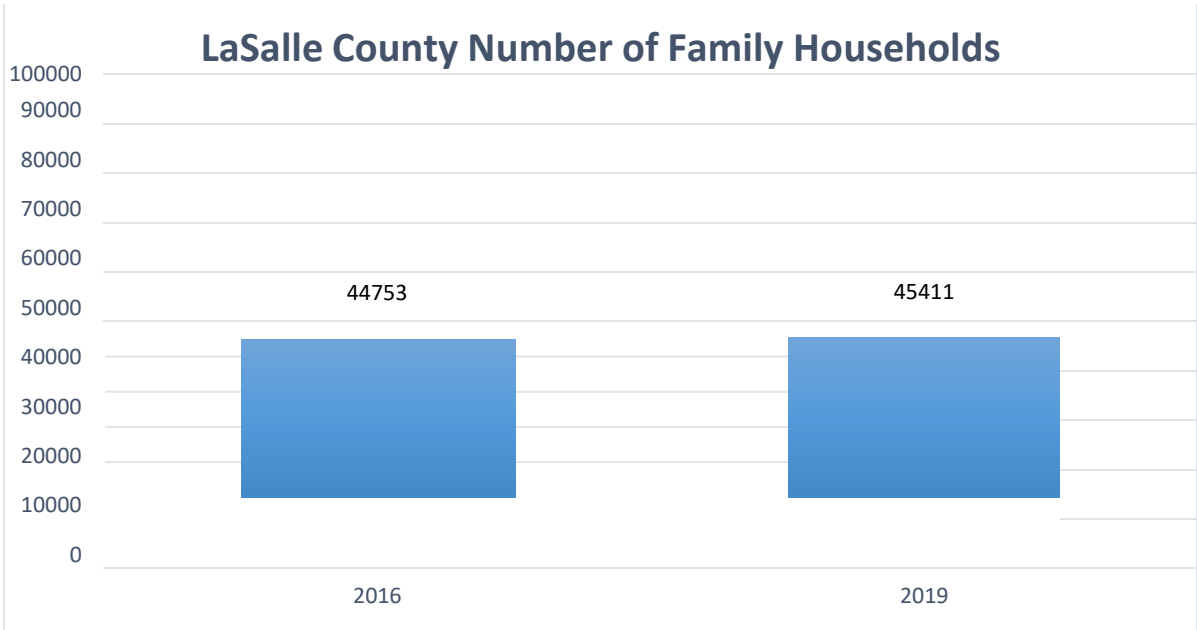


Source: U.S. Census Bureau Quick Facts

Household and Family Information

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

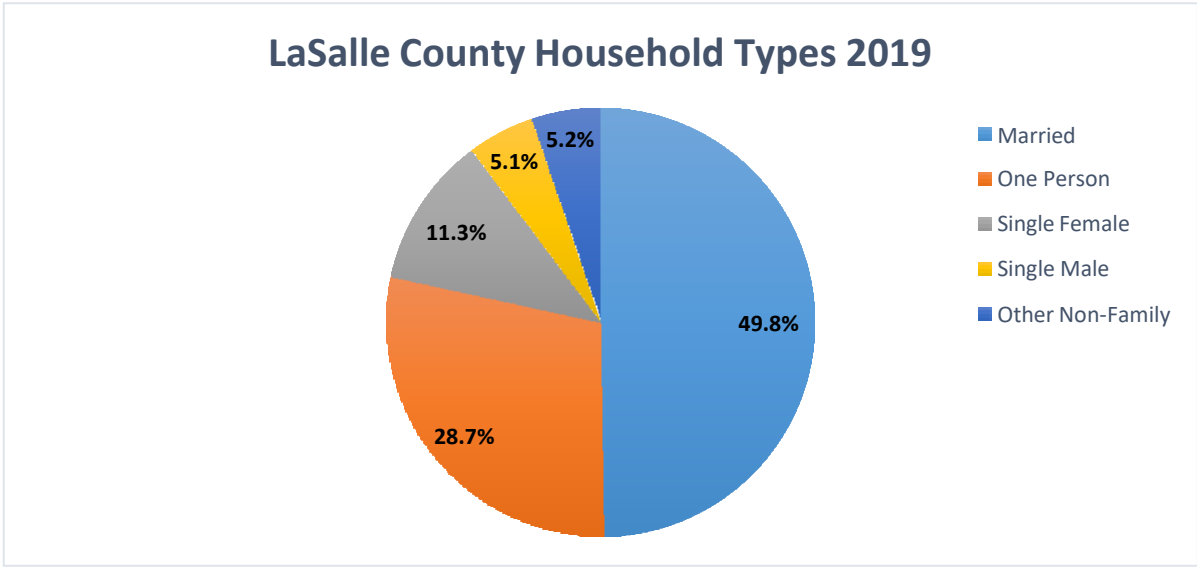
As indicated in the graph below, the number of family households in LaSalle County increased slightly.



Source: U.S. Census

Family Composition

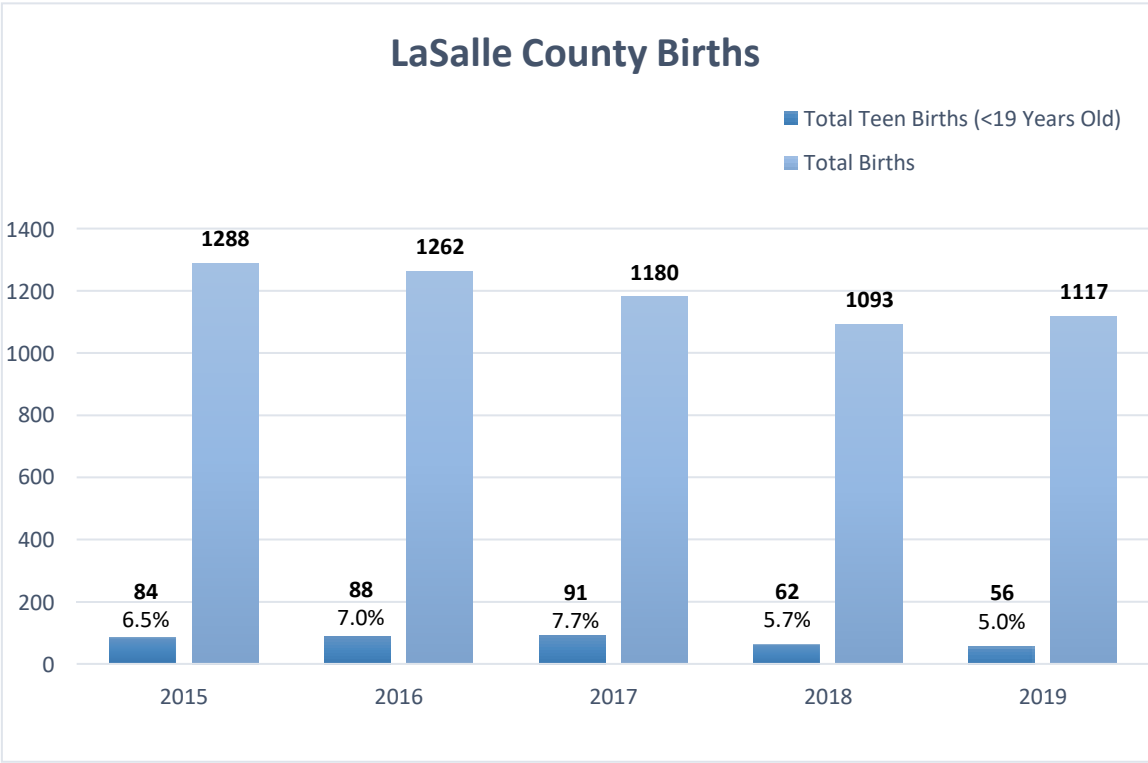
In LaSalle County, data from 2019 suggest the percentage of two-parent families in LaSalle County is just under 50%. A one-person household represents 28.7% of the county population. Single female household represents 11.3% of the population.



Source: Statisticalatlas.com

Early Sexual Activity Leading to Births from Teenage Mothers

LaSalle County experienced a decrease in the number of teenage births from 2015-2019.



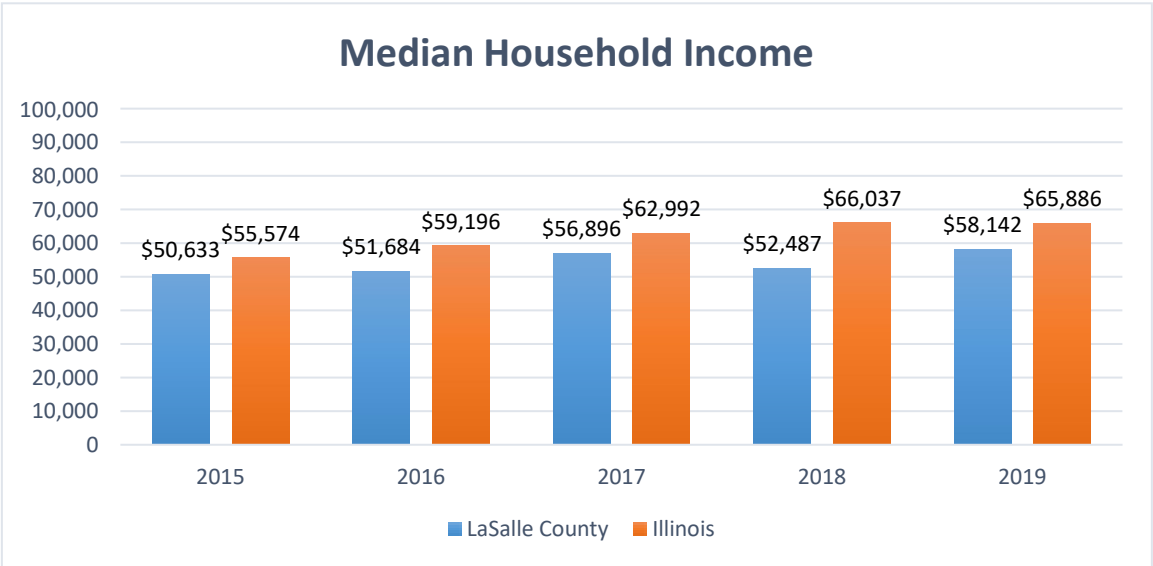
Source: Illinois Department of Public Health

Economic Information

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

Median Income Level

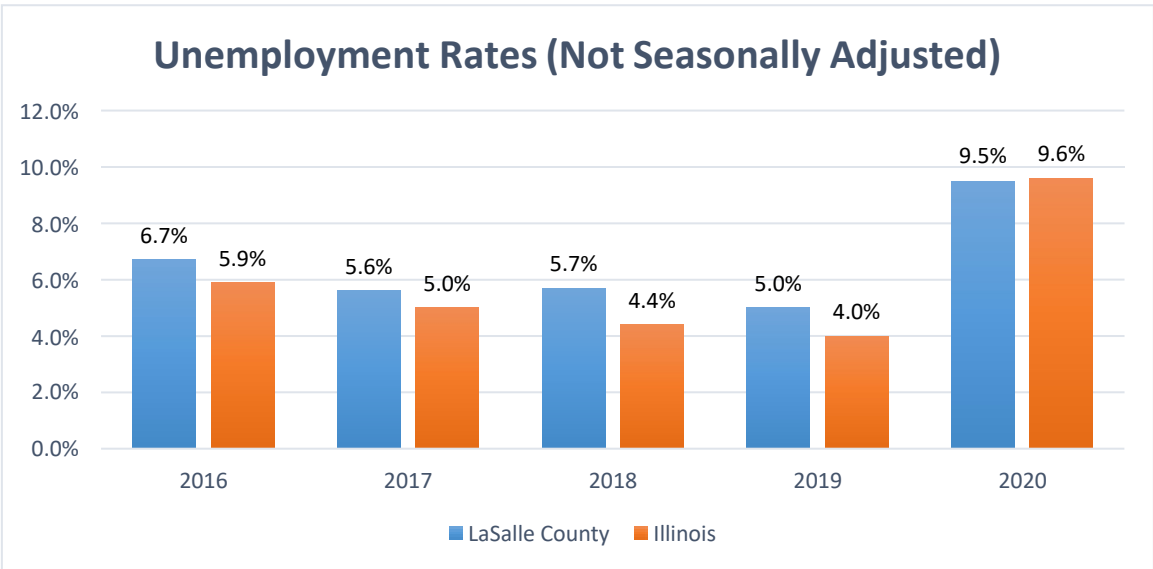
For 2015-2019, the median household income in LaSalle County was lower than the State of Illinois.



Source: U.S. Census

Unemployment

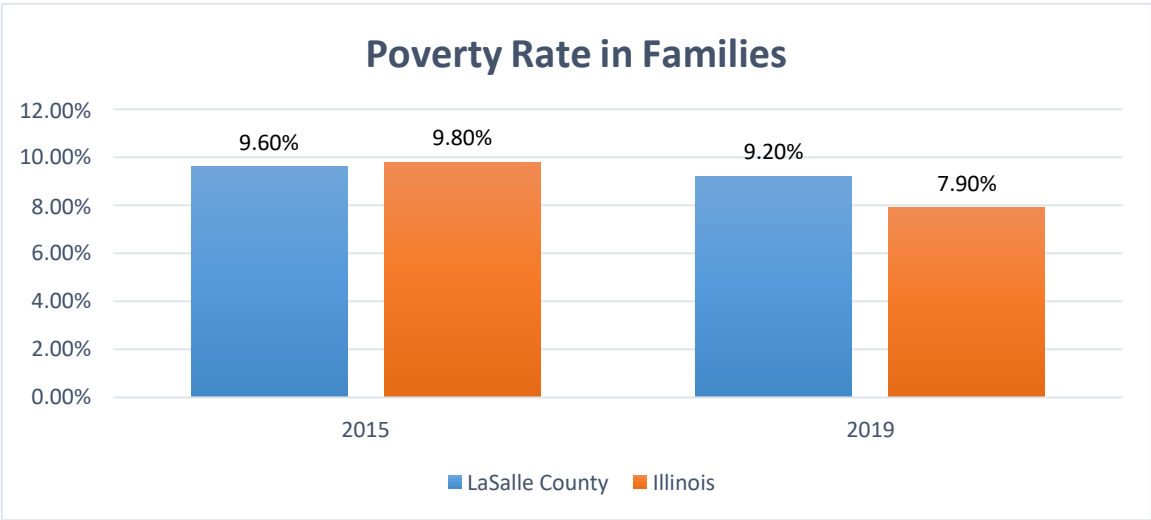
For the years 2016 to 2019, the LaSalle County unemployment rate has been slightly higher than the State of Illinois unemployment rate. Between 2016-2019, unemployment in LaSalle County dropped to 5.0% but then rose to 9.5% in 2020 due to COVID-19.



Source: Bureau of Labor Statistics

Families in Poverty

Poverty has a significant impact on the development of children and youth. From 2015 to 2019, the poverty rate in LaSalle County relatively remained the same while the poverty rate in Illinois decreased.

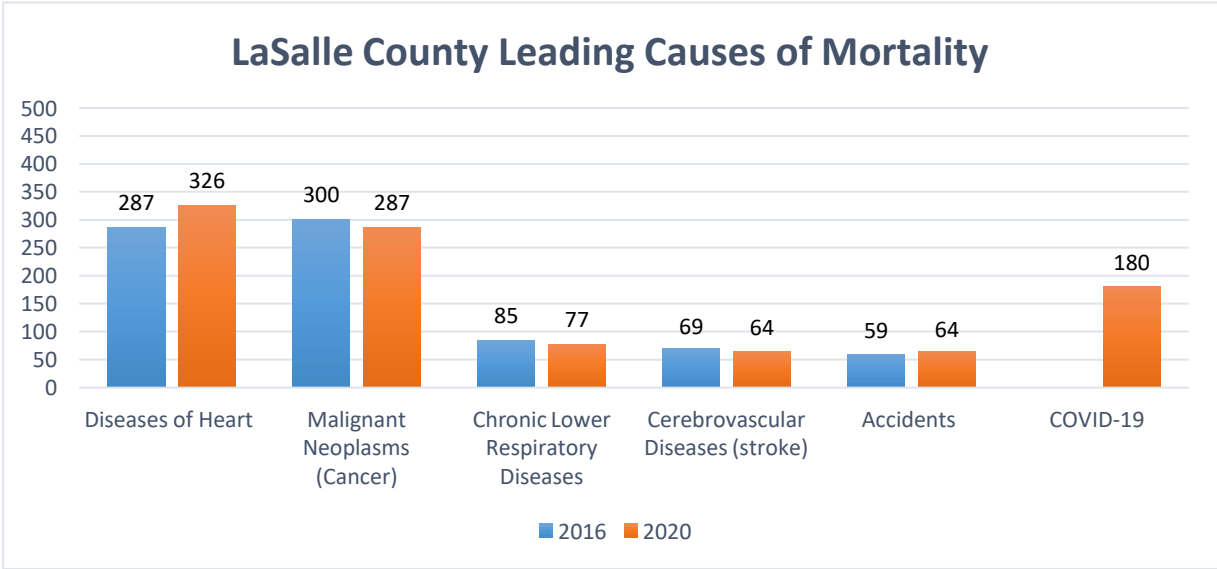


Source: U.S. Census

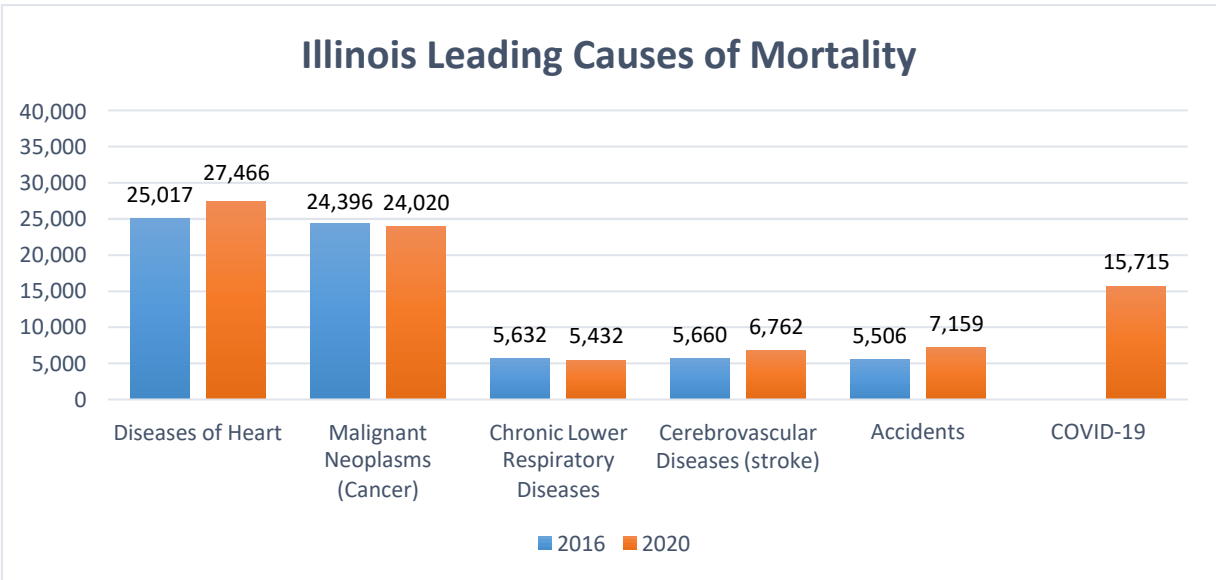
Leading Causes of Mortality

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

The top two leading causes of death in the State of Illinois and LaSalle County are similar as a percentage of total deaths in 2020. Heart Disease caused 326 deaths in LaSalle County and Cancer is the cause of 287 deaths in LaSalle County. In 2020, Heart Disease, Chronic Lower Respiratory Disease, and COVID-19 are the leading causes of death in LaSalle County with higher percentages when compared to the State of Illinois.



Source: Illinois Department of Public Health Vital Statistics



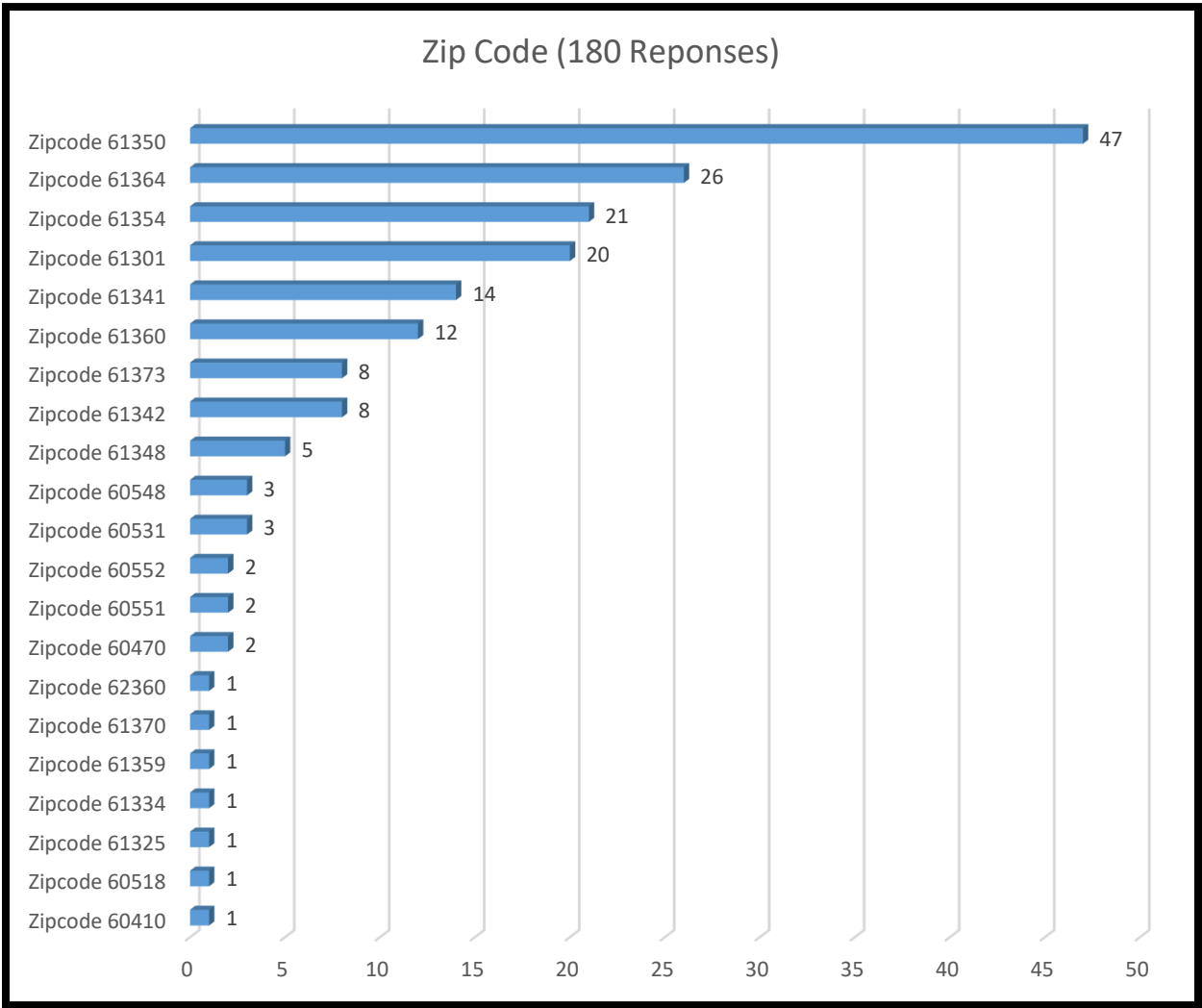
Source: Illinois Department of Public Health Vital Statistics

Community Health Needs Assessment (CHNA) Survey 2021

In July, 2021 LaSalle County residents had the chance to identify some of the health issues they face in their communities. An online survey allowed people to rate factors that influence a healthy community, including safe neighborhoods, affordable housing, the environment and healthy living. The survey was promoted through a media release to local newspaper and radio stations, in addition to highlighting the survey on the Health Department’sFacebook and Twitter pages. The survey was open until September 30, 2021 and there were over220 responses.

Responses by Zip Code

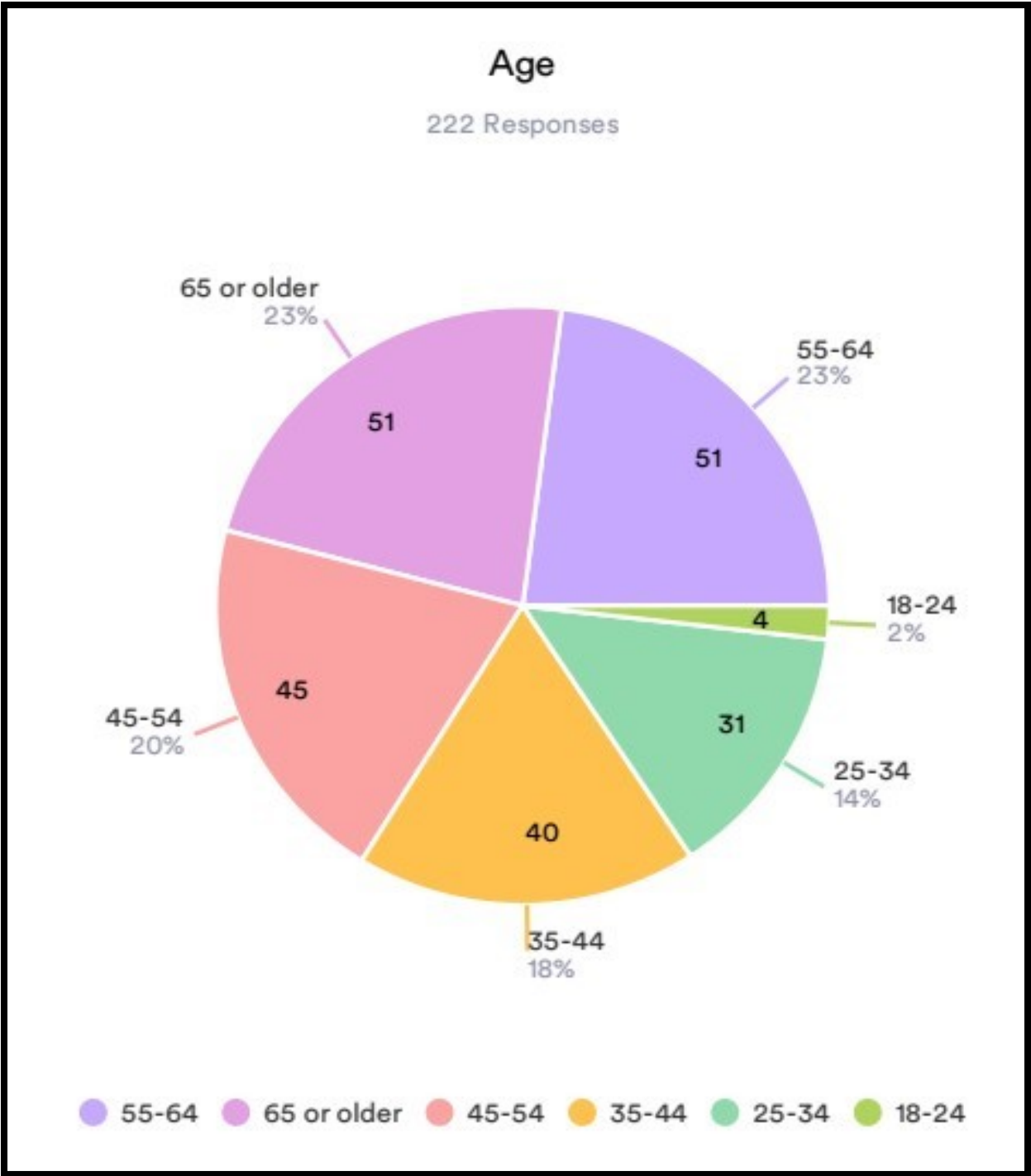
There were 180 participants who noted their zip code. Over half of the responses were from larger towns in LaSalle County, such as Ottawa, Streator, Peru, LaSalle, Marseilles, Seneca, and Mendota.



Source: LaSalle County CHNA Survey, 2021

Age

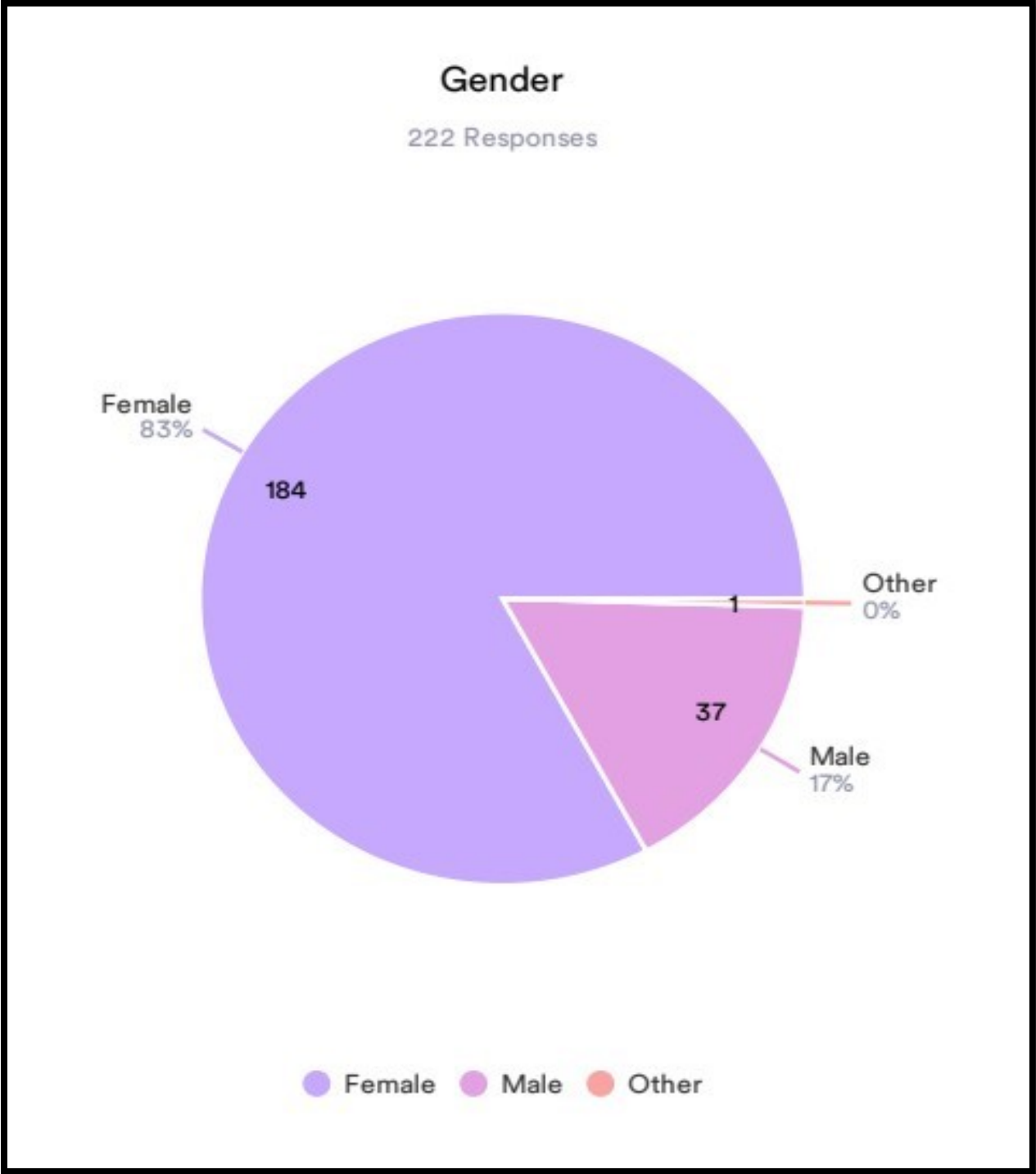
The majority of responses came from LaSalle County residents aged 35 years or older.



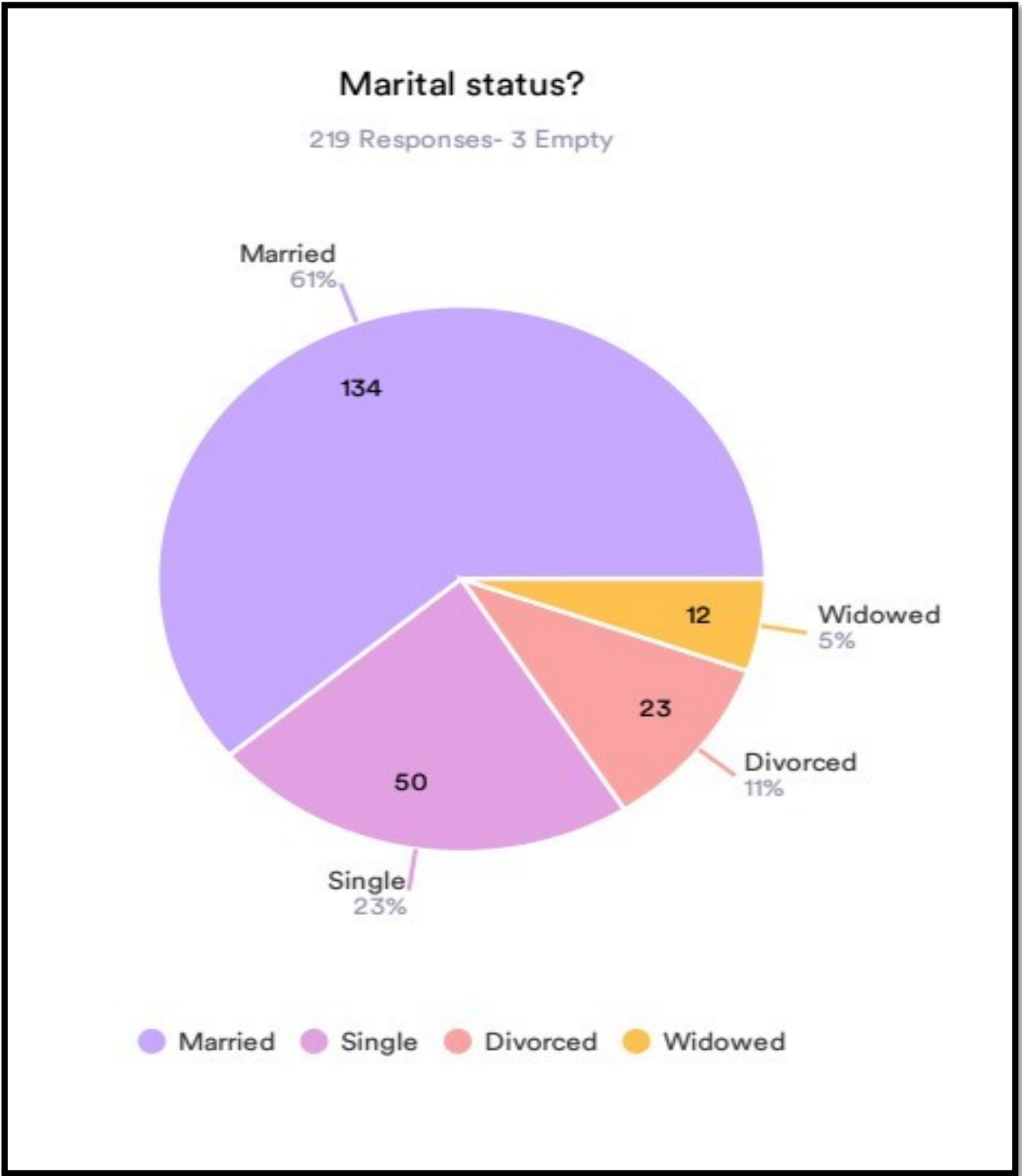
Source: LaSalle County CHNA Survey, 2021

Gender and Marital Status

Married females were the most common respondents to the Community Health Needs Assessment Survey.

