Knox County Healthy Improvement Plan

A Product of the Healthy Communities Project: 2021-2026

Adopted by the Knox County Board of Health: November 10, 2022

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November 10, 2022

To the Citizens of Knox County,

The Knox County Board of Health is pleased to present to you the updated Knox County Community Health Improvement Plan and Community Health Needs Assessment Data. The Board of Health strives to improve the quality of life for residents through partnerships and collaborative approaches to addressing priority areas of need.

This Plan represents the culmination of "a small group of people" who invested many hours and resources in assessing needs of the Knox County community, identifying priorities and community resources, and developing sound interventions to address those priority areas of need. The participation from all sectors reinforces the belief that the onus is laid upon all community members in our area to strive to improve the health status of our community.

This work establishes the foundation for the application of health objectives, the strategic planning of programs, the tactical use of resources, and continuous evaluation through quality improvement efforts.

I am pleased to present the Knox County Community Health Improvement Plan as adopted by the Knox County Board of Health on this day, November 10, 2022.

Respectfully,

Dan Harris, President

Knox County Board of Health

Executive summary

The community health improvement plan is the result of the collaboration between the Knox County Health Department, multiple community organizations, and the community we serve. The community health improvement plan is for the time period of 2021-2026. The purpose of the community health improvement plan is to identify health needs impacting the well-being of the Knox County community. Health is not just the absence of disease, but rather a state of physical, mental, and social well-being. Health is a multi-factorial shared responsibility and resource of the community, and as such, community involvement was paramount in the development of and implementation of this plan.

The purpose of this plan is to provide the public, policy makers, and other stakeholders with the necessary information about health inequalities and health needs to make informed decisions about policies and programs to improve well-being of all residents in Knox County.

The Knox County Health Department utilized the Assessment Protocol for Excellence in Public Health (APEXPH) model. The APEXPH model contains eight components:

- 1. Organizational Capacity Assessment
- 2. Collect and Analyze Health Data
- 3. Form a Community Health Committee
- 4. Identify Community Health Problems
- 5. Prioritize Community Health Problems
- 6. Analyze Community Health Problems
- 7. Inventory Community Health Resources
- 8. Develop a Community Health Plan

Our hope is that all community partners utilize this information and work toward achieving solutions that are community-driven to address the highest priority of need. The health improvement plan was approved by the Board of Health on November 10, 2022, available in Appendix A.

Community Health Needs Assessment Partnership

The OSF St. Mary Medical Community Center Health Needs Assessment Workgroup, a community collaboration, began meetings on August 16, 2021, to commence the Community Health Needs Assessment. Several community meetings followed, to communicate the results of the community needs assessment, discuss additional sources of community, and establish community needs.

Organizational Capacity Assessment

The Organizational Capacity Assessment must be completed to identify the ability of the health department to create positive changes in the community as outlined in the Health Improvement Plan.

The organization capacity assessment was distributed to all Directors and Administrators to review and complete. Their responses were used to calculate median and mode scores for each of the capacity elements. For this assessment, the mode is considered the "level of consensus". Capacity Elements with a wide range of responses were further investigated. The McKinsey Organizational Assessment Tool divides the capacity elements into ten fields: Mission, Vision, Strategy & Planning; Program Design & Evaluation; Human Resources; CEO/ Senior Management Team Leadership; Information Technology; Financial Management; Fund Development; Board Leadership; Legal Affairs; and Marketing, Communications & External Relations. For each field, a capacity area average was calculated. The strategic plan addresses weaknesses across the field. The Organization Capacity Assessment was accepted by the Board of Health on November 10, 2022, and is available in Appendix B.

About the McKinsey Organizational Capacity Assessment Tool (OCAT)

The McKinsey OCT identifies capacity across ten elements using the insight from those who have an intimate knowledge of the organization. Respondent answers remain anonymous, and only summary data, median and mode, are shared with the assessment team. The McKinsey OCAT was used in the completion of the 2016 IPLAN, so organizational capacity changes were able to be determined.

The assessment includes the following categories: Mission, Vision, Strategy & Planning; Program Design & Evaluation; Human Resources; CEO/ Senior Management Team Leadership; Information Technology; Financial Management; Fund Development; Board Leadership; Legal Affairs; and Marketing, Communications & External Relations.

Knox County Health Improvement Plan

Purpose

All certified local health departments are required to conduct an Illinois Local Assessment of Needs (IPLAN) every five years. The IPLAN is an ongoing health assessment and improvement planning process designed to identify community health concerns and create actionable solutions. The IPLAN process will result in a community health plan with at least three priority health concerns, identified based on a community needs assessment, community input, and the capacity the health department and local organizations. Priority health concerns must be addressed through evidence-based intervention strategies and measurable objectives.

The health improvement plan was completed in collaboration with OSF St. Mary Medical Center. All tax-exempt hospitals must conduct a community health needs assessment and implement strategies to address identified needs. Jointly, the purpose is to ultimately identify health priorities and develop solutions to improve quality of life.

Process

The community health planning process is a continuous cycle of preparing, planning, implementation, and evaluation. For this cycle, OSF St. Mary Medical Center convened a committee of community partners in August 2021 to begin the community health assessment process.

The Knox County Health Department conduced its own community health assessment. Data was assembled from the U.S. Census Bureau, the Illinois Department of Public Health, County Health Rankings and Roadmaps, the Illinois State Department, the Illinois Department of Transportation, the Environmental Protection Agency, and many other. Subsequent meetings were held to share data, discuss community needs assessment results, and identify priority health concerns.

The Community Health Improvement Plan was created in collaboration with the Order of St. Francis (St. Mary Medical Center) hospital and other community health partners. The health goals and objectives were selected after consideration of the Illinois State Health Improvement Plan and Healthy People 2030. The goals and objectives delineated in the following plan align with the health goals and objectives of the Illinois State Health Improvement Plan or Healthy People 2030 when possible, considering the unique health landscape and challenges in Knox County. The residents of Knox County will be informed and educated about the priority health concerns through a combination of education, outreach through social media, and press release. Additionally, the current Health Improvement Plan, as well as plans from previous years, are available on the Knox County Health Department website.

Community Partners

- Order of St. Francis Healthcare
- Bridgeway
- Heartcare Midwest
- Soderstrom Skin Institute
- Illinois Cancer Care Clinic
- Galesburg OP VA Clinic
- Illinois Tobacco Quitline
- Salvation Army
- Western Illinois Area Agency on Aging
- VNA community Services
- Gordon Behrents Senior Center
- LaGrace Hall of Hope
- Knoxville United Methodist food pantry
- FISH food pantry
- University of Illinois Knox County Extension
- Crossroads Counseling and Life Coaching
- United Way of Knox County
- Galesburg Parks and Recreation
- YMCA of Knox County
- Lakeside Recreation Facilities

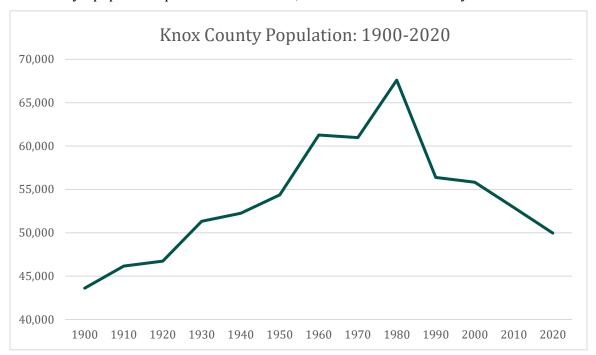
Community Health Needs Assessment

Community Health Data Analysis

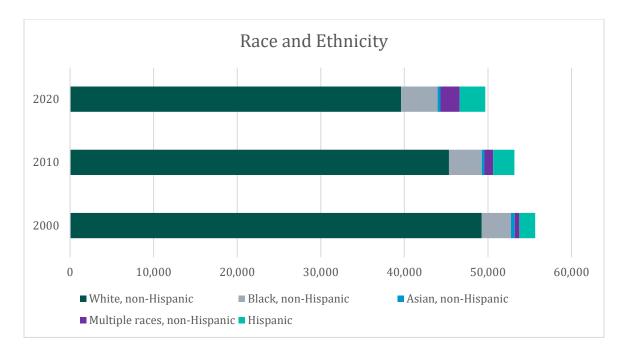
The Community Health Data Report offer a comprehensive overview of the county's health, demographic, and socio-economic factors. The full report is available in Appendix C.

Demographics

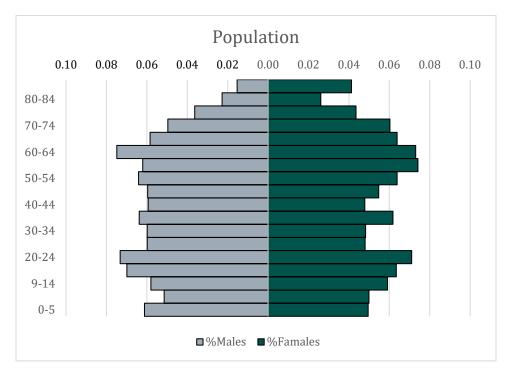
Knox County's population is 49,967 as of the 2020 Census, a decrease of 5.58% since 2010. The county's population peaked in 1980 at 61,607 and has been in steady decline since.



In 2020, the population is predominately white, non-Hispanic (79.28); however, the white, non-Hispanic population is in decline, decreasing 12.62% from 2010 to 2020. Black, non-Hispanic (8.71%), Hispanic (6.11%), multiple races (4.59%) Asian (0.72%), and some other race alone (0.41%) represent most of the minorities in Knox County, all six demographic categories increased from 2010 to 2020. From 2000 to 2020, the percent of the population that is white, non-Hispanic has declined, while the percentage of most minority groups, except Asian, have increased.



The population of Knox County is aging. In 2019, the median age was 42.1, compared to 39.4 in 2000, and 36.5 in 1990. The median age for Knox County is older than the median age for the state, 38.6, or the country, 38.1. A larger percentage of the population is over the age of 65, 20.8%, in Knox County, than in Illinois, 16.1%, or the US, 15.6%. From a public health perspective, an aging population can place a larger burden on medical systems. Additionally, as more older adults move into retirement, the work force may shrink. White residents of Knox County are older than other racial and ethnic groups, the median age of white residents is 44.4, compared to the median age for black/African American (27.8), Hispanic (22.9), and Asian (22.1) residents.

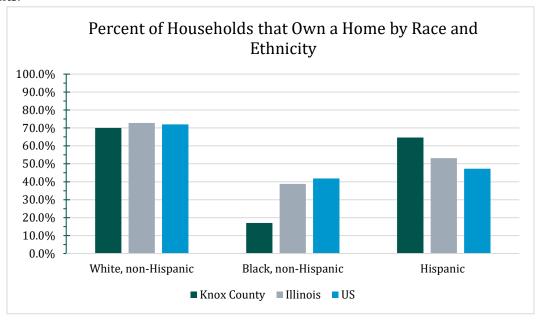


Most (93.6%) of households in Knox County speak only English. Of the 6.38% of households that do not primarily speak English in the home, the majority (58.5%) speak Spanish, followed by French, Haitian, or Cajun (9.9%), then Tagalog (4.2%) is the next leading language spoken. Roughly 1/3 of Spanish speakers do not speak English "very well", around 2/3 of French speakers and $\frac{1}{2}$ of Tagalog speakers do not speak fluent English.