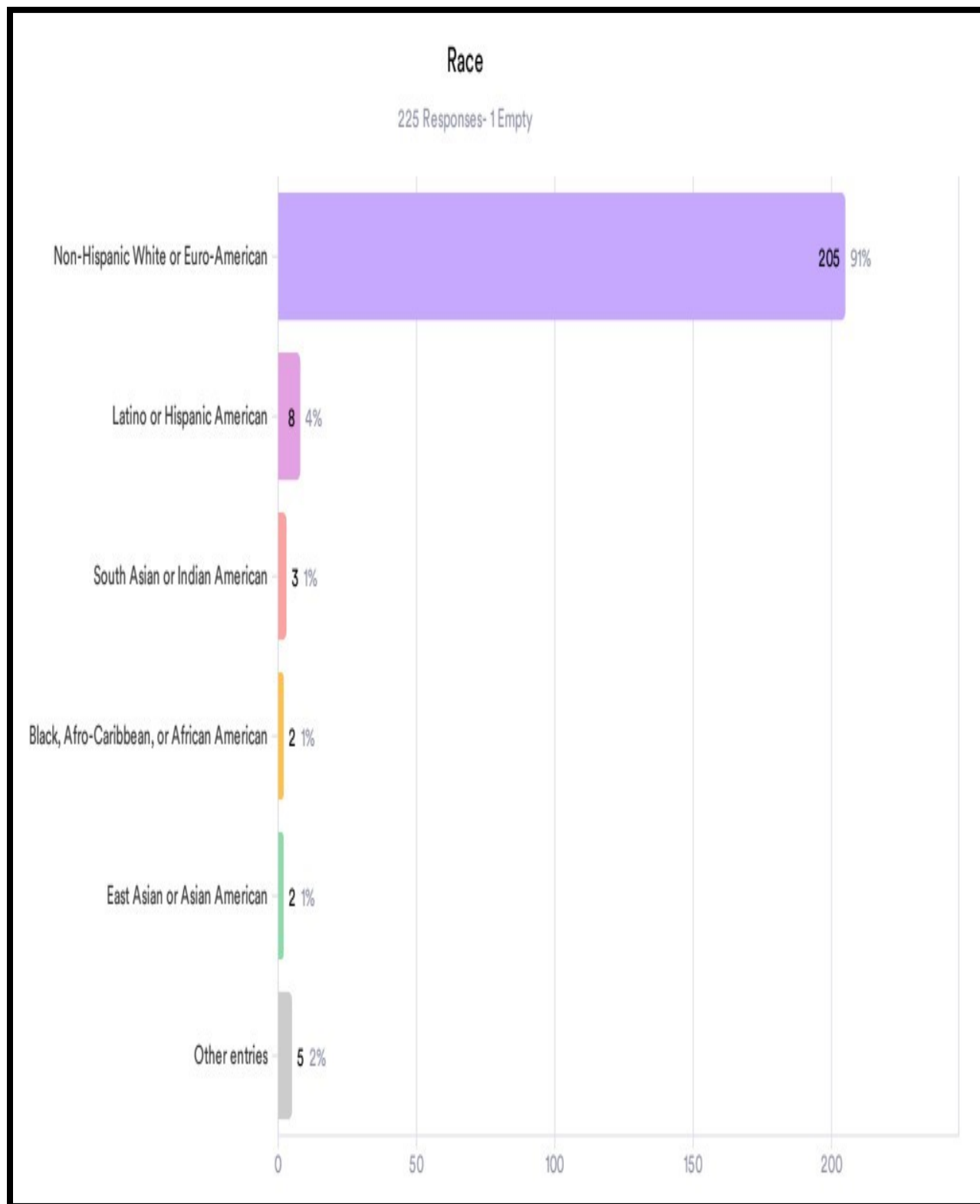


Source: LaSalle County CHNA Survey, 2021



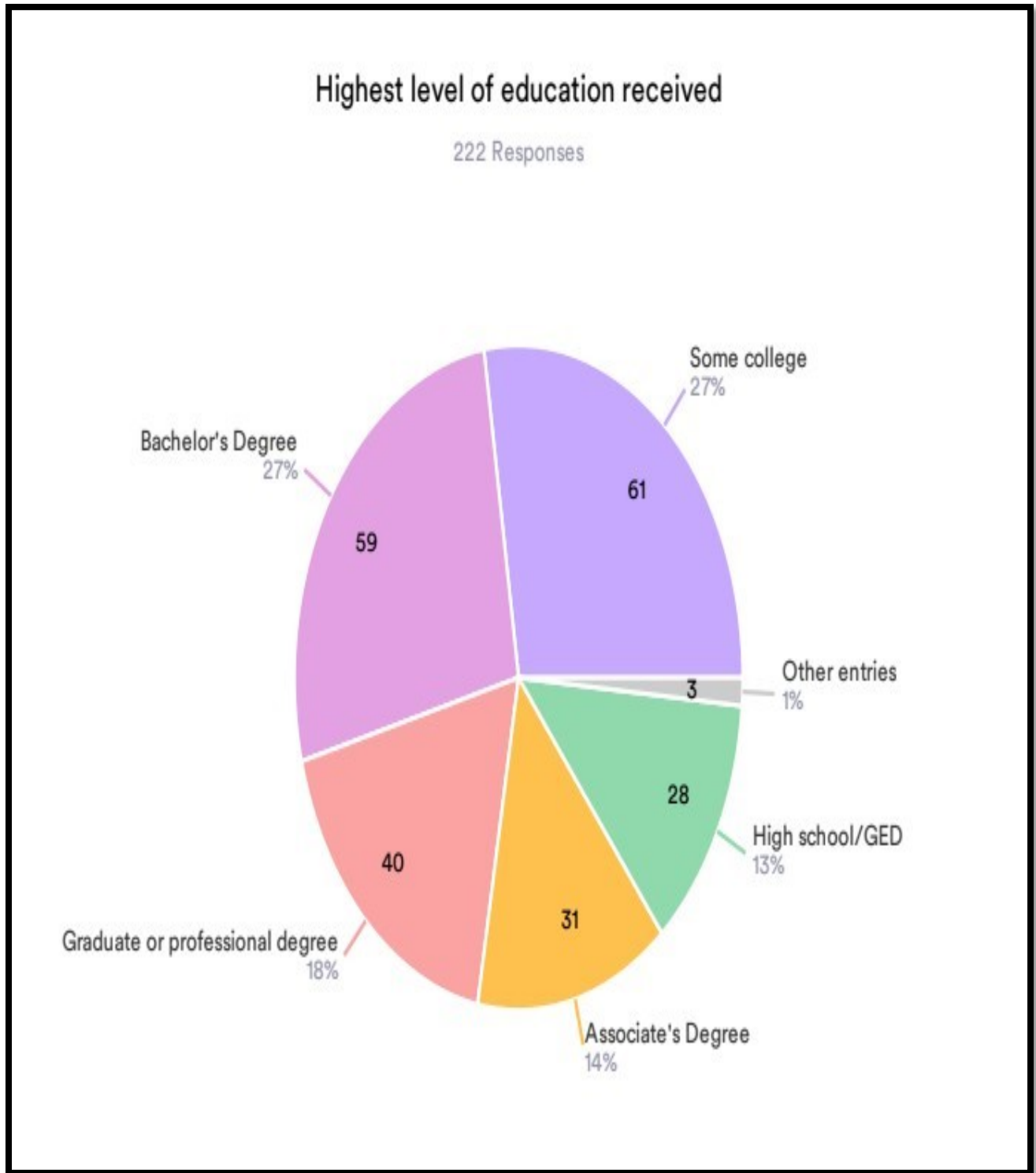
Source: LaSalle County CHNA Survey, 2021

Race



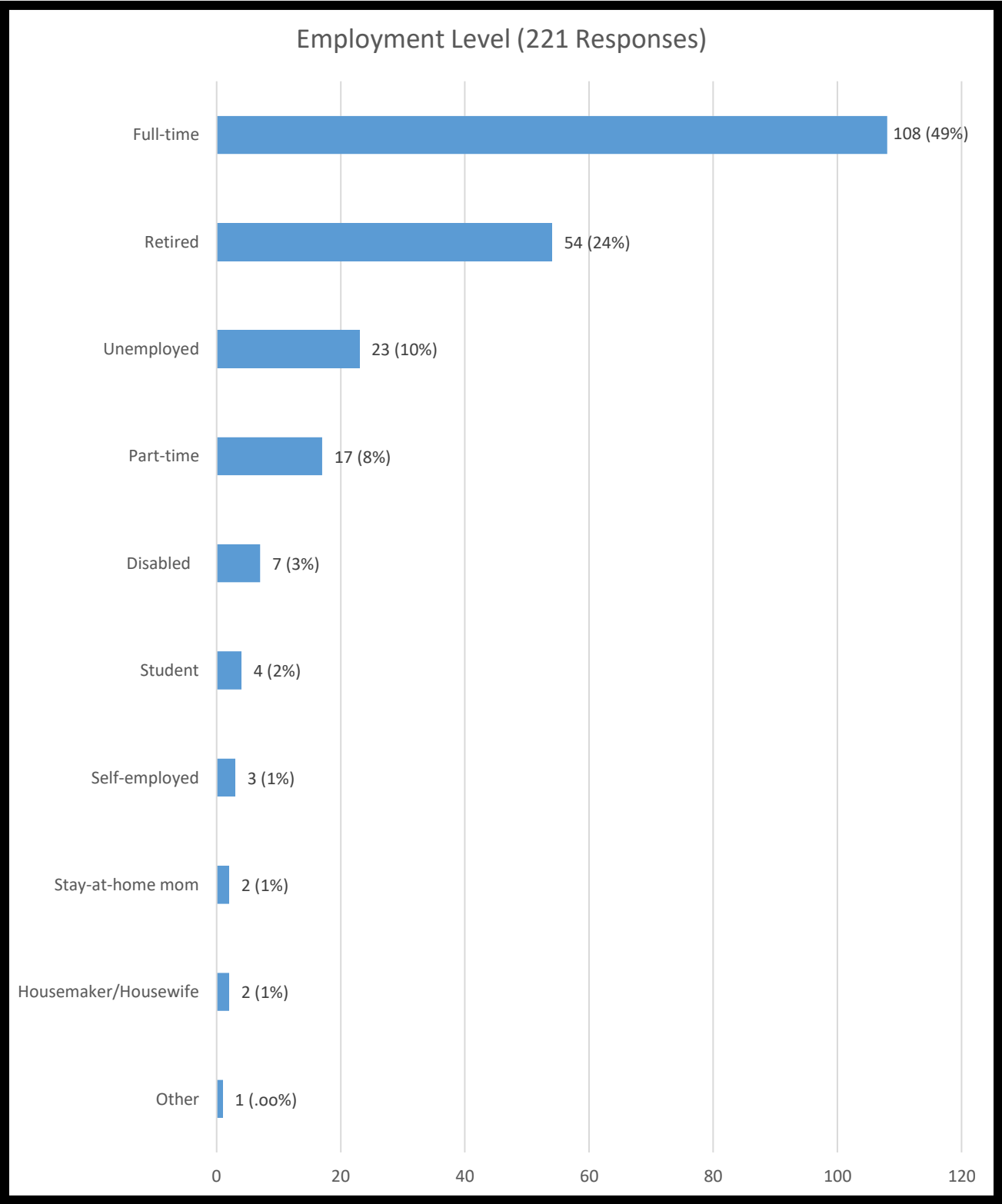
Source: LaSalle County CHNA Survey, 2021

Education, Employment, and Household Information



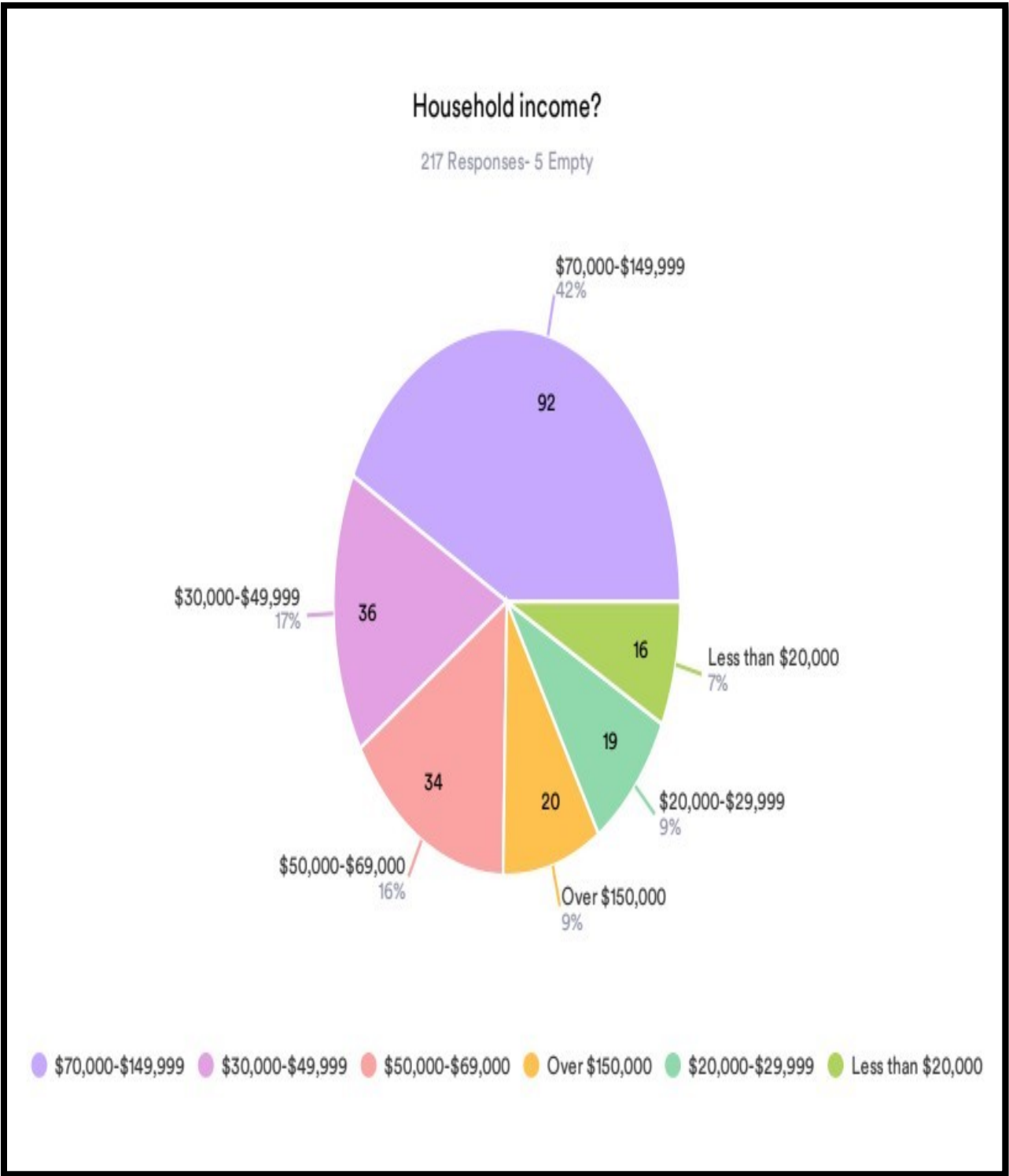
Source: LaSalle County CHNA Survey, 2021

Employment Level



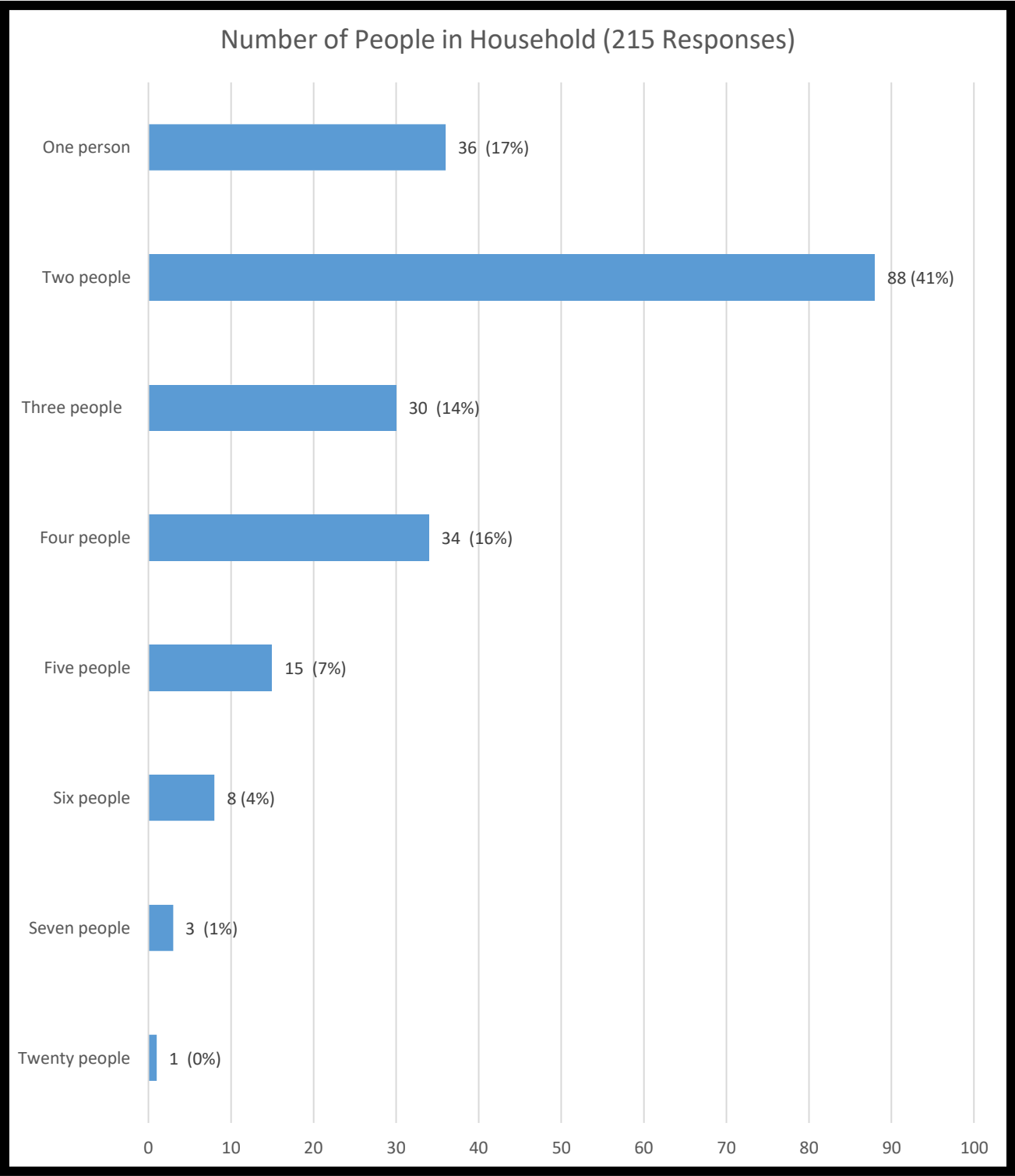
Source: LaSalle County CHNA Survey, 2021

Household Income



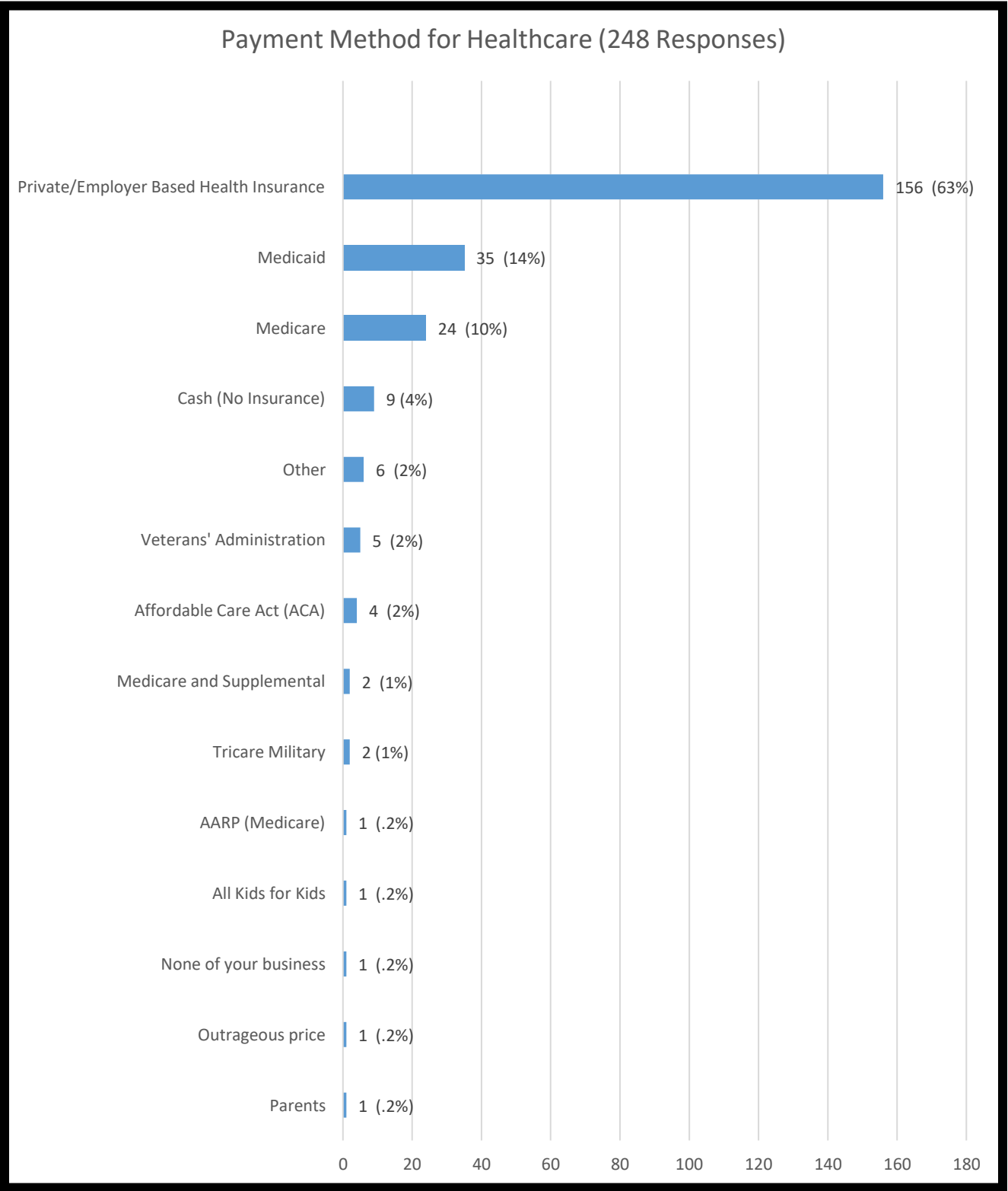
Source: LaSalle County CHNA Survey, 2021

Number of People in Household



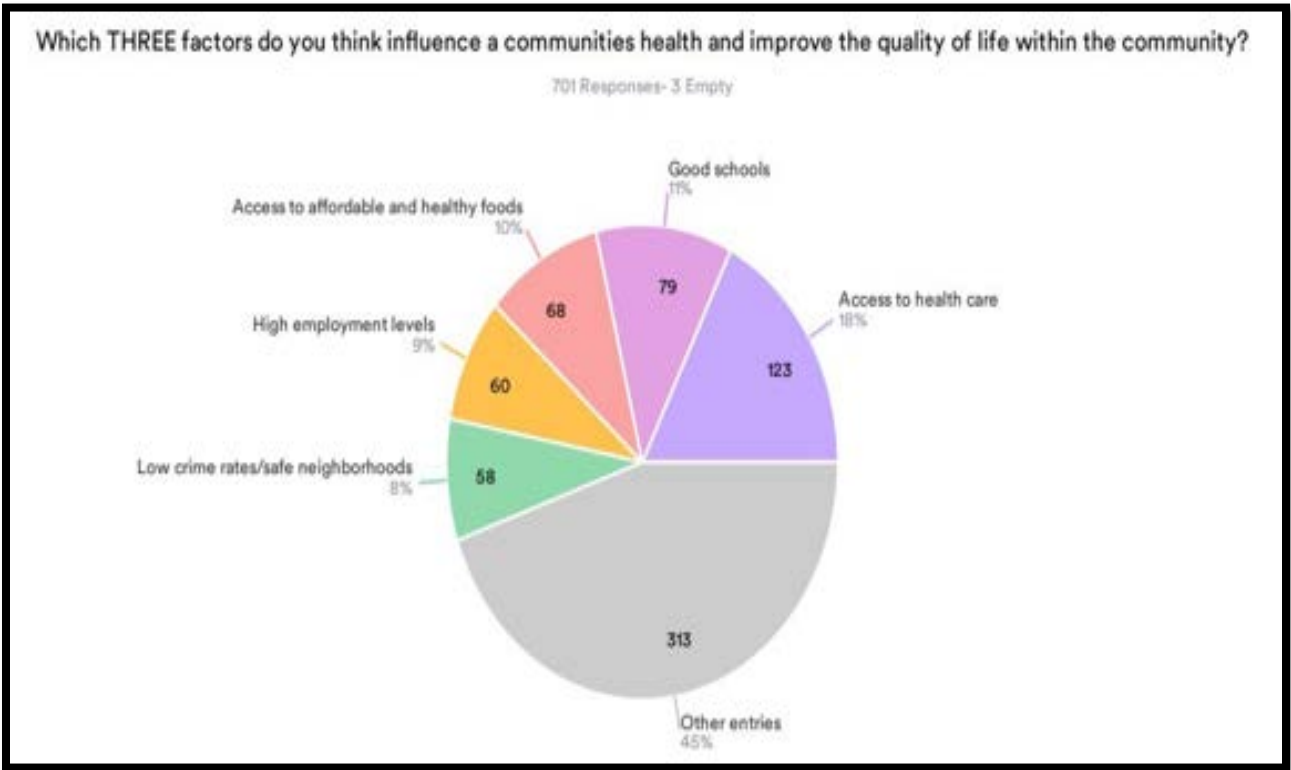
Source: LaSalle County CHNA Survey, 2021

Payment Method for Healthcare

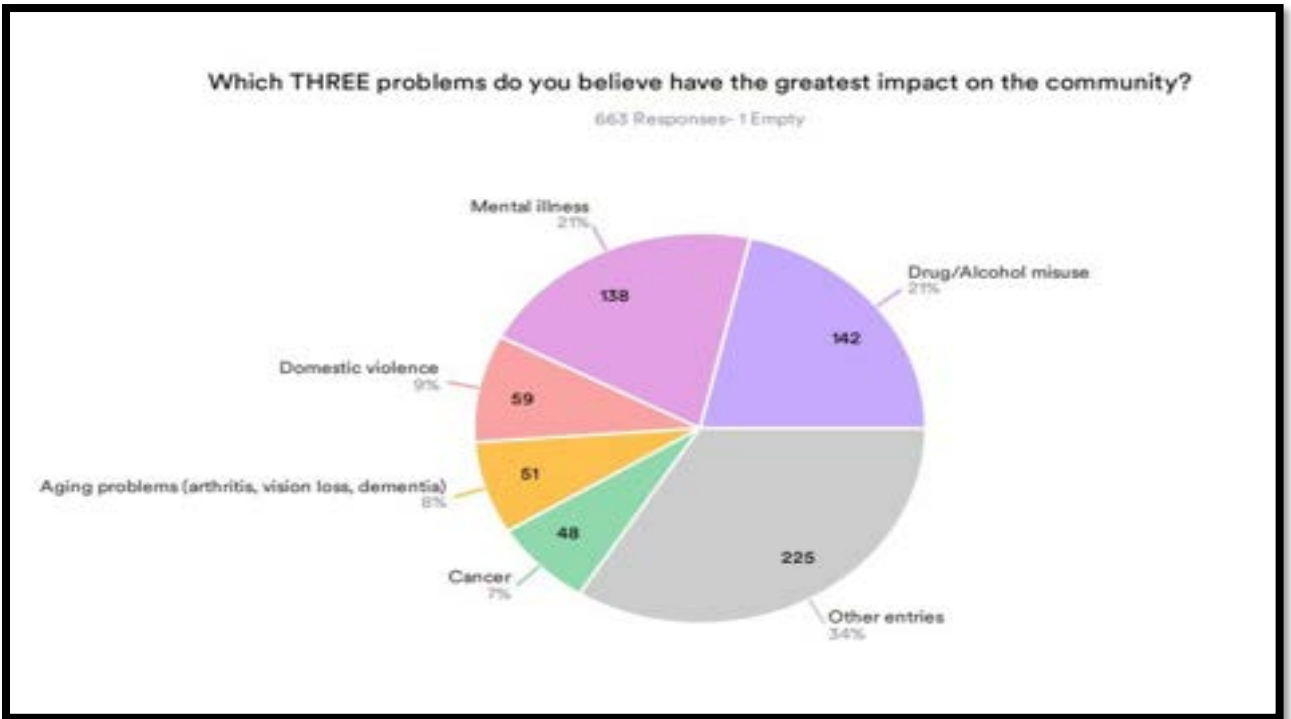


Source: LaSalle County CHNA Survey, 2021

Community Strength and Weaknesses



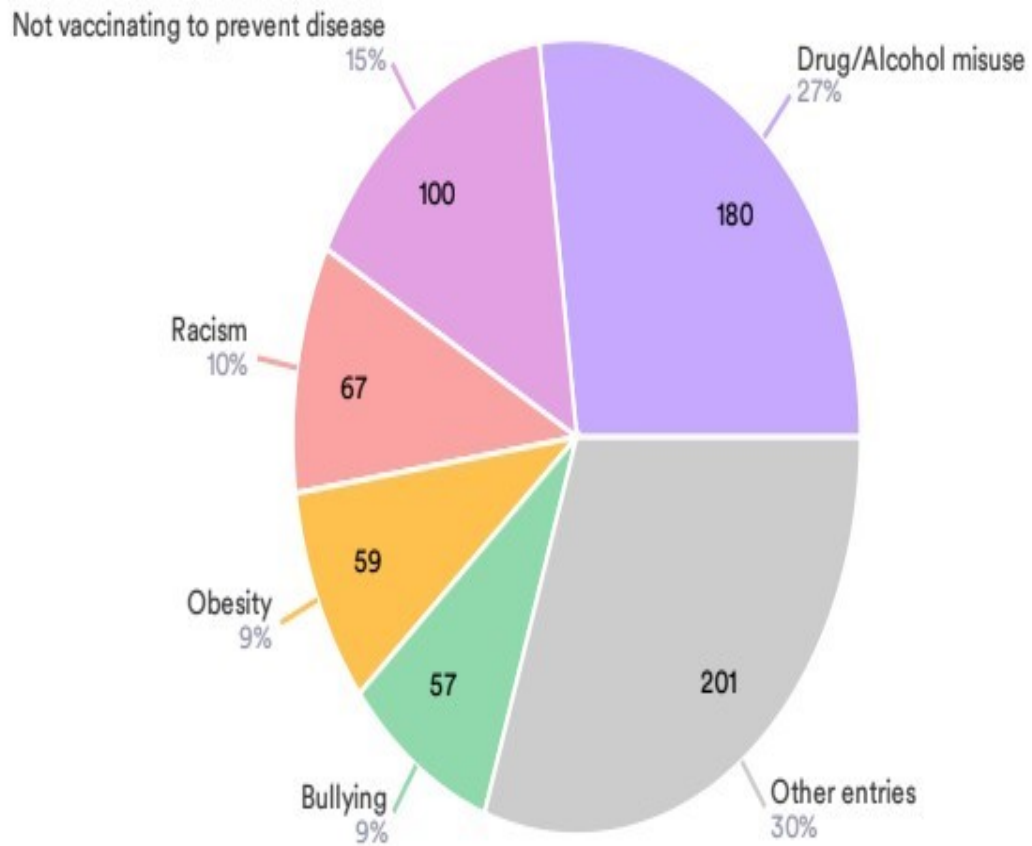
Source: LaSalle County CHNA Survey, 2021



Source: LaSalle County CHNA Survey, 2021

Which THREE behaviors do you believe have the greatest impact on the community?

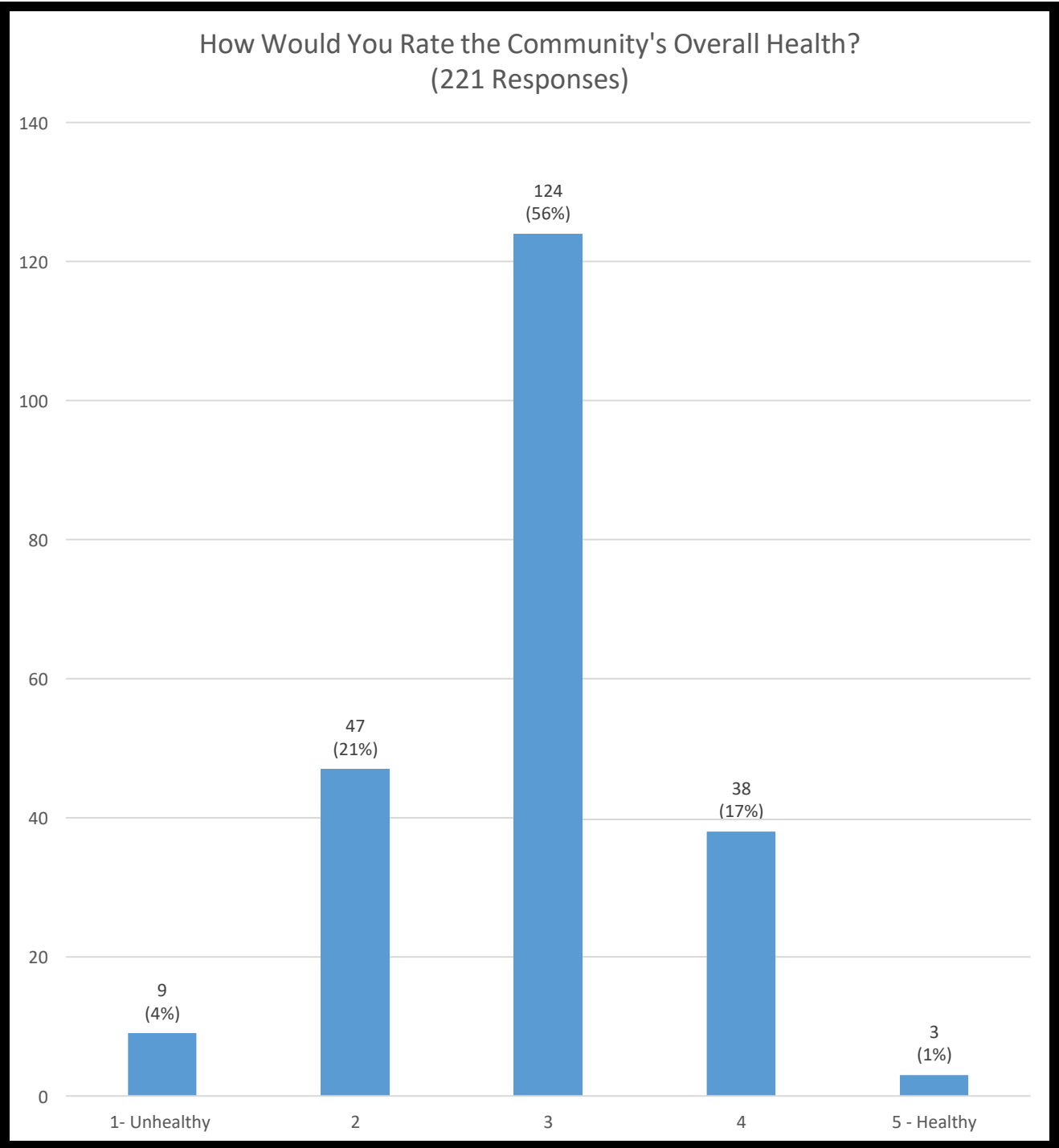
664 Responses- 1 Empty



Source: LaSalle County CHNA Survey, 2021

Overall Community Health

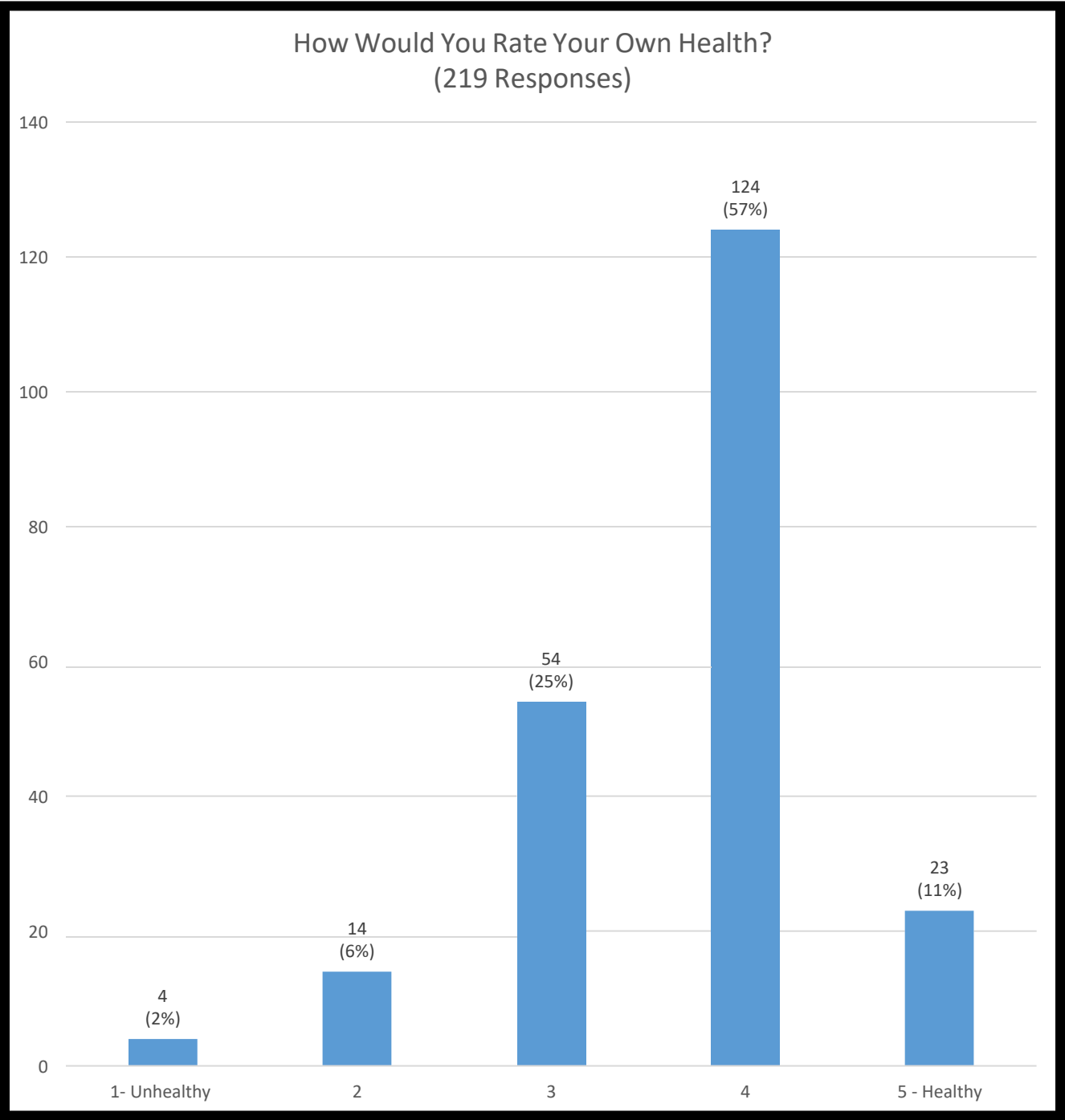
There were 221 participants who rated the community’s overall health. Over half of the participants, 56% selected 3 as their response, which is indicative of average overall community health.



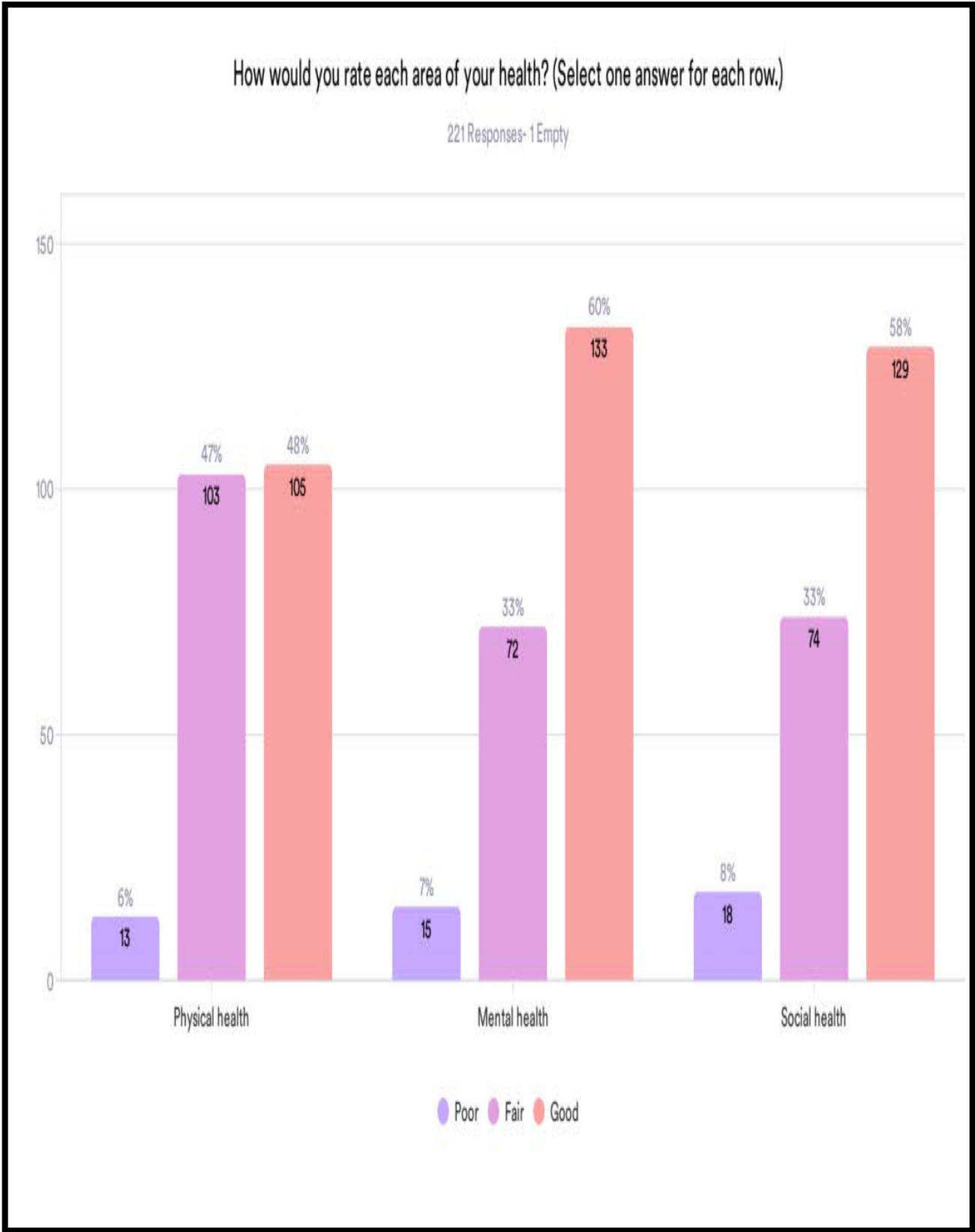
Source: LaSalle County CHNA Survey, 2021

Personal Health

There were 219 participants who rated their own overall health. Over half of the participants, 57% selected 4 as their response, which is indicative of slightly above average overall health.