Households and Housing

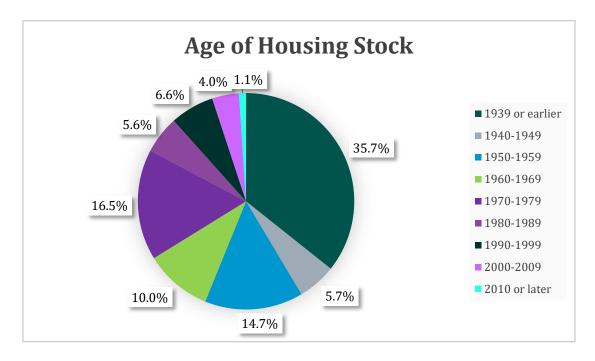
In Knox County, 4,322 people, 8.6% of the total population, lives in group quarters, compared to 2.6% of people across the state. Group quarters includes nursing homes, college dormitories, group homes, shelters, and correctional facilities. The comparatively high percentage of people living in group quarters in Knox County is due in part to the Hill Correctional Facility, which has the capacity to hold 1,800 individuals. However, a larger percentage of elderly residents in Knox County live in group quarters compared to the state, with 7.0% of those over 65 living in group quarters in Knox County, while only 3.6% of Illinois residents over 65 reside in group quarters. The remaining 91.4% of the population lives in households; 63.1% live in family households, 7.7% live in cohabiting couple households, and 36.3% are single households without children.

Knox County has 23,917 housing units, of which 86.5% are occupied. Home ownership rates vary based on income, race, and ethnicity. In Knox County, nearly 70% of white, non-Hispanic households own their home, which is close to national and state averages; 64.7% of Hispanic households own a home, which is slightly higher than the state or national average. Homeownership for black residents is lower in Knox County than for Illinois or the US. Only 17.0% of black Knox County residents own a home, compared to 38.8% of Illinois residents or 41.8% of US residents.



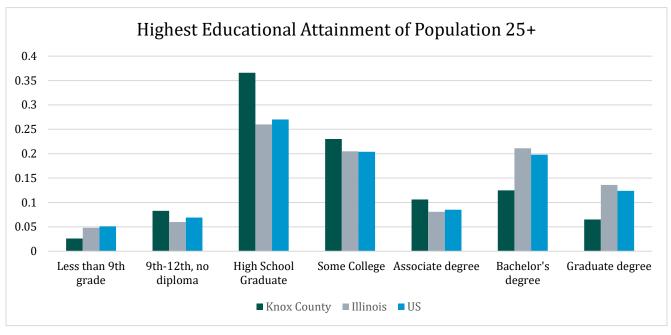
Lead paint was banned in 1978. Census data reports the year of construction by decade; 66.2% of housing stock was built before 1970 and 82.7% was built before 1980. It should be noted that not all housing built before 1978 has lead paint. According to the EPA older homes are more

likely to contain lead paint, with 87% of homes built before 1940 having lead paint, while only 24% of homes built between 1960-1977 contain lead paint.

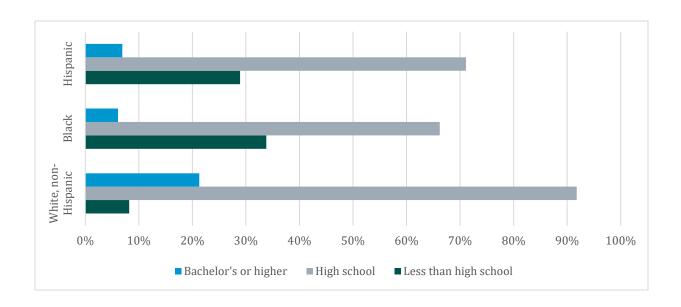


Education

Educational attainment in Knox County, as measured by highest degree attained, has increased in Knox County, steadily, from 2000 to 2020. In 2020, 89.1% of residents over the age of 25 have a high school diploma or equivalent, which is comparable to Illinois or the US. Although high school education is similar between Knox County and Illinois, fewer people have higher education, with 18.9% of Knox County residents having a bachelor's degree compared to 34.7% in Illinois.

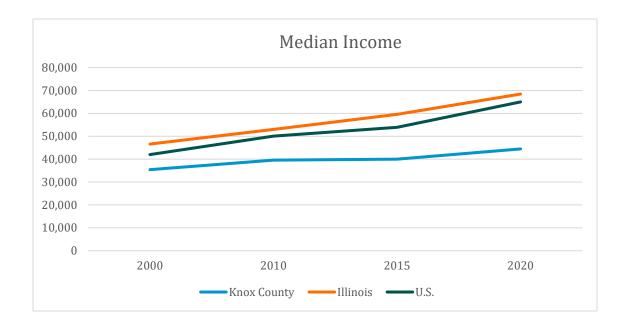


Educational attainment is not equal between racial and ethnic groups. White, non-Hispanic residents are more likely to have graduate from high school, with 91.8% having a high school diploma or equivalent, and college, 21.3% of a bachelor's degree or higher, compared to black, non-Hispanic residents or Hispanic residents. Slightly more than 2/3 of black residents have a high school diploma and 6.1% have at least a bachelor's degree; 71.1% of Hispanic residents have a high school diploma and 6.9% have a bachelor's degree of higher.

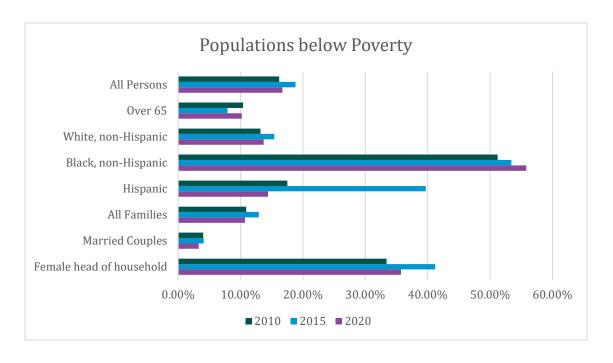


Poverty and Wealth

The median household income in Knox County in 2019 is \$44,129, up 10.4% from 2015, but still \$25,000 less than the median household income in Illinois. Median income by race and ethnicity highlights disparities in the county; the median income for white, non-Hispanic residents is \$46,423, the median income for black, non-Hispanic residents is \$14,767, and the median income for Hispanic residents is \$35,644. Median income for other racial/ethnic groups is unreported due to a large margin of error. Median income for families is \$63,307, nonfamily median income is \$25,182, and median income for single female head of households with children is \$20,489.



Poverty is defined by total household income and number of individuals in the household. For households of 1, annual income below \$12,760 is considered poverty. For each additional household member, an additional \$4,480 is added to annual income. In total, 16.7% of people live below the poverty line, however, this varies based on factors like race and ethnicity and household type. Most notably, 55.8% of black, non-Hispanic; and 35.7% of female head of household (single women with children) live in poverty.



General Health

General Health Status is reported in the Behavioral Risk Factor Surveillance System (BRFSS) as health behaviors and perception. Perception of health status was reported for general health, mental health, and physical health. In 2018, 49.0% of respondents reported that their health was excellent/very good, 48.4% reported their health was good/fair, and 2.6% reported their health was poor. Respondents to the BRFSS were asked to report the number of days in the past month when mental health was not good; 59.6% reported no days; 22.6% reported 1-7 days, and 17.8% reported 8-30 when mental health was not good. There were a greater percentage of individuals reporting both 1-7 days and 8-30 days when mental health was not good in Knox County compared to Illinois.

	Knox County					Illinois			
Health Behavior	2017	2013	2007	2004	2017-	2018	2014 ³	2018-	
					2013 %			2014 %	
					change			change	
Obesity									
Underweight/normal	NDA ¹	44.1%	32.1%	48.3%	N/A	33.4%	36.3%	-2.9%	
Overweight	32.0%	31.6%	35.7%	30.1%	+0.4%	34.9%	34.2%	+0.7%	
Obese	34.2%	24.3%	32.2%	21.5%	+9.9%	31.8%	29.5%	+2.3%	
			Drink	ing					
At Risk for	6.5%	7.3%	20.1%	15.1%	-0.8%	6.9%	5.4%	+1.5%	
Heavy/Chronic									
Drinking									
			Smok	ing					
Current Smoker	17.5%	22.0%	18.2%	22.6%	-4.5%	15.5%	16.7%	-1.2%	
Former Smoker	24.7%	22.9%	27.5%	25.8%	+1.8%	22.8%	23.8%	-1.0%	
Non-Smoker	57.7%	55.1%	54.2%	51.7%	+2.6%	61.7%	59.6%	+2.1%	
Smokeless Tobacco	5.8%	6.1%	NDA ⁴	NDA^4	-0.3%	3.1%	3.1%	0.0%	
User	User								
Current E-Cigarette	4.1%	NDA ²	NDA ²	NDA^2	N/A	6.0%	NDA^2	N/A	
User									
Former E-Cigarette	17.4%	NDA ²	NDA ²	NDA^2	N/A	17.5%	NDA ²	N/A	
User									
¹ Data not reliable and suppressed.									
	² E-cigarette data not collected prior to 2017.								

³2013 data not available for Illinois.

⁴Smokeless Tobacco Data not reported prior to 2013.

From 2013 to 2017, the percentage of Knox County residents who are obese, as defined by a BMI exceeding 30, has increased by 9.9% to 34.2%; 31.8% of residents in Illinois are obese. The percentage of residents at risk for heavy/chronic drinking decreased by 0.8% between 2013 and 2017, however, this trend may have reversed since the beginning of the COVID-19 pandemic, as national data reflects an increase in binge or chronic drinking since the onset of the pandemic. Data from 2019 onwards is not available at the county level for binge/chronic drinking. The most recent BRFSS data includes information about e-cigarettes for the first time; 4.1% of residents are

estimated to use e-cigarettes. Smoking of traditional cigarettes is in decline in Knox County. In 2013, 22.0% of residents were estimated to be current smokers, compared to 17.5% in 2017. Physical activity data, as reported in the BFRSS, shows no change between 2013 and 2018, with an estimated 73-72% of residents having exercised in the past 30 days.

The top two leading causes of death have consistently been diseases of the heart followed by malignant neoplasms (cancer). The third leading cause of death varies by year. In 2020, COVID-19 was the third leading cause of death, causing 106 deaths. In previous years, chronic lower respiratory disease is typically the third leading cause of death, causing between 50-69 deaths per year; however, in 2018, Alzheimer's disease was the third leading cause of death, causing 60 deaths. There were ~ 100 excess deaths in 2020, compared to previous years (816 deaths: 686 deaths on average). Population has declined during this period; however, the proportion of individuals over 65 has increased.

Cause	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
All deaths	816	701	681	670	681	705	650	718	702	647	701
Diseases of the	172	161	161	166	169	172	153	151	152	153	171
heart											
Malignant	139	133	125	148	132	136	111	144	151	114	145
neoplasms											
COVID-19	106	N/A									
Cerebrovascular	27	38	26	32	36	31	36	33	43	34	36
disease											
Accidents	28	30	28	23	27	25	21	32	21	15	31
Chronic lower	58	59	55	66	60	69	62	62	57	50	64
respiratory											
disease											
Alzheimer	52	46	60	31	41	41	35	44	48	31	34
disease											
Diabetes	20	24	19	17	28	22	17	23	21	23	17
mellitus											
Kidney Disease	14	16	17	10	8	18	11	20	9	9	12
Influenza and	10	14	21	17	16	21	14	26	20	32	28
Pneumonia											
Septicemia	11	10	11	13	8	7	12	10	10	8	10
Chronic liver	7	5	6	5	7	5	8	10	6	4	10
disease and											
cirrhosis											
Intentional self-	8	4	11	8	5	11	10	10	7	5	8
harm (suicide)											
Source: Illinois De	Source: Illinois Department of Public Health, Causes of Death by Resident County										

Years of life loss was calculated where all deaths before 65 were considered premature.

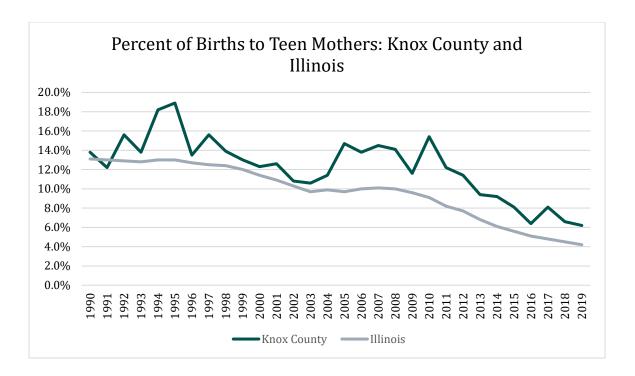
Cause of Death	2020	2019	2018	2017
Accidents	380 years	300 years	245 years	175 years
Alzheimer's Disease	0 years	10 years	20 years	0 years
Cerebrovascular	10 years	60 years	30 years	20 years
Disease				
Chronic Lower	140 years	130 years	90 years	100 years
Respiratory Disease				
COVID-19	90 years	N/A	N/A	N/A
Diabetes	150 years	40 years	70 years	30 years
Diseases of the Heart	300 years	230 years	540 years	180 years
Influenza and	40 years	55 years	30 years	70 years
Pneumonia				
Malignant neoplasms	320 years	345 years	300 years	355 years
Septicemia	40 years	10 years	10 years	55 years

Access to Care

An estimated 11.4% of the population in Knox County does not have health care coverage and 15.8% does not have a personal doctor, according to 2019 BRFSS data. An estimated 11.8% of Knox County residents have been unable to visit a doctor due to cost, and 8.2% were unable to get a prescription filled due to cost. Dental health care and coverage is a concern in the county. In 2019, an estimated 18.5% of the population could not visit a dentist due to cost, only 60.9% reported having dental insurance, and 29.2% of the population has not visited a dentist in the past two years. In 2021, there were 2,370 residents per dentist in Knox County. Throughout Illinois, one dentist serves nearly half the number of residents (1,240:1). The resident to provider ratio for mental health professionals and primary care physicals are also high in Knox County compared to Illinois, 550:1 vs. 410:1 (mental health providers); 1,930:1 vs. 1,240:1 (primary care providers).

Maternal and Child Health

In 2019, the birth rate in Knox County was 9.9, compared to 11.1 in Illinois and 11.6 in the US. Declining birth rates have been observed at the national, state, and county level. Teen births have been in decline, from the mid-1990s when nearly 19% of births were to teen mothers, to 2019 where 6.2% of births were to teen mothers. Although, Knox County has a higher percentage of births to teen mothers than Illinois, 6.2% compared to 4.2%, teen births have decreased in the county.



Data about mothers who drank/smoked during pregnancy is incomplete for Knox County, as information about drinking status was suppressed at the county level, and data later than 2017 was not reported. From 2011 to 2016, between 127 to 172 births were to mother who smoked, the age adjusted rate of 268.9-357.3, was significantly higher than the state age adjusted rate of 99.4-129.4 for the same period.

Low birth weight, less than 2,500 grams, and very low birth weight, less than 1,500 grams, are associated with numerous measures of morbidity and mortality, according to the World Health Organization. These cut-off values are based on epidemiological observations of life outcomes. In 2019, 7.8% of live births were classified as low birth weight, and 1.0% were very low birth weight, which was similar to past years in Knox County, and slightly less than state percentages for the same measure. One of the risk factors for low birth weight is preterm delivery (less than 37 weeks). In Knox County, between 2010 and 2019, 8.1%-11.2% of pregnancies did not make it to full term, which is similar to that of the state (10.0%-10.7%).

Chronic Disease

Cancer incidence and mortality, along with 5-year trends, are reported for the county, state, and nation. Knox County has a slightly elevated age-adjusted mortality (174.0 Knox; 158.5 IL; 152.4 USA) and incidence for all sites (475.8 Knox; 466.8 IL; 448.6 USA). The incidence of lung and bronchus cancer, esophagus cancer, and female breast cancer appear higher in Knox County than in Illinois or the US. The incidence rate of esophagus cancer was the only incidence rate that increased in the reported 5-year trend. While the incidence rate of female breast cancer was higher in Knox County, the mortality rate was lower, 12.9 vs 20.9 and 19.9. Early detection of colorectal, melanoma, oral cavity and pharynx, prostate, cervix, and breast are reported. Compared to Illinois, a slight lower percentage of oral cavity and pharynx, and breast cancer are detected early (localized and in situ, respectively).

Type of Cancer	Cases	Percent Localized		Percent	Percent	Illinois Percent
				Regional	Distant	Localized
Colorectal	163	3	36.2%		26.4%	35.8%
Melanoma of	82	9	0.2%	4.9%	2.4%	82.0%
the Skin						
Oral Cavity and	48	25.0%		60.4%	12.5%	30.8%
Pharynx						
Prostate	173	67.1%		15.0%	7.1%	71.9%
Cervical	8	62.5%		25.0%	12.5%	44.6%
		In Situ Localized				Illinois Percent In Situ
Breast	305	15.1%	61.3%	20.3%	3.0%	19.0%

Multiple selected chronic diseases had a higher prevalence and age-adjusted rate in Knox County than in Illinois in 2019, including, arthritis, asthma, high blood pressure, high cholesterol,

Source: Illinois Department of Public Health, Illinois County Cancer Statistics Review, 2014-2018

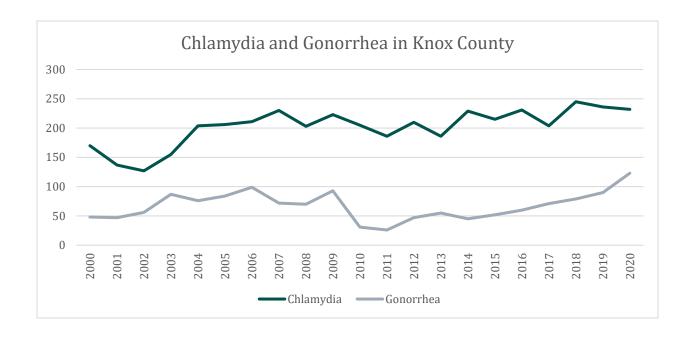
kidney disease, COPD, diabetes, and depression. Most notably, an estimated 21.7% of adults in Knox County suffer from depression, while 14.7% of residents throughout Illinois. Incidence of arthritis in Knox County is 30.9%, while throughout Illinois 24.4% of residents have arthritis – the age adjusted rates in Knox County and Illinois are 26.2 and 21.7, respectively.

All tooth loss is reported for both the county and by census tract for residents over the age of 65. In Knox County, 16.6% of residents over 65 have total tooth loss, while 14.9% of Illinois residents have all tooth loss. However, the burden of tooth loss is not evenly distributed geographically, with nearly 1 out of every 4 residents over the age of 65 having total tooth loss in the census tracts – 8, 9, 10, and 11. These census tracts have a significantly higher percentage of the population living below the poverty line (table 2-14).

Emergency department and hospitalization data is reported from 2017 to 2019 in table 4-7. The rates are reported per 10,000. Knox County has a higher rate of ED mood disorder visits and ED anxiety-related disorder visits than either Western Illinois or Illinois (41.67: 33.45: 30.37 and 66.8: 48.68: 36.73).

Infectious Disease

The incidence rate of sexually transmitted infections (STI) is increasing in Knox County. In 2020 and 2019, the incidence rate of Knox County was 14.1, higher than previous years. The incidence rates of chlamydia (464.3) and gonorrhea (246.2) are also elevated, both in compared to historic data and rates in Illinois.



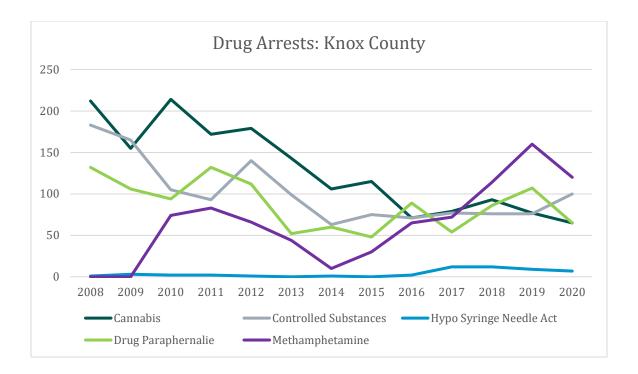
Environmental and Occupational Health

According to the CDC National Environmental Public Health Tracking Network, which reported selected environmental health measures at the Census Tract level, Census tracts 8 and 9 had the lowest access to internet in the home, with over 40% of households from 2013-2017 reporting they did not have internet access. Food security measures depends on the urban/rural status of the census tract. For urban census tracts, food insecurity was based on the 1-mile urban definition, while the definition in rural census tracts was 10 miles. Four census tracts were considered food insecure – 3, 9, 13, and 15.

Childhood blood lead levels in Knox County are elevated compared to the state. In 2019, 18.3% of children tested has elevated blood lead levels, as defined by greater than 5 μ g/dL, only 3.3% of children tested in Illinois had elevated blood lead levels. 5.3% of children tested in Knox County had very elevated blood lead levels, as defined as greater than 10 μ g/dL. Only 0.4% of children tested throughout the state had very elevated blood lead levels.

Occupational injury data is not available at the county level, state data is reported in table 6-10 and occupation and industry data for the county is reported in 6-11. In 2020, there were 135 total occupational injuries in Illinois. By occupation, transportation and material moving; construction and extraction; and installation, maintenance and repair represented over half of total injuries.

Drug arrest data shows a decrease in the total number of drug arrests in Knox County; however, this is due largely to the decriminalization of cannabis in 2016, followed by the legalization of cannabis in 2020.



Sentinel Events

Knox County, as of November 7, 2022, has had 15,087 reported cases of COVID-19, and 230 deaths.

Community Health Needs Assessment Survey

The Community Health Needs Assessment (CHNA) Survey provides a deeper understanding of the health concerns and perception of health of the community. This six-page survey, conducted by OSF Healthcare, was completed by 449 Knox County residents. The survey was distributed to residents of both Knox and Warren Counties, however, the Health Department reviewed Knox County data separately when available. The OSF CHNA survey results and analysis is available in Appendix D. Information about the following data points were collected and analyzed:

- 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, safe neighborhoods, and effective public transit.
- Accessibility to healthcare to access 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 access the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, health eating habits, and cancer screenings.
- Behavioral health to access community issues related to areas such as anxiety and depression.
- Food security to assess access to healthy food
- Social determinants of health to assess the impact that social determinants may have on the above-mentioned areas.

Priority Health Concern Selection

The committee met a total of three times to discuss the health concerns in Knox County, present data, and identify priority health concerns. On April 27, 2022, the community needs assessment and community health data were reviewed with community organizations and leaders. Three priority health concerns were selected, while in previous years, up to five priority health concerns had been selected, greater impact in the community can be achieved by selecting fewer health concerns which prevents dilution of resources. The priority health concerns were identified by community stakeholders based on the health data and the OSF survey results. The community stakeholders used a 5-step prioritization of community health issues:

Step 1: Review data for potential health issues

Step 2: Briefly discuss relationships among issues.

Step 3: Apply "PEARL" test from Hanlon Method

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 to narrow potential issues.

Prioritize issues using a weighted-scale approach (1-5 scale) to rate the remaining issues based on:

- 1. **Magnitude** size of the issue in the community. Consideration includes, but are not limited to:
 - a. Percentage of the general population impacted.
 - b. Prevalence of issue in low-income communities
 - c. Trends and future forecasts
- 2. **Severity** importance of issue in terms of relationships with morbidities, comorbidities, and mortality.
- 3. **Potential for impact through collaboration** can management of the issue make a difference in the community.