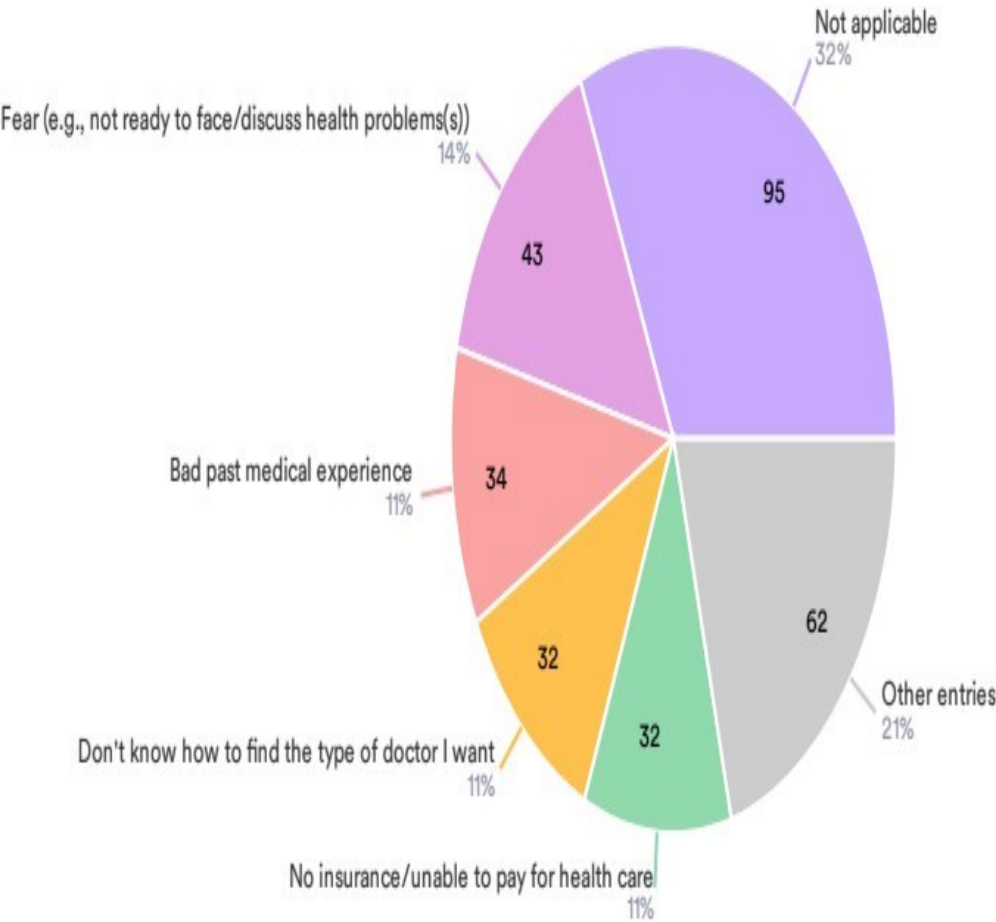
Source: LaSalle County CHNA Survey, 2021



Source: LaSalle County CHNA Survey, 2021

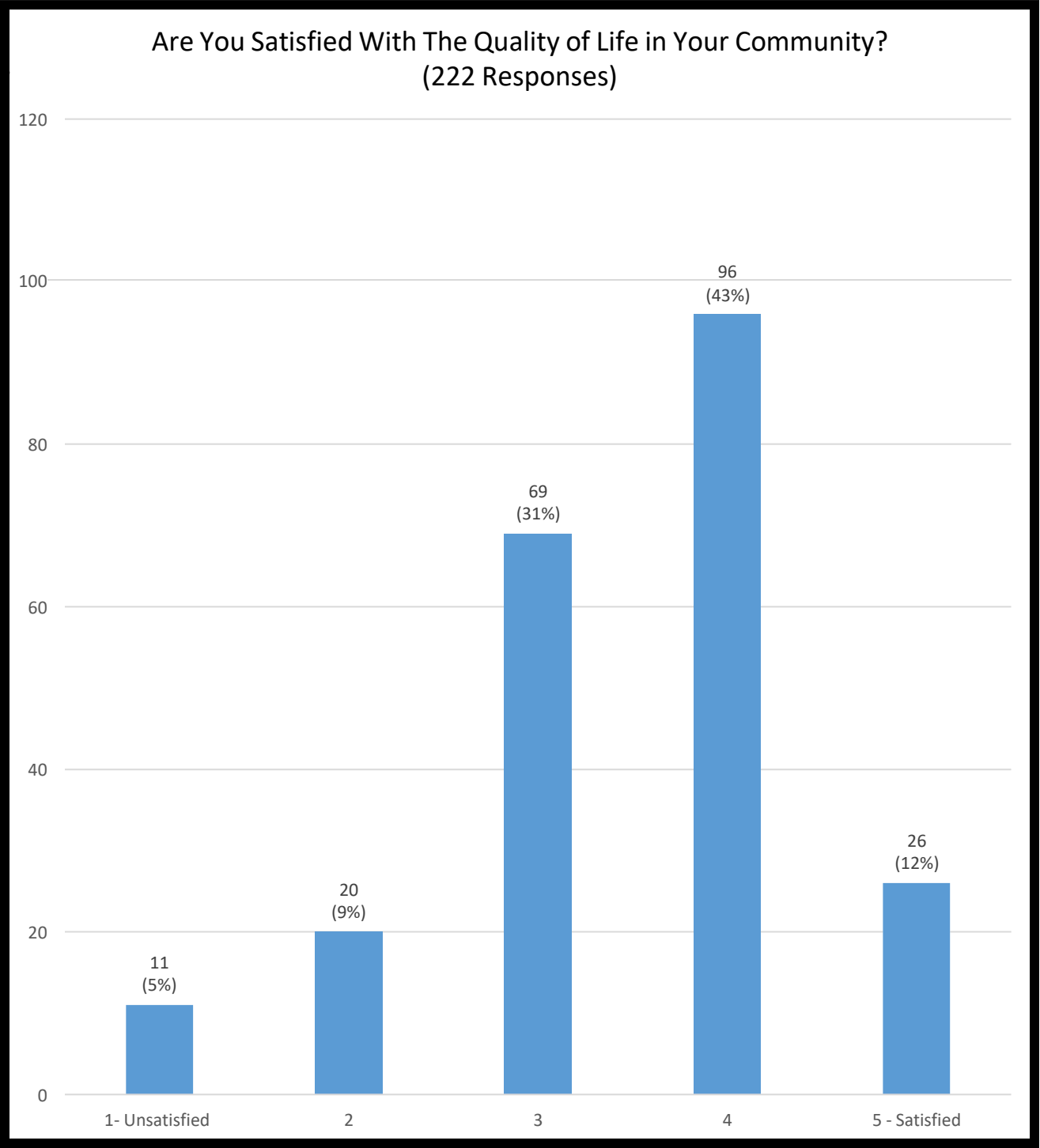
What prevents you from getting the health care you feel you need? (Select all that apply.)

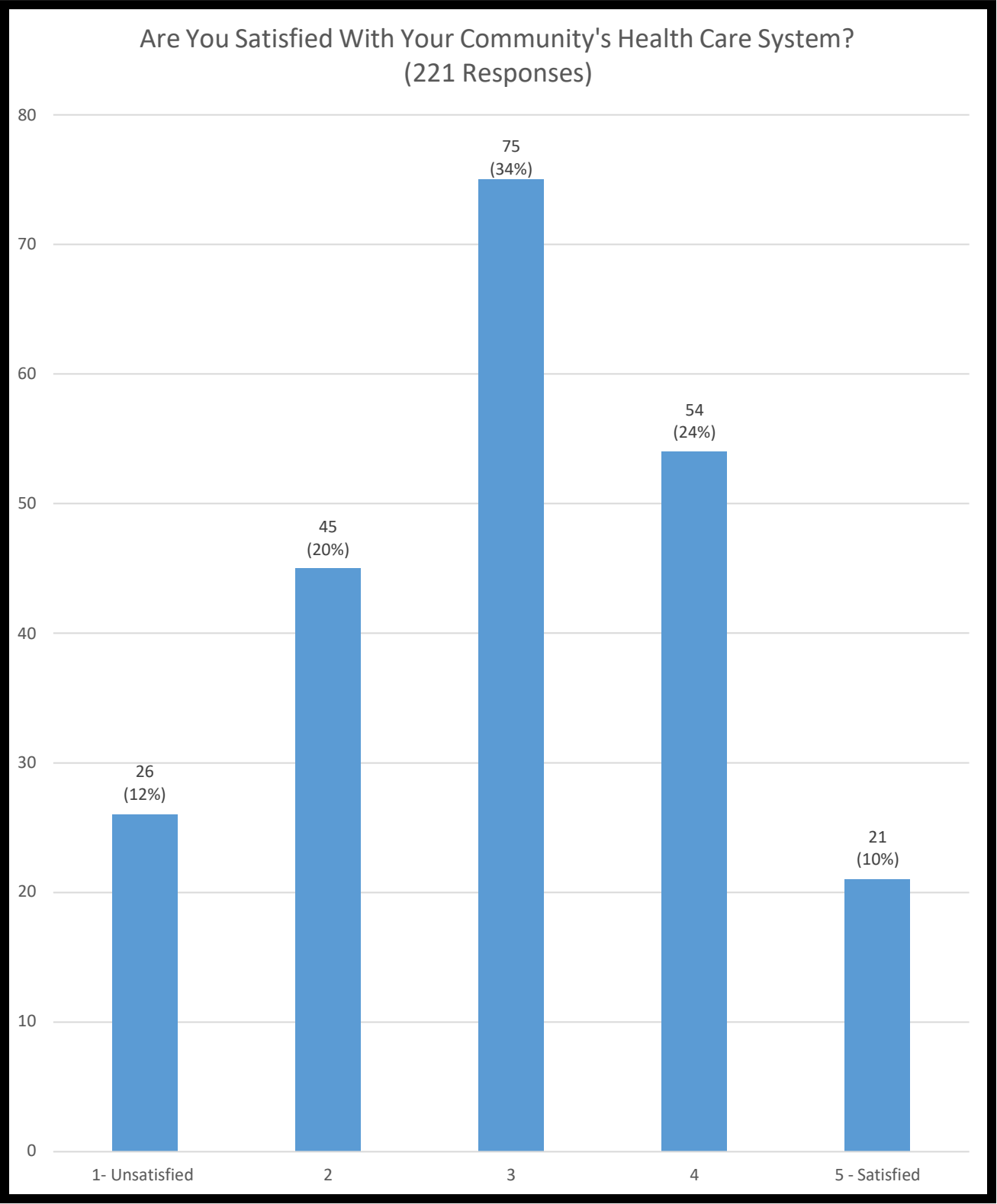
298 Responses- 2 Empty



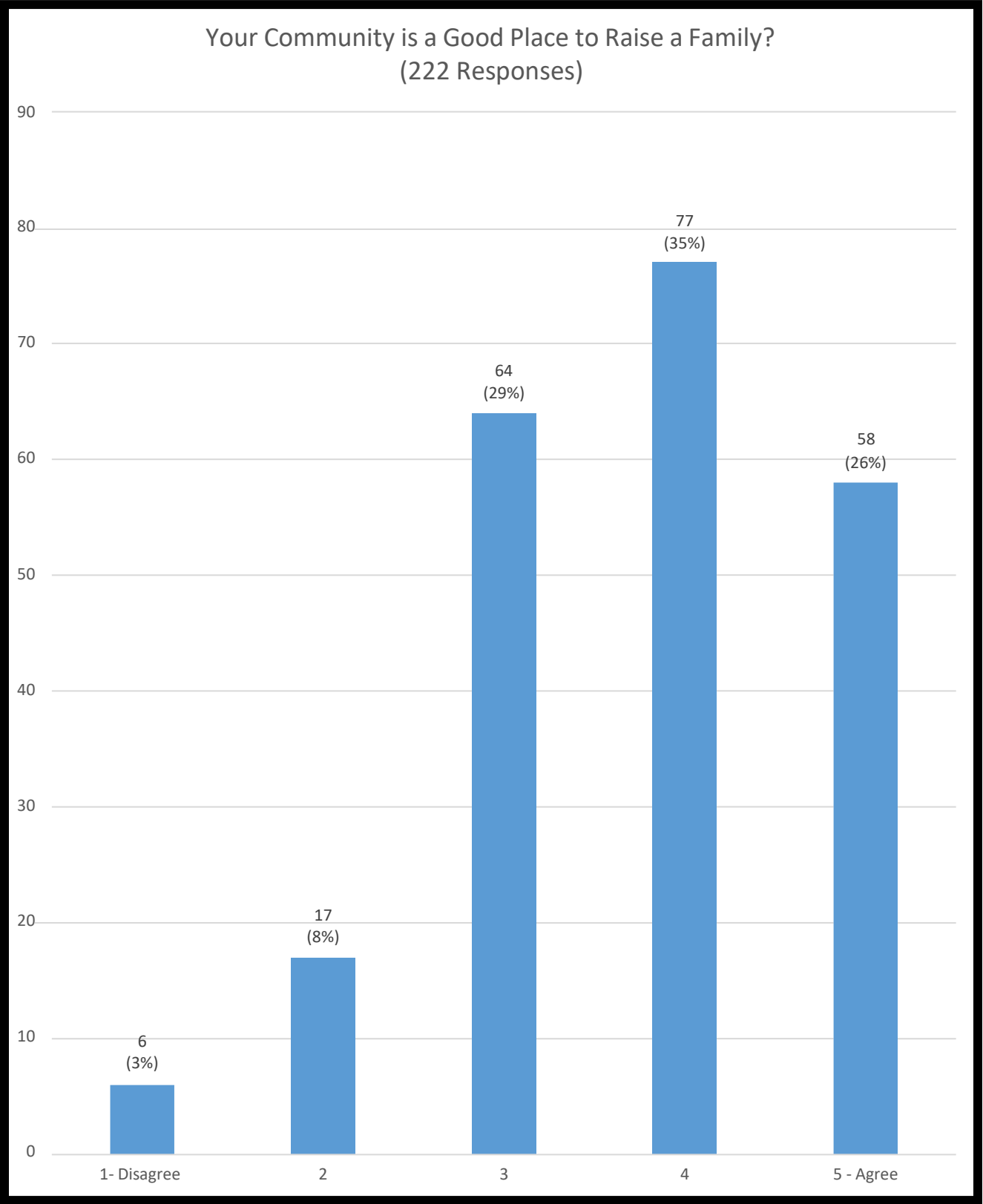
Source: LaSalle County CHNA Survey, 2021

Quality of Life

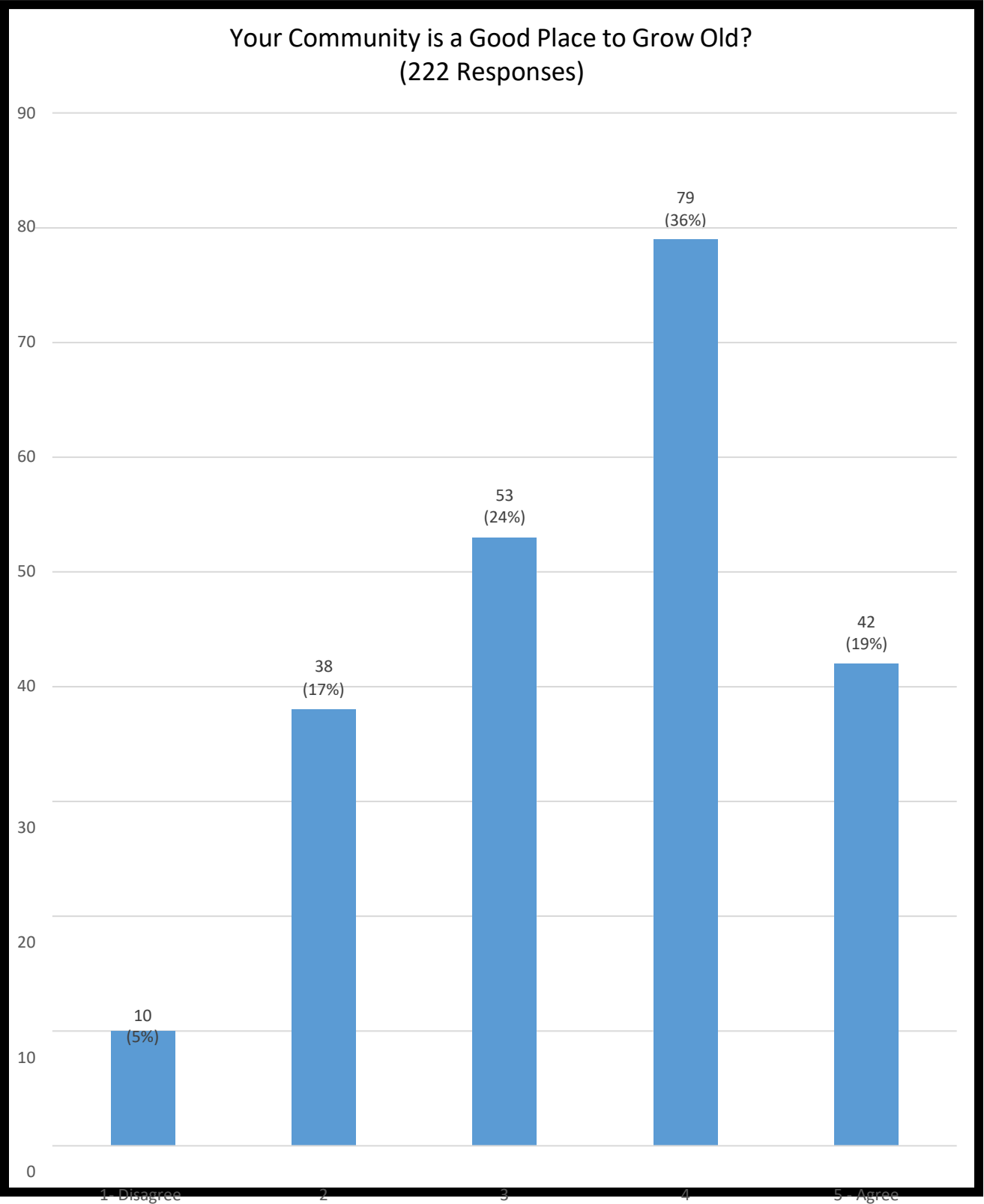




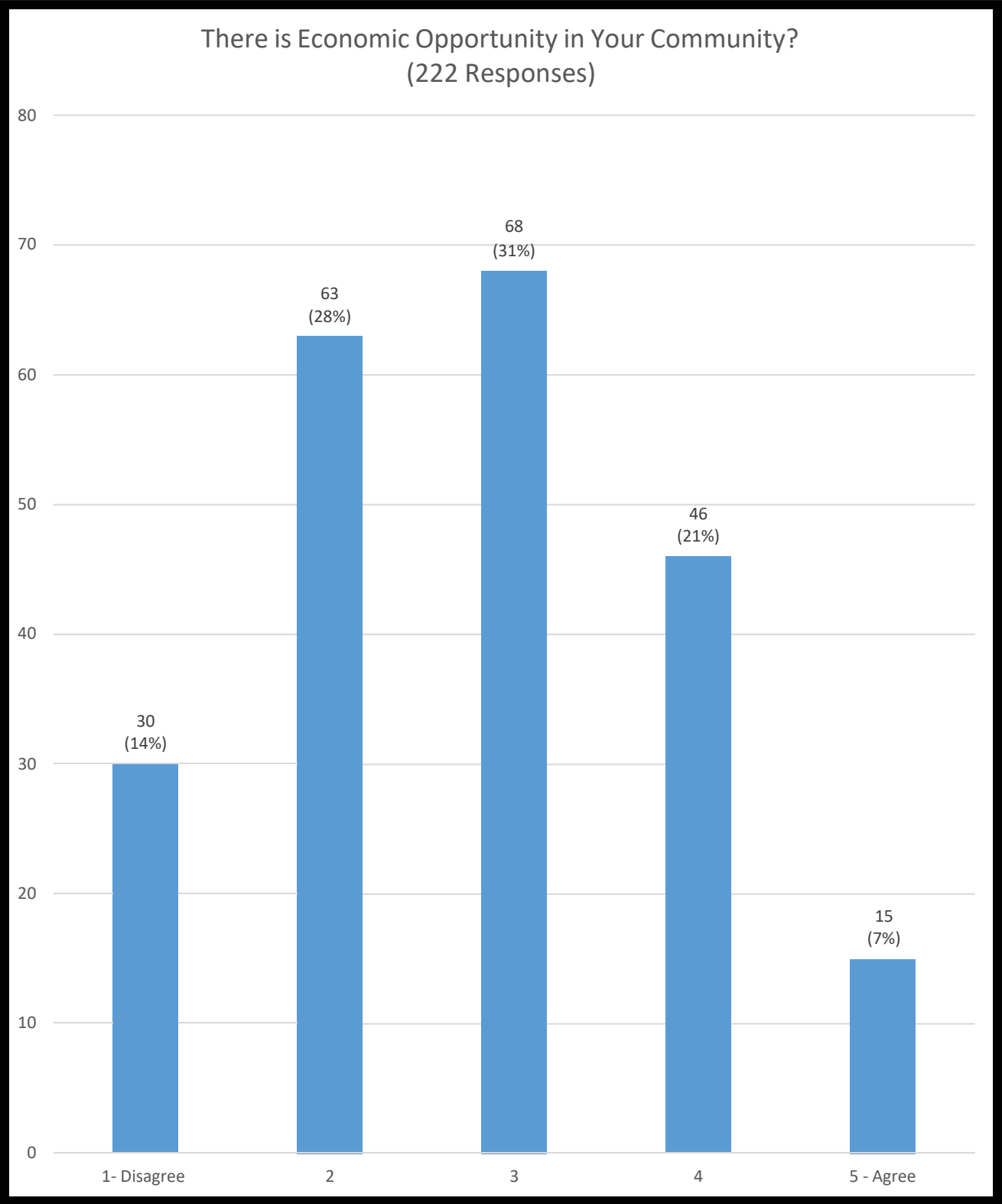
Source: LaSalle County CHNA Survey, 2021



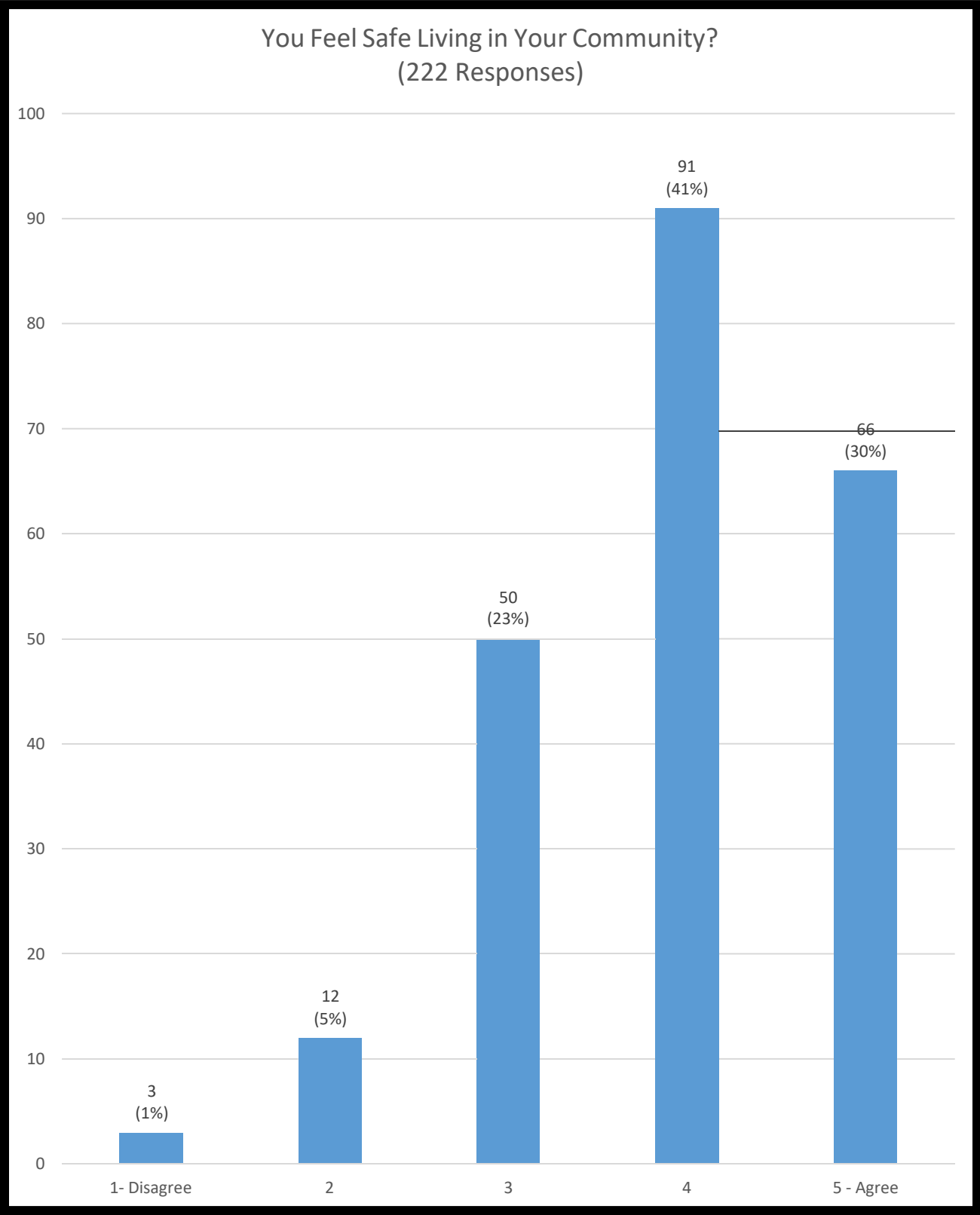
Source: LaSalle County CHNA Survey, 2021



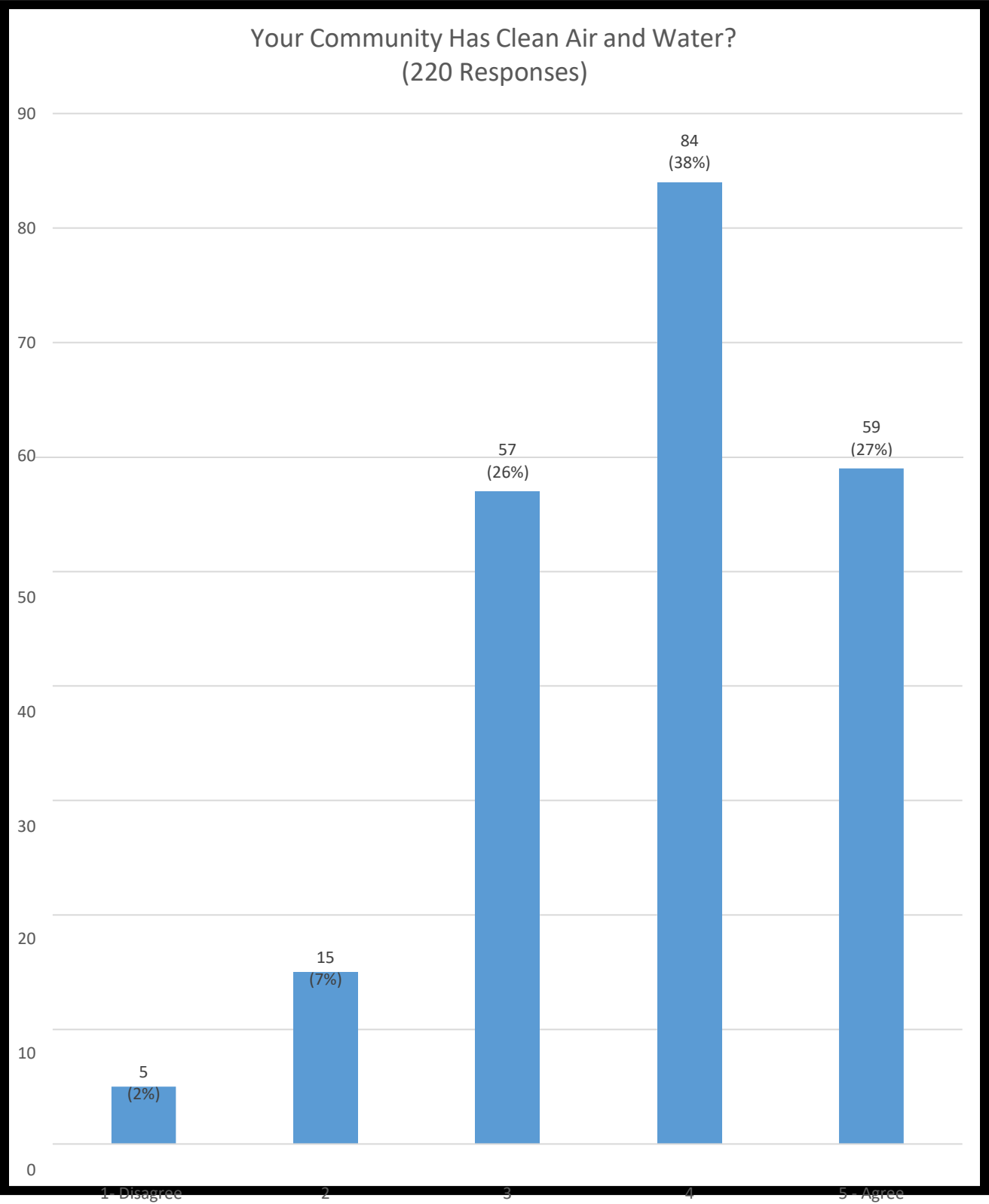
Source: LaSalle County CHNA Survey, 2021



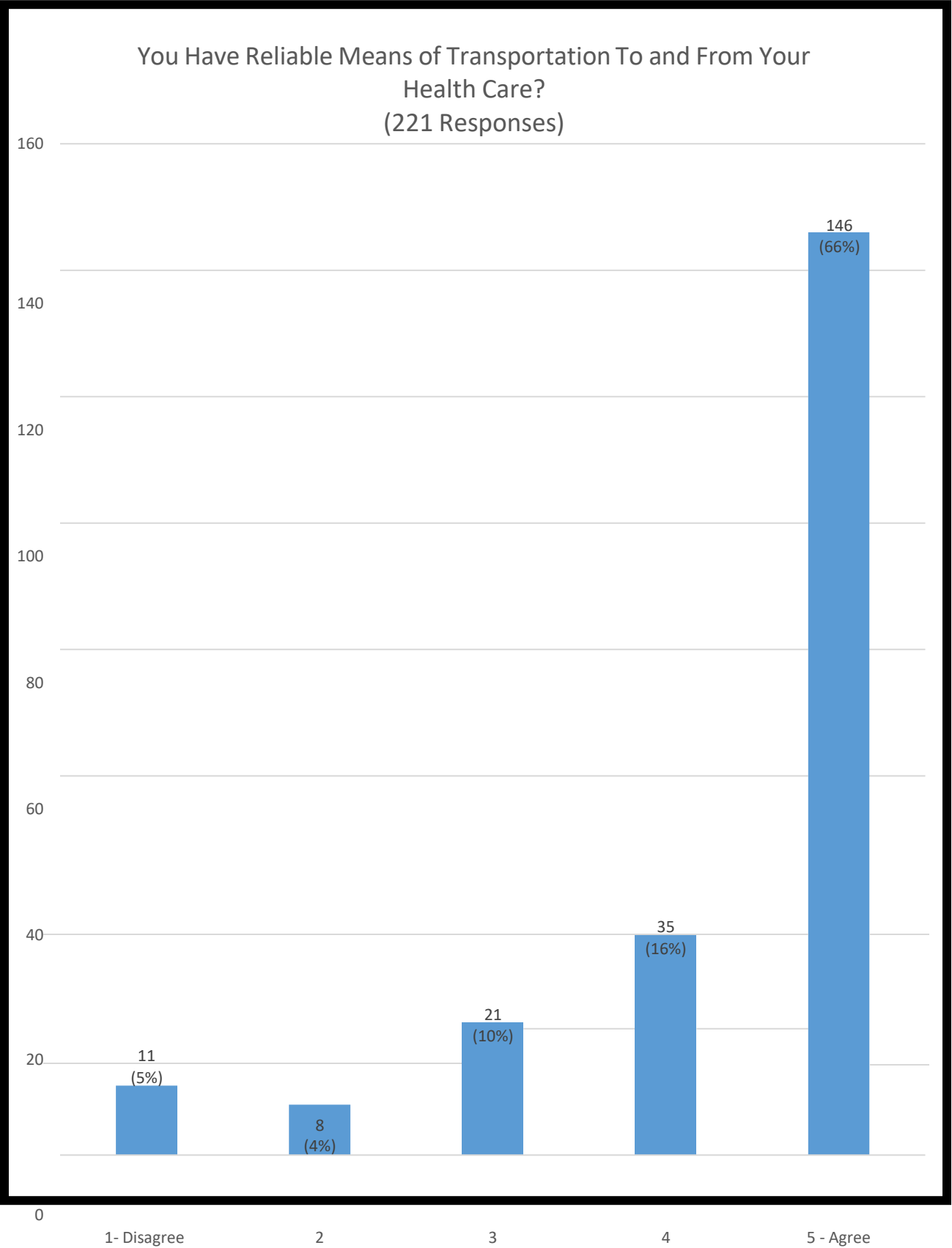
Source: LaSalle County CHNA Survey, 2021



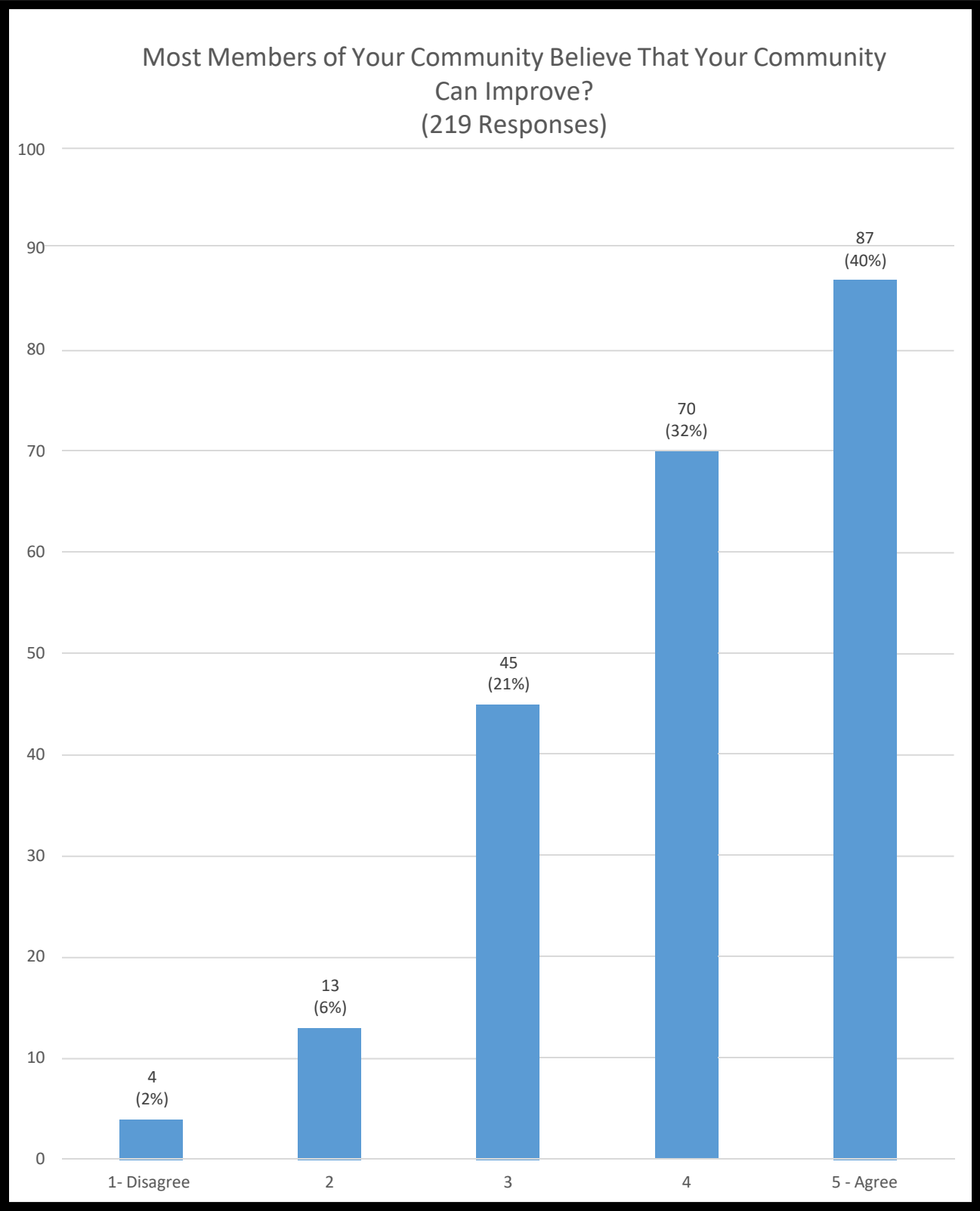
Source: LaSalle County CHNA Survey, 2021



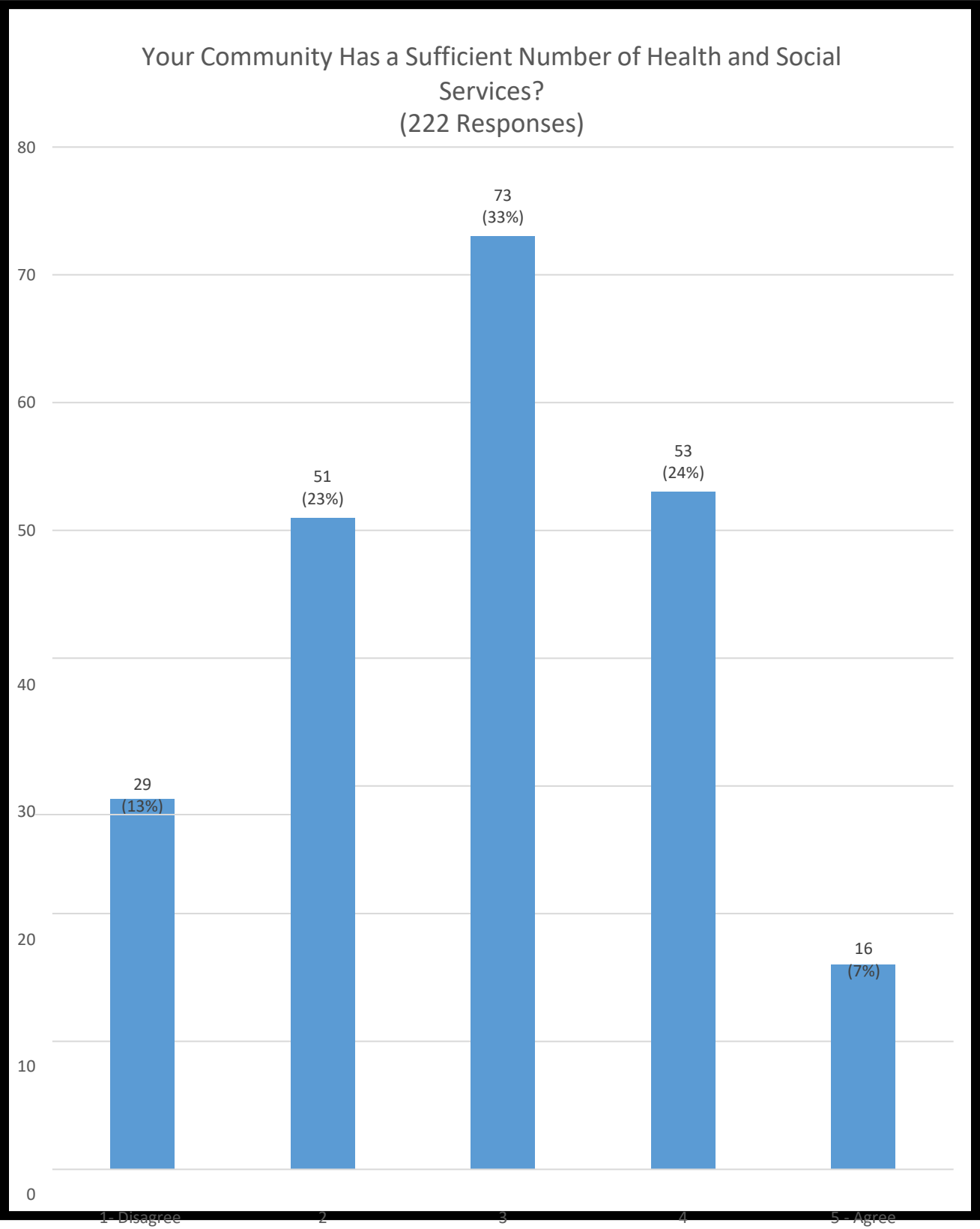
Source: LaSalle County CHNA Survey, 2021