Step 5: Selection of priority health concerns:

- 1. Healthy Behaviors Active living, healthy eating, and subsequent obesity
- 2. Behavioral Health Mental health and substance abuse
- 3. Healthy Aging

Community Health Problems: Summary Sheet

Top ten ranked contributors of YPLL (2020)						
2020	Comments					
(1). Accidents (380 years)						
(2). Malignant neoplasms (320 years)						
(3). Diseases of the Heart (300 years)						
(4). Diabetes (150 years)						
(5.) Chronic Lower respiratory Disease (140						
years)						
(6). COVID-19 (90 years)						
(7). Influenza and Pneumonia (40 years)						
(7). Septicemia (40 years)						
(8). Cerebrovascular Disease (10 years)						
Additional health problems/issues de	termined by the Health Department					
(1). Mental Health/Behavioral Health	Lack of providers, increasing incidence					
(2). Obesity	Increasing incidence, high incidence of related					
	diseases					
(3). Sexually Transmitted Infection/Disease	Incidence of SDIs increasing (especially					
	chlamydia and gonorrhea)					
(4). Dental Care	Lack of providers, lack of access for people					
	without insurance					
Additional health problems/issues determine	ined by the Community Health Committee					
(1). Behavioral Health						
(2). Healthy Behaviors – Nutrition and Exercise						
(3). Aging Issues						
(4). Access to Counseling						
(5). Overweight/Obesity						
(6). Substance Abuse						
(7). Cancer Screenings						
(8). COVID-19						
(9). Diabetes						

Healthy Aging

Description of the Health Problem

By 2060, nearly a quarter of Americans will be over the age of 65. Rural counties are aging at a quicker rate than urban areas. As of the 2020 US Census, 21.4% of Knox County residents are over 65, compared to 16.1% in Illinois. Older adults have unique health concerns and challenges; as the percentage of the population who are over 65 grows, responding to those health concerns will require increasing resources and attention. Aging increases the risk of numerous chronic conditions, such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. In addition, 1 in 3 older adults fall each year, and falls are a leading cause of injury for older adults. Older adults are also more likely to be hospitalized for infections, including pneumonia. Preventative care and healthy behaviors can decrease the burden of age-related disease and improve the quality of life for older adults, while proper management of chronic conditions can improve older adults' ability to maintain independence and increase their number of functional years.

Prevention and management of disease combined with other quality of life measures form the basis of healthy aging. Keeping good function and independence is essential to the quality of life for older adults. This positive approach, also referred to as successful aging, ensures that older people have the physical and mental reserves to allow them to cope with crises and stressful events in their lives and to prevent the onset of fragility. Maintaining function allows older adults to age in place, which is defined by the CDC as the "ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Most (93%) older adults in Knox County live in households, rather than group quarters. Aging in place not only provides older adults with a sense of independence and self-reliance, but also allows them to maintain existing social ties, which are essential to health and function for older adults.

Risk Factors and Contributing Factors

Risk Factors

- Fragility and Falls
- Ability to Age in Place
- Preventative Care
- Management of Chronic Conditions

Contributing Factors

- Nutrition and Physical Activity as it relates to Fragility
- Environmental Risks
- Built Environment
- Social Support
- Knowledge and Attitudes
- Access to Preventative Services
- Adherence to Medication
- Adherence to Specialized Diet

• Access to Chronic Disease Care/Specialists

Description of Risk and Contributing Factors

Falls are the leading cause of injury and accidental death in older adults. Mobility tends to decline with age as result of decreased muscle mass and bone density, which in turn, negatively impacts mobility. However, loss of mobility due to sarcopenia and osteoporosis are not the only risk facts that an older adult will experience a fall. Falls are the result of factors, including sedentary behavior, malnutrition, and medication use. Multiple environmental factors, like slippery floors, loose rugs, uneven sidewalks, and poor lighting also increases the risk of falls for older adults. Older adults with a higher socioeconomic status are at lower risk of falls because they report better overall health and have the ability to install home modifications. Access to vision healthcare also reduces the risk of a fall.

Fear of falling can negatively impact a person's ability to age in place and complete activities of daily living. Fear of falling is more common among older adults who have already experienced at least one fall. Older adults may experience anxiety about falling in and around the home and in communities. Improving the accessibility of neighborhood environments can help older people age in place.

The built environment also plays a role in the quality of social ties and frequency of social interactions among older adults. Neighborhoods that are safe and walkable play a significant role in forming social ties. Loneliness and social isolation are risk factors for all-cause mortality and morbidity, with outcomes comparable to other risk factors, like smoking, lack of exercise, obesity, and high blood pressure. An estimated one-third of older adults will experience loneliness of some degree later in life, and 24% of older adults reported being socially isolated. Social support and community are predictive of cognitive and physical decline, and cognitive decline and poor physical health can lead to social isolation and loneliness. There is a strong association between cognitive decline and social isolation, although causative direction of this association is unclear. The link between social isolation and cognitive decline is likely cyclecar, with cognitive decline causing older people to become withdrawn and social isolation increasing the speed and severity of cognitive decline. Other difficulties, like hearing and vision loss, increase both cognitive decline and social isolation.

Preventative care as it relates to older adults can encompass healthy behaviors, cancer screenings, oral care, an Alzheimer's, or dementias assessments. Early detection of breast, prostate, and oral cavity and pharynx cancer in Knox County is lower than that of Illinois, indicating there is potential for improvement. In Knox County 16.6% of those over 65 have lost all teeth, compared to 15.7% in Illinois. This is likely due to a combination of dental insurance and limited providers. Knox County also has more Emergency Department visits due to diabetes and hypertension than Illinois.

Multimorbidity, the existence of two or more chronic conditions, is common among older adults; 90% of adults aged 65-74, 96.5% of adults 75-84, and 99% of adults older than 85 have at least two chronic conditions. According to BRFSS, 29.1% of Knox County's population reported having two of more chronic conditions; many chronic conditions, including arthritis, high blood pressure, high cholesterol, kidney disease, COPD, and diabetes, are more prevalent in Knox County

than Illinois, likely due to Knox County's aging population. Poor management of chronic conditions, including issues with polypharmacy and adherence to specialized diets can lead to worse health outcomes. Polypharmacy, taking two or more medications, is prevalent in older adults, with between 35%-40% of older adults taking at least two medications, while 2.6%-8.6% of older adults take over ten prescriptions. Additionally, 40% of older adults routinely take at least one over-the-counter medication. Although polypharmacy is generally viewed as undesirable, it is often unavoidable in the treatment of many chronic conditions. Adverse effects of polypharmacy can be minimized by medication adherence. Medication non-adherence increases the risk of morbidity, mortality, and hospitalization. Mismanagement of medication increases with the number of medications, both in terms of personal non-adherence and the likelihood of drug interactions.

Adherence to a restricted diet for the purpose of medical nutrition therapy improves the outcome of numerous diseases associated with older age, including diabetes, heart disease, and kidney disease. According to OSF survey data, only 11% of those surveyed always follow a restrictive diet prescribed for a chronic condition, 59% reported never or sometimes following a prescribed restrictive diet. Health literacy and access to specialists, like dieticians, can improve adherence to medical nutrition therapy treatments.

Healthy Aging: Action Plan Recommendations

Goal 1: By 2024, or as BRFSS data becomes available, decrease the percentage of Knox County residents who do not have a personal doctor by 2%.

Baseline: BRFSS 15.8% of people do not have a personal doctor.

Healthy People 2030 AHS-07: Increase the proportion of people with a usual primary care provider: Baseline: 76.0% Target: 84.0%

Intervention Strategies: Intervention strategies were selected from Healthy People 2030 Evidence Based Resources.

- Promote value of primary care providers through social media campaigns and outreach.
- Provide education about finding a primary care provider, including how to find a primary care provider who is in your health insurance network, and how to schedule an initial appointment with a primary care provider.

Goal 2: By 2024 or as data becomes available from the Illinois Department of Public Health, increase the percentage of breast and cervical cancers that were detected early by 2% and 1% respectively.

Baseline: From 2014-2018, 15.1% (in situ) of breast cancer cases were detected at the earliest stage and 62.5% (localized) of cervical cancer.

Healthy People 2030 C-05: Increase the proportion of females who get screened for breast cancer. Baseline: 76.4% of females aged 50 to 74 years received a breast cancer screening in 2019. Target: 80.5%

Healthy People 2030 C-09: Increase the proportion of females who get screened for cervical cancer. Baseline: 80.5% of females aged 21 to 65 years received a cervical cancer screening based on the most recent guidelines in 2018. Target: 84.3%

Intervention Strategies: Intervention strategies were selected from Healthy People 2030 Evidence Based Resources.

- Increase education and outreach for the Illinois Breast and Cervical Cancer Program (IBCCP).
- Utilize marking materials in Spanish to reach under served populations.

Goal 3: By 2024, decrease the number of older adults who are hospitalized because of a fall.

Baseline: In 2021, the Order of Saint Francis hospital ER encountered 656 visits for adult falls, and 777 total falls were treated by the hospital network. The rate for adult fall-based injuries was 1,969 for 2021.

Healthy People 2030 0A-03: Reduce the rate of emergency department visits due to falls among older adults. Baseline: 6052.2/100,000 adults over 65. Target: 5,447/100,000 adults over 65.

Intervention Strategies: Intervention strategies were selected from the Centers for Disease Control and Prevention Compendium of Effective Fall Interventions: What Works for Community Dwelling Older Adults.

- Provide education of environmental risks of falls for community dwelling older adults through education and outreach programs with community stakeholders.
- Increase awareness of evidence based physical activity programs for reducing fall risk.
- Advocate for improvements for built environment throughout the community.
- Promote and provide education about osteoporosis screenings for older adults.

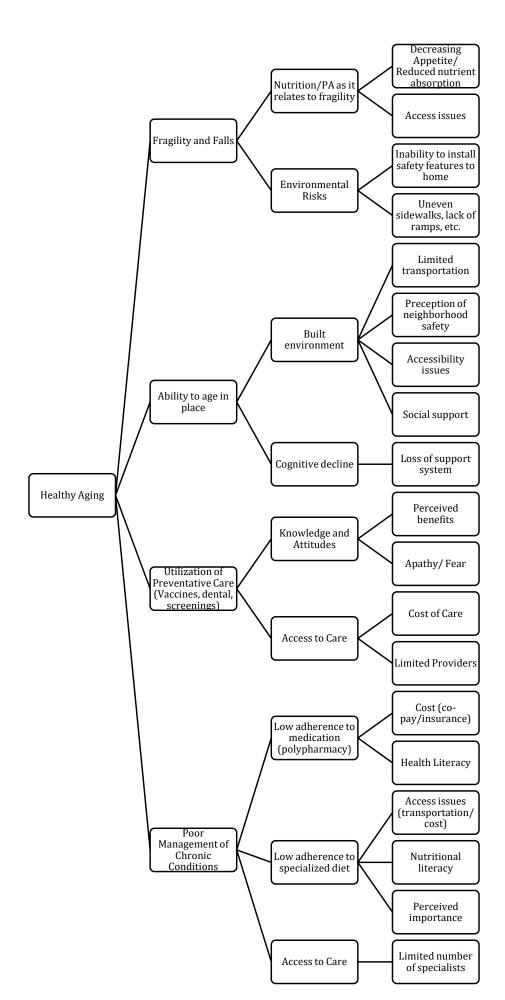
Funding and Resources:

When possible, intervention strategies will be incorporated into existing public health programs, requiring no additional funding streams. In circumstances where intervention strategies are not within the scope of existing health programs, the health department will utilize outside grant funding. Possible funding routes and resources include grants through the Galesburg Community Foundation and the Center for Disease Control and Prevention Public Health Associate Program. The health department continues to be vigilant on future opportunities through Blue Cross Blue Shield community scholarships, Ameren Illinois community grants, NACCHO Aware funding, and Robert Wood Johnson Foundation.

Community Resources:

YMCA of Knox County
United Way of Knox County
University of Illinois Knox County Extension
Gordon Behrents Senior Center
Western IL Area Agency on Aging
Salvation Army

OSF Healthcare St Mary Medical Center OSF Medical Groups/Clinics OSF Home Care and Hospice The Galesburg OP VA Clinic Illinois Cancer Care Clinic Knox County Human Services Council



Healthy Behaviors – Active Living, Healthy Eating, and Subsequent Obesity

Description of the Health Problem

Many people in Knox County do not consume a healthy diet or meet physical activity guidelines, this can lead to obesity and poor general health. Obesity is a major concern in Knox County, with 39% of adults having a BMI that is classified as obese or overweight, compared to 32% in Illinois. Obesity in Knox County is getting worse. In 2020, 29% of adults were considered obese. According to the Order of St. Francis (OSF) Community Health Survey, almost two thirds of residents surveyed reported low or no fruit or vegetable consumption. Only 6% of residents reported eating the recommended number of fruits and vegetables per day. Survey results show that the primary reason for not consuming the recommended servings of fruits and vegetables is that it is perceived as "not important". The second and third most common answers were that respondents "cannot afford" or "do not like" fruits and vegetables. Consumption of fruits and vegetables were higher among older populations, and residents with higher income or higher education.

The OSF survey reported that 29% of residents in Knox and Warren Counties do not exercise at all. When asked why they do not exercise 31% stated they were "too tired", 23% that they had "no time", and 18% that they "did not like" exercise. Ten percent or less stated reasons of "safety", "childcare", "cannot afford", or "access". The Illinois Behavioral Risk Factor Surveillance System (BRFSS) reported similar results in 2017, with 46.8% of Knox County residents reporting they do not meet the physical activity guidelines set by the Centers for Disease Control and Prevention (CDC) of 150 minutes of moderate to intense activity per week.

The food environment plays an important role in determining the food choice, eating patterns, and energy intake. One measure of the food environment includes the food environment index, which accounts for both proximity to health foods and income. Knox County has an environmental food index of 7.6, which is average in the US, but below average in Illinois.

Obesity and obesity related health concerns are increasing in prevalence in Knox County. From 2013 to 2017, the percent of residents who were obese increased from 24.3% to 34.2%. Obesity is linked to numerous chronic conditions, like type 2 diabetes, cardiovascular disease, and several types of cancer. Regardless of weight status, poor dietary habits and low physical activity can lead to worse health outcomes.

Risk and Contributing Factors

Risk Factors

- Nutrition/Diet
- Physical Activity

Contributing Factors

- Access to Healthy Foods
- Nutrition Literacy and Information

- Cultural and Social Norms
- Access to Recreation
- Knowledge and Attitudes
- Sedentary Lifestyle

Description Risk and Contributing Factors

The relationship between food, exercise, and body composition is complex. While genetics may explain differences between individuals regarding body mass, it cannot explain the overall trend of increasing obesity rates at the population level. Rather this trend is the result of an increasingly obesogenic environment. Obesity is caused primarily by a positive energy balance and secondarily from a sedentary lifestyle.

Food insecurity is associated with obesity, especially for women. Nationally, food insecurity is more common in low-income, ethnic minority, or female-headed households. Only 2% of the OSF survey population stated they experienced food insecurity; however, self-reported data may underestimate the burden of food insecurity. Data from Feeding America reports that an estimated 13% of Knox County's population, and 16.3% of Knox County children, is food insecure. Additionally, not all foods are equally accessible to all people. Nutrient dense foods, like fruits and vegetables, tend to be more expensive than low-nutrient, energy-dense foods. Nutrient dense foods also tend to be more perishable, which for low-income households, can mean money wasted. Convenience items and fast food, which are typically energy-dense, high in saturated fats and sodium, are an easier, and often cheaper, choice than healthier options. Households that can afford energy-dense, nutrient poor foods, but cannot afford food that adequately meets nutrient needs may self-report they are not food insecure, despite meeting guidelines for food insecurity. This is reflected in OSF survey data focused on fruit and vegetable consumption, as these foods are most likely to harder to access in food insecure households. Households that reported not consuming fruits and vegetables cited cost as the second most common reason. Lower income and lower education were both social determinants of fruit and vegetable consumption, according to the survey results. Transportation is another barrier to healthy diet, of the OSF survey respondents who stated they consumed no fruits or vegetables, the fourth most cited cause was transportation. Neighborhood food environmental factors, including food deserts, are positively associated with obesity status.

For respondents who reported not eating fruits and vegetables, the primary reason was that fruits and vegetables are "not important". Viewing a healthy diet as not important is likely a combination of cultural and social norms and lack of nutrition education and literacy. Health literacy, or nutrition literacy, is associated with a healthier BMI throughout the lifespan. Health literacy can be conceptualized in four key components: 1. Access health information; 2. Understanding of health information; 3. Appraisal of health information; 4. The ability to apply health information. Increasingly, people, especially youth, are using the internet as the primary source of health information. The intersection of digital literacy and health literacy, referred to as digital health literacy, is important to ensure correct information about nutrition and weight management.

OSF survey data found a correlation between healthy habits and higher education. This correlation is true nationally, as those with lower educational attainment tend are more likely to be obese, especially if they are also economically disadvantaged. Social norms and habits, which are typically established in childhood, play a large role in determining weight status into adulthood. While it is difficult to fully separate the impact of childhood socioeconomic status from habits and learned behaviors, research on "obesity clusters" suggest that parental behaviors and family characteristics impact weight into adulthood independently of socioeconomic status.

Physical activity has a secondary role in maintaining a healthy weight, however, beyond weight management, physical activity has numerous health benefits, including reducing morbidity and mortality of obesity related diseases. Both leisure time physical activities and activities of daily living are associated with obesity prevention. Long commute times and heavy reliance on automobiles for travel are associated with an elevated BMI. According to OSF survey data, 29% of respondents did not exercise, the most common reasons cited were lacking time and being too tired as their primary reasons. County Health Rankings data similarly reported that 30% of residents were inactive. Access to recreational spaces is reported as the percentage of individuals who live "reasonably close" to a recreational space; 77% of Knox County residents meet the defined criteria. Evidence supported interventions can either focus on increasing energy expenditure through increased activities of daily living or through increased leisure time physical activity.

Active Living, Healthy Eating, and Subsequent Obesity: Action Plan Recommendations

Goal 1: By 2024, or as Illinois BRFSS data becomes available, reduce the proportion of Knox County adults who as obese by 1%.

Baseline: 34.2% of adults aged 18 years and older.

Healthy People 2030 NWS-03: Reduce the proportion of adults who are obese. Target: 36.0%. Baseline: 38.6% of adults aged 20 years and older.

Intervention Strategy: Intervention strategy was selected from Healthy People 2030 and the Centers for Disease Control and Prevention Strategies to Prevent Obesity and Other Chronic Diseases.

- Promote eating healthy programs and educational materials aimed at specific at-risk populations.
- Advocate for increased access to fruit and vegetables in schools.
- Expand farmer's markets and community supported agriculture programs.

Goal 2: Increase breastfeeding outreach, education, and peer support, resulting in an increase of the percentage of women who exclusively breastfeed through 6 months by 2%.

Baseline: Knox County Women, Infants, and Children (WIC) Breastfeeding program reports that of 461 infants who received services in 2022, 5.6% (26) were breastfeed exclusively through 6 months.

Healthy People MICH-15: Increase the proportion of infants who are breastfeed exclusively through age 6 months. Baseline: 24.9%. Target: 42.4%.

Intervention Strategy: Intervention strategy was selected from Healthy People 2030 – The Surgeon General's Call to Action on Breastfeeding.

- Increase education and outreach targeted to partners of breastfeeding women.
- Encourage breastfeeding through peer-to-peer support groups.
- Provide a variety of educational sources for breastfeeding women, focusing on skills based breastfeeding knowledge.

Goal 3: By 2024, or as BRFSS data becomes available, reduce the proportion of adults who reported doing no physical activity in the last 30 days by 2%.

Baseline: 27.0% of adults reported doing no physical activity in the last 30 days according to 2015-2019 BRFSS.

Healthy People 2030 PA-01: Reduce the proportion of adults who do no physical activity in their free time.

Interventions: Intervention strategies were selected from Health People 2030 Evidence Based Resources and the Centers for Disease Control and Prevention Strategies to Prevent Obesity and Other Chronic Diseases.

- Advocate for expansion and maintenance of bike lanes to improve active transit.
- Create and maintain safe neighborhoods.
- Improve access to parks and playgrounds by improving sidewalks.

Funding and Resources

When possible, intervention strategies will be incorporated into existing public health programs, requiring no additional funding streams. In circumstances where intervention strategies are not within the scope of existing health programs, the health department will utilize outside grant funding. Possible funding routes and resources include grants through the Galesburg Community Foundation and the Center for Disease Control and Prevention Public Health Associate Program. The health department continues to be vigilant on future opportunities through Blue Cross Blue Shield community scholarships, Ameren Illinois community grants, NACCHO Aware funding, and Robert Wood Johnson Foundation.

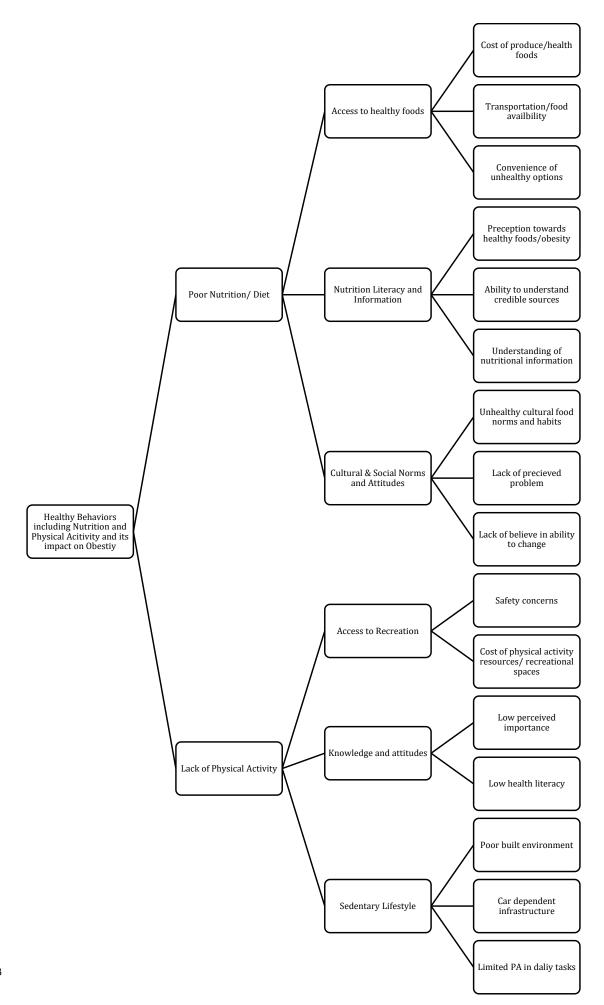
Resources:

YMCA of Knox County

Galesburg Parks and Recreation United Way of Knox County Crossroads Counseling and Life Coaching University of Illinois Knox County Extension FISH Food Pantry First Lutheran Church Galesburg Food Pantry Gordon Behrents Senior Center/KCCDD **VNA Community Services** Salvation Army Women, Infants, Children Nutrition Program OSF Healthcare St Mary Medical Center OSF Medical Groups/Clinics **OSF Prompt Care** The Galesburg OP VA Clinic **Knox County Human Services Council** Safe Harbor Family Crisis Center

Health Analysis Worksheet

On following page.



Behavioral Health-Including Mental Health and Substance Abuse

Description of the Health Problem

Both mental health and substance abuse were identified as health concerns in the health concern prioritization meeting. These health concerns were combined under the umbrella of behavioral health, as they often impact each other, come from similar root causes, and can affect individuals in a cyclical manner.

In the OSF survey, 44% of respondents reported feeling depressed at least some days in the past month, with 10% reporting that they felt depressed more than 5 days each month. 36% of those surveyed reported they felt anxious at least some days in the last month, and 6% reported feeling anxious more than 5 days. Compared to 2019 CHNA survey data, this is a 4% decrease in those experiencing depression and a 7% increase in those experiencing anxiety. Both depression and anxiety tend to be rated higher for younger people and people with lower income. Behavioral Risk Factor Surveillance System (BRFSS) data reports that an estimated incidence of depression in Knox County was 21.7% in 2019, compared to 14.7% across Illinois. BRFSS data reports a significantly lower percentage of Knox County experiencing depression compared to OSF survey data due to reporting methods. BRFSS data reported the percentage of individuals who have been diagnosed with depression, while OSF reported the percentage of people who have felt depressed. While it is likely that many people who have felt depression would be considered sub-clinical, and therefore not diagnosed with depression, this discrepancy between the two reports might indicate challenges faced when seeking a diagnosis. OSF survey data supports this, as only 27% of those who reported experiencing poor mental health have ever talked about their mental health. Of those who had discussed their mental health, only 23% spoke with a counselor or mental health professional.