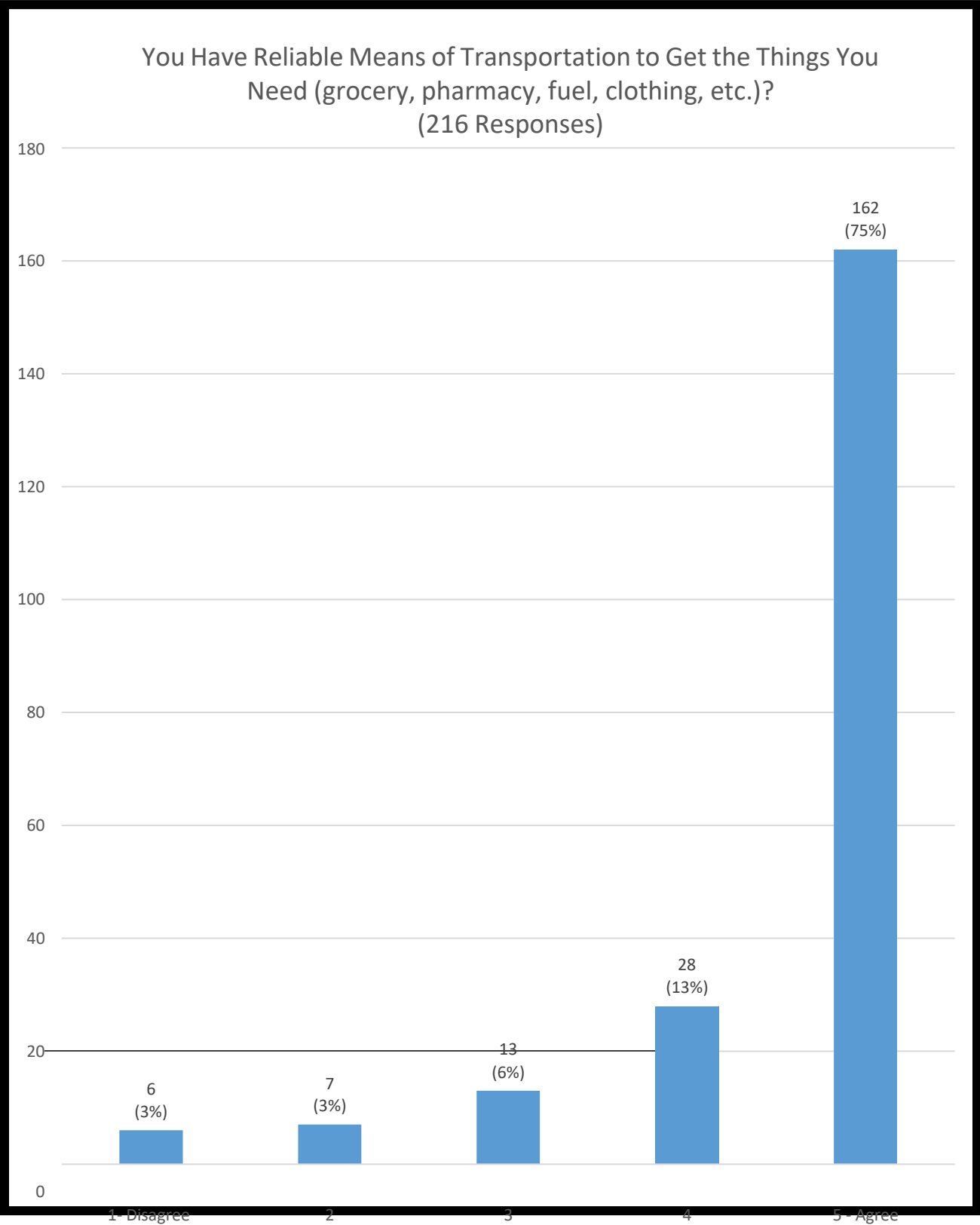
Source: LaSalle County CHNA Survey, 2021



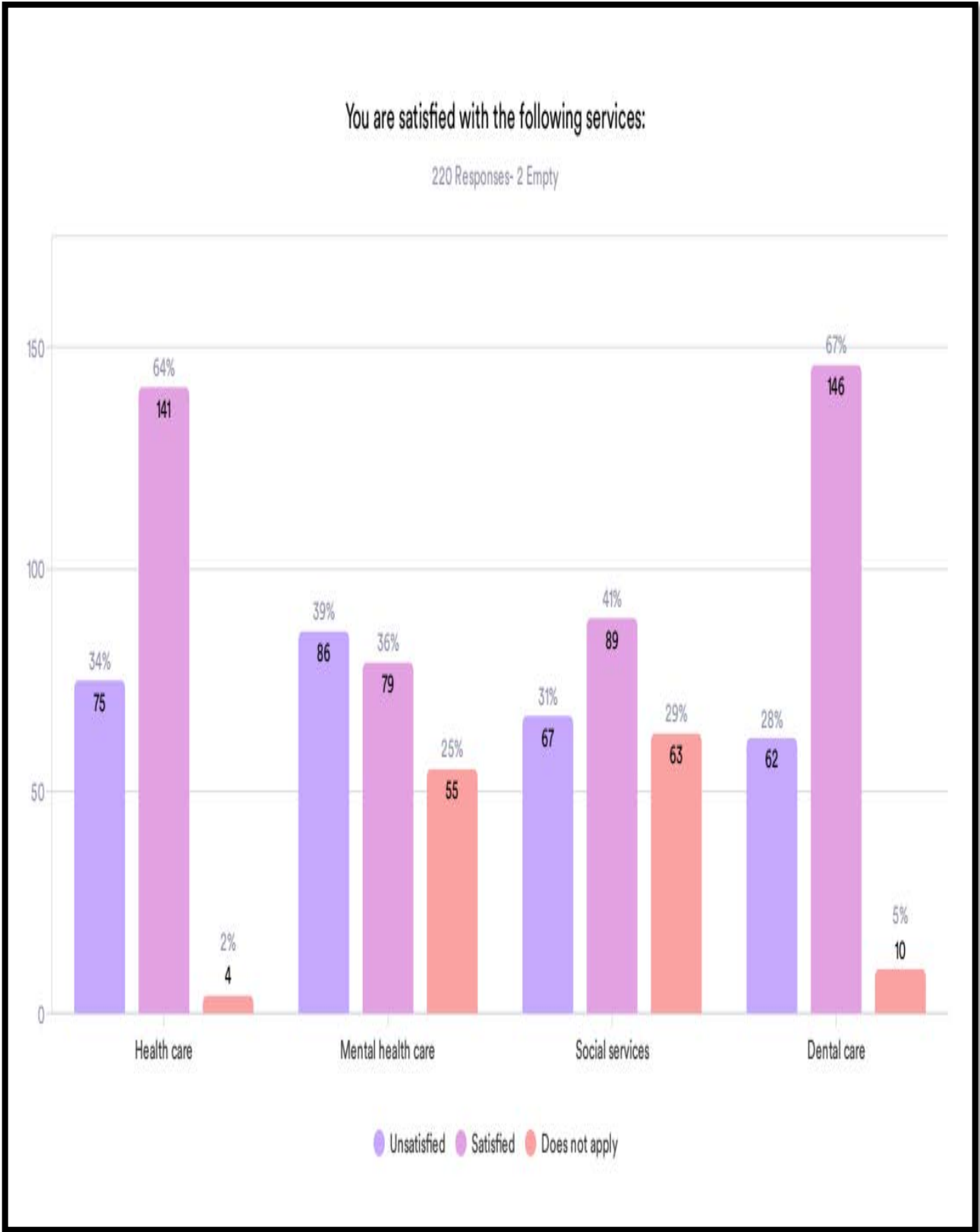
Source: LaSalle County CHNA Survey, 2021



Source: LaSalle County CHNA Survey, 2021

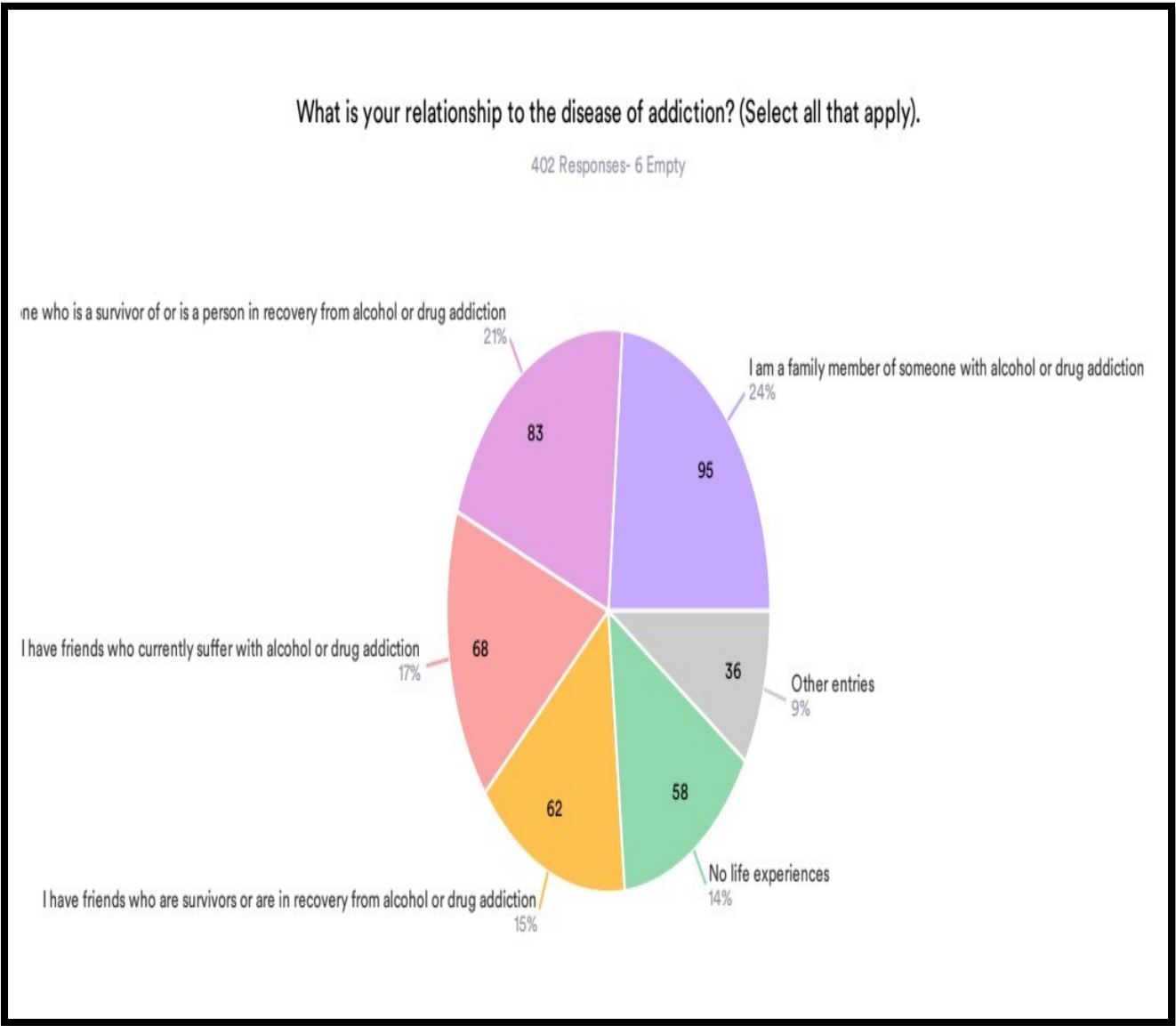


Source: LaSalle County CHNA Survey, 2021



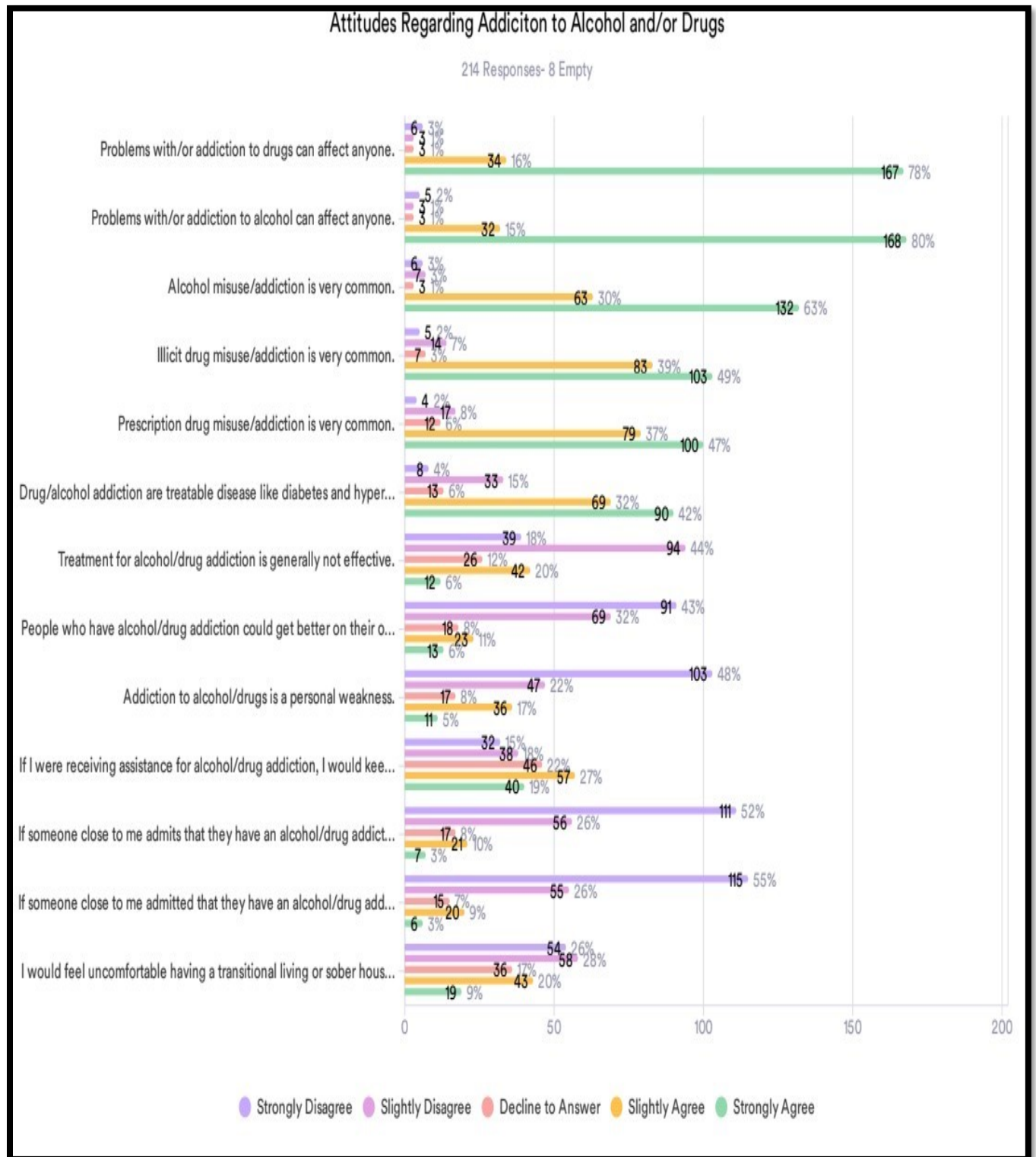
Source: LaSalle County CHNA Survey, 2021

The Disease of Addiction



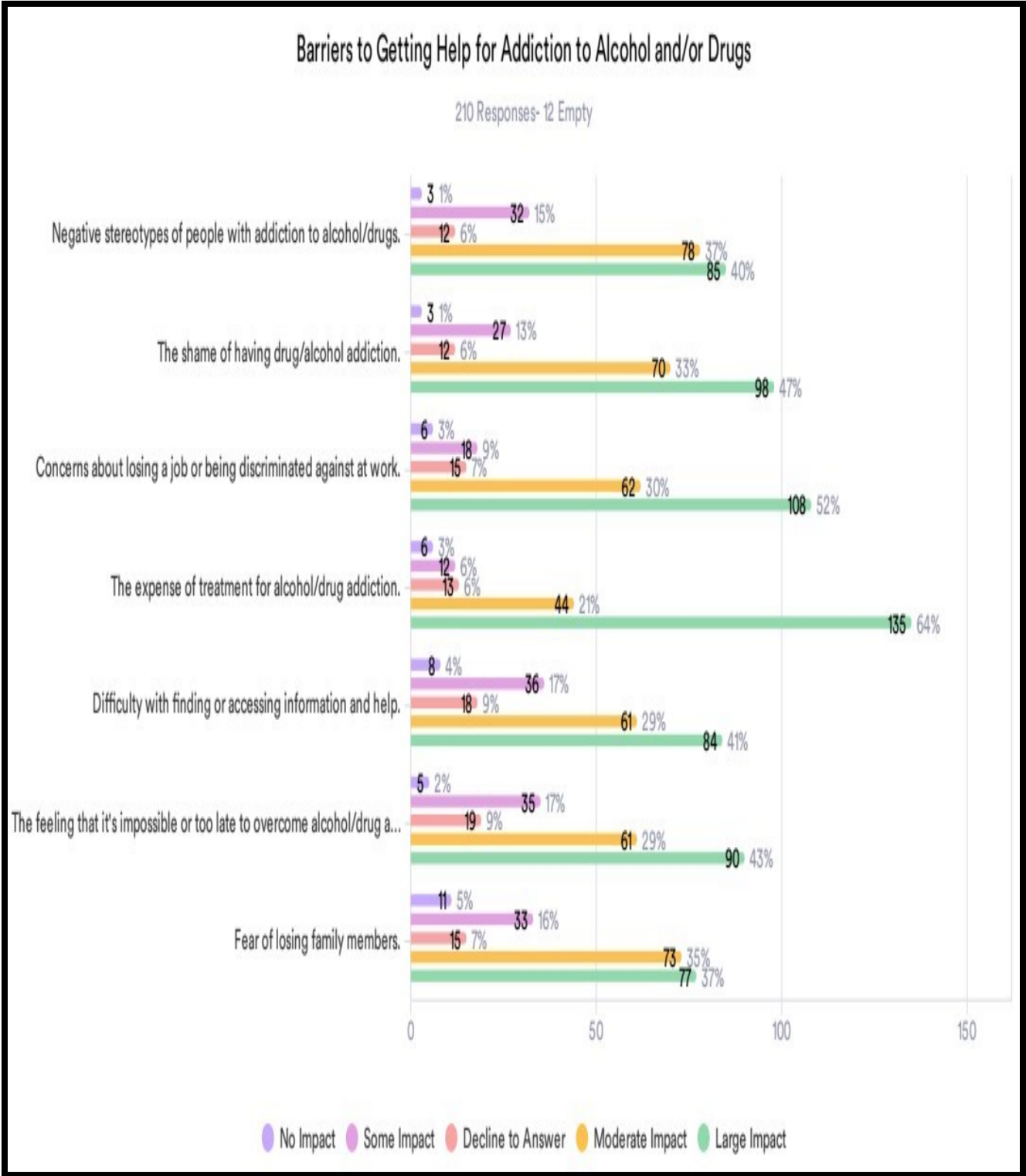
Source: LaSalle County CHNA Survey, 2021

Attitudes Regarding Addiction to Alcohol and/or Drugs



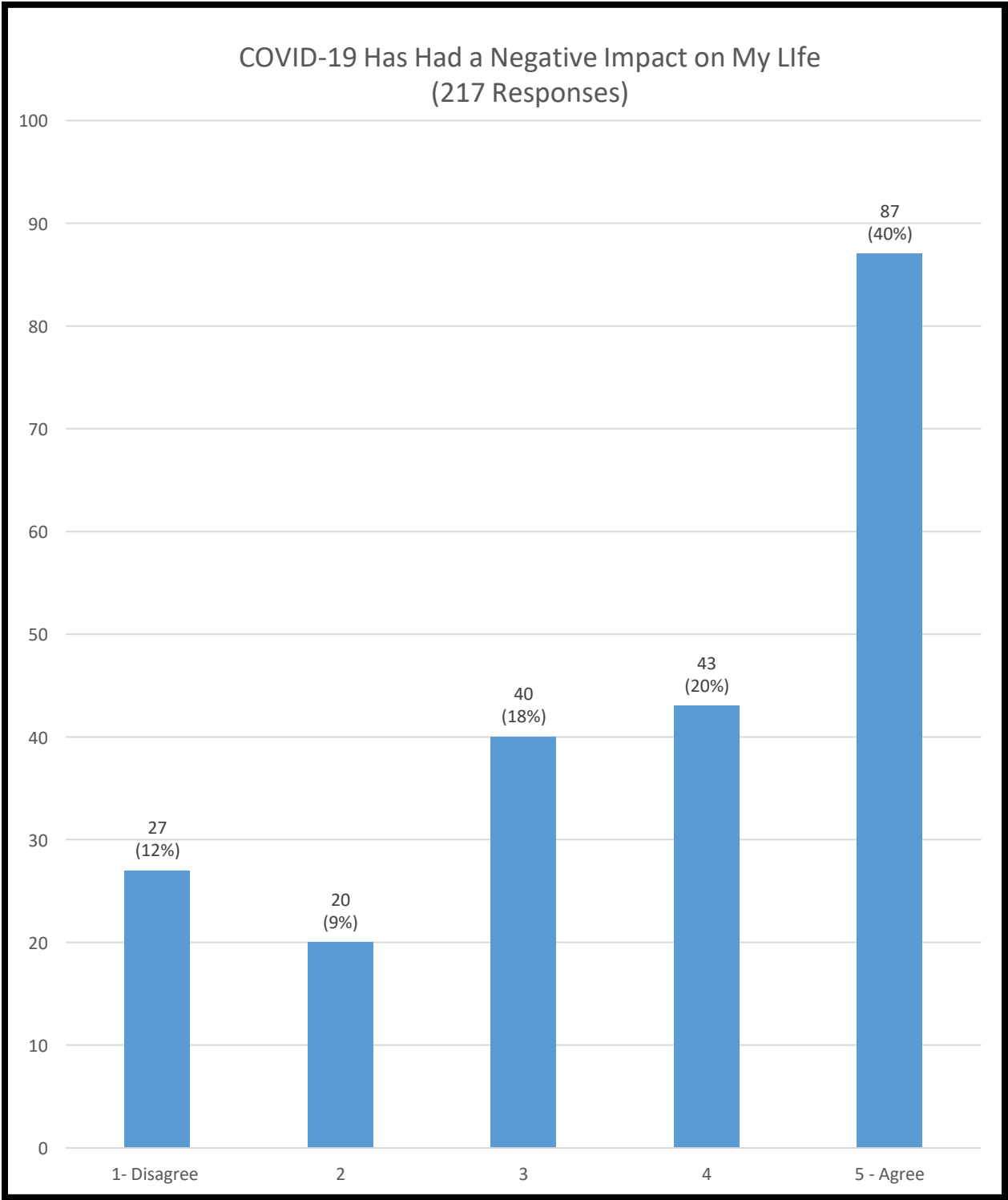
Source: LaSalle County CHNA Survey, 2021

Barriers to Getting Help for Addiction to Alcohol and/or Drugs

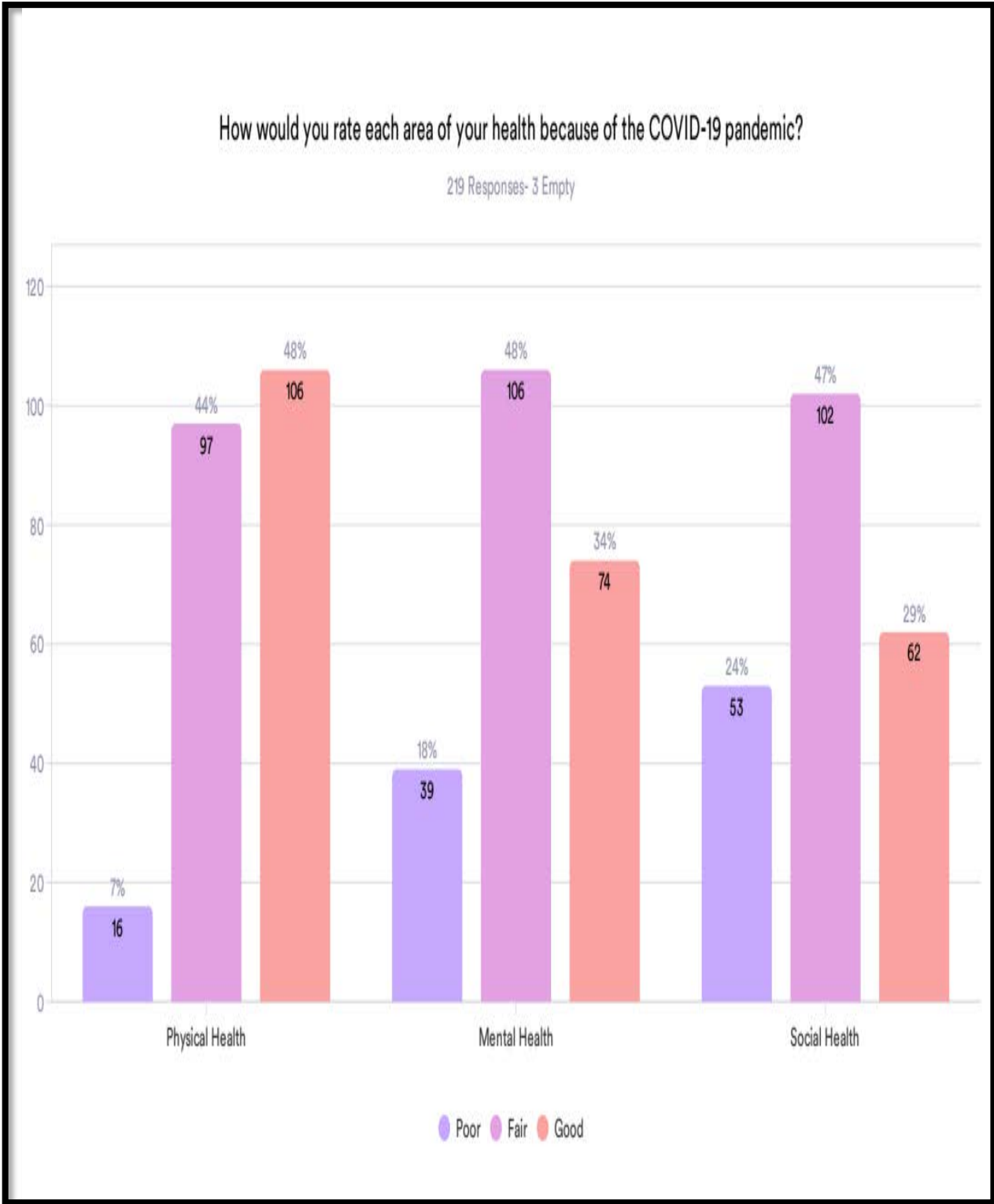


Source: LaSalle County CHNA Survey, 2021

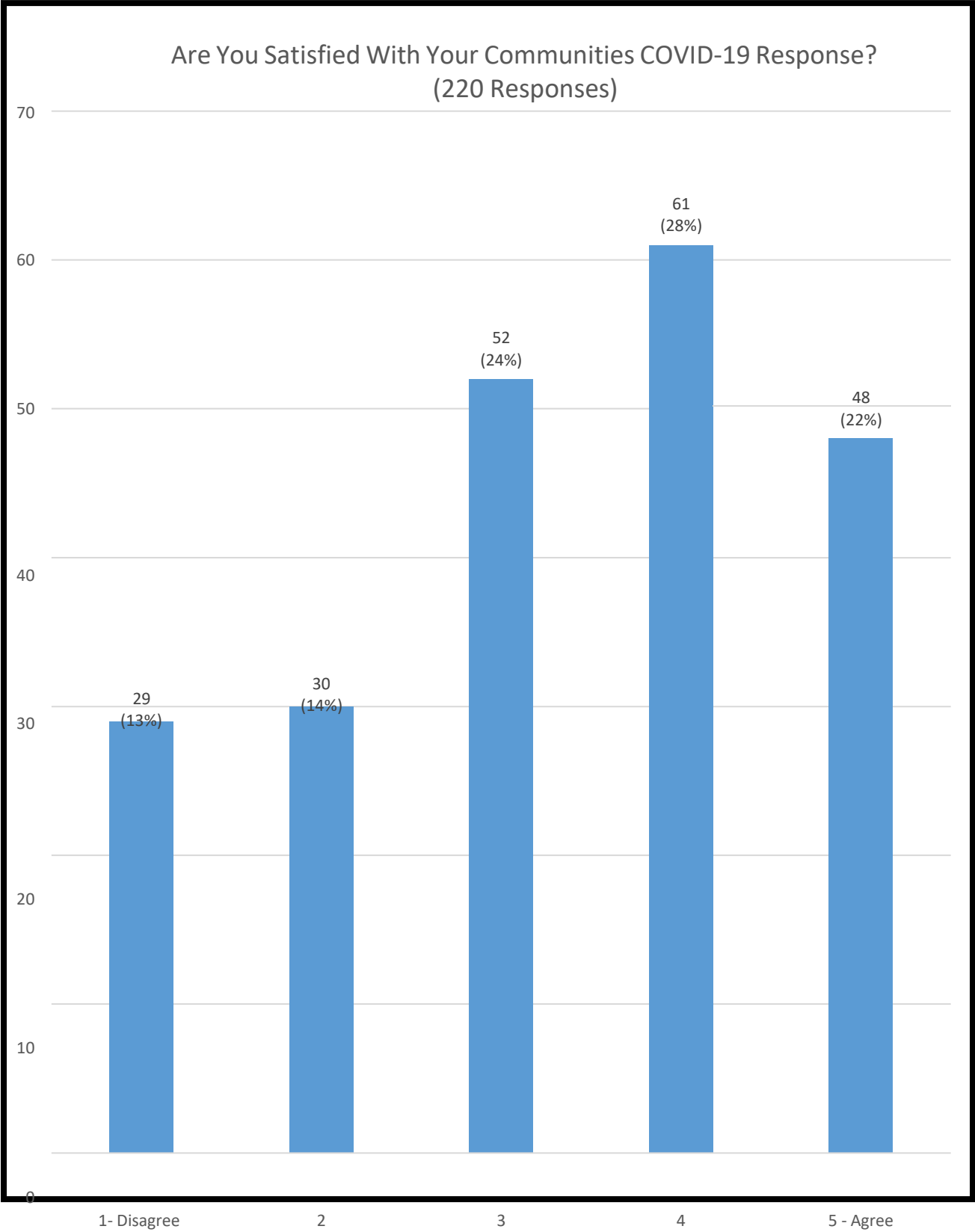
COVID-19



Source: LaSalle County CHNA Survey, 2021



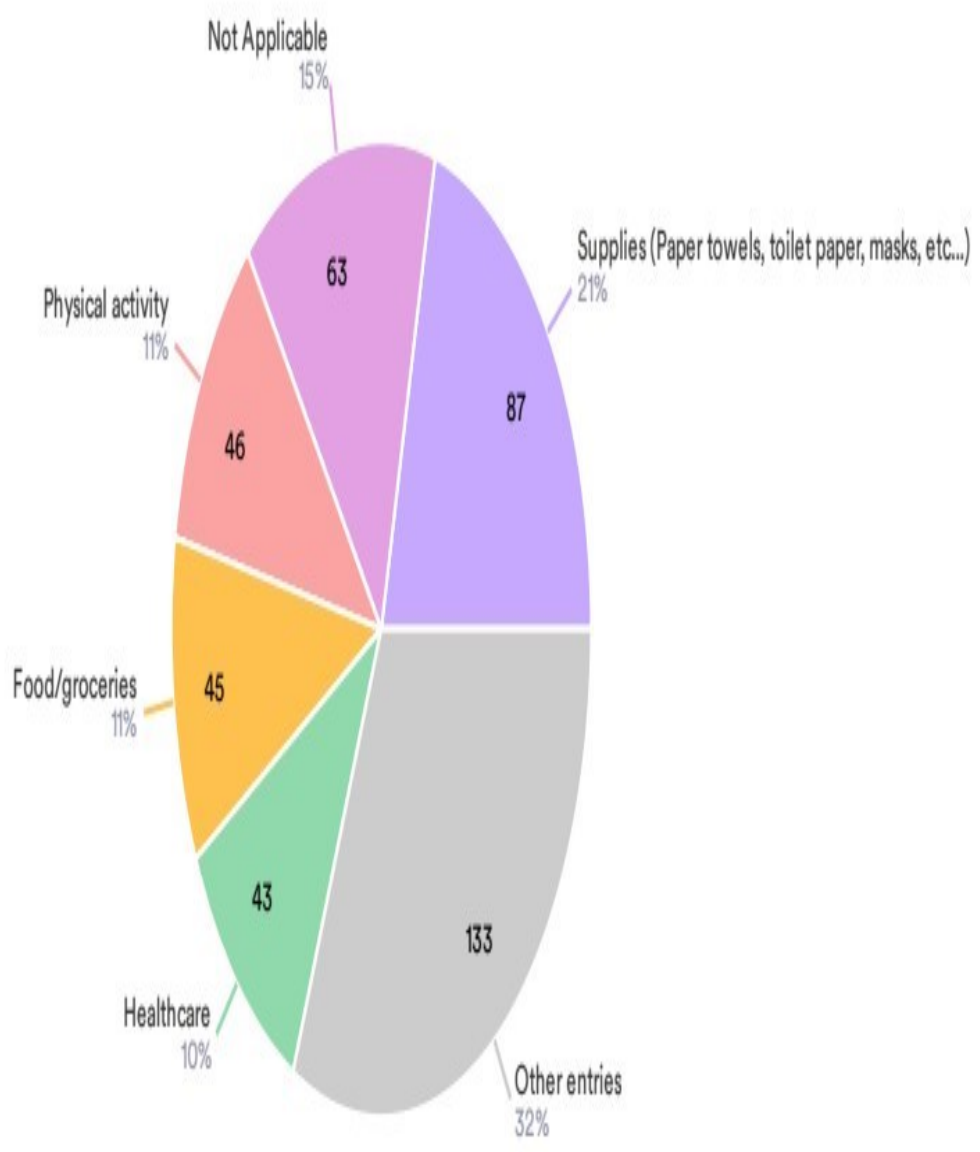
Source: LaSalle County CHNA Survey, 2021



Source: LaSalle County CHNA Survey, 2021

During the COVID-19 pandemic, have you had trouble getting access to any of the following? (Select all that apply.)

417 Responses- 26 Empty

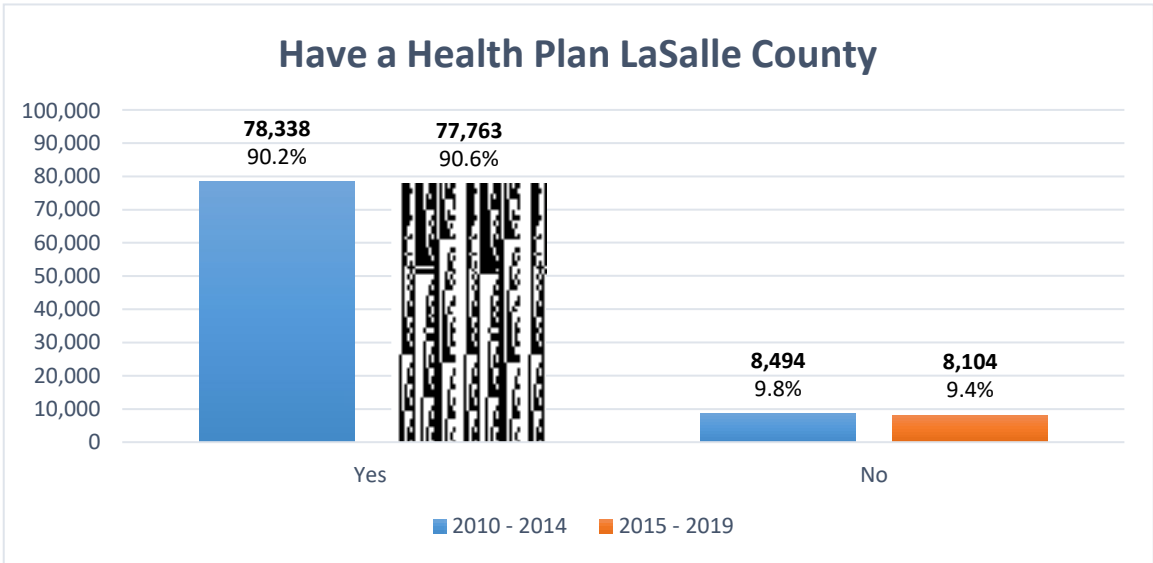


Source: LaSalle County CHNA Survey, 2021

Illinois Behavioral Risk Factor Surveillance System

Accessibility

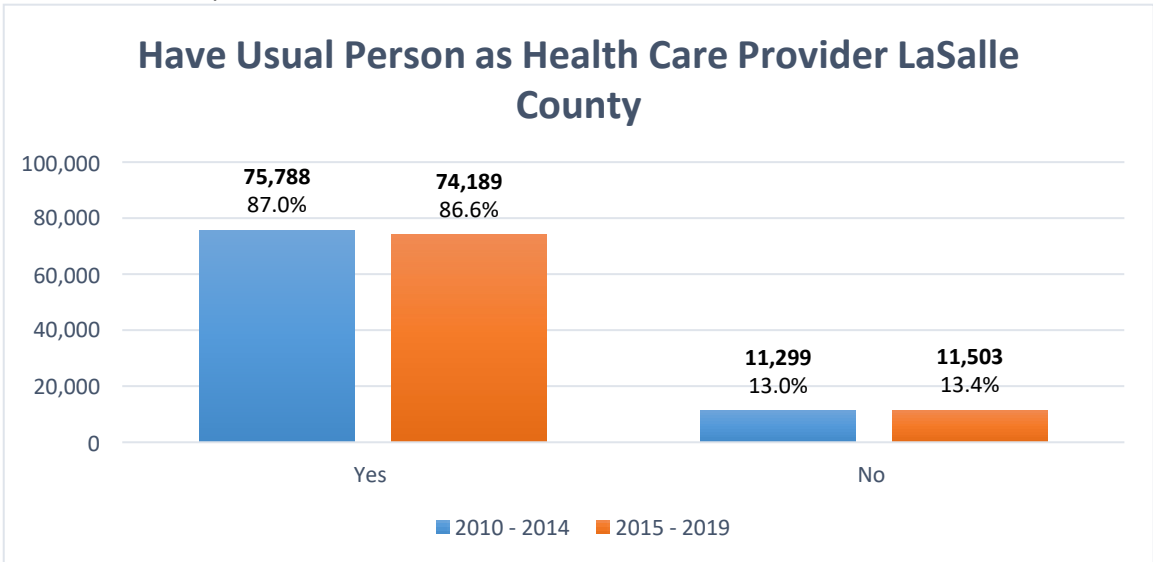
Importance of the measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.