The burden of substance abuse within Knox County is difficult to measure directly, however, there are several proxy measures that can estimate the burden of drug use in the county. Drug arrest data from the Illinois Criminal Justice Information Authority provide total drug arrests as well as drug arrest by type. The total number of drug arrests have declined from 2008 to 2020, however, this is reflective of the decriminalization of cannabis in 2016, following the legalization of medical cannabis in 2013. Arrests for methamphetamines and hypo syringes and needles have increased. Drug overdoses can also be used to measure the burden of drug use in Knox County. Data from the Illinois Department of Public Health reports on overdoses caused by heroin and other opioids. In 2013, there were a total of 16 overdoses caused by opioids, which increased steadily to 27 in 2015, then jumped to 42 in 2016, then leveled off until 2019 with 48 overdoses. Across Illinois, there has been a steady increase in the number of overdoses from opioids.

Risk and Contributing Factors

Risk Factors

- Access to Mental Health/Addiction Services
- Environmental/Social Stressors

Contributing Factors

- Attitudes and Behaviors
- Insurance and Cost
- Provider Related Barriers
- Physical Environment
- Community and Family Factors

Description of the Risk and Contributing Factors

The OSF survey results showed that younger people and those with less income were at higher risk of mental health issues. The Interdepartmental Serious Mental Illness Coordinating Committee Healthy People 2030 report also shows that younger people are at a higher risk of severe mental illness (SMI), compared to those 50 and older. However, the lower risk of older adults may be in part due to the shorter life expectancy of those with severe mental illness. Adults with SMI frequently have multiple chronic conditions and general health issues, as well as an increased incidence of substance abuse disease. An estimated quarter of adults with SMI have substance abuse disorder, one in six have misused opioids in the past year, and nearly half are smokers. Adults who have both mental illness and substance abuse disorder often show more severe symptoms of mental illness, a poorer course of illness including more relapse and hospitalization, as well as more frequent rates of violence, suicide, and homelessness. Other risk factors associated with substance abuse disorder include lower educational attainment, a history of chronic pain, and lower income and employment. Young men, between the ages of 25-45 are also shown to be at the highest risk of substance abuse disorder.

Barriers to treatment for mental illness and substance abuse disorder are similar, and often connected – both stemming from similar issues and cyclically impacting each other. Barriers include access issues related to cost, travel, and knowledge about finding a provider, as well as social or cultural barriers including shame, stigma, or feelings of mistrust. Other reported barriers included feeling like therapy or treatment would not help or that symptoms of mental illness were "normal". WHO reported that feelings of low perceived need or wanting to handle it alone were more common in men or older adults, while financial or other logistical barriers were more common for younger people. A meta-analysis on substance abuse treatment in rural areas found that mental health specialists for abuse were difficult to find, and that barriers including travel distance or issues with telehealth (slow internet, no computer) were common.

The likelihood of SMI or substance abuse disorder (SAD) increase based on environmental and family stressors. Unemployment or precarious employment have been linked to poorer mental health outcomes, due in part to the stress of living in poverty, as those with lower income are also at an increased risk of mental illness or substance use. Long term exposure to poor quality housing conditions can have a negative effect on mental health, as can food insecurity. Exposure to discrimination, based on race, ethnicity, sexual orientation, immigrant status, or other minority status, is associated with worse mental health outcomes. Familial relationships can have a protective or deleterious impact on mental health. Living with family members, satisfaction with family relationships, and family connectedness are all associated with fewer depressive symptoms, while a history of family abuse or neglect is associated with higher depressive symptoms, anxiety,

or PTSD. Finally, broader relationships at the community level can impact mental health. Social support, community belonging, and perceived emotional support from friends and family all have a protective effect on mental health.

Behavioral Health- Including Mental Health and Substance Abuse: Action Plan Recommendations

Goal 1: By 2024, or as BRFSS data becomes available, decrease the prevalence of poor mental health status by 5%.

Baseline: 17.8% of Knox County residents 18 and over reported poor mental health extending a week or more.

Healthy People 2030: Increase the proportion of adults with serious mental illness who get treatment.

Intervention Strategy: Intervention strategies were selected from Health People 2030 Evidence Based Resources.

- Improve routine screening for depressive disorder and other serious mental illness.
- Increase utilization of telehealth and other technologies to increase access to care.
- Advocate for peer-to-peer support for family members and caregivers impacted by serious mental illness.

Goal 2: Increase the proportion of primary care visits where patients are screened for depression or serious mental illness.

Baseline: The Knox County local public health system does not have data on the amount of primary care providers who actively screen for mental illness and depression. OSF survey data reports that 22% of respondents spoke to someone about their mental health in the past year – 55% who reported they spoke to someone reported speaking to a nurse or doctor.

Healthy People 2030: Increase the proportion of primary care visits where adolescents and adults are screened for depression. Baseline: 8.5%. Target: 13.5%.

Intervention Strategy: Intervention strategies were selected from Health People 2030 Evidence Based Resources.

- Assist families in gaining access to community resources through care coordination services.
- Advocate for screenings in primary care settings for patients who have not previously been screened and patients who are determined high-risk for mental illness.

Goal 3: Increase behavioral health literacy and decrease stigma.

Baseline: The Knox County local public health system does not have data about existing stigma in the community.

Healthy People 2030: Increase the health literacy of the population.

Intervention Strategy: Intervention strategies were selected from Health People 2030 Evidence Based Resources and the Illinois State Health Improvement Plan.

- Promote mental health education curriculum in schools.
- Increase awareness of mental health services in the community.
- Utilize public education to promote mental health awareness, social and emotional skill building, and resiliency.

Funding and Resources

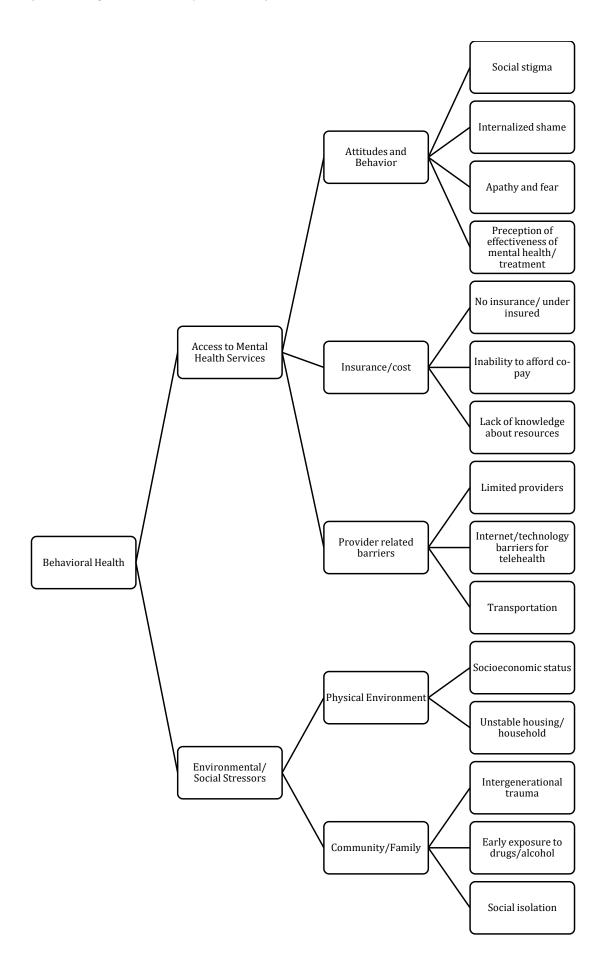
When possible, intervention strategies will be incorporated into existing public health programs, requiring no additional funding streams. In circumstances where intervention strategies are not within the scope of existing health programs, the health department will utilize outside grant funding. Possible funding routes and resources include grants through the Galesburg Community Foundation and the Center for Disease Control and Prevention Public Health Associate Program. The health department continues to be vigilant on future opportunities through Blue Cross Blue Shield community scholarships, Ameren Illinois community grants, NACCHO Aware funding, and Robert Wood Johnson Foundation.

Resources:

Crossroads Counseling and Life Coaching
Gordon Behrents Senior Center
VNA Community Services
Salvation Army
Bridgeway
Illinois Tobacco Quit Line
Al Anon
OSF Healthcare St Mary Medical Center
OSF Medical Groups/Clinics
The Galesburg OP VA Clinic
Knox County Human Services Council

Health Analysis Worksheet

On following page.



| APPENDICES

APPENDIX A



Knox County Health Department · 1361 West Fremont Street · Galesburg, Illinois 61401 309.344.2224 (phone) · 309.344.5049 (fax) · www.knoxcountyhealth.org

November 10, 2022

Illinois Department of Public Health **Attn: JoAnn Bardwell** IPLAN Administrator Division of Health Data & Policy 525 W. Jefferson St., 2nd Floor Springfield, IL. 62761

RE: KNOX COUNTY HEALTH DEPARTEMENT IPLAN SUBMISSION

Dear Ms. Bardwell,

This letter is to request that the Illinois Department of Public Health (IDPH) accept and approve the IPLAN (Illinois Plan for Local Assessment of Needs) submission to IDPH as required for recognition as a certified local health department in the State of Illinois.

The Knox County Health Department has fulfilled the requirements to complete the IPLAN process; including, performance of an Organizational Capacity Self-Assessment using the McKinsey Organizational Capacity Assessment Tool, completing a comprehensive Community Health Needs Assessment and selecting three (3) priority health concerns in partnership with OSF St. Mary Medical Center and other local partners, and completing a Community Health Improvement Plan for Knox County, IL, that, while produced separate from the hospital's plan was produced through that same partnership.

The Board of Health strives to improve the quality of life for residents through partnerships and collaborative approaches to addressing priority areas of need and is respectfully submitting this IPLAN submission for IDPH approval.

Respectfully,

Dan Harris, President

Knox County Board of Health

APPENDIX B



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November 10, 2022

Illinois Department of Public Health Attn: JoAnn Bardwell IPLAN Administrator Office of Policy, Planning and Statistics 525 W. Jefferson St., 2nd Floor Springfield, IL. 62761

RE: KNOX COUNTY HEALTH DEPARTEMENT INTERNAL ASSESSMENT

Dear Ms. Bardwell,

This letter is to inform you that the Knox County Health Department has fulfilled the requirement of performing an Organizational Capacity Self-Assessment using the McKinsey Organizational Capacity Assessment Tool. During strategic planning sessions, the Public Health Administrator and Management staff of the Health Department completed and analyzed the results of the assessment to inform strategic priorities and goals for internal growth. This document was reviewed and discussed with the Board of Health which approved the document as part of Strategic Planning on August 11, 2022.

The Board of Health strives to improve the quality of life for residents through partnerships and collaborative approaches to addressing priority areas of need. The completed Internal Assessment Document fulfilled its purpose of informing the Board of Health and will be included in the IPLAN (Illinois Plan for Local Assessment of Needs) submission to the Illinois Department of Public Health.

Respectfully,

Dan Harris, President

Knox County Board of Health

APPENDIX C

IPLAN COMMUNITY HEALTH DATA

Knox County Health Department 2022

Chapter 1: Demographic and Socioeconomic Characteristics

Table 1-1: Knox County Population

The population of Knox County has decreased steadily since its peak in 1980 at 61,607. The current population in Knox County is 49,967, down 5.58% since the 2010 Census.

Table 1-2: Knox County, Population by Places: 2000, 2010, 2019 (estimates), and 2020 Most places in Knox County have seen slight to moderate decreases in population from 2000 to 2010, and from 2010 to 2020. Oak Run, a residential development near Spoon Lake, is the primary exception, seeing a 31% increase in population from 2010 to 2020. Both Knoxville City and Henderson Village show a slight population increase, of 1.22% and 4.31%, respectively.

Table 1-3: Population by Race

Knox County is a predominantly white county, with 81.38% of the population identifying as white. The white population in Knox County is decreasing, having a -12.34% percent decrease from 2010. Black residents are the next largest racial group in Knox County, at 8.92% of the population, up 7.45% from 2010. Both American Indian/Alaskan Native and Asian populations experienced a decline from 2010 to 2020, at -54.12% and -7.40% respectively. In 2020, American Indian/ Alaskan Natives represented 0.23% of the population of Knox County, and Asians represented 0.76%.

Tables 1-4: Population by Race and Ethnicity

The Hispanic population in Knox County accounts from 6.11% of the total population in 2020 and has increased 18.98% since 2010.

Table 1-5: Hispanic or Latino by Origin of Region 2019

The majority (80%) of Hispanic or Latino residents in Knox County trace their heritage to Mexico, followed by (5.9%) from Puerto Rico.

Table 1-6: Race in Knox County, Illinois, and the U.S. in 2020

Compared to the state and country, Knox County has a larger white, non-Hispanic population. The percentage of the population in Knox County that is Black, non-Hispanic, Hispanic, Asian, or multiple races is smaller than that of the state or nation. The percentage of the population that is American Indian/ Alaskan Native is 0.1% in both Knox County and Illinois, compared to 0.7% in the US.

Table 1-7: Population by Age and Median Age in Knox County, Illinois, and the US

The population of Knox County is older than that of Illinois or the US. The median age of Knox County is 42.1 in 2019, compared to 38.6 and 38.1 in Illinois and the US. A larger percent of Knox County residents is over the age of 65, at 20.8% of the population, compared to 16.1% and 15.6% in Illinois and the US, respectively. Knox County's population is aging, with the median age in 2019 at 42.1, compared to 42.0 and 39.4 in 2010 and 2000.

Table 1-8: Persons by Selected Age Group in Knox County in 2000, 2010, and 2019 Knox County's population is both aging and shrinking. The current census data for age groups is not released as of January 2022. The 2019 census data overestimates the population of Knox County, compared to the 2020 census down by about 500, however, the population trends will likely not change with released Census data in March 2022. Slightly over 20% of the population is over the age of 65, and 26.3% of the population are aged 45-64.

Table 1-9: Age Ratio by Age Group, Race, and Ethnicity: 2000, 2010, 2020

The age ratio shows the number of males in a population per 100 females. Older age groups typically have more males than females; Knox County follows this trend, with the 85 and older population having 38.19 males per 100 females, the 80-84 years of age population has a gender of ratio of 89.55, and the 75-79 population has 85.79 males to every 100 females. The male to female ratio is elevated slightly, with the total population having a ratio of 102.2 in 2019, likely due to the Hill Correlational Center, which houses up to 1,867 male inmates. The sex ratio by race for White, non-Hispanic residents is 95.1, for Black residents it is 177.0, and for Hispanic residents it is 148.4. The elevated ratio of males to females in the black and Hispanic populations is likely due to the Hill Correlational Facility, as the facility serves all of Illinois, and as stated in Table 1-5, Knox County has a significantly lower percent of the population who is Hispanic or black as compared to Illinois.

Table 1-10: Median Age by Race and Gender: 2000, 2010, 2019

Both males and females median age increased steadily from 2000 to 2019, with females being slightly (between 4.1 to 4.9 years) older. White residents have the oldest median age for all times reported. Black residents have a median age of 27.8 years, and Hispanic residents have a median age of 22.9 years in 2019. Median age for Asian and American Indian populations are reported but have a very high margin of error. 2020 Census data will not be available until March 2022, at the earliest.

Table 1-11: Leading Languages Spoken at Home in Knox County, 2019

Most, 93.6%, residents speak only English at home. Of non-English primary speakers, 58.5% speak Spanish, with 35% of Spanish speakers speaking English less than "very well". French, Haitian, or Cajun is the second most spoken language, with 9.9% of non-English primary speaking French, nearly 2/3 of French speakers speak English less than very well.

Table 1-12: Nativity and Citizenship in Knox County, Illinois, and the US, 2019
The majority, 79.0%, of Knox County Citizens were born in Illinois, and 96.7% were born in the US.
Foreign born residents make up 3.3% of the Knox County population, with over 80% of foreign-born residents not currently having citizenship.

Table 1-13: Household Relationships in Knox County, Illinois, and the US, in 2019 8.6% of Knox County's population lives in group quarters, compared to 2.3% in Illinois and 2.5% in the US, likely because of the Hill Correctional Center.

Table 1-14: Household by type in Knox County, Illinois, and US, 2019

Knox County has an estimated 20,680 households in 2019, of those 41.9% are married couple households, 7.7% are cohabitating households, 21.0% are male households without a spouse or partner, and 29.3% are female headed households without a spouse or partner. Compared to Illinois and the US, there are slightly fewer married households in Knox County, and slightly more households of all other categories.

Table 1-15: Average Household Size in Knox County and the US, 1980-2019

The average household size and average family size in Knox County is 2.23 and 2.90, respectively. Both have steadily decreased since 1980, where they were 2.59 and 3.11. Compared to the US, the household and family size in Knox County is constantly slightly smaller.

Table 1-16: Household Type for Children, aged 0-17, in Knox County, Illinois, and the US, 2019 As of 2019, 9,969 households had children under the age of 18. Of those households, 60.2% lived with a married couple family, 12.5% lived with a co-habiting couple, 20.7% lived with a single female head of household, and 6.6% lived with a single male head of household.

Table 1-17: Children Living with Grandparent, 2019

Of children aged 0-17, 6.0% lived with a grandparent, and 2.6% of children have a grandparent as their primary care giver.

Table 1-18: Household Type for Persons 65+ in Knox County, Illinois, and U.S., 2019 For residents who are over 65 in Knox County, 53.6% lived in family households, slightly less than the state and nation, at 65.0% and 67.4%. For those who were not living a family household, 35.7% of residents 65 and older lived alone, and 7.0% lived in group quarters. More Knox County residents live alone or in group quarters than in Illinois or the US. In Illinois, 28.6% of adults over 65 lived alone, and 3.6% lived in group quarters. For the US, 26.1% lived alone and 3.0% lived in group quarters.

Table 1-19: Housing Units and Occupancy in Knox County, Illinois, and the US, in 2010, 2014, and 2019 The number of housing units in Knox County has been trending downwards, from 24,084 in 2010 to 23,917 in 2019, while the number of vacant units has been increasing, from 2,221 in 2010 to 3,237 in 2019. As of 2019 estimates, 13.5% of Knox County housing units are vacant, compared to 9.7% across the state.

Table 1-20: Housing Tenure by Race and Ethnicity in Knox County, Illinois, and the US, 2019 Data is only provided for white, non-Hispanic, Black, non-Hispanic, and Hispanic residents, as 2019 data estimates for other minorities had an excessive margin of error. 2020 Census data for housing will not be available until March 2022. 70% of white residents are homeowners, this is slightly lower than the state, 72.8%, the US, 72.0%. This slight difference can be partly explained by the higher percent of adults over 65 years of age who are living in group quarters, and Knox County's comparatively older population, especially for white residents. Homeownership among black residents is lower than the

state or nation, at only 17.0% of black residents owning a home. Across Illinois, 38.8% of black residents own a home, 41.8% of black residents own a home in the US. A higher percent, 64.7%, of Hispanic residents in Knox County own a home compared to the state, 53.2%, or the nation, 47.3%.

Table 1-21: Home Ownership by Age of Household, Knox County, 2019, 2010, 2000 Home ownership increases from 33.0% in those under 35 until the 65-74 age group where it begins declining.

Table 1-22: Age of Housing Units, 2019

Slightly more than 80% of housing units in Knox County was built before 1980. Houses that were built before 1978 are significantly more likely to contain lead paint.

Table 1-23: Homeowners and Renters by Income in Knox County, 2019 Income data is collected by household, 69.0% of households are homeowners. For households making less than 20,000 per year, 35.8% own a home. The percent of households that own a home increase as income increases.

Table 1-24: Educational Attainment in Knox County, Illinois, and US in 2019

Education attainment measures the highest degree of education attained in Knox County, Illinois, and the US. In Knox County, 2.6% of people have less than a 9th grade education. This is less than the state or nation, at 4.8% and 5.1%. However, a higher percent of individuals in Knox County have between a 9th and 12th grade education, with no diploma or GED. Knox County has slightly more high school graduates that the country, 89.1% compared to 88.0%, but slightly less than the state, 89.2%. Knox County has a smaller percent of individuals who have completed higher education than Illinois or the US. In Knox County, 18.9% of residents have a bachelor's degree or higher, compared 34.7% and 32.1 of residents in Illinois and the US, respectively.

Table 1-25: Education Attainment in Knox County, Illinois, and the US in 2000, 2010, 2015, and 2019 Attainment of high school diploma, bachelor's degree, and graduate degree for Knox County, Illinois, and the US has steadily increased from 2000 to 2019. Knox County trails behind Illinois and the US consistently for bachelor's degree and graduate degree attainment for all years.

Table 1-26: Educational Attainment for Race/Ethnicity in Knox County, 2019

The Educational Attainment is only documented for White, non-Hispanic, Black, non-Hispanic, and Hispanic. The margin of error for other races/ethnic groups made the data unreliable. 2020 Census results for educational attainment will be released in March 2022. For white residents, 10.9% have less than a high school diploma, 89.1% have a high school diploma or higher, and 18.9% have a bachelor's degree or higher. For black residents, 33.5% have less than a high school diploma, 66.5% have a high school degree or greater, and 6.3% have a bachelor's degree or greater. For Hispanic residents, 27.1% have a high school diploma or less, 72.9% have a high school diploma or higher, and 9.3% have a bachelor's degree or higher.

Table 1-27: Knox County School Districts, High School Graduation Rates, 2020 through 2013 Previous measures of high school graduation showed those with a high school diploma or equivalency. This measure only includes those who graduated in four years with a high school diploma. The school districts in Knox County are Abingdon-Avon 276, Galesburg 205, Knoxville 202, and Williamsfield 210.

Table 1-28: Median Household Income in Knox County, Illinois, and the US: 2019, 2015, 2010, and 2000 From 2010 to 2019, the median household income in Knox County increased by nearly 5,000. The median household income in Knox County over \$20,000 less than the median income for Illinois or the US in 2019.

Table 1-29: Median Income by Age, Race, and Ethnicity in Knox County, 2019

Median income peaks in the age group 45-64 at \$58,044 then declines to \$35,633 for those over 65.

People aged 15-24 make a median income of \$16,914. Median income is only reported for White, non-Hispanic, Black-non-Hispanic, and Hispanic residents, due to large margin of error for other racial and ethnic groups. White, non-Hispanic groups earn a median income of \$46,432, Black, non-Hispanic residents earn a median income of \$35,644.

Table 1-30: Median Income by Household Type, 2019

The median income for households classified as family, two or more people living together who are related by birth, marriage, or adoption is \$63,307. Married couples with children under 18 have a median income of \$81,120, while single female households with children have a median income of \$20,489. These trends are consistent across the state and county, however, for all household categories, Knox County's median income is \$20,000 to \$5,000 less.

Table 1-31: Detailed Income for Knox County and Illinois, 2019

Income is reported in \$5,000 increments for residents in Knox County and Illinois. Compared to Illinois, Knox County residents earn less, with a larger percent of residents in Knox County earning at all income brackets until \$75,000 and more.

Table 1-32: Per Capita Personal Income, Knox County, Illinois, and the US, 1980 to 2019 Knox County had a per capita income of 44,921 in 2020, which is 75.5% of the US per capita personal income

Table 1-33: Poverty for Selected Groups in Knox County, Illinois, and the US, 2019 In Knox County, 16.7% of residents are living in poverty, compared to 12.0% in Illinois and 12.8% in the US. For White, non-Hispanic residents 13.7% are living in poverty, while 55.8% of Black, non-Hispanic, and 14.4% of Hispanic residents earn below the poverty line. The number of female head households living in poverty is also elevated, at 35.7%.

Table 1-34: Ratio of Income to Poverty Level of Families, 2019

This ratio measures the depth of poverty, with those at the 0.5 and under category making less than half of the poverty line income. In Knox County, 9.1% of people fall into this category, compared to 5.1% in Illinois, and 5.5% in the US. Another 9.0% earn between 0.5 to 0.99 of poverty line, compared to 6.4% and 6.8% in Illinois and the US, respectively.