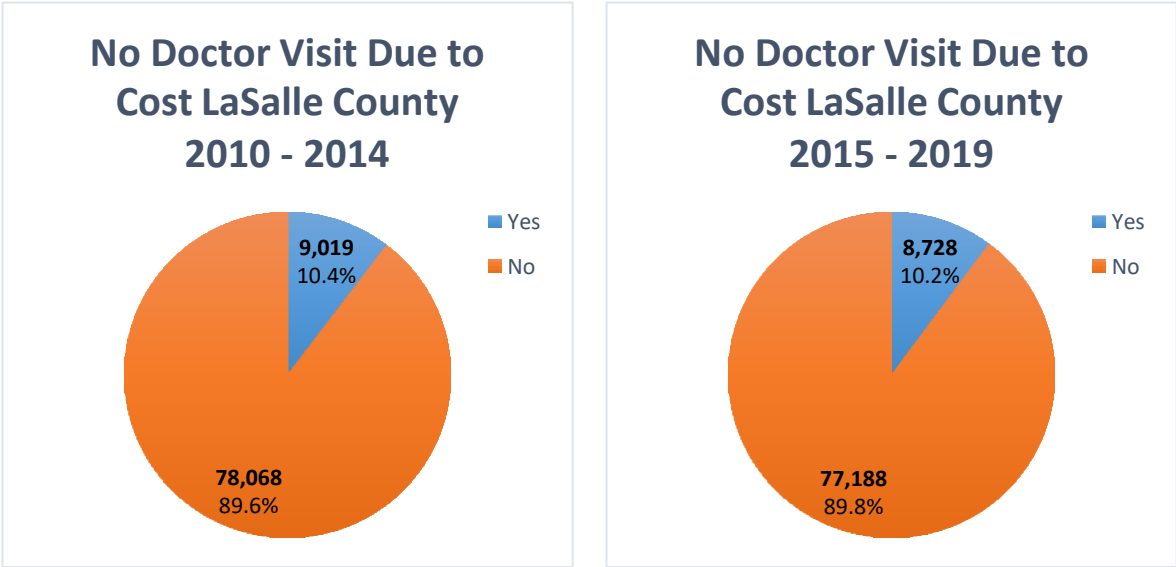
Source: Illinois Behavioral Risk Analysis Surveillance System

Usual Healthcare Provider

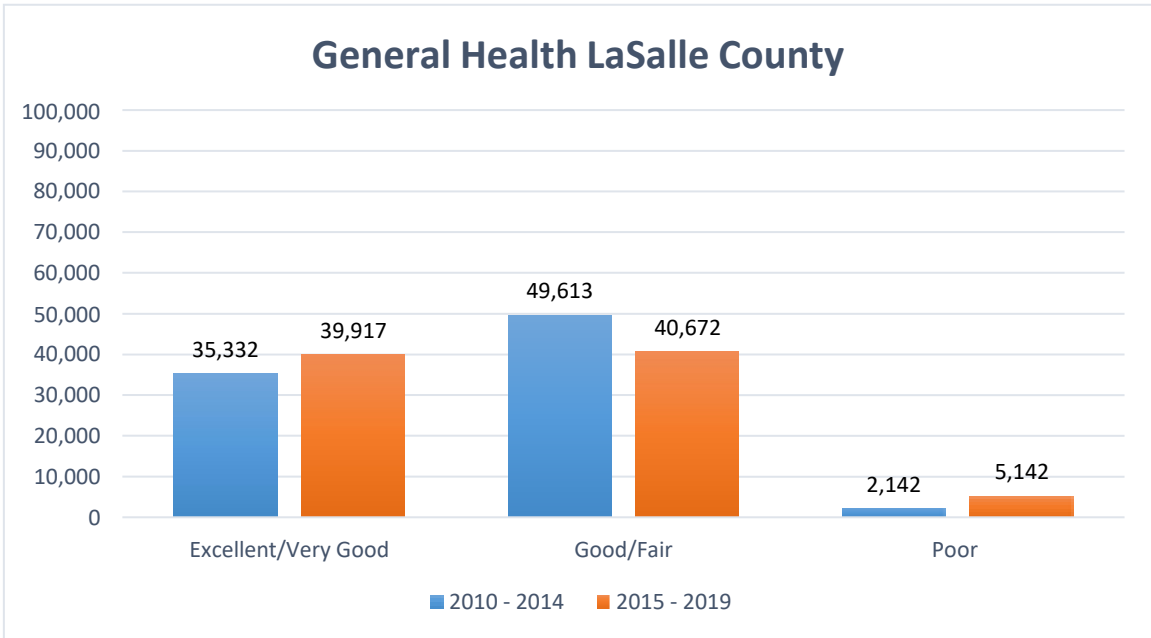
In LaSalle County, the most recent data indicate that about 86.6% of residents have their usual person as their Health Care provider.



Source: Illinois Behavioral Risk Analysis Surveillance System



Source: Illinois Behavioral Risk Analysis Surveillance System



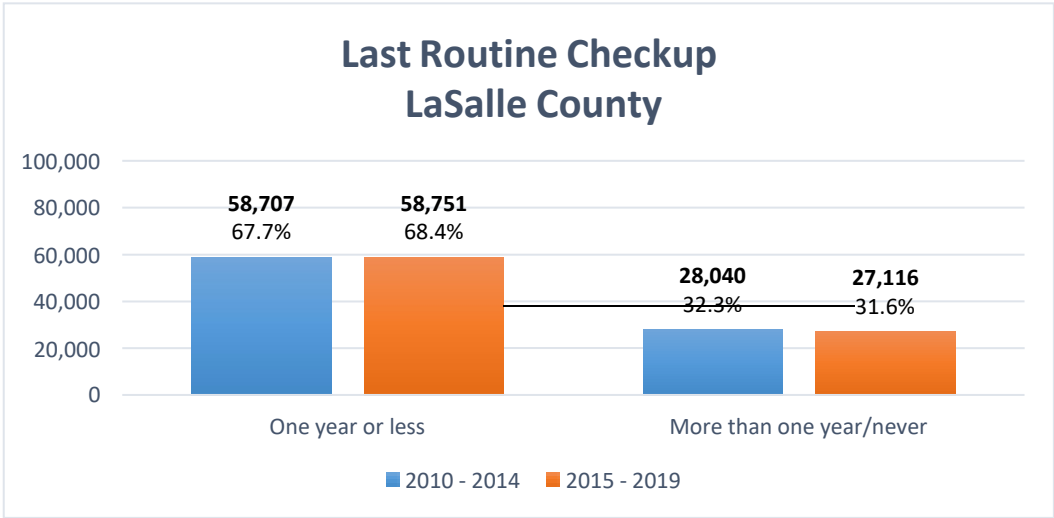
Source: Illinois Behavioral Risk Analysis Surveillance System

Wellness

Importance of the measure: Preventative healthcare measures, including scheduling a routine well-visit, getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

Frequency of Checkup

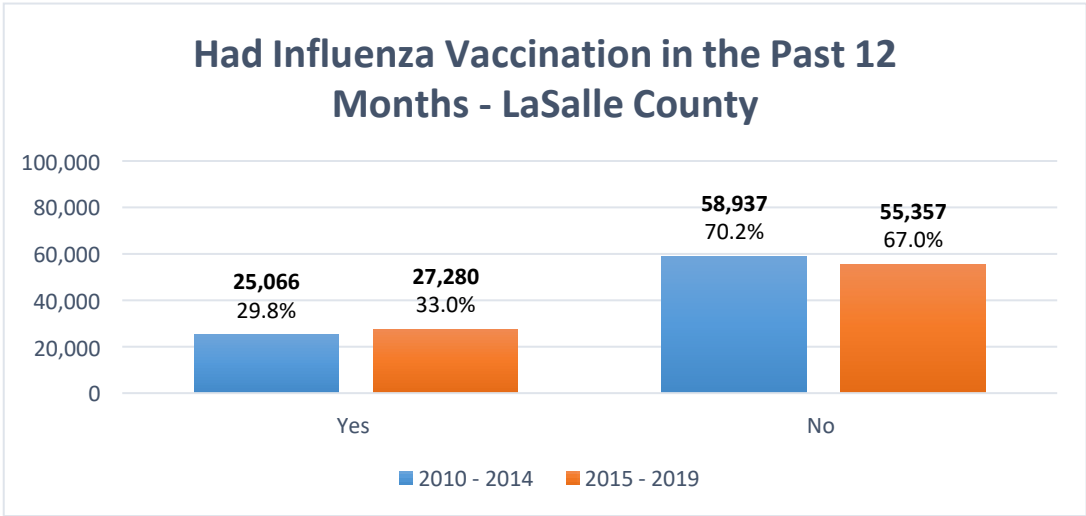
Numerous health problems can be minimized when detected early. Therefore, regularly scheduled checkups are very important. According to the latest data from the Illinois BRFSS, 68.4% of residents in LaSalle County report having had a routine checkup within the last year.



Source: Illinois Behavioral Risk Analysis Surveillance System

Frequency of Flu Shots

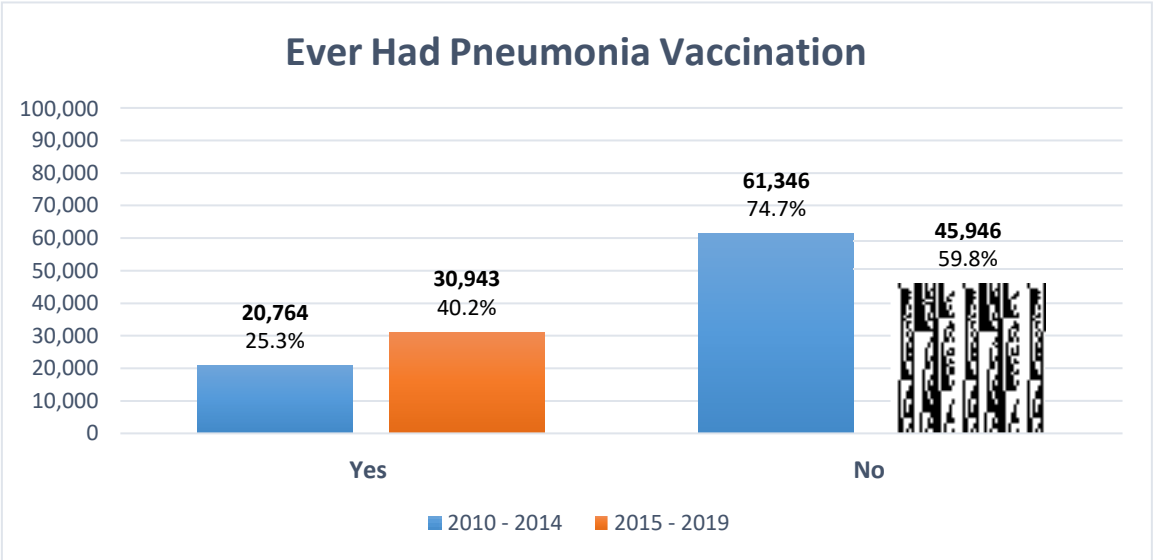
The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 33.0% for 2015-2019 compared to 29.8% in 2010-2014.



Source: Illinois Behavioral Risk Analysis Surveillance System

Frequency of Pneumonia Vaccination

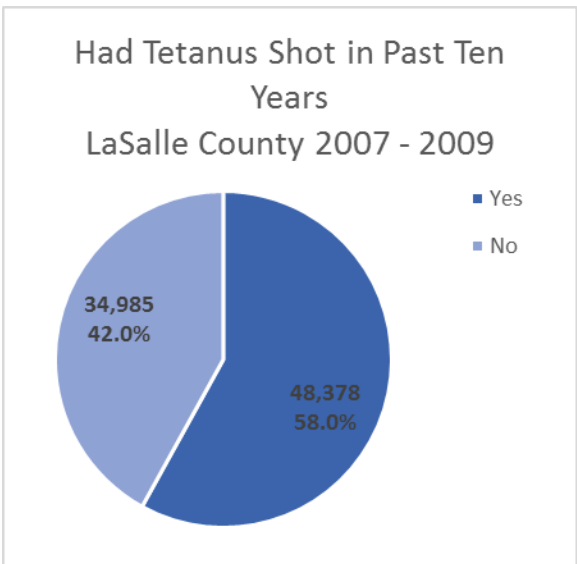
The chart below shows that the percentage of people who have had a pneumonia shot in the past year had a large increase from 23.5% in 2015 to 40.2% in 2019.



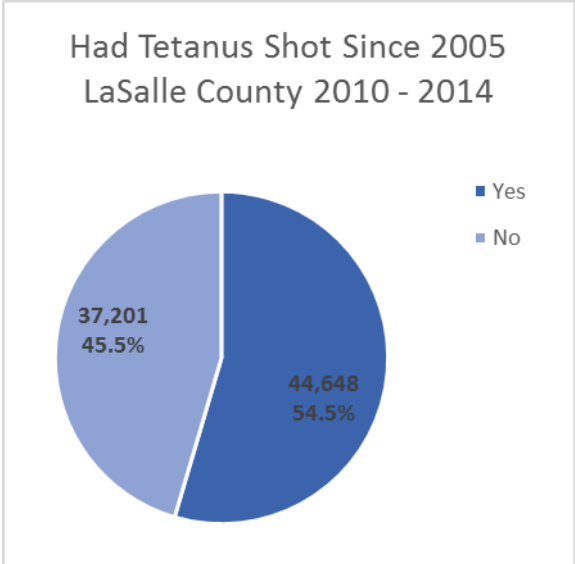
Source: Illinois Behavioral Risk Analysis Surveillance System

Frequency of Tetanus Vaccination

The chart below shows that the percentage of people who have had a tetanus shot in the past year is 54.5% for LaSalle County in 2010-2014 compared to 58.0% for 2007-2009.



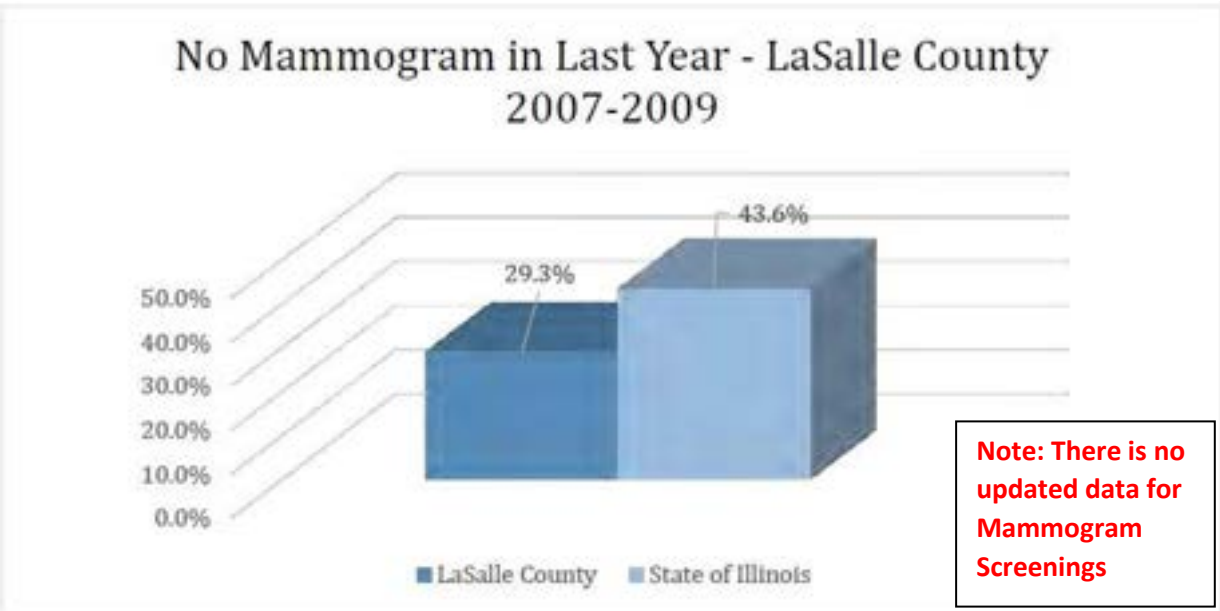
Source: Illinois Behavioral Risk Analysis Surveillance System



Note: There is no updated data for Tetanus shots.

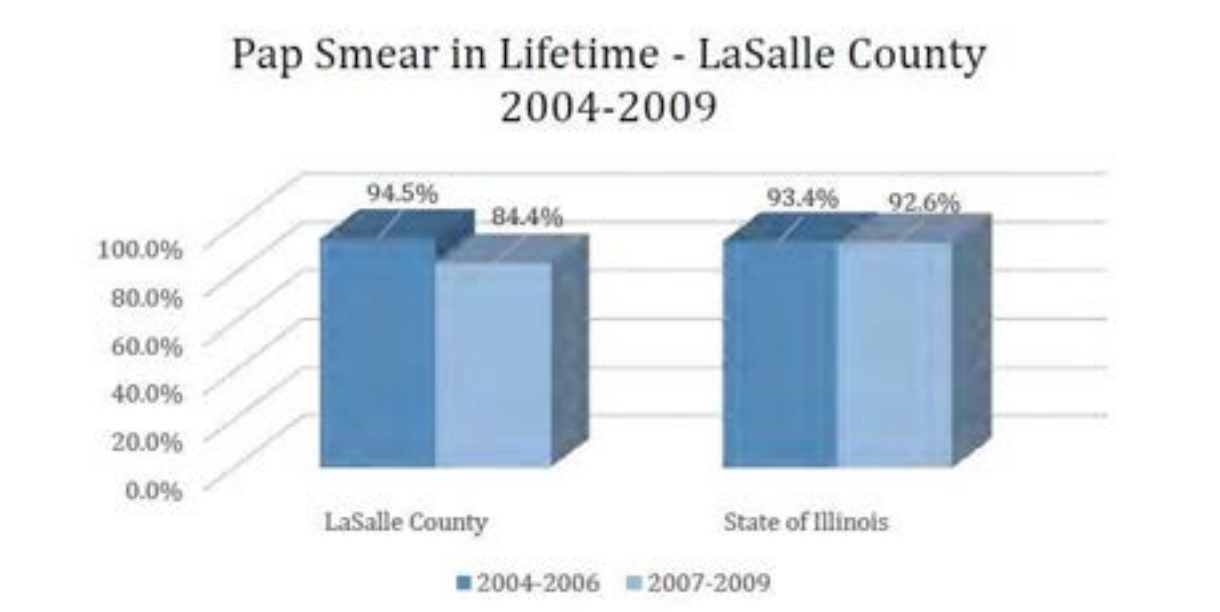
Women’s Health

Using the most recent available data from 2015-2020, there has been a slight decrease in Mammogram screenings in the past year from 62.9% in 2015 to 46% in 2020.



Source: Illinois Behavioral Risk Analysis Surveillance System

Research suggests pap smears are important in detecting pre-cancerous cells in the uterus and cervix. The percentages of women who have ever had a pap smear has decreased between 2004-2006 and 2007-2009. Compared to the State of Illinois, LaSalle County is lower.



Source: Illinois Behavioral Risk Analysis Surveillance System

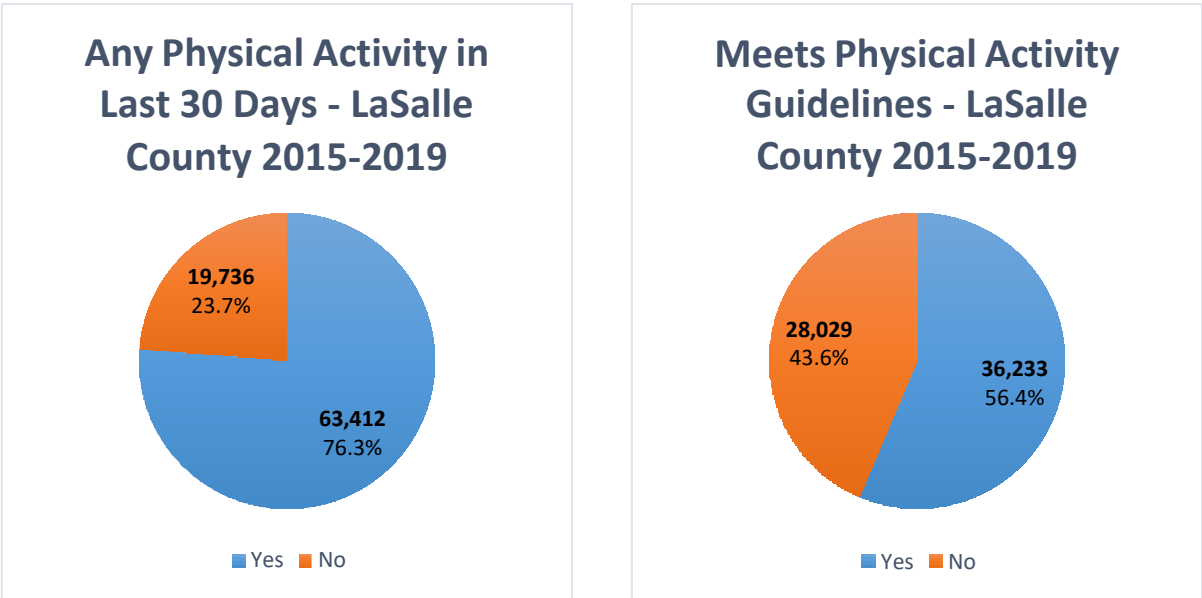
Note: There is no updated data for Pap Smears.

Healthy Lifestyle

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

Physical Exercise

According to recent data, almost 76.3% of the residents in LaSalle County engaged in physical activity in the last 30 days. In 2015-2019 Only 56.4% of people, however, meet physical activity guidelines.

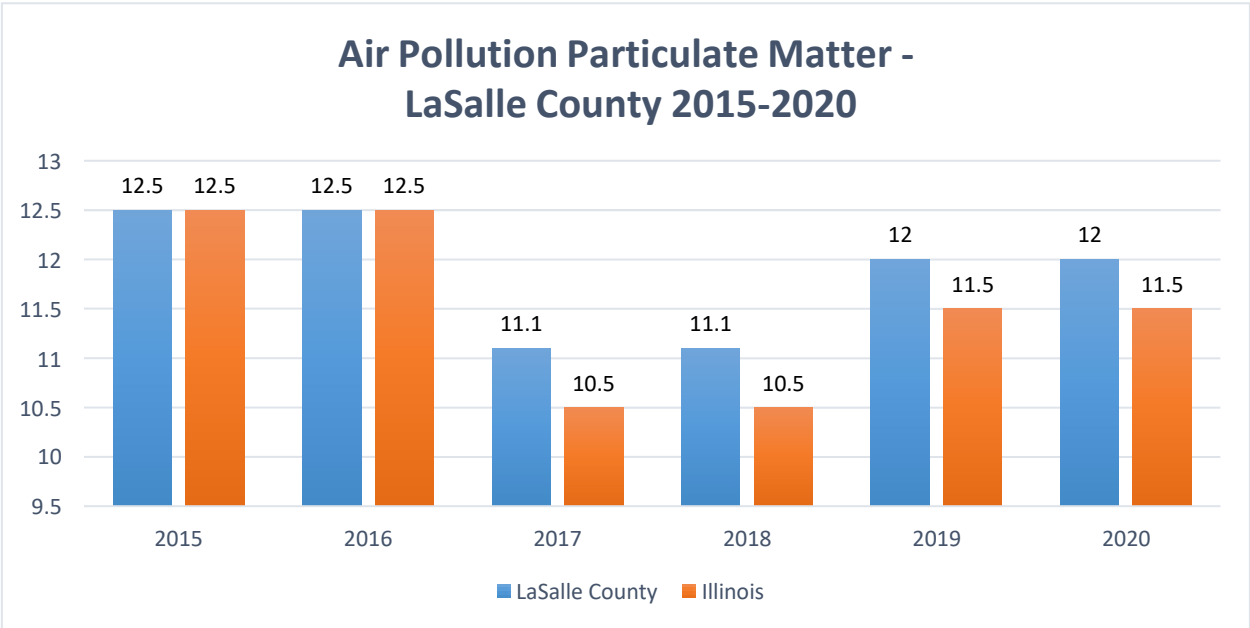


Source: Illinois Behavioral Risk Analysis Surveillance System

Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for LaSalle County (12.5) is equal to the State average of 12.5.



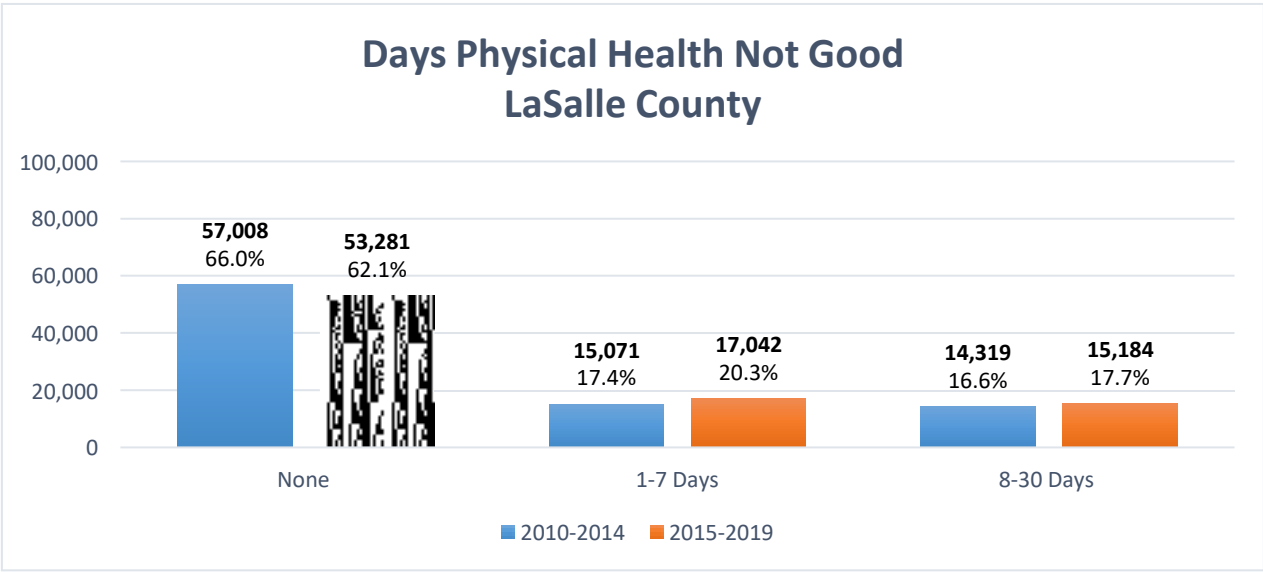
Source: County Health Rankings

Health Status

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

Physical Health

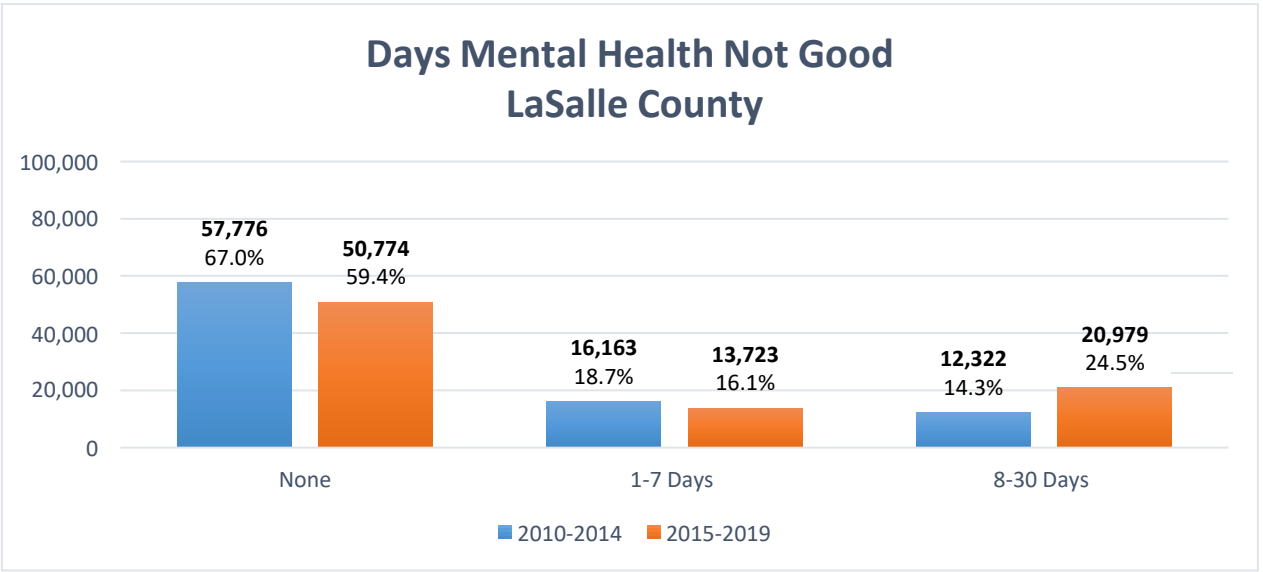
There was an increase in the percentage of LaSalle County residents reporting they felt physically unhealthy on 8 or more days per month in 2014 (16.6%) versus 2019 (17.7%).



Source: Illinois Behavioral Risk Analysis Surveillance System

Mental Health

In 2014, just over 18% of residents in LaSalle County reported they had experienced 1-7 days with poor mental health per month, and 14.3% felt mentally unhealthy on eight or more days per month. In 2019, there was a moderate decrease in the number of people that reported poor mental health for 1-7 days (16.1%) and an increase of 10% in people that reported poor mental health 8 or more days per month (24.5%).

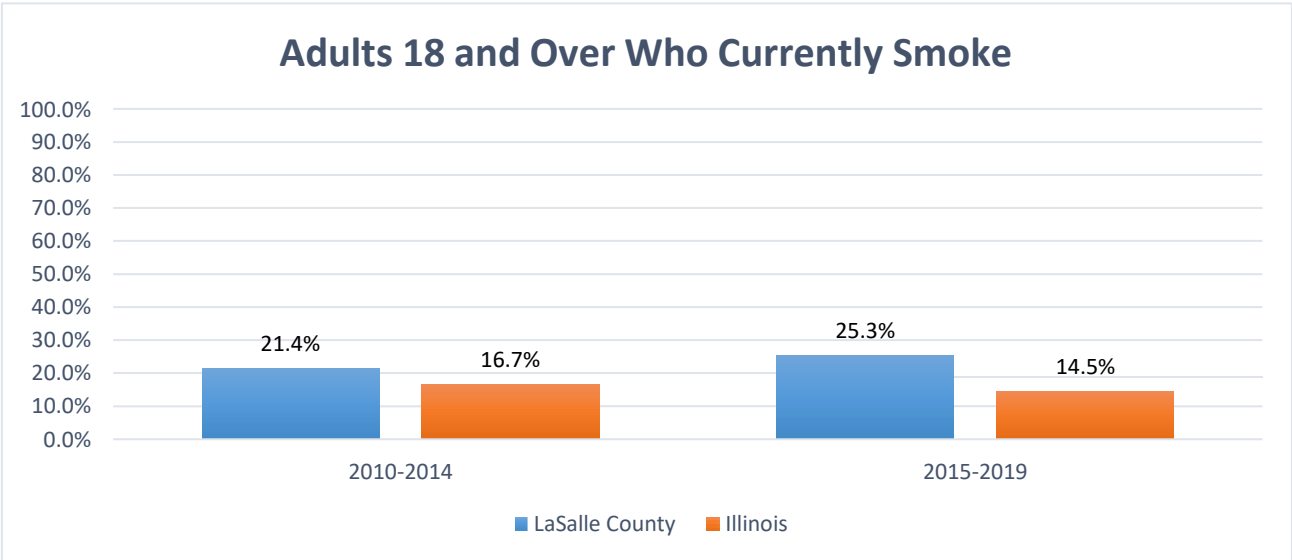


Source: Illinois Behavioral Risk Analysis Surveillance System

Tobacco Use

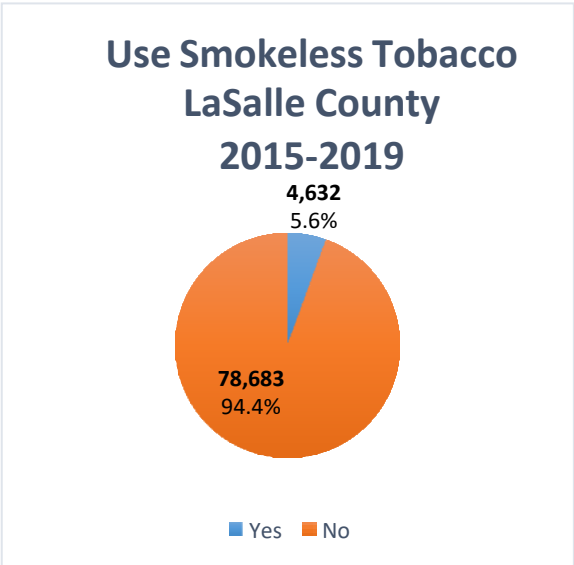
Importance of the measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates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

Smoking rates in LaSalle County and remain above the State of Illinois averages. There was an increase in the percentage of LaSalle County residents reporting they were current smokers between 2010-2014 (21.4%) and 2015-2019 (25.3%). The percentage of smokers in LaSalle County is higher than the State.



Source: Illinois Behavioral Risk Analysis Surveillance System

The majority of residents in LaSalle County are not using smokeless tobacco.

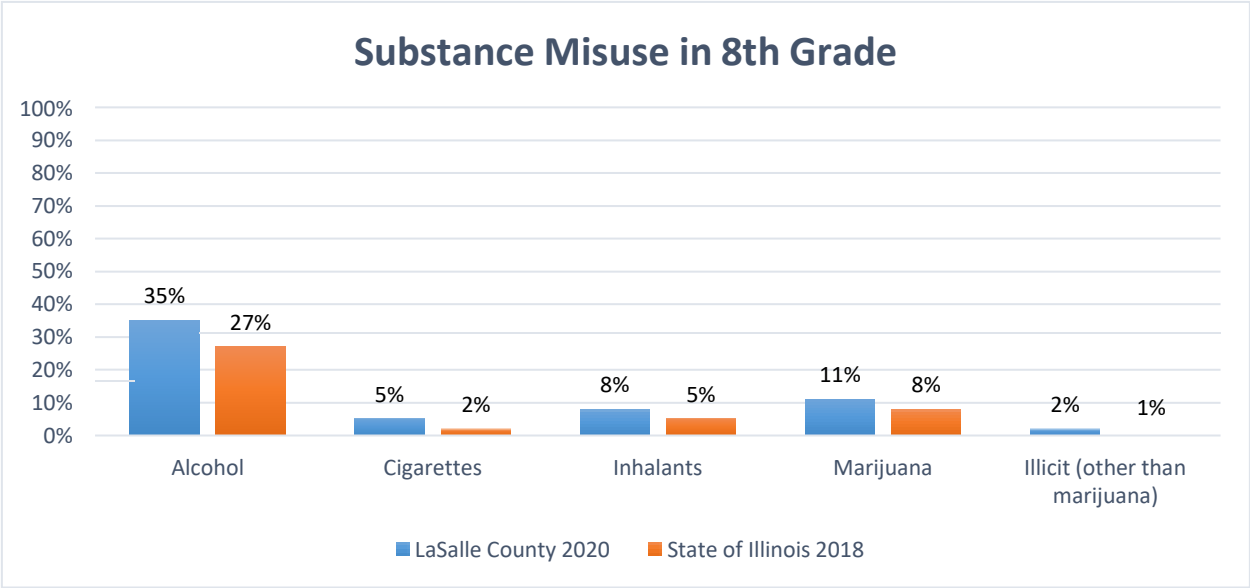


Source: Illinois Behavioral Risk Analysis Surveillance System

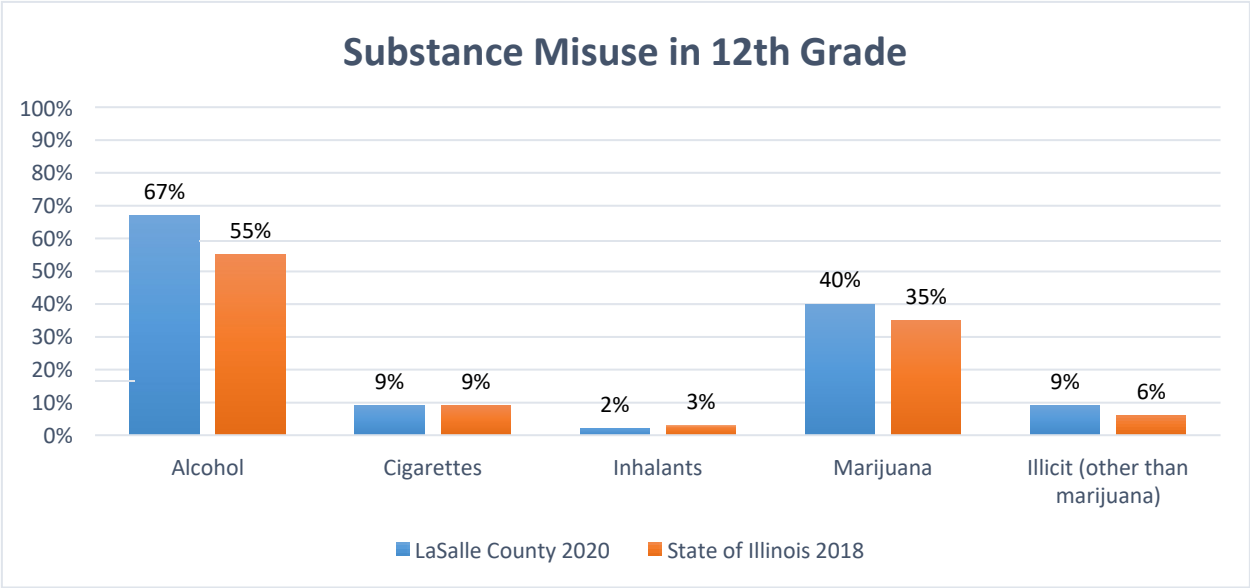
Substance Misuse

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

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. LaSalle County is at or above State averages in all categories among 8th graders except for marijuana. For 12th graders, LaSalle County is at or above the State in all categories except inhalants.

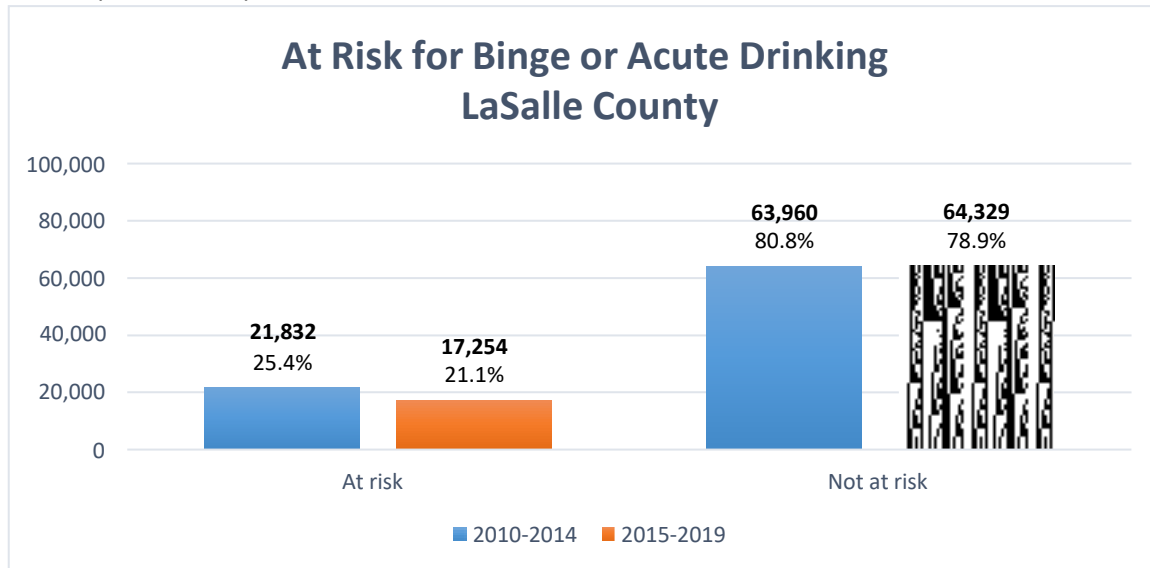


Source: University of Illinois Center for Prevention Research and Development



Source: University of Illinois Center for Prevention Research and Development

The risk for binge or acute drinking in LaSalle County decreased from 25.4 % (2010-2014) to 21.1% (2015-2019).

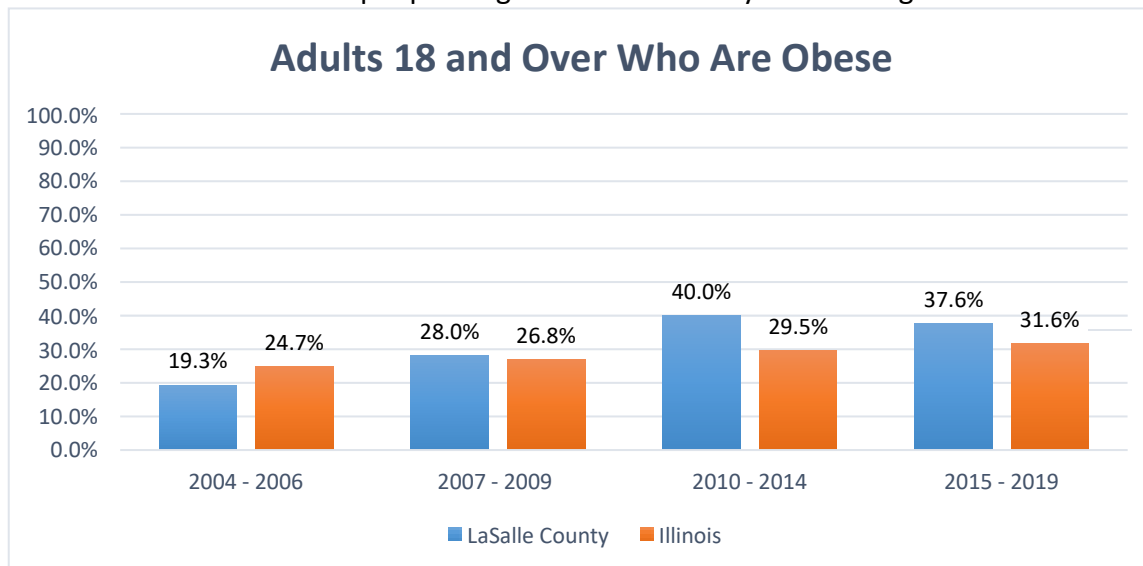


Source: Illinois Behavioral Risk Analysis Surveillance System

Overweight and Obesity

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

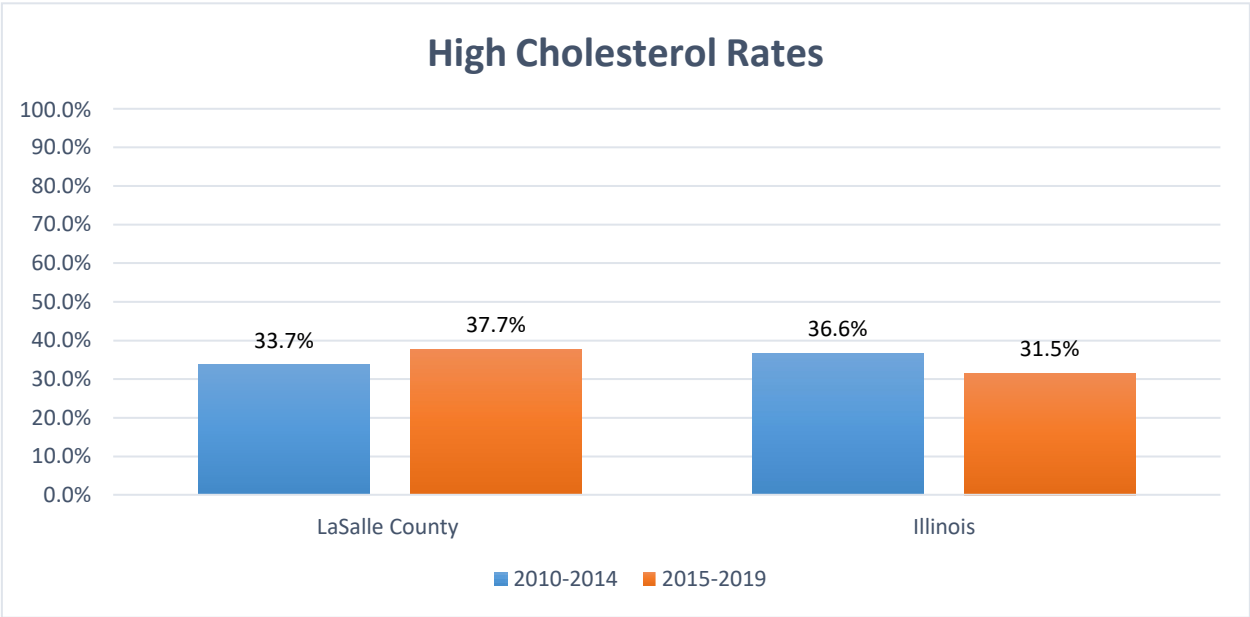
In LaSalle County, the number of people diagnosed with obesity and being overweight has significantly increased from 2004-2014 to about 40%, but has slowly decreased to 37.6% in 2015-2019. The number of people diagnosed with obesity remains higher in LaSalle County.



Source: Illinois Behavioral Risk Analysis Surveillance System

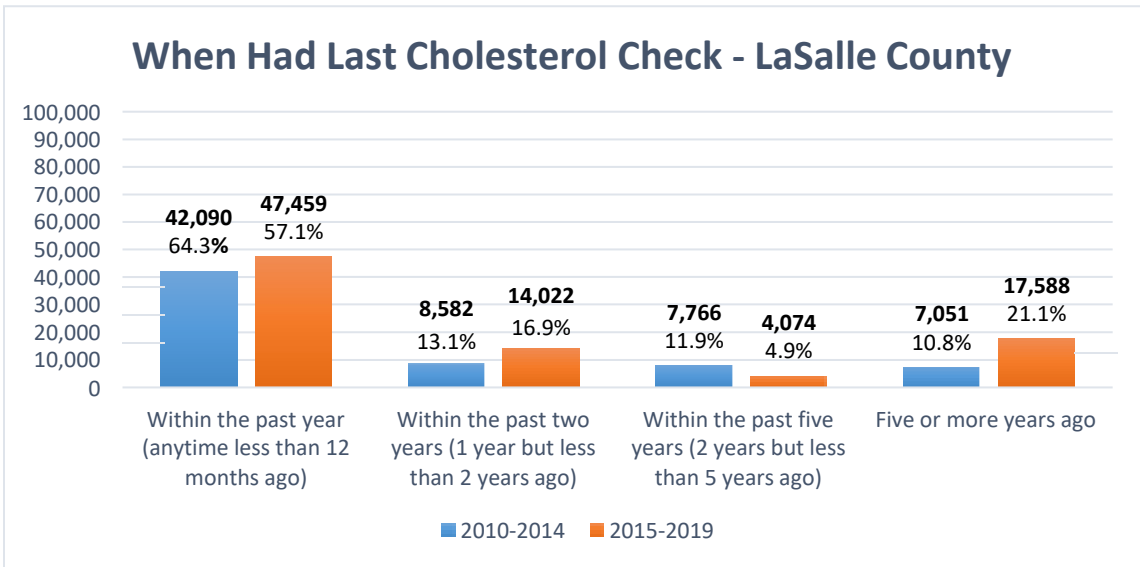
Predictors of Heart Disease

Residents in LaSalle County report a lower than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is lower in LaSalle County (33.7%) than the State of Illinois average of 36.6%.



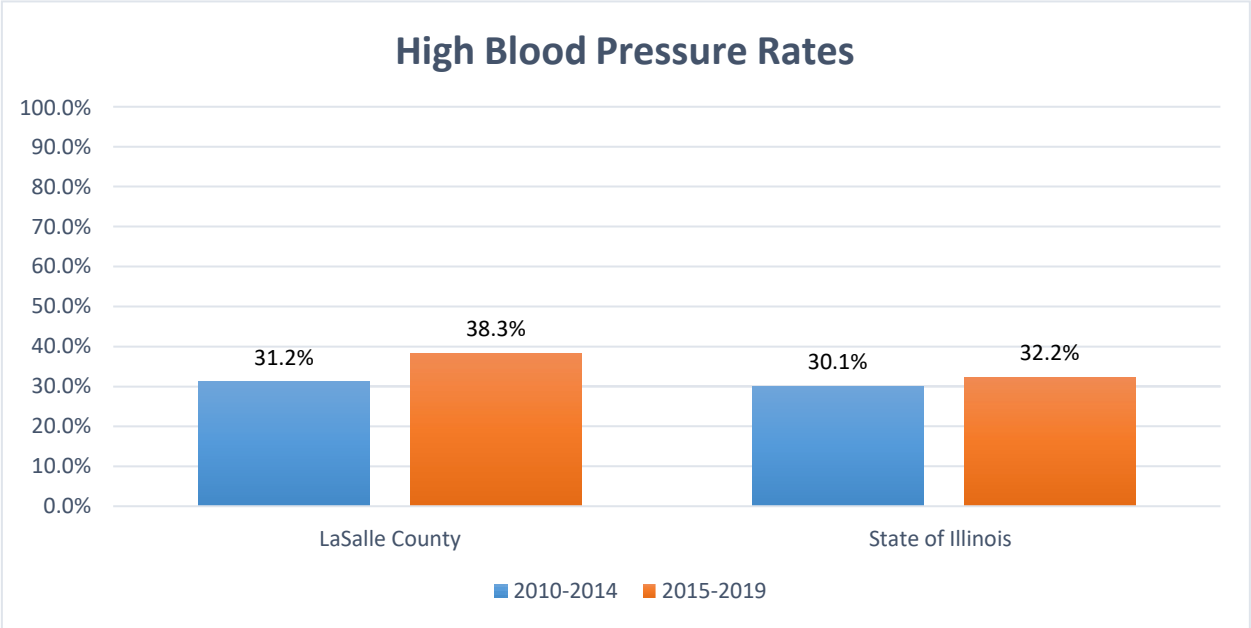
Source: Illinois Behavioral Risk Analysis Surveillance System

Most residents of LaSalle County report having their cholesterol checked within the past year.



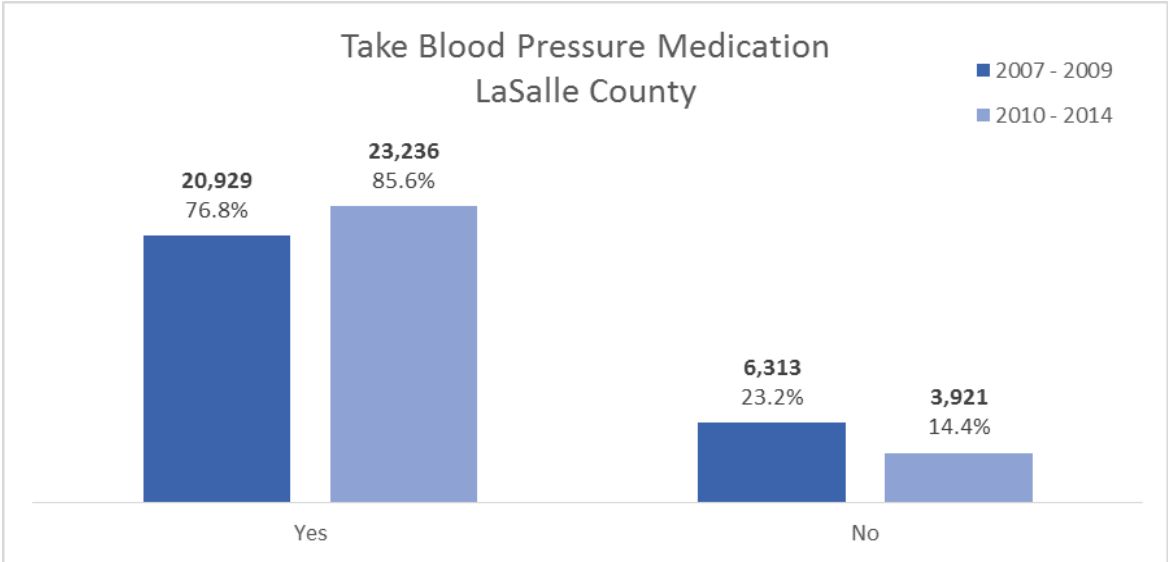
Source: Illinois Behavioral Risk Analysis Surveillance System

With regard to high blood pressure, LaSalle County has a slightly higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of LaSalle County residents reporting they have high blood pressure increased from 31.2% in 2014 to 38.3% in 2019.



Source: Illinois Behavioral Risk Analysis Surveillance System

The percentage of LaSalle County residents who take blood pressure medication has increased from 76.8% in 2009 to 85.6% in 2014.



Source: Illinois Behavioral Risk Analysis Surveillance System

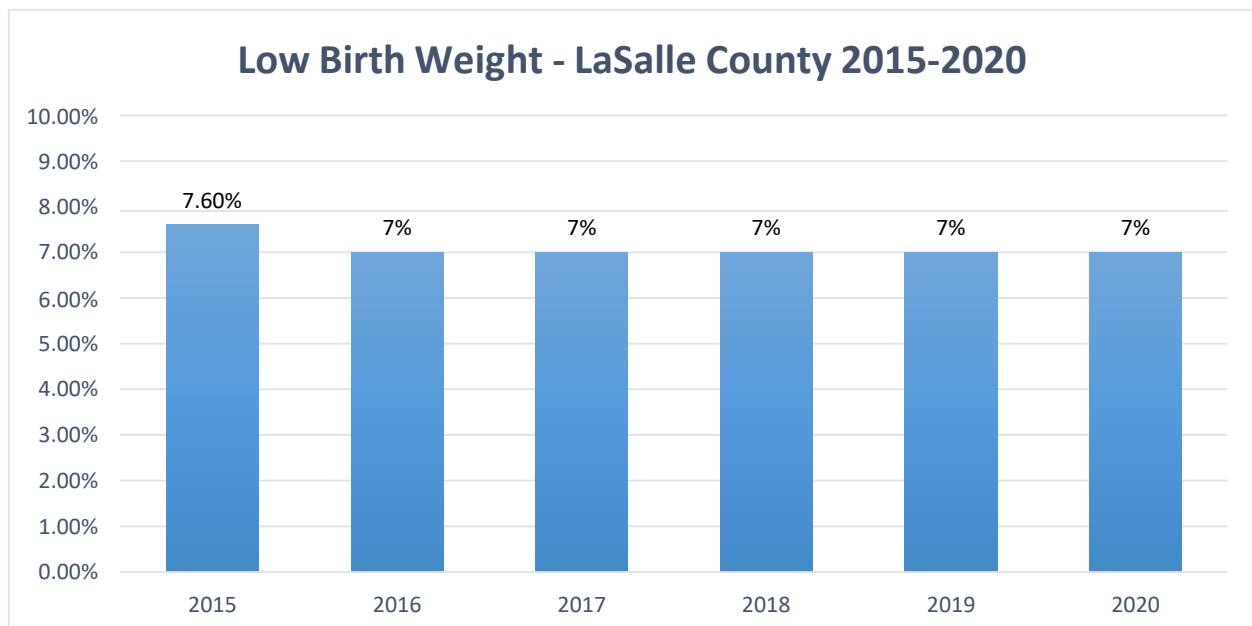
Note: There is no updated data on Blood Pressure Medication

Healthy Babies

Importance of the measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of prenatal care. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies. Prenatal care can provide health risk assessments for the mother and fetus, early intervention for medical conditions and education to encourage healthy habits, including nutritional and substance-free health during pregnancy.

Low Birth Weight Rates

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



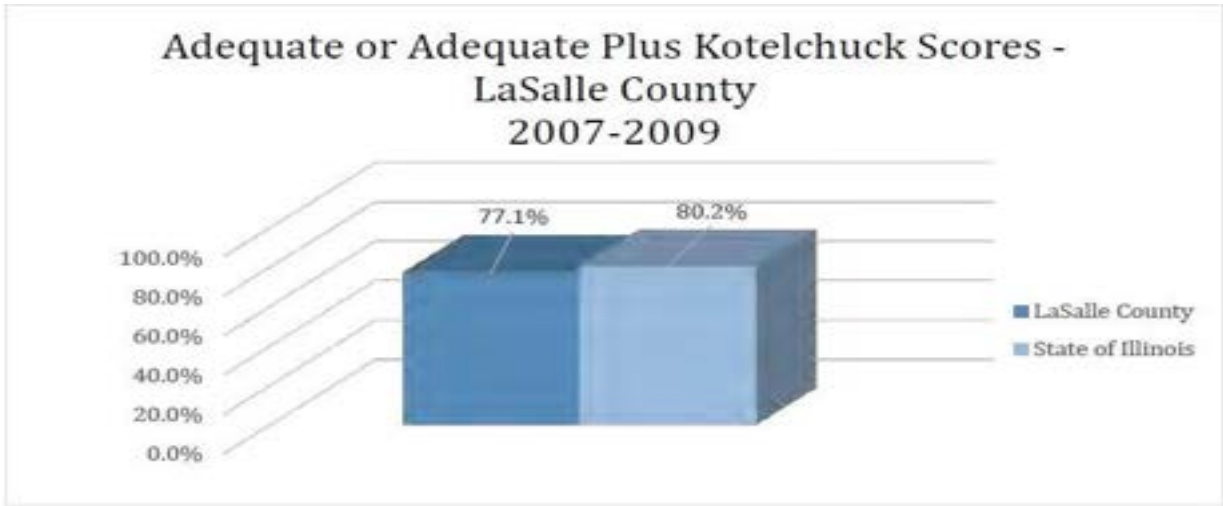
Source: <http://www.countyhealthrankings.org>

Initiation of Prenatal Care

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with adverse birth outcomes. Kotelchuck Index Scores are used to determine the quantity of prenatal visits received between initiation of services and delivery. Adequate (80%-109% of expected visits) and Adequate Plus (receiving 110% of recommended services) of received services is compared to the number of expected visits for the period when care began and the delivery date.

Of the babies born in 2009 in LaSalle County, 77.1% were born with “Adequate” or “Adequate Plus”

prenatal care. This figure is lower than the State of Illinois average of 80.2% of babies born with similar prenatal care. These are the most recent data, and have not been updated since 2009.



Source: Illinois Department of Public Health

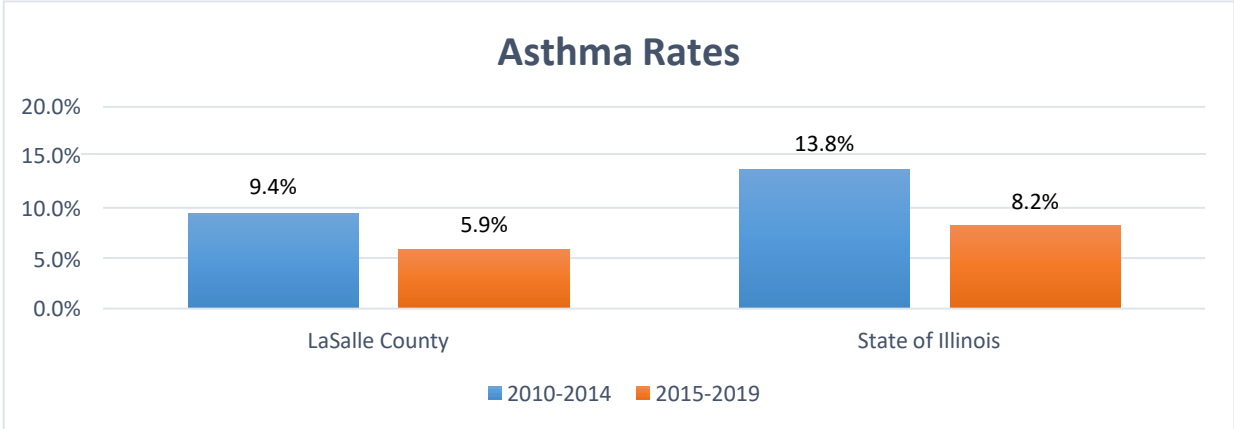
Note: There is no updated data on Kotelchuck Scores

Respiratory

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

Asthma

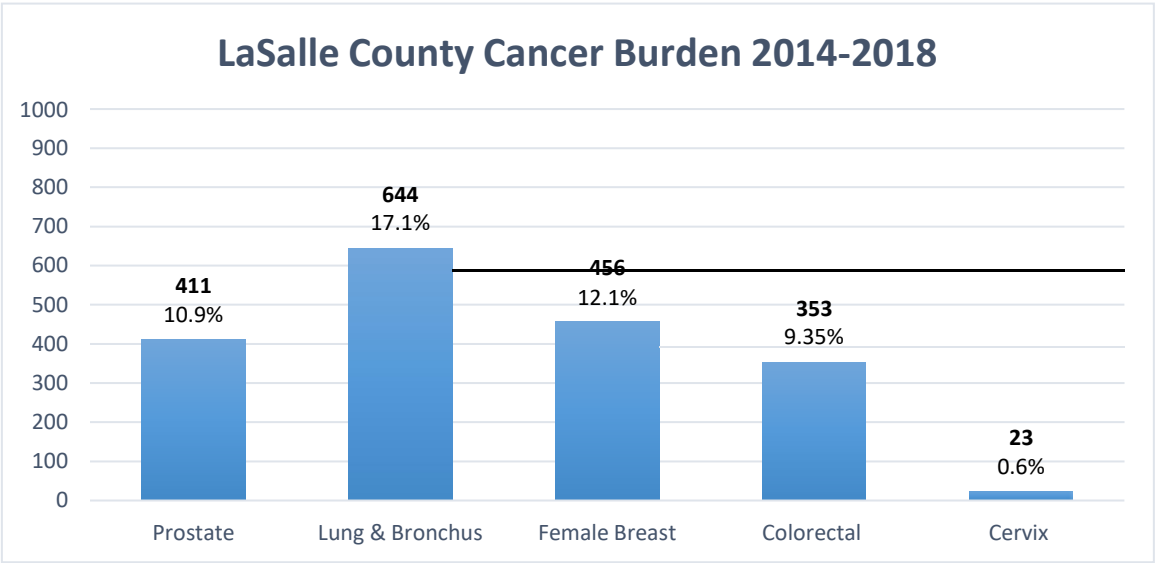
The percentage of residents that have asthma in LaSalle County has decreased between 2010-2014 and 2015-2019, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in LaSalle County (5.9%) are lower than the State of Illinois (8.2%).



Source: Illinois Behavioral Risk Analysis Surveillance System

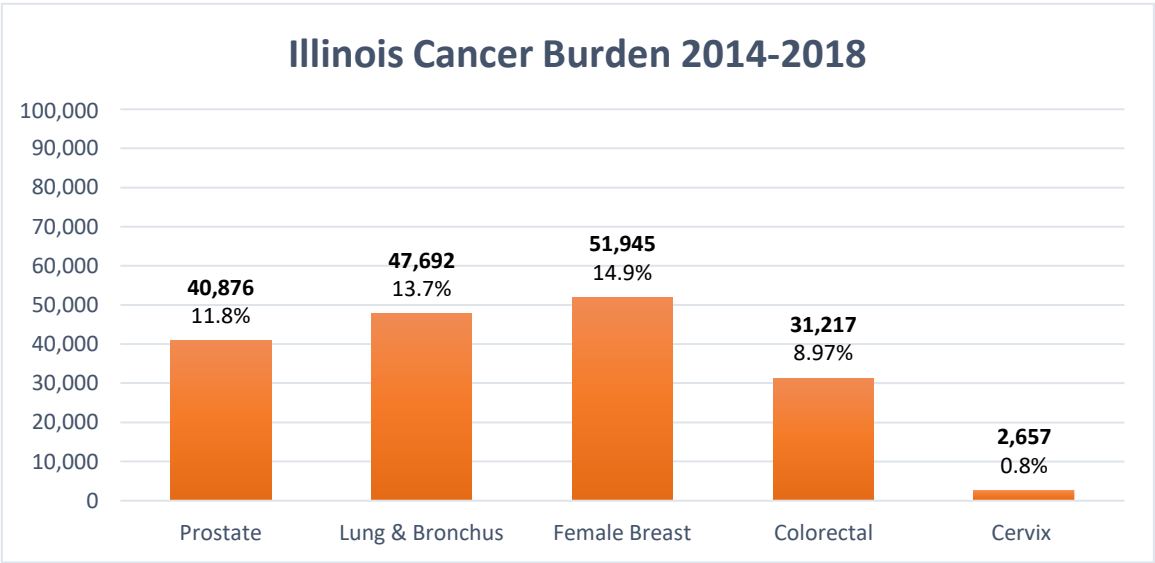
Cancer

Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in LaSalle County. For the top five prevalent cancers in LaSalle County, comparisons can be seen below. Collectively, the cancer rates in LaSalle County are higher than the State.



Source: IL Department of Public Health Vital Statistics & I-Query, IL State Cancer Registry, & IL Behavioral Risk Factor Survey

The top five cancers by treatment in the State of Illinois for 2014-2018 can be seen below. The most prevalent cancers in the State of Illinois are breast cancer, lung and bronchus cancer, and prostate cancer respectively.

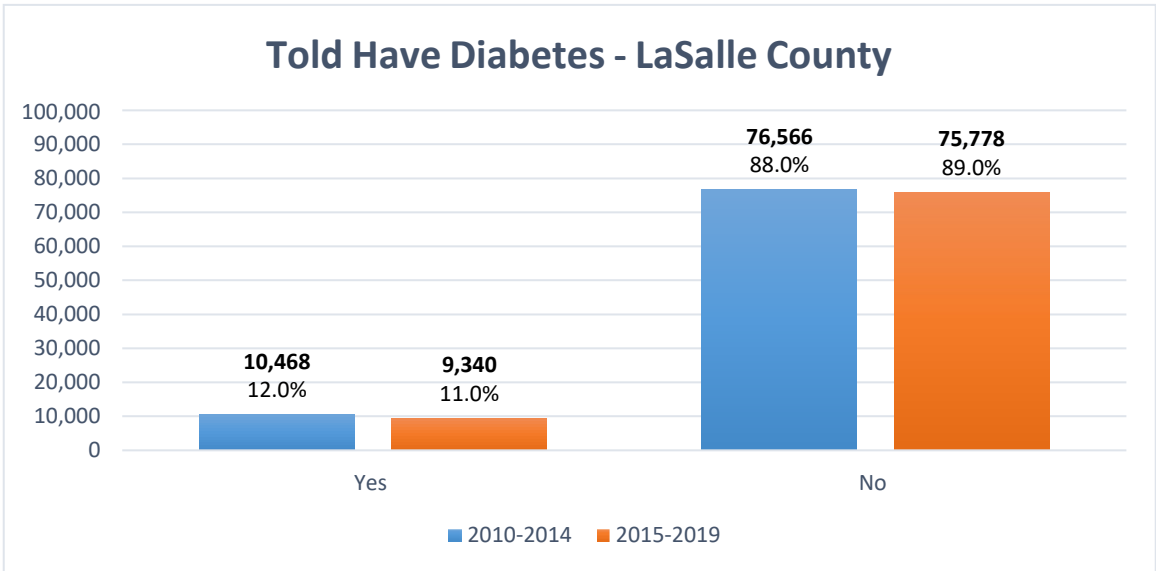


Source: IL Department of Public Health Vital Statistics & I-Query, IL State Cancer Registry, & IL Behavioral Risk Factor Survey

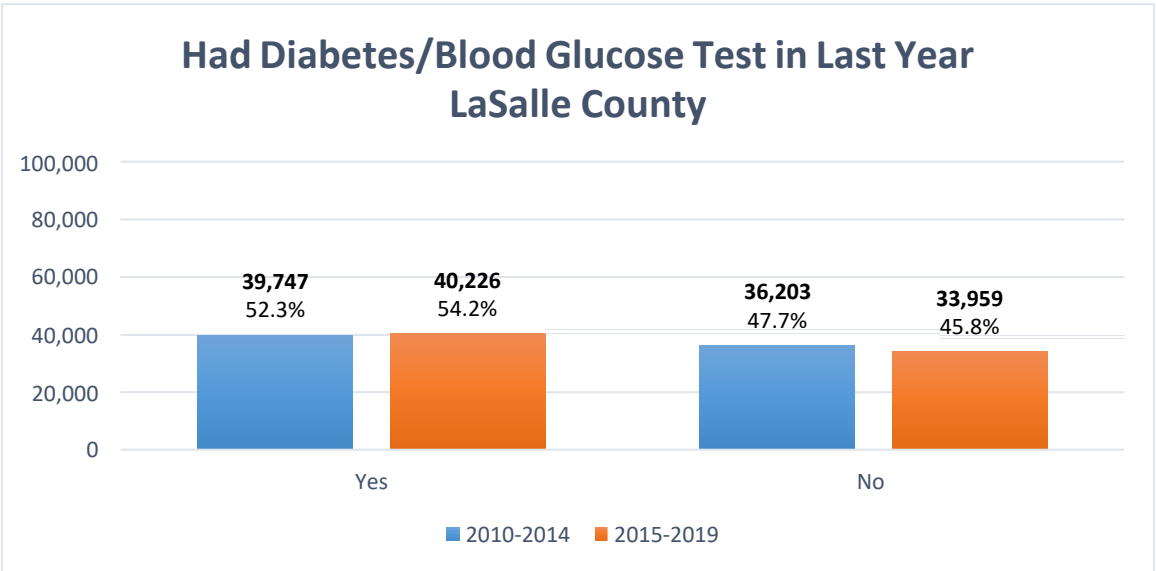
Diabetes

Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks.

The number of LaSalle County residents who were told they have diabetes decreased from 12.0% in 2014 to 11.0% in 2019.



Source: Illinois Behavioral Risk Analysis Surveillance System



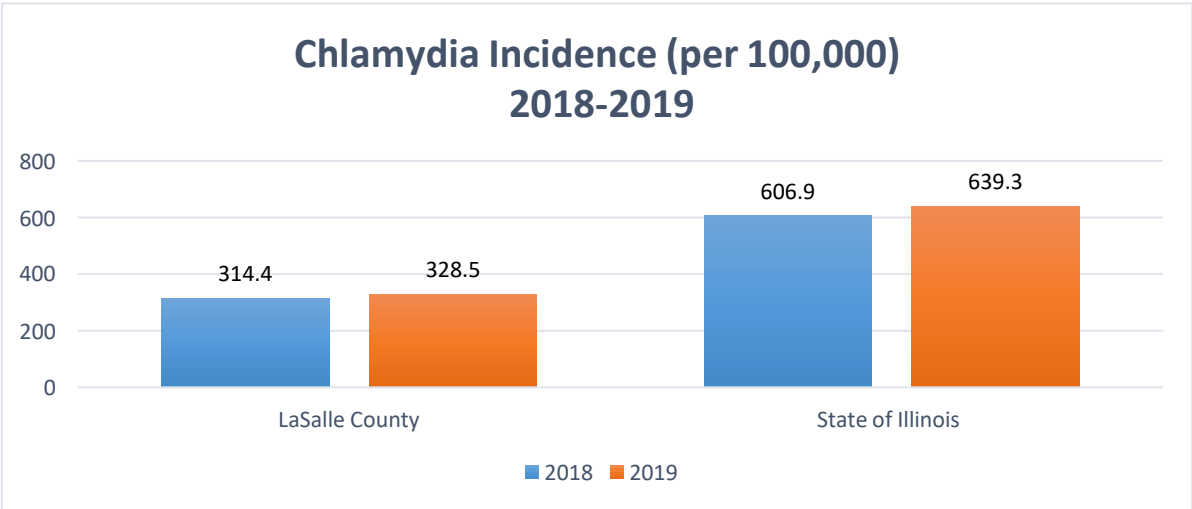
Source: Illinois Behavioral Risk Analysis Surveillance System

Infectious Diseases

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

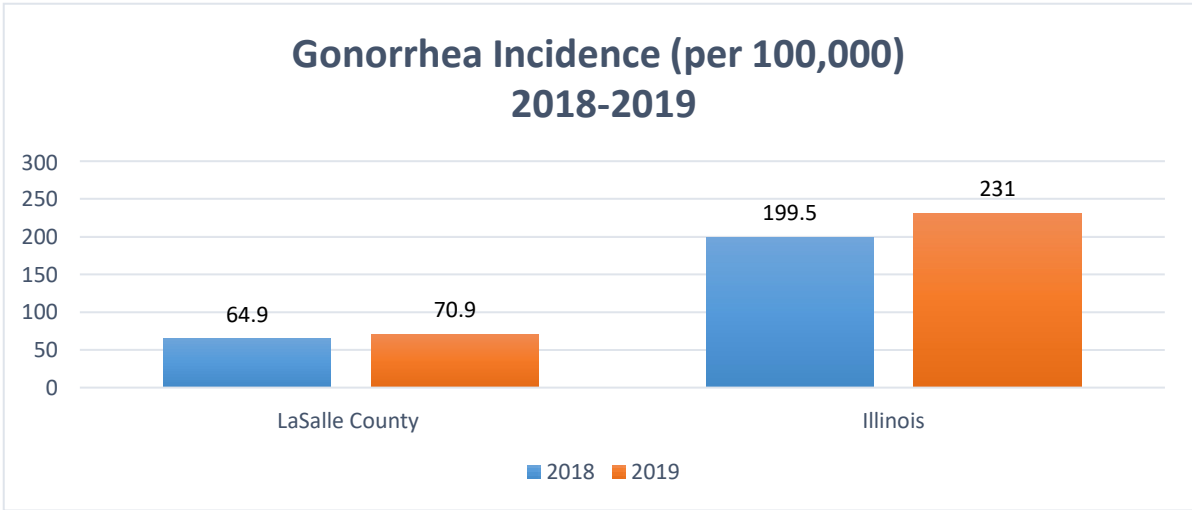
Chlamydia and Gonorrhea Cases

The data of infections of chlamydia in LaSalle County from 2018-2019 indicate that rates are slightly increased. There is a slight increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in LaSalle County are considerably lower than State averages.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in LaSalle County indicate an increase from 2018-2019 compared to decrease across the State of Illinois from 2018-2019.



Source: Illinois Department of Public Health

Vaccine preventable diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. A vaccine-preventable disease can cause long-term illness, hospitalization, and even death. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubella), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized.

Vaccine Preventable Diseases 2015-2020

Mumps	2015	2016	2017	2018	2019	2020
LaSalle County	1	0	0	2	2	0
Illinois	224	215	275	296	86	21
Pertussis	2015	2016	2017	2018	2019	2020
LaSalle County	0	2	2	1	1	0
Illinois	700	1,033	623	362	900	341
Varicella	2015	2016	2017	2018	2019	2020
LaSalle County	13	6	2	5	9	5
Illinois	408	445	397	376	372	101

Source: Illinois National Electronic Disease Surveillance System (I-NEDSS)

Tuberculosis 2015-2020

Tuberculosis	2015	2016	2017	2018	2019	2020
LaSalle County	1	0	1	2	0	1
State of Illinois	343	341	336	319	326	216

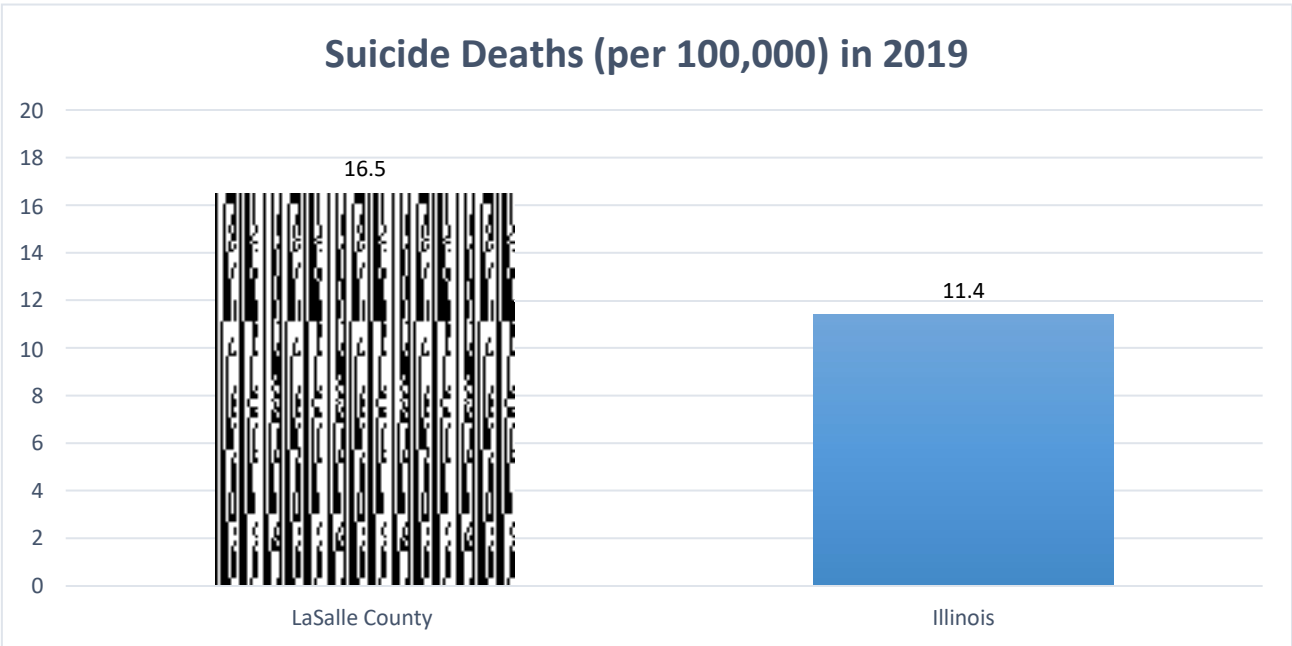
Source: Illinois Department of Public Health

Injuries

Importance of the measure: Unintentional injuries are injuries or accidents resulting from car accidents, falls and unintentional poisonings. In many cases, these types of injuries—and the deaths resulting from them—are preventable. Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues.

Intentional – Suicide

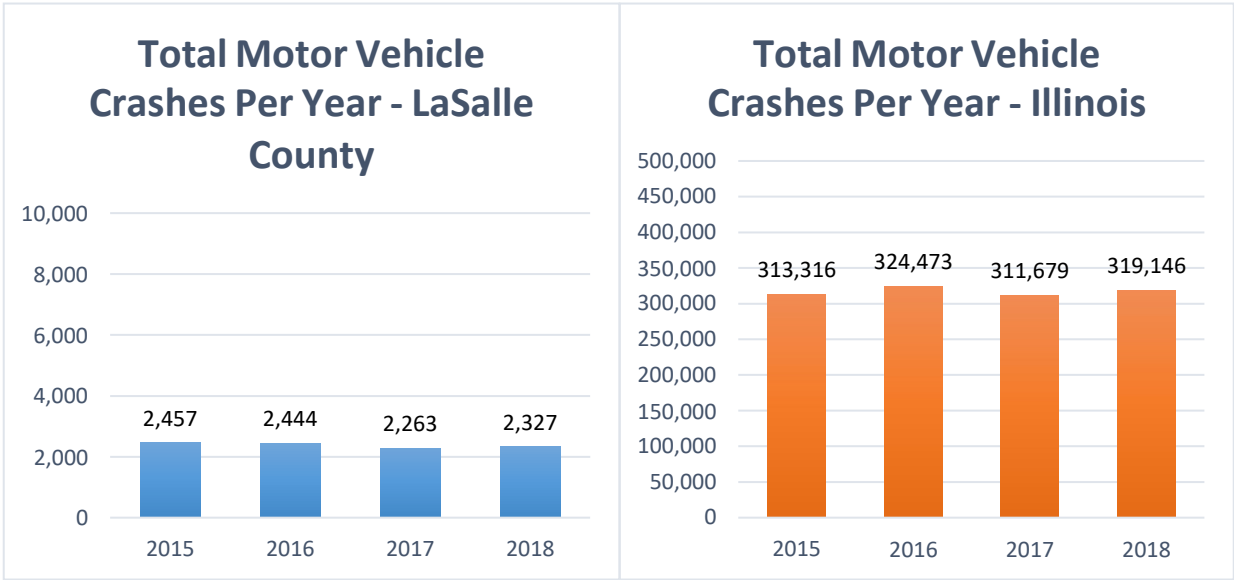
The number of suicides in LaSalle County indicate lower incidence than State of Illinois averages, as there were approximately 16.5 per 100,000 people in LaSalle County in 2019.



Source: Illinois Department of Public Health

Unintentional – Motor vehicle

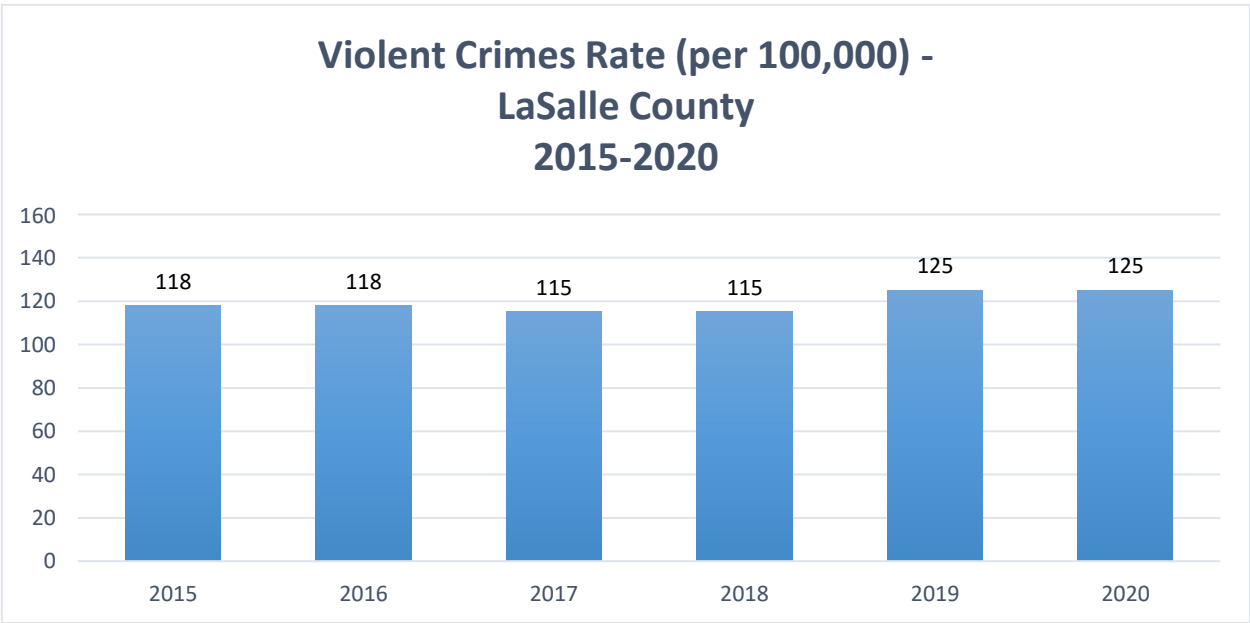
Research suggests that car accidents are a leading cause of unintentional injuries. In LaSalle County, the number of incidents between 2015-2018 for several types of motor vehicle collisions including vehicle overturn, railroad train, sideswipe, angle, parked motor vehicle, turning, and rear-end accidents has increased but is significantly lower than State of Illinois averages.



Source: Illinois Department of Transportation

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has increased from 2015 to 2020 in LaSalle County.



Source: Illinois County Health Rankings and Roadmap

County Health Ranking Reports 2017-2021

The *County Health Rankings* provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health. The County Health Rankings & Roadmaps program brings actionable data and strategies to communities to make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what is making people sick or healthy. The Roadmaps show what we can do to create healthier places to live, learn, work, and play. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

The County Health Ranking Reports for LaSalle County from 2017-2021 are included.



LaSalle (LS) 2017 Rankings

Download Illinois Rankings Data

County Demographics

	County	State
Population	111,333	12,859,995
% below 18 years of age	21.8%	23.0%
% 65 and older	17.8%	14.2%
% Non-Hispanic Black	2.5%	14.1%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	1.0%	5.5%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	9.2%	16.9%
% Non-Hispanic White	86.1%	61.9%
% not proficient in English	1%	5%
% Females	49.5%	50.9%
% Rural	30.2%	11.5%

	County	Error Margin	Top U.S. Performers ^	Illinois
Health Outcomes				
Length of Life				
Premature death	6,900	6,300-7,400	5,200	6,300
Quality of Life				
Poor or fair health **	14%	14-15%	12%	16%
Poor physical health days **	3.5	3.3-3.7	3.0	3.6
Poor mental health days **	3.6	3.4-3.8	3.0	3.4
Low birthweight	7%	7-8%	6%	8%
Additional Health Outcomes (not included in overall ranking)				
Premature age-adjusted mortality	370	350-390	270	320
Child mortality	50	40-70	40	50
Infant mortality	6	5-8	5	7
Frequent physical distress	10%	10-11%	9%	10%
Frequent mental distress	10%	10-11%	9%	10%
Diabetes prevalence	10%	8-13%	8%	9%
HIV prevalence	66		42	323
Health Factors				
Health Behaviors				
Adult smoking **	17%	16-17%	14%	15%
Adult obesity	27%	22-32%	26%	27%
Food environment index	7.8		8.4	8.0
Physical inactivity	24%	19-28%	19%	21%
Access to exercise opportunities	75%		91%	89%
Excessive drinking **	19%	18-20%	12%	21%
Alcohol-impaired driving deaths	37%	32-43%	13%	34%
Sexually transmitted infections	254.9		145.5	516.5
Teen births	33	31-36	17	30
Additional Health Behaviors (not included in overall ranking)				
Food insecurity	12%		10%	13%
Limited access to healthy foods	6%		2%	4%
Drug overdose deaths	22	17-27	9	13
Motor vehicle crash deaths	13	10-15	8	8

<https://www.countyhealthrankings.org/app/illinois/2017/county/snapshots/099/print>

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County Health Rankings & Roadmaps | County Health Rankings & Roadmaps

Insufficient sleep	32%	31-33%	28%	34%
Clinical Care				
Uninsured	9%	8-10%	8%	11%
Primary care physicians	2,420:1		1,040:1	1,240:1
Dentists	1,950:1		1,320:1	1,380:1
Mental health providers	1,340:1		360:1	580:1
Preventable hospital stays	66	62-70	36	56
Diabetes monitoring	84%	80-88%	91%	86%
Mammography screening	66%	62-71%	71%	64%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	11%	10-12%	10%	14%
Uninsured children	4%	3-4%	4%	4%
Health care costs	\$9,518			\$9,939
Other primary care providers	2,369:1		853:1	1,741:1
Social & Economic Factors				
High school graduation	83%		95%	86%
Some college	58%	55-61%	72%	68%
Unemployment	7.0%		3.3%	5.9%
Children in poverty	20%	16-24%	12%	19%
Income inequality	4.6	4.3-4.8	3.7	4.9
Children in single-parent households	32%	28-36%	21%	32%
Social associations	13.0		22.1	9.8
Violent crime	115		62	388
Injury deaths	74	67-81	53	53
Additional Social & Economic Factors (not included in overall ranking)				
Disconnected youth	15%		10%	13%
Median household income	\$52,300	\$48,900-55,700	\$63,300	\$59,600
Children eligible for free or reduced price lunch	53%		33%	54%
Residential segregation - Black/White	54		22	72
Residential segregation - non-white/white	37		14	54
Homicides			2	6
Firearm fatalities	8	5-10	7	9
Physical Environment				
Air pollution - particulate matter **	11.1		6.7	10.5
Drinking water violations	Yes			
Severe housing problems	13%	12-14%	9%	19%
Driving alone to work	84%	83-85%	72%	73%
Long commute - driving alone	29%	27-31%	15%	40%

* 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data



LaSalle (LS) 2018 Rankings

[Download Illinois Rankings Data](#)

County Demographics

	County	State
Population	110,642	12,801,539
% below 18 years of age	21.6%	22.9%
% 65 and older	18.2%	14.6%
% Non-Hispanic Black	2.6%	14.1%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	0.9%	5.5%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	9.5%	17.0%
% Non-Hispanic White	85.8%	61.7%
% not proficient in English	1%	4%
% Females	49.5%	50.9%
% Rural	30.2%	11.5%

	County	Error Margin	Top U.S. Performers ^	Illinois
Health Outcomes				
Length of Life				
Premature death	7,500	6,900-8,100	5,300	6,300
Quality of Life				
Poor or fair health **	16%	15-16%	12%	17%
Poor physical health days **	3.8	3.6-4.0	3.0	3.8
Poor mental health days **	3.7	3.5-3.9	3.1	3.5
Low birthweight	7%	7-8%	6%	8%
Additional Health Outcomes (not included in overall ranking)				
Premature age-adjusted mortality	380	360-400	270	320
Child mortality	50	40-70	40	50
Infant mortality	6	5-8	4	6
Frequent physical distress	11%	11-12%	9%	11%
Frequent mental distress	11%	11-11%	10%	10%
Diabetes prevalence	11%	8-13%	8%	9%
HIV prevalence	58		49	330
Health Factors				
Health Behaviors				
Adult smoking **	17%	16-18%	14%	16%
Adult obesity	28%	23-33%	26%	28%
Food environment index	8.2		8.6	8.7
Physical inactivity	27%	22-32%	20%	22%
Access to exercise opportunities	81%		91%	91%
Excessive drinking **	21%	20-22%	13%	21%
Alcohol-impaired driving deaths	38%	32-43%	13%	33%
Sexually transmitted infections	256.2		145.1	540.4
Teen births	29	27-31	15	26
Additional Health Behaviors (not included in overall ranking)				
Food insecurity	11%		10%	12%
Limited access to healthy foods	6%		2%	4%
Drug overdose deaths	20	15-25	10	15
Drug overdose deaths - modeled	22-23.9		8-11.9	18.9

County Health Rankings & Roadmaps | County Health Rankings & Roadmaps

Motor vehicle crash deaths	13	10-15	9	8
Insufficient sleep	31%	29-32%	27%	32%
Clinical Care				
Uninsured	6%	6-7%	6%	8%
Primary care physicians	2,850:1		1,030:1	1,240:1
Dentists	1,980:1		1,280:1	1,330:1
Mental health providers	1,240:1		330:1	530:1
Preventable hospital stays	64	59-68	35	55
Diabetes monitoring	84%	80-88%	91%	86%
Mammography screening	66%	62-71%	71%	64%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	8%	7-9%	7%	10%
Uninsured children	3%	2-4%	3%	3%
Health care costs	\$9,912			\$9,981
Other primary care providers	2,128:1		782:1	1,533:1
Social & Economic Factors				
High school graduation	83%		95%	86%
Some college	58%	56-61%	72%	68%
Unemployment	6.7%		3.2%	5.9%
Children in poverty	20%	16-24%	12%	18%
Income inequality	4.5	4.3-4.8	3.7	5.0
Children in single-parent households	33%	29-37%	20%	32%
Social associations	13.4		22.1	9.8
Violent crime	115		62	388
Injury deaths	73	66-80	55	56
Additional Social & Economic Factors (not included in overall ranking)				
Disconnected youth	15%		10%	13%
Median household income	\$56,500	\$52,500-60,600	\$65,100	\$61,000
Children eligible for free or reduced price lunch	49%		33%	50%
Residential segregation - Black/White	49		23	72
Residential segregation - non-white/white	32		14	54
Homicides	1	1-2	2	7
Firearm fatalities	7	5-10	7	10
Physical Environment				
Air pollution - particulate matter **	11.1		6.7	10.5
Drinking water violations	Yes			
Severe housing problems	13%	12-15%	9%	18%
Driving alone to work	84%	83-85%	72%	73%
Long commute - driving alone	29%	27-31%	15%	40%

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data



LaSalle (LS) 2019 Rankings

[Download Illinois Rankings Data](#)

County Demographics

	County	State
Population	110,067	12,802,023
% below 18 years of age	21.5%	22.6%
% 65 and older	18.5%	15.2%
% Non-Hispanic Black	2.6%	14.1%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	0.9%	5.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	9.8%	17.3%
% Non-Hispanic White	85.3%	61.3%
% not proficient in English	1%	4%
% Females	49.5%	50.8%
% Rural	30.2%	11.5%

	County	Error Margin	Top U.S. Performers ^	Illinois
Health Outcomes				
Length of Life				
Premature death	8,200	7,500-8,800	5,400	6,600
Quality of Life				
Poor or fair health **	16%	15-16%	12%	17%
Poor physical health days **	3.8	3.6-4.0	3.0	3.8
Poor mental health days **	3.7	3.5-3.9	3.1	3.5
Low birthweight	7%	7-8%	6%	8%
Additional Health Outcomes (not included in overall ranking)				
Life expectancy	77.1	76.6-77.7	81.0	79.3
Premature age-adjusted mortality	390	370-410	280	330
Child mortality	50	40-70	40	50
Infant mortality	6	5-8	4	6
Frequent physical distress	11%	11-12%	9%	11%
Frequent mental distress	11%	11-11%	10%	10%
Diabetes prevalence	10%	7-13%	9%	9%
HIV prevalence	58		49	330
Health Factors				
Health Behaviors				
Adult smoking **	17%	16-18%	14%	16%
Adult obesity	28%	23-34%	26%	29%
Food environment index	8.2		8.7	8.7
Physical inactivity	23%	18-29%	19%	22%
Access to exercise opportunities	82%		91%	91%
Excessive drinking **	21%	20-22%	13%	21%
Alcohol-impaired driving deaths	39%	34-44%	13%	33%
Sexually transmitted infections	302.7		152.8	561.4
Teen births	27	25-29	14	23
Additional Health Behaviors (not included in overall ranking)				
Food insecurity	11%		9%	11%
Limited access to healthy foods	6%		2%	4%
Drug overdose deaths	25	20-31	10	18

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Motor vehicle crash deaths	14	12-17	9	8
Insufficient sleep	31%	29-32%	27%	32%
Clinical Care				
Uninsured	6%	5-7%	6%	7%
Primary care physicians	2,570:1		1,050:1	1,230:1
Dentists	1,930:1		1,260:1	1,310:1
Mental health providers	1,160:1		310:1	480:1
Preventable hospital stays	3,994		2,765	4,980
Mammography screening	44%		49%	42%
Flu vaccinations	46%		52%	45%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	7%	6-8%	6%	9%
Uninsured children	2%	2-3%	3%	3%
Other primary care providers	2,001:1		726:1	1,382:1
Social & Economic Factors				
High school graduation	88%		96%	87%
Some college	59%	56-62%	73%	69%
Unemployment	5.5%		2.9%	5.0%
Children in poverty	22%	18-26%	11%	17%
Income inequality	4.4	4.2-4.7	3.7	5.0
Children in single-parent households	33%	29-38%	20%	32%
Social associations	13.1		21.9	9.8
Violent crime	125		63	403
Injury deaths	82	75-90	57	59
Additional Social & Economic Factors (not included in overall ranking)				
Disconnected youth	8%	5-10%	4%	7%
Median household income	\$56,900	\$54,200-\$59,500	\$67,100	\$63,000
Children eligible for free or reduced price lunch	50%		32%	50%
Residential segregation - Black/White	50		23	72
Residential segregation - non-white/white	33		15	54
Homicides	1	1-3	2	7
Firearm fatalities	8	6-10	7	10
Physical Environment				
Air pollution - particulate matter **	12.0		6.1	11.5
Drinking water violations	Yes			
Severe housing problems	14%	13-15%	9%	18%
Driving alone to work	84%	83-86%	72%	73%
Long commute - driving alone	29%	28-31%	15%	41%
Additional Physical Environment (not included in overall ranking)				
Homeownership	73%	71-74%	80%	66%
Severe housing cost burden	12%	11-13%	7%	15%

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data



The 2021 Rankings includes deaths through 2019. See our FAQs for information about when we anticipate the inclusion of deaths attributed to COVID-19.

LaSalle (LS) 2020 Rankings

[Download Illinois Rankings Data](#)

County Demographics

	County	State
Population	109,430	12,741,080
% below 18 years of age	21.5%	22.4%
% 65 and older	18.9%	15.6%
% Non-Hispanic Black	2.6%	14.1%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	0.9%	5.9%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	10.0%	17.4%
% Non-Hispanic White	85.0%	61.0%
% not proficient in English	1%	4%
% Females	49.5%	50.9%
% Rural	30.2%	11.5%

	County	Error Margin	Top U.S. Performers ^	Illinois
Health Outcomes				
Length of Life				
Premature death	8,200	7,600-8,800	5,500	6,700
Quality of Life				
Poor or fair health **	15%	15-16%	12%	17%
Poor physical health days **	3.8	3.7-4.0	3.1	3.8
Poor mental health days **	3.9	3.7-4.1	3.4	3.8
Low birthweight	7%	7-8%	6%	8%
Additional Health Outcomes (not included in overall ranking)				
Life expectancy	77.1	76.6-77.7	81.1	79.3
Premature age-adjusted mortality	400	380-420	270	330
Child mortality	50	40-70	40	50
Infant mortality	7	5-9	4	6
Frequent physical distress	11%	10-11%	9%	11%
Frequent mental distress	12%	11-12%	11%	11%
Diabetes prevalence	13%	9-19%	7%	10%
HIV prevalence	80		41	332
Health Factors				
Health Behaviors				
Adult smoking **	16%	15-17%	14%	15%
Adult obesity	28%	22-35%	26%	30%
Food environment index	8.2		8.6	8.6
Physical inactivity	30%	24-37%	20%	22%
Access to exercise opportunities	82%		91%	91%
Excessive drinking **	21%	20-22%	13%	21%

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Alcohol-impaired driving deaths	39%	34-44%	11%	32%
Sexually transmitted infections	348.0		161.4	589.9
Teen births	25	23-27	13	21
Additional Health Behaviors (not included in overall ranking)				
Food insecurity	10%		9%	11%
Limited access to healthy foods	6%		2%	4%
Drug overdose deaths	30	24-36	10	21
Motor vehicle crash deaths	14	12-17	9	9
Insufficient sleep	31%	29-32%	27%	32%
Clinical Care				
Uninsured	6%	5-7%	6%	8%
Primary care physicians	2,750:1		1,030:1	1,250:1
Dentists	1,920:1		1,240:1	1,280:1
Mental health providers	1,080:1		290:1	440:1
Preventable hospital stays	4,608		2,761	5,092
Mammography screening	46%		50%	43%
Flu vaccinations	45%		53%	46%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	7%	6-8%	7%	10%
Uninsured children	2%	2-3%	3%	3%
Other primary care providers	1,710:1		665:1	1,214:1
Social & Economic Factors				
High school graduation	85%		96%	85%
Some college	60%	57-63%	73%	69%
Unemployment	5.8%		2.6%	4.3%
Children in poverty	20%	16-25%	11%	16%
Income inequality	4.4	4.1-4.7	3.7	5.0
Children in single-parent households	34%	31-38%	20%	32%
Social associations	13.0		18.4	9.9
Violent crime	125		63	403
Injury deaths	90	82-98	58	62
Additional Social & Economic Factors (not included in overall ranking)				
Disconnected youth	6%	4-8%	4%	6%
Reading scores	3.0		3.4	3.1
Math scores	2.7		3.4	2.9
Median household income	\$54,100	\$49,500-58,700	\$69,000	\$65,100
Children eligible for free or reduced price lunch	48%		32%	49%
Residential segregation - Black/White	53		23	71
Residential segregation - non-white/white	29		14	53
Homicides	1	1-3	2	7
Suicides	18	14-22	11	11
Firearm fatalities	7	5-9	8	11
Juvenile arrests	15			8
Physical Environment				
Air pollution - particulate matter **	12.0		6.1	11.5
Drinking water violations	No			
Severe housing problems	13%	12-15%	9%	17%
Driving alone to work	85%	84-86%	72%	73%
Long commute - driving alone	29%	27-31%	16%	41%
Additional Physical Environment (not included in overall ranking)				
Traffic volume	122			508
Homeownership	72%	71-74%	81%	66%
Severe housing cost burden	11%	10-12%	7%	15%

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data



The 2021 Rankings includes deaths through 2019. See our FAQs for information about when we anticipate the inclusion of deaths attributed to COVID-19.

LaSalle (LS) 2021 Rankings

[Download Illinois Rankings Data](#)

County Demographics

	County	State
Population	108,669	12,671,821
% below 18 years of age	21.3%	22.2%
% 65 and older	19.4%	16.1%
% Non-Hispanic Black	2.6%	14.1%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	0.9%	5.9%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	10.3%	17.5%
% Non-Hispanic White	84.7%	60.8%
% not proficient in English	1%	4%
% Females	49.5%	50.9%
% Rural	30.2%	11.5%

	County	Error Margin	Top U.S. Performers ^	Illinois
Health Outcomes				
Length of Life				
Premature death	8,500	7,900-9,200	5,400	6,600
Quality of Life				
Poor or fair health **	18%	16-20%	14%	16%
Poor physical health days **	4.1	3.7-4.5	3.4	3.6
Poor mental health days **	4.4	4.0-4.8	3.8	3.8
Low birthweight	7%	7-8%	6%	8%
Additional Health Outcomes (not included in overall ranking)				
Life expectancy	76.9	76.3-77.4	81.1	79.4
Premature age-adjusted mortality	410	390-430	280	330
Child mortality	50	30-60	40	50
Infant mortality	7	5-9	4	6
Frequent physical distress **	13%	11-14%	10%	10%
Frequent mental distress **	14%	13-16%	12%	12%
Diabetes prevalence	13%	9-19%	8%	10%
HIV prevalence	76		50	335
Health Factors				
Health Behaviors				
Adult smoking **	22%	19-25%	16%	16%
Adult obesity	32%	25-39%	26%	30%
Food environment index	8.1		8.7	8.7
Physical inactivity	27%	21-34%	19%	22%
Access to exercise opportunities	82%		91%	91%
Excessive drinking **	21%	20-22%	15%	22%

County Health Rankings & Roadmaps County Health Rankings & Roadmaps				
Alcohol-impaired driving deaths	40%	34-45%	11%	31%
Sexually transmitted infections	312.5		161.2	604.0
Teen births	24	22-26	12	19
Additional Health Behaviors (not included in overall ranking)				
Food insecurity	11%		9%	10%
Limited access to healthy foods	6%		2%	4%
Drug overdose deaths	34	28-40	11	22
Motor vehicle crash deaths	14	12-17	9	9
Insufficient sleep **	36%	34-37%	32%	34%
Clinical Care				
Uninsured	6%	6-7%	6%	8%
Primary care physicians	2,540:1		1,030:1	1,240:1
Dentists	1,870:1		1,210:1	1,240:1
Mental health providers	1,040:1		270:1	410:1
Preventable hospital stays	4,146		2,565	4,913
Mammography screening	45%		51%	43%
Flu vaccinations	48%		55%	49%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	8%	7-9%	7%	10%
Uninsured children	3%	2-4%	3%	3%
Other primary care providers	1,450:1		620:1	1,110:1
Social & Economic Factors				
High school completion	89%	88-89%	94%	89%
Some college	59%	56-62%	73%	70%
Unemployment	5.3%		2.6%	4.0%
Children in poverty	18%	13-23%	10%	16%
Income inequality	4.4	4.1-4.6	3.7	5.0
Children in single-parent households	24%	21-27%	14%	25%
Social associations	12.7		18.2	10.0
Violent crime	125		63	403
Injury deaths	92	84-100	59	65
Additional Social & Economic Factors (not included in overall ranking)				
High school graduation	86%		95%	87%
Disconnected youth	6%	4-8%	4%	6%
Reading scores	2.9		3.3	3.0
Math scores	2.8		3.4	2.9
Median household income	\$59,500	\$55,700-63,300	\$72,900	\$69,200
Children eligible for free or reduced price lunch	45%		32%	49%
Residential segregation - Black/White	52		23	71
Residential segregation - non-white/white	28		14	53
Homicides	2	1-3	2	7
Suicides	18	14-21	11	11
Firearm fatalities	8	6-10	8	11
Juvenile arrests	15			9
Physical Environment				
Air pollution - particulate matter	9.1		5.2	8.7
Drinking water violations	Yes			
Severe housing problems	13%	11-14%	9%	17%
Driving alone to work	85%	84-86%	72%	73%
Long commute - driving alone	30%	29-32%	16%	42%
Additional Physical Environment (not included in overall ranking)				
Traffic volume	142			630
Homeownership	72%	71-73%	81%	66%
Severe housing cost burden	11%	10-12%	7%	14%
Broadband access	82%	81-84%	86%	83%

* 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

LaSalle County Health Department Health Assessment Needs Survey 2021

This survey is designated to identify different aspects of health care in the community. Your health is important to us so please take a moment to answer some questions regarding your health behaviors and concerns.

Background Information

Zipcode

Age

- ☐ 18-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 65 or older

Gender

- ☐ Male
☐ Female
☐

Race

- ☐ Non-Hispanic White or Euro-American
☐ Black, Afro-Caribbean, or African American
☐ Latino or Hispanic American

- ☐ East Asian or Asian American
☐ South Asian or Indian American
☐ Middle Eastern or Arab American
☐ Native American or Alaskan American
☐

Highest level of education received

- ☐ Less than high school
☐ Some high school
☐ High school/GED
☐ Some college
☐ Associate's Degree
☐ Bachelor's Degree
☐ Graduate or professional degree

Employment level

- ☐ Full-time
☐ Part-time
☐ Unemployed
☐ Retired
☐ Student
☐

Marital status?

- ☐ Married
☐ Single
☐ Divorced
☐

Household income?

- ☐ Less than \$20,000
- ☐ \$20,000-\$29,999
- ☐ \$30,000-\$49,999
- ☐ \$50,000-\$69,000
- ☐ \$70,000-\$149,999
- ☐ Over \$150,000

How many people are in your household?**How do you pay for health care?**

- ☐ Cash (no insurance)
- ☐ Private/employer based health insurance
- ☐ Medicaid
- ☐ Veterans' Administration
- ☐ Indian Health Services
- ☐

Community Strengths & Weaknesses**Which THREE factors do you think influence a communities health and improve the quality of life within the community?**

- ☐ Programs for children
- ☐ Low crime rates/safe neighborhoods
- ☐ Low levels of child abuse
- ☐ Good schools
- ☐ Access to health care
- ☐ Parks and recreation
- ☐ Clean environment

- ☐ Affordable housing
- ☐ Access to affordable and healthy foods
- ☐ Access to transportation
- ☐ Access to Internet
- ☐ Arts/cultural centered events
- ☐ High employment levels
- ☐ Good race relations
- ☐ A strong focus on family values
- ☐ Healthy lifestyles
- ☐ Low adult death and disease rates
- ☐ Low infant death rates
- ☐ Strong ties to religion in the community
- ☐ Emergency preparedness

Which THREE problems do you believe have the greatest impact on the community?

- ☐ Aging problems (arthritis, vision loss, dementia)
- ☐ Asthma
- ☐ Cancer
- ☐ Child abuse/neglect
- ☐ Dental problems
- ☐ Diabetes
- ☐ Domestic violence
- ☐ Drug/Alcohol misuse
- ☐ Firearm related injuries
- ☐ Heart disease and stroke
- ☐ High blood pressure
- ☐ HIV/AIDS
- ☐ Homicide
- ☐ Infant death
- ☐ Infectious disease (hepatitis, TB, etc.)
- ☐ Mental illness
- ☐ Motor vehicle crash injuries
- ☐ Rape/Sexual assault
- ☐ Respiratory/lung disease (COPD)
- ☐ STDs
- ☐ Suicide
- ☐ Teenage pregnancy
- ☐ Terrorism

Which THREE behaviors do you believe have the greatest impact on the community?

- ☐ Bullying

- ☐ Dropping out of school
- ☐ Drug/Alcohol misuse
- ☐ Lack of exercise
- ☐ Nicotine use (vaping/chewing/smoking)
- ☐ Not wearing seat belts
- ☐ Not vaccinating to prevent disease
- ☐ Obesity
- ☐ Poor diet
- ☐ Racism
- ☐ Tobacco use
- ☐ Unprotected sex
- ☐ Unsecured firearms

How would you rate the community's overall health?

1 2 3 4 5
 Unhealthy ☐ ☐ ☐ ☐ ☐ Healthy

How would you rate your own health?

1 2 3 4 5
 Unhealthy ☐ ☐ ☐ ☐ ☐ Healthy

How would you rate each area of your health? (Select one answer for each row.)

	Poor	Fair	Good
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What prevents you from getting the health care you feel you need? (Select all that apply.)

- ☐ Don't know how to find the type of doctor I want
- ☐ Fear (e.g., not ready to face/discuss health problems(s))
- ☐ Language barriers
- ☐ Immigration status
- ☐ No insurance/unable to pay for health care
- ☐ Transportation
- ☐ Lack of access to computer/technology
- ☐ Bad past medical experience
- ☐ Cultural/religious beliefs
- ☐ Not applicable

☐

Quality of Life

Are you satisfied with the quality of life in your community?

1 2 3 4 5
Unsatisfied ○ ○ ○ ○ ○ Satisfied

Are you satisfied with your community's health care system?

1 2 3 4 5
Unsatisfied ○ ○ ○ ○ ○ Satisfied

Your community is a good place to raise a family?

1 2 3 4 5
Disagree ○ ○ ○ ○ ○ Agree

Your community is a good place to grow old?

1 2 3 4 5
Disagree ○ ○ ○ ○ ○ Agree

There is economic opportunity in your community?

1 2 3 4 5
Disagree ○ ○ ○ ○ ○ Agree

You feel safe living in your community?

1 2 3 4 5
Disagree ○ ○ ○ ○ ○ Agree

Your community has clean air and water?

1 2 3 4 5
Disagree ○ ○ ○ ○ ○ Agree

You have reliable means of transportation to and from your health care?

1 2 3 4 5
Disagree ☐ ☐ ☐ ☐ ☐ Agree

Most members of your community believe that your community can improve?

1 2 3 4 5
Disagree ☐ ☐ ☐ ☐ ☐ Agree

Your community has a sufficient number of health and social services?

1 2 3 4 5
Disagree ☐ ☐ ☐ ☐ ☐ Agree

You have reliable means of transportation to get the things you need (grocery, pharmacy, fuel, clothing etc...)

1 2 3 4 5
Disagree ☐ ☐ ☐ ☐ ☐ Agree

You are satisfied with the following services:

	Unsatisfied	Satisfied	Does not apply
Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Disease of Addiction

What is your relationship to the disease of addiction? (Select all that apply).

- ☐ No life experiences
- ☐ I am a co-worker of someone with alcohol or drug addiction
- ☐ I am a co-worker of someone who is a survivor of/or is a person in recovery from alcohol or drug addiction
- ☐ Survivor/in recovery
- ☐ I am a family member of someone who is a survivor of or is a person in recovery from alcohol or drug addiction

- ☐ I have friends who currently suffer with alcohol or drug addiction
- ☐ I have friends who are survivors or are in recovery from alcohol or drug addiction
- ☐ I am a family member of someone with alcohol or drug addiction

Attitudes Regarding Addiction to Alcohol and/or Drugs

	Strongly Disagree	Slightly Disagree	Decline to Answer	Slightly Agree	Strongly Agree
Problems with/or addiction to drugs can affect anyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with/or addiction to alcohol can affect anyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol misuse/addiction is very common.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illicit drug misuse/addiction is very common.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug misuse/addiction is very common.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/alcohol addiction are treatable disease like diabetes and hypertension.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for alcohol/drug addiction is generally not effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who have alcohol/drug addiction could get better on their own if they want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction to alcohol/drugs is a personal weakness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were receiving assistance for alcohol/drug addiction, I would keep it a secret.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone close to me admits that they have an alcohol/drug addiction, it would likely weaken our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone close to me admitted that they have an alcohol/drug addiction, it would likely weaken our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel uncomfortable having a transitional living or sober house in my neighborhood for people who have completed alcohol or drug treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Barriers to Getting Help for Addiction to Alcohol and/or Drugs

No Impact	Some Impact	Decline to Answer	Moderate Impact	Large Impact
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Negative stereotypes of people with addiction to alcohol/drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The shame of having drug/alcohol addiction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about losing a job or being discriminated against at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expense of treatment for alcohol/drug addiction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty with finding or accessing information and help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The feeling that it's impossible or too late to overcome alcohol/drug addiction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of losing family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-19

COVID-19 has had a negative impact on my life.

1 2 3 4 5
Disagree ☐ ☐ ☐ ☐ ☐ Agree

How would you rate each area of your health because of the COVID-19 pandemic?

	Poor	Fair	Good
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you satisfied with your communities COVID-19 response?

1 2 3 4 5
Unsatisfied ☐ ☐ ☐ ☐ ☐ Satisfied

During the COVID-19 pandemic, have you had trouble getting access to any of the following?
(Select all that apply.)

☐ Food/groceries

- ☐ Healthcare
- ☐ Supplies (Paper towels, toilet paper, masks, etc...)
- ☐ Medications/Prescriptions
- ☐ Transportation
- ☐ Utilities (water, electric, gas, internet)
- ☐ Vaccinations
- ☐ Testing
- ☐ Physical activity
- ☐ Childcare services
- ☐ Jobs
- ☐ Housing
- ☐ Not Applicable
- ☐

LaSalle County Health Department Addendum C



Community Health Needs Assessment

Community Health Plan 2022-2027

Priority Area 1 - Healthy Behaviors (Obesity and Nutrition):

Healthy People 2030 Goals

Reduce overweight and obesity by helping people eat healthy and get physical activity.

Improve health by promoting healthy eating and making nutritious food available.

Improve health, fitness, quality of life through regular physical activity.

LaSalle County Goal

Increase total activity of citizens in LaSalle County over the next 5 years. This goal will be measured by decreasing the total number of respondents that indicated they do not exercise at all from 22% to 20% by 2027 (2021 CHNA Survey).

Increase the number of respondents that consume 3 to 5 servings of fruits and vegetables per day from 32% to 34% by 2027 (2021 CHNA Survey).

Promote health and reduce chronic disease risk of LaSalle County citizens through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Improve health, fitness, and quality of life of LaSalle County citizens through daily physical activity.

Healthy People 2030 Outcome Objective

Reduce the proportion of children and adolescents with obesity. - NWS-04

Reduce the proportion of adults with obesity. - NWS-03

LaSalle County Outcome Objective

NWS-04 Reduce the prevalence of obesity according to BMI of 8th grade students in LaSalle County to 9% by 2027 [Baseline: 11% of 8th grade students in LaSalle County adults overweight or obese – BRFSS 2019]

NWS-04 Reduce the prevalence of obesity according to BMI of 10th and 12th grade students in LaSalle County to 11% by 2027 [Baseline: 13% of 10th and 12th grade students in LaSalle County adults overweight or obese – BRFSS 2019]

NWS-03 Reduce the proportion of LaSalle County adults who are overweight or obese to 66% by 2027 [Baseline: 70.4% of adults overweight or obese – BRFSS 2019]

Healthy People 2030 Impact Objective

Increase the proportion of adults who do enough aerobic and muscle-strengthening activity – PA-05

Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity – PA-08

Increase fruit consumption by people aged 2 years and over – NWS-06

Increase vegetable consumption by people aged 2 years and older - NWS-07

LaSalle County Impact Objectives

NWS-04 Increase the amount of 8th grade youth who eat vegetables three or more times per day to 20% by 2027 [Baseline: 16% of 8th grade students in LaSalle County ate vegetables three or more times per day in the past 7 days. – Illinois Youth Survey 2020 County Report]

NWS-04 Increase the amount of 8th grade youth who eat fruit two or more times per day to 40% by 2027 [Baseline: 36% of 8th grade students in LaSalle County ate fruit two or more times per day in the past 7 days. – Illinois Youth Survey 2020 County Report]

NWS-04 Increase the amount of 10th grade youth who eat vegetables three or more times per day to 20% by 2027 [Baseline: 16% of 10th grade students in LaSalle County ate vegetables three or more times per day in the past 7 days. – Illinois Youth Survey 2020 County Report]

NWS-04 Increase the amount of 10th grade youth who eat fruit two or more times per day to 40% by 2027 [Baseline: 36% of 8th grade students in LaSalle County ate fruit two or more times per day in the past 7 days. – Illinois Youth Survey 2020 County Report]

NWS-04 Increase the amount of 12th grade youth who eat vegetables three or more times per day to 10% by 2027 [Baseline: 7% of 12th grade students in LaSalle County ate vegetables three or more times per day in the past 7 days. – Illinois Youth Survey 2020 County Report]

NWS-04 Increase the amount of 12th grade youth who eat fruit two or more times per day to 21% by 2027 [Baseline: 18% of 8th grade students in LaSalle County ate fruit two or more times per day in the past 7 days. – Illinois Youth Survey 2020 County Report]

PA-08 Increase the amount of 8th grade youth who exercised for at least 60 minutes daily for the past 7 days to 35% by 2027 [Baseline: 30% of 8th grade students in LaSalle County exercised for at least 60 minutes daily for the past 7 days. – Illinois Youth Survey 2020 County Report]

PA-08 Increase the amount of 10th grade youth who exercised for at least 60 minutes daily for the past 7 days to 36% by 2027 [Baseline: 31% of 10th grade students in LaSalle County exercised for at least 60 minutes daily for the past 7 days. – Illinois Youth Survey 2020 County Report]

PA-08 Increase the amount of 12th grade youth who exercised for at least 60 minutes daily for the past 7 days to 27% by 2027 [Baseline: 23% of 12th grade students in LaSalle County exercised for at least 60 minutes daily for the past 7 days. – Illinois Youth Survey 2020 County Report]

PA-05 Reduce the proportion of LaSalle County adults who report getting no exercise to 20% by 2027 [Baseline: 23.7% of adults reported getting no exercise – BRFSS 2015-2019]

Intervention Strategies/Evaluations

1. Increase the awareness of all available physical fitness activities in LaSalle County by season. This will be an ongoing process by the Healthy LaSalle County Steering Committee and Healthy Behavior Action Team. The action team will focus on increasing the awareness of these type of activities in 4 specific communities in LaSalle County in 2023. An additional 2 communities will be brought into focus in 2024, and then an additional 2 communities will be added in 2025. Social media, news releases, radio, and newspapers will be utilized to promote the designated physical fitness activities per season/per community.
2. Increase the knowledge and awareness for participation in specific physical fitness activities in LaSalle County. The Healthy LaSalle County Steering Committee and Healthy Behavior Action Team will work with appropriate community members to highlight an activity per season and educate residents to create opportunities for introductory level of participation. The action team will focus on increasing knowledge of a specific physical fitness activity in 4 specific communities in LaSalle County in 2023. An additional 2 communities/specific activity will be brought into focus in 2024, and then an additional 2 communities/activity will be added in 2025. Social media, news releases, radio, and newspapers will be utilized to promote the designated physical fitness activities per season/per community.
3. Increase awareness of healthy options. The Healthy Behaviors Action Team will work to host and/or promote one awareness event per quarter.
4. Increase accessibility through promotion of food pantries, micro pantries, and community gardens. The Healthy Behaviors Action team will work with appropriate community members and organizations to highlight accessibility options in specific areas of the county. The action team will focus on highlighting and increasing accessibility to 4 communities in 2023. An additional 2 communities will be focused on in 2024, and then an additional 2 communities in 2025.
5. The LaSalle County Health Department Family Case Management (FCM) and Women Infants and Children's (WIC) clinics will continue screening clients for overweight/obesity. All clients with an appointment are weighed and measured, the information is plotted in their chart. Clients are

screened for risk on their parents Body Mass Index (BMI) and their height/weight ratio. Client education focuses on food choice and activity level. In recent years the WIC program has made adjustments to counseling and food packages. Food packages now include low-fat milk, options for fruits, vegetables, and whole grains (bread, brown rice, and corn tortillas) and less juice. Percent of clients who are overweight will be tracked in charts and the Cornerstone program and followed up by a nurse case manager. *The U.S. Preventative Services Task Force (USPSTF) recommends screening for all adults for obesity.*

6. LaSalle County Health Department recommends that moms choose breastfeeding as the preferred method of infant feeding. The Health Department has trained staff available to provide accurate breastfeeding information and to offer support for breastfeeding moms. WIC eligible women are able to receive WIC benefits for herself and her baby. Breast pumps are also available for WIC moms through local pharmacies or medical supply companies. WIC eligible moms are educated on the importance of breastmilk to their baby's health. Educational topics on breast milk include; that it's specially made to meet a baby's needs, changing as the baby grows, and all a baby needs for the first six months. Breast milk alone gives babies everything they need to grow and develop, help prevent illnesses like ear infections and diarrhea, protects from chronic health problems like diabetes, obesity and some allergies, reduces the chance of sudden infant death syndrome, and gives a baby the best start to a healthy life. As hard as formula companies try, they can never duplicate breast milk or the benefits that breastfeeding provides to mom and baby. The benefits to moms are also stressed during WIC education and counseling sessions. Benefits to moms include; getting back down to pre-pregnancy weight much faster because it takes an additional 500 calories a day to make breast milk; breast milk is always the right temperature; convenience of not having to mess with bottles; makes traveling much easier only needing diapers and wipes; an increased protection against breast and cervical cancers; and the bond established with the baby is one that no one else will have.
7. Task forces and community groups focused on healthy behaviors, obesity, and nutrition meet on a regular basis and will monitor and evaluate the needs of LaSalle County. Representatives from these groups will provide updates to the Community Collaborative Steering Team and serve on the Action Teams.

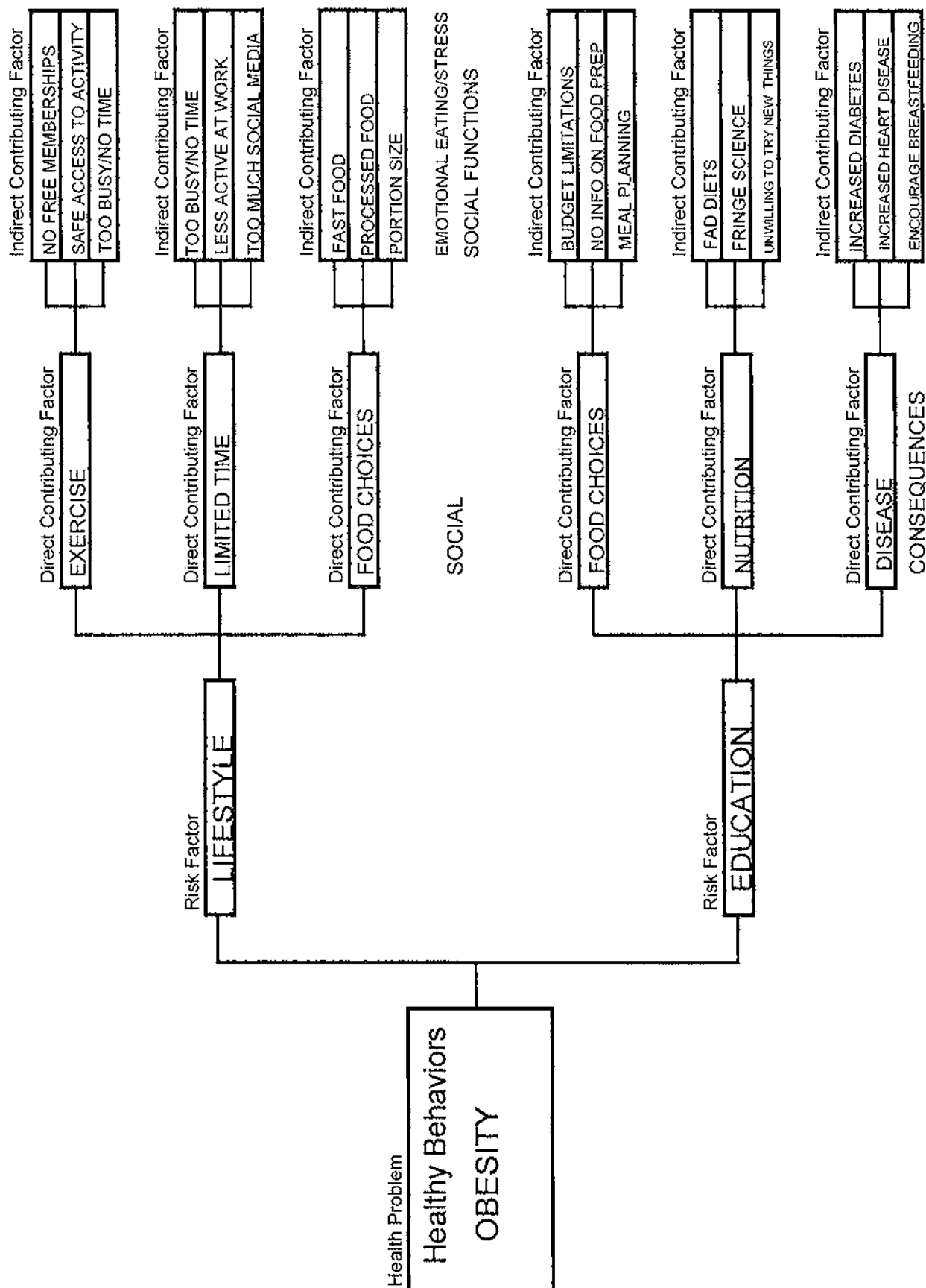
Community Resources for Implementation

LaSalle County Health Department
 LaSalle County Medical Providers
 University of Illinois Extension Office
 Local YMCA's/Fitness Centers
 City Rec Programs

Funding

Since interventions fall within the missions of stakeholder agencies, funding for implementation of interventions will come from those agencies. Fees for service will be applied as appropriate.

HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN WORKSHEET

Health Problem: <p style="text-align: center;">OBESITY</p>	Outcome Objective: <p>By 2022, LaSalle County will reduce its obesity rate.</p>
Risk Factor(s) (may be many): Lifestyle Education Unhealthy Diet Genetics Inactivity Social and Economic Issues Age Quitting Smoking Medical Conditions Certain Medications	Impact Objective(s): <p>By 2022, increase access to nutritional and physical activity options for LaSalle County residents.</p>
Contributing Factors (Direct/Indirect; may be many): Exercise No free memberships Lack of safe places Limited time Food choices (fast food, processed food, portion size) Nutrition (fad diets, fringe science) Disease consequences Social (stress eating, social functions)	Proven Intervention Strategies: Community Education Programs Directing patients to the appropriate community health resources
Resources Available (governmental and nongovernmental): Local YMCA's Fitness Centers Personal Trainers U of I Extension Office Local Health Department "211" Social Service Resource Hotline	Barriers: Education Scope of Awareness Fear of Unknown Cultural/Language

Priority Area 2 – Behavioral Health (Mental Health and Substance Abuse):

Mental Health

Healthy People 2030 Goal

Improve mental health.

LaSalle County Goal

Increase the overall community understanding of Mental Health needs and services.

Healthy People 2030 Outcome Objective

Reduce the suicide rate – MHMD-01

Reduce suicide attempts by adolescents — MHMD-02

LaSalle County Outcome Objective

MHMD-01 Reduce the number of suicides in LaSalle County to 18 by 2027 [Baseline: 22 suicides in 2021 – LaSalle County Coroner]

MHMD-02 Reduce to 24% the proportion of 10th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months by 2025 [Baseline: 27% of 10th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months – Illinois Youth Survey 2020 County Report].

MHMD-02 Reduce to 15% the proportion of 12th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months by 2025 [Baseline: 18% of 12th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months – Illinois Youth Survey 2020 County Report].

Healthy People 2030 Impact Objective

Increase the proportion of adults with depression who get treatment — MHMD-05

Increase the proportion of adolescents with depression who get treatment — MHMD-06

LaSalle County Impact Objectives

MHMD-05 Increase the percentage of respondents that have spoken with anyone about their mental health in the past year by 5% from 31% to 36%. (2021 CHNA Survey)

MHMD-05 Reduce to 20% the proportion of adults age 18 and over who report 8-30 “Days of Mental Health Not Good” in the past 30 days by 2027. [Baseline: 24.5% of adults age 18 and over reported 8-30 “Days of Mental Health Not Good” in the past 30 days – BRFSS 2015-2019].

MHMD-05 Reduce to 14% the proportion of adults age 18 and over who report 1-7 “Days of Mental Health Not Good in the past 30 days by 2027 [Baseline: 16.1% of adults age 18 and over reported 1-7 “Days of Mental Health Not Good” in the past 30 days – BRFSS 2015-2019].

MHMD-05 Reduce to 13% the proportion of adults age 18 and over who report 8-30 “Days Physical/Mental Health Affected Activities in the past 30 days by 2027 [Baseline: 15.2% of adults age 18 and over reported 8-30 “Days of Mental Health Not Good” in the past 30 days – BRFSS 2015-2019].

MHMD-05 Reduce to 10% the proportion of adults age 18 and over who report 1-7 “Days Physical/Mental Health Affected Activities in the past 30 days by 2027 [Baseline: 12% of adults age 18 and over reported 1-7 “Days of Mental Health Not Good” in the past 30 days – BRFSS 2015-2019].

MHMD-06 Reduce to 24% the proportion of 10th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months by 2027 [Baseline: 27% of 10th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months – Illinois Youth Survey 2020 County Report].

MHMD-06 Reduce to 15% the proportion of 12th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months by 2027 [Baseline: 18% of 12th grade students in LaSalle County who seriously considered attempting suicide during the past 12 months – Illinois Youth Survey 2020 County Report].

MHMD-06 Reduce to 38% the proportion of 8th grade students who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. [Baseline: 41% of 8th grade students who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities – Illinois Youth Survey 2020 County Report].

MHMD-06 Reduce to 42% the proportion of 10th grade students who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. [Baseline: 45% of 10th grade students who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities – Illinois Youth Survey 2020 County Report].

MHMD-06 Reduce to 35% the proportion of 12th grade students who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. [Baseline: 38% of 12th grade students who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities – Illinois Youth Survey 2020 County Report].

Substance Abuse

Healthy People 2030 Goal

Reduce misuse of drugs and alcohol.

LaSalle County Goal

Reduce overdose deaths in LaSalle County.

Reduce overall substance abuse in middle school and high school students.

To see an overall reduction of 2% in each substance category for past year usage of 8th, 10th, and 12th graders as reported by the Illinois Youth Survey, University of Illinois, 2020 LaSalle County Report.

Healthy People 2030 Outcome Objective

Reduce drug overdose deaths – SU-03

LaSalle County Outcome Objective

SU-03 Reduce the number of overdoses in LaSalle County to 30 by 2027 [Baseline: 36 overdoses in 2021 – LaSalle County Coroner]

SU-03 Increase the number of partner agencies participating in the LaSalle County Naloxone Program to 22 by 2027 [Baseline: 19 partner agencies participating in the LaSalle County Naloxone Program - 2021 LaSalle County Medical Reserve Corps]

SU-03 Increase the number of lives saved through the LaSalle County Naloxone Program to 300 by 2027. [Baseline: 201 lives saved through the LaSalle County Naloxone Program – 2021 LaSalle County Medical Reserve Corps]

Healthy People 2030 Impact Objective

Increase the proportion of adolescents who think substance abuse is risky – SU-RO1

LaSalle County Impact Objectives

SU-RO1 Increase the percent of parents/guardians who have talked to their 8th grade student about not using opioids for non-medical reasons to 46% by 2027 [Baseline: 40% of 8th grade students reported parents/guardians talking to them about not using opioids for non-medical reasons in the past year - Illinois Youth Survey 2020 LaSalle County]

SU-RO1 Increase the percent of parents/guardians who have talked to their 10th grade student about not using opioids for non-medical reasons to 43% by 2027 [Baseline: 37% of 10th grade students reported

parents/guardians talking to them about not using opioids for non-medical reasons in the past year - Illinois Youth Survey 2020 LaSalle County]

SU-RO1 Increase the percent of parents/guardians who have talked to their 12th grade student about not using opioids for non-medical reasons to 35% by 2027 [Baseline: 29% of 12th grade students reported parents/guardians talking to them about not using opioids for non-medical reasons in the past year - Illinois Youth Survey 2020 LaSalle County]

Intervention Strategies/Evaluations

Mental Health-

1. Increase educational opportunities for mental health awareness through Parent Education Nights sponsored by the Regional Office of Education, Mental Health First Aid trainings, and additional type trainings/events. The Behavioral Health Action Team will work to identify these types of events, and assist and support community organizations in their quest to bring awareness to mental health.
2. The LaSalle County Health Department Family Case Management (FCM) and Women Infants and Children's (WIC) clinics will continue screening clients for perinatal and post-natal depression. Postpartum depression is the most common complication of childbearing. Clinic staff utilize the Edinburgh Depression Scale, which is a 10-question self-rating scale that has been proven to be an efficient and effective way of identifying patients at risk for depression. While this test was specifically designed for women who are pregnant or have just had a baby, it has also been shown to be an effective measure for general depression in the larger population. Clinic staff discuss the results with the client and a referral is made to their physician if deemed necessary. Clients found to be at risk and referrals made are tracked in charts and the Cornerstone program and followed up by a nurse case manager.
3. The purpose of the 13th Judicial Circuit Family Violence Prevention Council is to improve institutional, professional and community responses to forms of violence such as child abuse, youth dating violence, adult partner abuse, and elder abuse; to engage in education and prevention; to coordinate intervention and services for victims and perpetrators; and to contribute to the improvement of the legal system and the administration of justice. The Council consists of representatives from the State's Attorney Office, Probation and Court Services, Detention Home, County Clerk's office, the Illinois Valley Crime Prevention Commission, the LaSalle/Marshall/Putnam County Regional Office of Education, LaSalle County Health Department, and North Central Behavioral Health Systems, Inc. By bringing in national speakers and tapping local talent, the Council has developed the reputation as a leading provider of workshops on topics related to mental health and interpersonal violence. Their vision is to establish a community where everyone not only feels safe, but is safe.

4. Teen Showcase is an annual event hosted by NCBHS. The event is supported by a committee of representatives from local hospitals, health departments, and law enforcement agencies. Each year, there are over 600 junior high and high school students in attendance. The students spend the day engaged by dynamic speakers who present on topics such as mental health, suicide, bullying, self-esteem, substance abuse, peer pressure, positive choices, and healthy behaviors. (Due to COVID, this event has not been held since 2020)
5. The LaSalle County Health Department (LCHD) supports social service agencies, schools, businesses, and community service organizations in their efforts to increase awareness of mental health.
6. Mental health task forces and community groups meet on a regular basis and will monitor and evaluate the mental health needs of LaSalle County. Representatives from these groups will provide updates to the Community Collaborative Steering Team and serve on the Action Teams.

Intervention Strategies/Evaluations

Substance Abuse

1. Increase educational opportunities for substance misuse. Events such as Parent Education Nights sponsored by the Regional Office of Education or North Central Behavioral Health System's K-12 Drug Prevention Program offer many opportunities through the County. The Behavioral Health Action Team will work to identify these types of events, and assist and support community organizations in their quest to bring awareness to substance misuse.
2. The LaSalle County Naloxone Program began in 2016 and was initiated due to a training request from the LaSalle County Sheriff's Office to the LaSalle County Health Department. The request was taken on by the LaSalle County Medical Reserve Corps, a volunteer organization administered through the Health Department. After months of research and data gathering, the unit coordinator submitted the training guideline and presentation for approval through the Illinois Department of Human Services Division of Alcoholism and Substance Abuse. Once that approval was attained it was requested by the county Sheriff that the program also go through the approval process with the Illinois Law Enforcement Training and Standards Board. That approval came in January and the first class was held shortly after the approval. Less than one month after the first class had been taught, the program had its first save using the nasal naloxone.

The Opioid Overdose 101 classes are two hours long; include all of the necessary elements provided by both approval agencies and a hands-on portion. Along with the class a pre-test, post-test, and evaluation are required of each participant. After each officer is trained through the Opioid Overdoses 101 course and pass the post-test with a minimum of a 70%, they qualify to be able to carry the nasal naloxone.

In April 2016, the LaSalle County Medical Reserve Corps was awarded a \$15,000 Challenge Award grant that was put together to fund this program specifically. The grant money allowed the unit to purchase needed training materials and doses of nasal naloxone to be given out on a donation basis to officers in LaSalle County. The main purpose of this program is not only to educate law enforcement in the use of nasal naloxone, but to also work to save the lives of those suffering from an overdose. LaSalle County Medical Reserve Corps volunteers have been able to train individuals from nineteen partner agencies. Since 2016, there have been 201 lives saved through the LaSalle County Naloxone Program.

The LaSalle County Medical Reserve Corps is required to track their activities, volunteer hours, and the economic impact that they have for NACCHO (National Association of County and City Health Officials), MRC Program Office, and LaSalle County Board of Health requirements.

3. The LaSalle County Health Department Family Case Management (FCM) and Women Infants and Children's (WIC) clinics will continue screening clients for misuse of alcohol, illegal/recreational drugs, and tobacco use. Client counseling will be documented in charts and the Cornerstone program and followed up by a nurse case manager. *The U.S. Preventative Services Task Force (USPSTF) recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use (2018).*
4. The LaSalle County Health Department (LCHD) will promote the Illinois Tobacco Quitline. Health Department staff will utilize educational and promotional materials at community health fairs and employee worksite health fairs to educate on the resources available through the Quitline. Quitline information will also be promoted on the health department's social media accounts.
5. Routinely conduct Smoke-Free Illinois Act (SFIA) compliance checks through routine inspections and checks on any establishment that receives a violation complaint on the SFIA public complaint web-site. Routine inspections and complaint driven inspections, their results, and any citations issued will be tracked. *The Community Preventive Services Task Force recommends smoke-free policies to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered strong based on results from studies that showed effectiveness*

of smoke-free policies in: reducing exposure to secondhand smoke; reducing the prevalence of tobacco use; increasing the number of tobacco users who quit; reducing the initiation of tobacco use among young people; and reducing tobacco-related morbidity and mortality, including acute cardiovascular events. Economic evidence indicates that smoke-free policies can reduce healthcare cost substantially. In addition, the evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants.

6. The purpose of the 13th Judicial Circuit Family Violence Prevention Council is to improve institutional, professional and community responses to forms of violence such as child abuse, youth dating violence, adult partner abuse, and elder abuse; to engage in education and prevention; to coordinate intervention and services for victims and perpetrators; and to contribute to the improvement of the legal system and the administration of justice. The Council consists of representatives from the State's Attorney Office, Probation and Court Services, Detention Home, County Clerk's office, the Illinois Valley Crime Prevention Commission, the LaSalle/Marshall/Putnam County Regional Office of Education, LaSalle County Health Department, and North Central Behavioral Health Systems, Inc. By bringing in national speakers and tapping local talent, the Council has developed the reputation as a leading provider of workshops on topics related to mental health and interpersonal violence. Their vision is to establish a community where everyone not only feels safe, but is safe.
7. Teen Showcase is an annual event hosted by NCBHS. The event is supported by a committee of representatives from local hospitals, health departments, and law enforcement agencies. Each year, there are over 600 junior high and high school students in attendance. The students spend the day engaged by dynamic speakers who present on topics such as mental health, suicide, bullying, self-esteem, substance abuse, peer pressure, positive choices, and healthy behaviors.
8. The LaSalle County Health Department (LCHD) supports social service agencies, schools, businesses, and community service organizations in their efforts to increase awareness of substance abuse.
9. Substance abuse task forces and community groups meet on a regular basis and will monitor and evaluate the substance abuse needs of LaSalle County. Representatives from these groups will provide updates to the Community Collaborative Steering Team and serve on the Action Teams.

Community Resources for Implementation

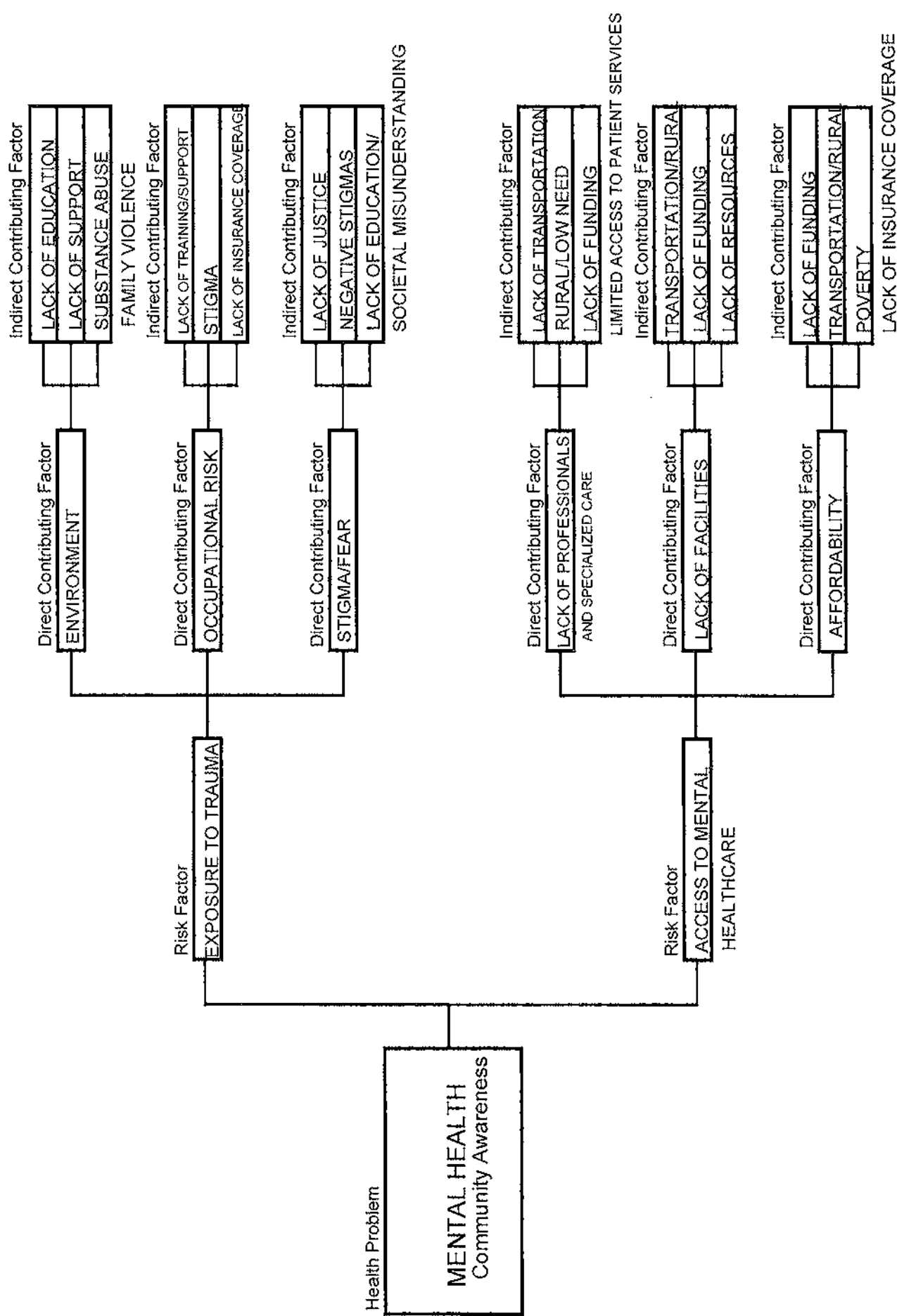
North Central Behavioral Health Systems, Inc.
LaSalle County Probation and Court Services

LaSalle County Health Department
LaSalle County Medical Reserve Corps.
LaSalle County Sheriff's Department
Local Police Departments
The Perfectly Flawed Foundation

Funding

Since interventions fall within the missions of stakeholder agencies, funding for implementation of interventions will come from those agencies. Fees for service will be applied as appropriate.

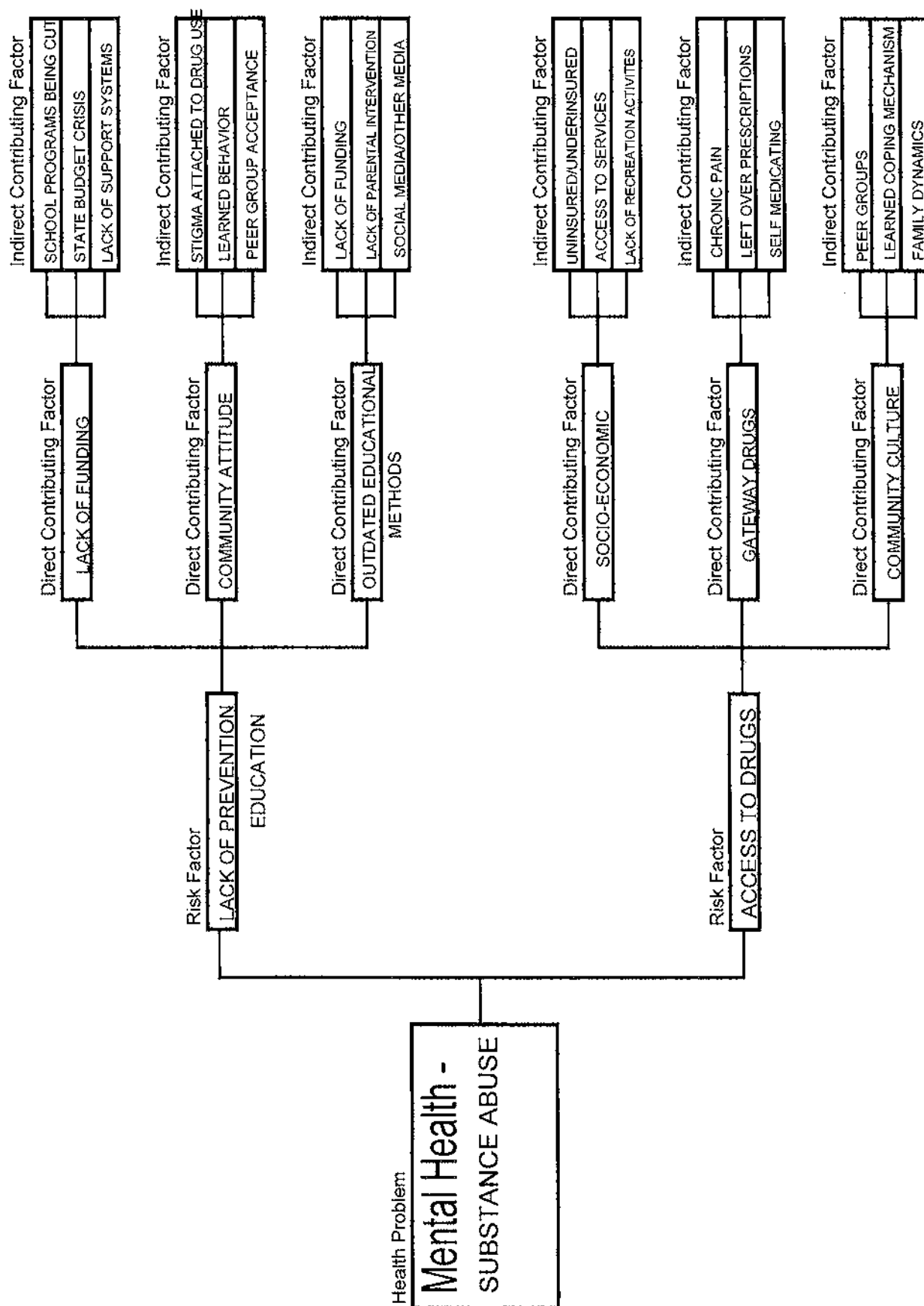
HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN WORKSHEET

Health Problem: MENTAL HEALTH – Community Awareness	Outcome Objective: Increase the overall community understanding of Mental health and availability of mental health Services.
Risk Factor(s) (may be many): Lack of Access Exposure to trauma Genetics Chronic Medical Condition Stressful life situations Brain injury Abuse or neglect as a child Use of alcohol or recreational drugs Lack of support systems	Impact Objective(s): Implement mental health awareness in schools Implement mental health awareness in public service agencies. Implement interdisciplinary care teams Create updated community resource list and distribute to community agencies
Contributing Factors (Direct/Indirect; may be many): Lack of services/facilities Affordability Lack of professionals Environment Occupational Risk Fear/stigma Transportation Limited access to in patient and out patient Lack of coverage Poverty Lack of Funding	Proven Intervention Strategies: Increase knowledge, attitudes, and behaviors Utilize existing trainings and programs
Resources Available (governmental and nongovernmental): Crossroads North Central Behavioral Health Systems Illinois Valley Counseling Services Choices (In-Patient/Out-Patient) Youth Service Bureau School Counselors Hospitals Community Agencies that focus on financial counseling	Barriers: Community Agency engagement/cooperation School Cooperation/scope of objective Funding Who leads the effort? Lack of support

HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN WORKSHEET

Health Problem: MENTAL HEALTH – Substance Abuse	Outcome Objective: Decrease by 2% the number of 8th and 12th graders reporting substance abuse.
Risk Factor(s) (may be many): Lack of prevention Access to drugs Stress Chronic illness Mental health issues Social complacency Peer Pressure Social Isolation due to Covid	Impact Objective(s): Expand Youth Prevention Groups Utilize innovative education activities County Education on prescription drug take back programs Create/utilize evidence-based education program on coping mechanisms
Contributing Factors (Direct/Indirect; may be many): Lack of funding Community attitude Outdated educational methods Socio-economic Gateway drugs Community culture Family tolerance Self-esteem	Proven Intervention Strategies: Research-evidence based programs Community education through established task forces and community groups
Resources Available (governmental and nongovernmental): IVCC human services Hospitals Health Department Media North Central Behavioral Health Syst Youth Service Bureau School districts and colleges Social Service agencies	Barriers: Lack of Funding Compliance Denial there is a problem Transportation Lifestyle change Stigma

Priority Area 3 - Healthy Aging:

Healthy People 2030 Goals

Improve health and wellbeing for older adults.

LaSalle County Goal

Decrease the percentage of population that perceives Healthy Aging as one of the three biggest health issues in our County from 12% to 10% by 2027 (2021 CHNA Survey).

Healthy People 2030 Outcome Objective

Reduce the proportion of adults with arthritis whose arthritis limits their activities – A-02

Reduce the lung cancer death rate – C-02

LaSalle County Outcome Objective

A-02 Increase the overall number of seniors participating in YMCA and Bridges programs geared toward senior interaction and physical activity by 6% by 2027. (Participation rates will be obtained by the agencies hosting these events)

HC/HIT-04 Increase the number of events/activities specific to adults over the age of 62 in 8 communities by 2027. (This data will be obtained by the communities and organizations hosting these events)

C-02 Increase the numbers of radon kits distributed to adults over the age of 62. Promote the availability of the radon kits. Utilize social media, news releases, radio, newspapers, and health fairs to promote availability.

Increase the total number of rides (public transportation) given to adults 62 years and older by 6% by 2027. (Total ridership numbers will be provided by MASS and NCAT)

Healthy People 2030 Impact Objective

Increase the proportion of adults who talk to friends or family about their health — HC/HIT-04

LaSalle County Impact Objectives

HC/HIT-04 Increase the number of events/activities specific to adults over the age of 62 in 8 communities by 2027. (This data will be obtained by the communities and organizations hosting these events)

Intervention Strategies/Evaluations

1. Increase the number of seniors participating in the YMCA and Bridges programs. These organizations offer many events geared towards seniors throughout the year. Events help bring seniors together for social interaction, physical activity, and education. The Healthy Aging Action Team will focus on increasing the awareness of these type of activities throughout the county and encouraging seniors to participate. Social media, news releases, radio, and newspapers will be utilized to promote these opportunities in the county.
2. Increase the number of activities/events geared toward seniors per community. The Healthy LaSalle County Steering Committee and Healthy Aging Action Team will work with appropriate community members and organizations to collaborate on the best way to incorporate more events geared toward the senior population. The action team will focus on increasing the numbers of activities/events in 4 specific communities in LaSalle County in 2023. An additional 2 communities will be brought into focus in 2024, and then an additional 2 communities will be added in 2025. Social media, news releases, radio, and newspapers will be utilized to promote the designated events/activities.
3. Partner with Mendota Area Senior Services (MASS) and North Central Area Transit (NCAT) to promote low-cost options to adults 65 years and older. The Healthy Aging Action Team will collaborate with these agencies to determine the best approach for offering the low-cost options and the best way to promote.
4. The LaSalle County Health Department (LCHD) offers low-cost adult immunizations by appointment. Discounted adult immunizations are offered for those who qualify. LCHD is able to bill most insurance companies.
5. LaSalle County Health Department (LCHD), through a grant from the Illinois Emergency Management Agency (IEMA), has free radon test kits available to residents of LaSalle County. Test kits can be picked up during regular business hours (Mon.-Fri., 8:00 a.m. to 4:30 p.m.) at 717 E. Etna Road in Ottawa.

Radon is a radioactive gas that occurs naturally in most soil. As radon travels through the soil, it can easily move through small spaces in a foundation and enter a building, where it becomes trapped and accumulates in the air. Radon has no taste, smell, or color. Testing is the only way

to find out if there is a dangerous level of radon in your home. Most radon exposures occur in the home. When people breathe in radon, it damages the lungs, which can cause lung cancer.

According to the Centers for Disease Control and Prevention (CDC), radon is the second leading cause of lung cancer after cigarette smoking. Radon can be found throughout Illinois and levels can vary from one home to another, even in the same neighborhood. As many as 1,160 Illinois citizens are at risk of developing radon-related lung cancer each year according to the IEMA.

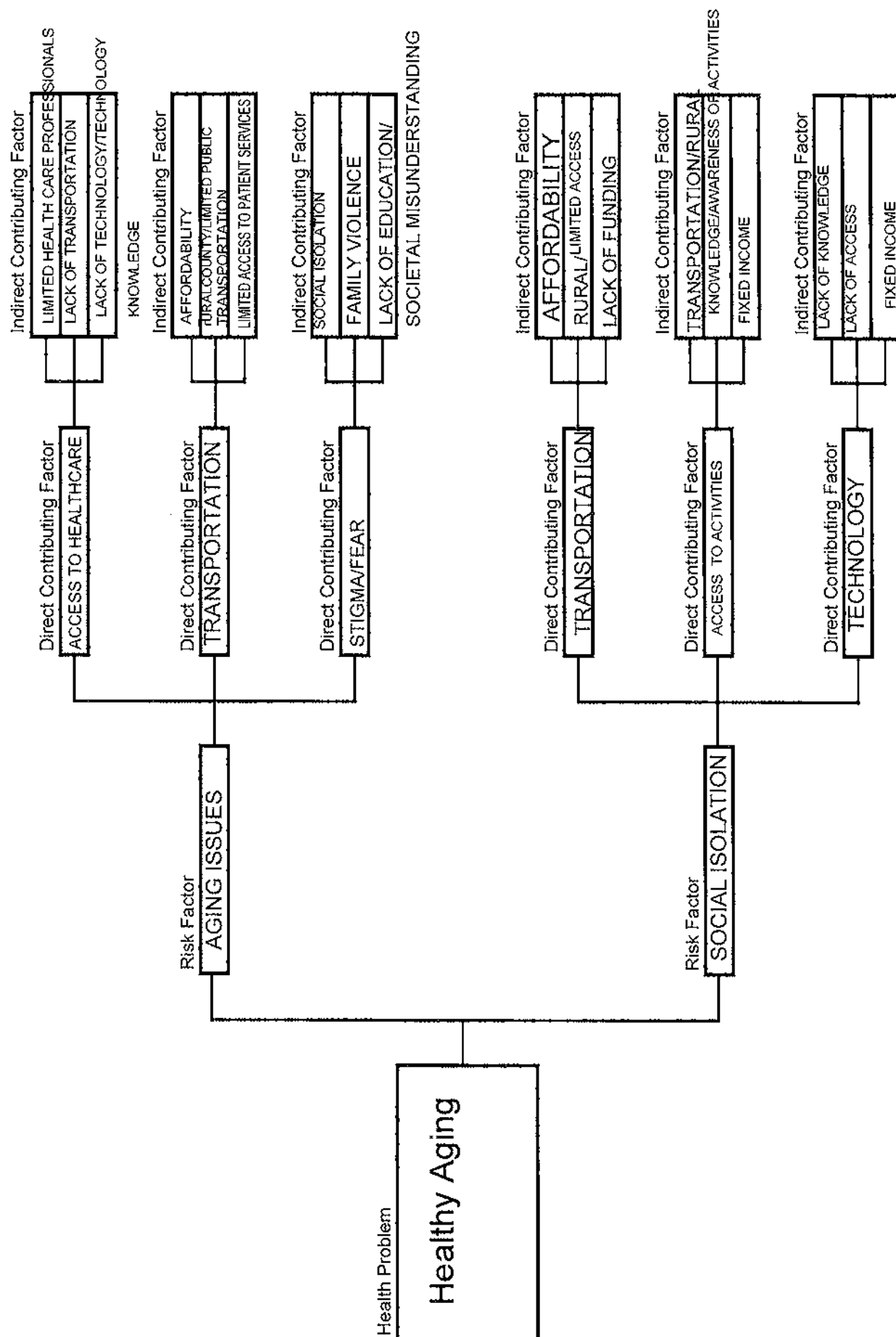
Community Resources for Implementation

Alternatives for Aging
 Mendota Area Senior Services (MASS)
 Tri-County Opportunities Council
 NCAT
 LaSalle County Health Department
 LaSalle County Medical Providers
 University of Illinois Extension Office
 Local YMCA's/Fitness Centers
 City Rec Programs

Funding

Since interventions fall within the missions of stakeholder agencies, funding for implementation of interventions will come from those agencies. Fees for service will be applied as appropriate.

HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN WORKSHEET

<p>Health Problem:</p> <p>Healthy Aging</p>	<p>Outcome Objective:</p> <p>Improve the overall Health and Well-being for older adults</p>
<p>Risk Factor(s) (may be many):</p> <p>Aging Population Decreasing access to Health Care – reduced number of local health care professionals Lack of access to information due to lack of technology knowledge Lack of access to appointment scheduling due to lack of technology Lack of transportation Lack of Access to health screenings Genetics Chronic Medical Conditions Stressful life situations Lack of support systems Social Isolation due to Covid</p>	<p>Impact Objective(s):</p> <p>By 2027, Decrease the percentage of of population that perceives Healthy Aging as one of three biggest health issues in our County from 12% to 10%</p>
<p>Contributing Factors (Direct/Indirect; may be many);</p> <p>Lack of services/facilities Affordability Lack of professionals Environment/Housing issues Past Occupational Risks Fear/stigma Transportation Limited access to in patient and out patient Lack of coverage Poverty Lack of Program Funding Limited/fixed incomes</p>	<p>Proven Intervention Strategies:</p> <p>Community Education Programs Community Social Programs</p>
<p>Resources Available (governmental and nongovernmental):</p> <p>YMCA Bridges Alternatives for the Older American MASS (Mendota Area Senior Services) NCAT(North Central Area Transportation)</p>	<p>Barriers:</p> <p>Community Agency engagement/cooperation Lack of Funding Who leads the effort? Lack of support</p>



LaSalle County Health Department
 717 E. Etna Road
 Ottawa, Illinois 61350-1097
 Phone: (815) 433-3366
 Fax: (815) 433-9522

Christine Pozzi, BS, LEHP, Administrator

Lou Anne Carretto, President
 David Manigold, MD, Vice President
 Steven Gonzalo, Treasurer
 Bruce Boaz, Secretary
 Mark Benavides, DDS
 Robert B. Maguire, MD
 Renae Gallagher
 Lori Wilke Janko

July 28, 2022

JoAnne L. Bardwell BSN, RN
 Section Chief of Health Status and Demographic Analysis/IPLAN Administrator
 IDPH Office of Policy, Planning and Statistics
 525 W. Jefferson 2nd Floor
 Springfield, IL 62761

Dear Ms. Bardwell,

On July 28, 2022, the LaSalle County Board of Health met and gave approval to the Organizational Capacity Self-Assessment and Community Health Plan for the three health problems identified by the Community Health Committee:

1. Health Behaviors
2. Healthy Aging
3. Behavioral Health

Thank you for your review and subsequent approval of this plan.

Sincerely,

Lou Anne Carretto, President
 LaSalle County Board of Health



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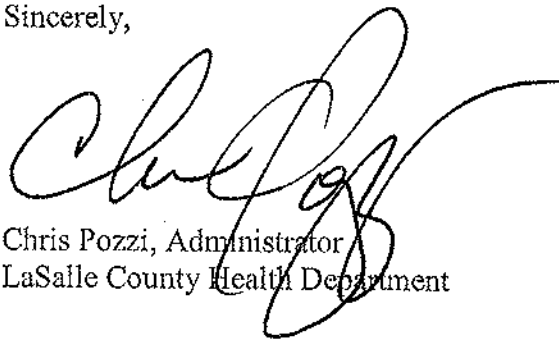
July 28, 2022

JoAnne L. Bardwell BSN, RN
 Section Chief of Health Status and Demographic Analysis/IPLAN Administrator
 IDPH Office of Policy, Planning and Statistics
 525 W. Jefferson 2nd Floor
 Springfield, IL 62761

Dear Ms. Bardwell,

Please find attached the LaSalle County Health Department's Illinois Project for Local Assessment of Need 2022-2027 for your review and approval. Please do not hesitate to contact me at (815)433-3366 ext. 74199 with any questions or concerns.

Sincerely,



Chris Pozzi, Administrator
 LaSalle County Health Department

I I I I

September 29, 2022

Christine Pozzi
Public Health Administrator
LaSalle County Health Department
717 E. Etna Road
Ottawa, Illinois 61350

RE: IPLAN APPROVAL

Dear Ms. Pozzi:

The Illinois Department of Public Health, Division of Health Policy, has coordinated the review of the LaSalle County Health Department's community needs assessment and health plan submitted to meet the IPLAN requirements toward certification. I am pleased to notify you that the Department found the LaSalle County Health Department to be in substantial compliance with the requirements specified in the Certified Local Health Department Code (77 III. Administrative Code, Sections 600.400 and 600.410).

Thank you for your dedication and efforts in assessing and planning for the health needs of the residents of LaSalle County.

Upon verified substantial compliance via on-site review per 77 III. Administrative Code Section 600.210e you will receive notice of continued certification.

Please feel free to contact the IPLAN Administrator JoAnne Bardwell at 217-606-9452 or DPH.IPLAN@illinois.gov, should you have any questions.

Sincerely,

JoAnne Bardwell

JoAnne Bardwell BSN, RN
IPLAN Administrator
Office of Policy, Planning, and Statistics
Division of Health Data and Policy

Enclosure:

cc: Tanya Zaks, Regional Health Officer, Peoria Region

IPLAN File