Table 1-35: Knox County, Unemployment Rates, 2020-2000

Unemployment increased significantly from 2019 to 2020 in Knox County, 4.7 to 8.6, Illinois, 4.0 to 9.5, and the US, 3.7 to 8.1. Historically, unemployment rates in Knox County follow state and national trends. Unemployment rates increased from 2008 to 2009/2010, then decreased until 2019 until it increased sharply in 2020.

Table 1-36: Knox County, Medicaid Recipients, 2016 -2020

A total of 16,071 people in Knox County received some type of health care coverage through Medicaid. This is an increase of 1,069 people from 2020, with the largest increase in those receiving the care through the American Care Act (+523).

Table 1-37: Knox County Supplemental Nutrition Assistance (SNAP), 2019

In Knox County, 17.6% of households received SNAP. Specific household types are more likely to receive SNAP, 58.6% of single female households with children receive SNAP, 42.8% of single male households with children received SNAP, while only 14.1% of married households with children received SNAP. Of white, non-Hispanic households, 15.0% received SNAP, compared to 53.2% of black households, and 33.0% of Hispanic households.

Table 1-1 Knox County Population: 1900- 2020

Year	Population	Change
2020	49,967	-5.58%
2010	52,919	-5.22%
2000	55,836	-0.99%
1990	56,393	-8.46%
1980	61,607	0.50%
1970	60,989	-0.60%
1960	61,280	12.70%
1950	54,366	4.00%
1940	52,250	1.80%
1930	51,336	9.90%
1920	46,727	1.20%
1910	46,159	5.80%
1900	43,612	

Source: U.S. Census Bureau, Population Division, Decennial Census counts for other years (April 1).

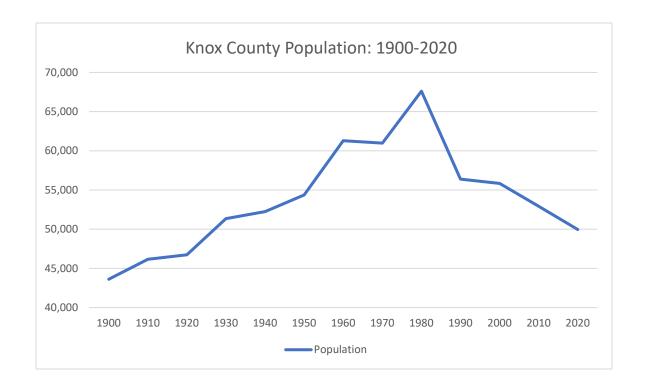


Table 1-2
Knox County, Population by Places: 2000, 2010, 2019 (est.), and 2020

Place	2020	2019 (est.)	2010	2000	2010-2020
					change
Abingdon City	2,951	3,509	3,479	3,162	-15.18%
Altona Village	463	497	529	554	-12.48%
East Galesburg Village	763	774	812	842	-6.03
Galesburg City	30,052	30,197	32,195	33,755	-6.65
Gilson (Census-designated place)	156	186	190		-17.89%
Henderson Village	266	244	255	317	+4.31
Knoxville City	2,901	3,031	2,866	3,183	+1.22
London Mills Village	350	376	392	445	-10.71
Maquon Village	218	220	284	316	-23.24%
Oak-Run (Census-designated	721	556	547		+31.81%
place)					
Oneida City	696	662	700	764	-0.57%
Rio Village	209	185	220	230	-5.00%
St. Augustine Village	119	100	120	148	-0.83%
Victoria Village	268	289	316	333	-15.19%
Wataga Village	744	773	843	872	-11.74%
Williamsfield Village	575	461	578	607	-0.52%
Yates City Village	642	739	693	729	-7.36%
	Urban	and Rural Pop	ulations		
Category	20)20*	20	10	Percent Change
	Number	Percent	Number	Percent	
Urban			40,049	75.6%	
Rural			12,870	24.3%	

Source: U.S. Census Bureau, Population Division, Decennial Census Counts and 5-year Estimate (2019)

2020 Urban and Rural Population to be released.

Table 1-3
Knox County, Population by Race: 2010 and 2020

Race	2020		201	2010		2010-2020 change	
	Number	Percent	Number	Percent	Number	Percent	
Total	49,967	100%	52,932	100%	-2,965	-5.60%	
White	40,664	81.38%	46,388	87.64%	-5,724	-12.34%	
Black	4,457	8.92%	3,943	7.45%	514	+13.04%	
American Indian/ Alaska Native	117	0.23%	255	0.48%	-138	-54.12%	
Asian	363	0.76%	392	0.74%	29	-7.40%	
Two races or more	3,207	6.42%	829	1.57%	2,378	+286.85%	
Some other race alone	1,141	2.28%	1,125	2.13%	-16	+1.42%	

Source: US Census Bureau, 2020 and 2010 decennial census count.

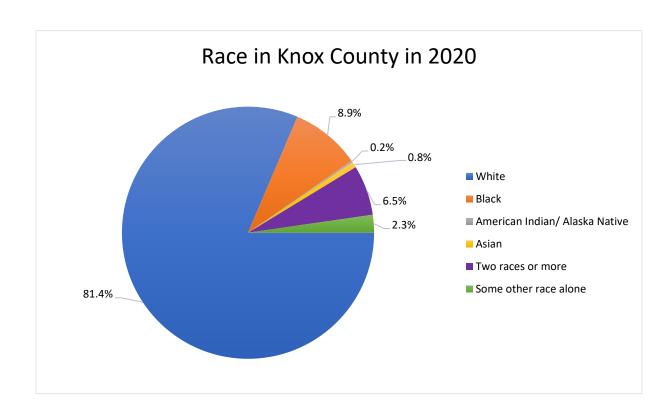


Table 1-4
Knox County, Population by Race and Ethnicity, 2010 and 2020

Race/Ethnicity	2020		2010		2010-2019	
	Number	Percent	Number	Percent	Number	Percent
Total	49,967	100%	52,932	100%	-2,965	-5.60%
White, non-Hispanic	39,615	79.28%	45,335	85.65%	-5,720	-12.62%
Black, non-Hispanic	4,354	8.71%	3,921	7.41%	433	+11.04%
American Indian, non-	73	0.15%	124	0.23%	-51	-41.13%
Hispanic						
Asian	361	0.72%	331	0.63%	30	+9.06%
Some other race alone,	207	0.41%	44	0.19%	-163	370.45%
non-Hispanic						
Multiple races, non-	2,294	4.59%	1,031	1.16%	1,263	+122.50%
Hispanic						
Hispanic	3,051	6.11%	2,558	4.62%	493	+19.27%

Source: US Census Bureau, 2020 and 2010 Census 5-year estimates

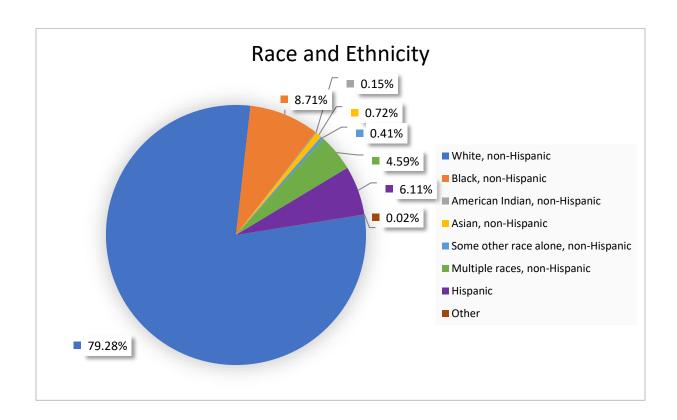


Table 1-5
Knox County, Hispanic or Latino by Origin of Region 2020

Hispanic or Latino by Origin	Number	Percent
Total Hispanic	2,993	100%
Mexican	2,217	74.1%
Puerto Rican	332	11.1%
Cuban	40	1.3%
Dominican Republic	14	0.5%
Central American	100	3.3%
Nicaraguan	88	2.9%
South American	14	0.9%
Colombian	6	0.5%
Peruvian	8	0.3%
Other Hispanic or Latino	276	9.2%

Source: US Census Bureau, 2019 ACS 5-Year Estimates

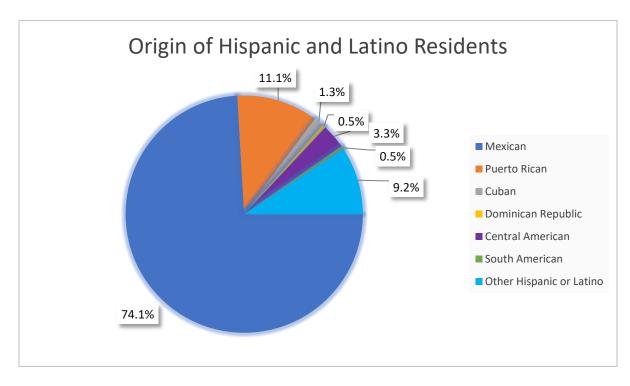


Table 1-6
Race and Ethnicity in Knox County, Illinois, and US in 2020

Race	Knox County		Illinois Percent	U.S. Percent
	Number	Percent		
Total	49,967	100%	100%	100%
White, non-Hispanic	39,615	79.3%	58.3%	57.8%
Black, non-Hispanic	4,354	8.7%	13.9%	12.1%
Hispanic	3,051	6.1%	18.2%	18.7%
Asian	361	0.7%	5.8%	5.9%
American Indian/Alaska Native, non-Hispanic	73	0.1%	0.1%	0.7%
Multiple races, non-Hispanic	2,294	0.5%	3.2%	4.1%
Some other race, alone, non- Hispanic	219	0.1%	0.4%	0.7%

Source: U.S. Census Bureau, American Community Survey, 2019 estimates

Table 1-7
Knox County, Illinois, and US – Population by Age and Median Age

Age Group	Knox	County	Illinois	US
	Number	Percent]	
Total	50,052	100%	100%	100%
Under 5 years	2,821	5.6%	5.9%	6.1%
5-9	2,645	5.3%	5.9%	6.2%
10-14	2,736	5.5%	6.5%	6.4%
15-19	3,302	6.6%	6.5%	6.5%
20-24	3,663	7.3%	6.5%	6.8%
25-29	2,880	5.8%	7.0%	7.1%
30-34	2,743	5.5%	6.8%	6.8%
35-39	3,047	6.1%	6.7%	6.5%
40-44	2,723	5.4%	6.3%	6.1%
45-49	2,737	5.5%	6.3%	6.4%
50-54	3,113	6.2%	6.3%	6.6%
55-59	3,491	7.0%	6.6%	6.7%
60-64	3,462	6.9%	6.4%	6.2%
65-69	3,106	6.2%	5.3%	5.2%
70-74	2,830	5.7%	4.1%	3.9%
75-79	2,140	4.3%	2.9%	2.7%
80-84	1,240	2.5%	1.9%	1.9%
85 years and				
older	1,373	2.7%	2.0%	1.9%
Median Age	42	2.0	38.6	38.1
(years)				
Under 18	9,930	19.8%	22.2%	22.6%
15-44	18,358	36.7%	39.8%	39.8%
65 years and	10,689	21.4%	16.1%	15.6%
older				
		Median Age		
2019	42.1		38.6	38.1
2010	42.0		36.2	37.2
2000	39	9.4	34.7	35.3
1990	36	5.5	32.8	32.8

Source: U.S. census Bureau, Population Division, 2019 (est.)

Table 1-8
Knox County, Persons by Selected Age Group: 2000, 2010, 2019 (est.)

Age Group	2019		2010-2019 change		2000-2010 change	
	Number	Percent	Number	Percent	Number	Percent
Total	50,508	100%	-2,411	-4.56%	-2,917	-5.20%
Under 5	2,801	5.5%	+25	0.90%	-445	-13.80%
5-17	7,190	14.2%	-914	-11.27%	-981	-10.80%
18-24	5,345	10.6%	+55	1.04%	-204	-3.70%
25-44	11,347	22.5%	-831	-6.82%	-2,613	-17.70%
45-64	13,297	26.3%	-1,512	-10.21%	1,344	10.00%
65 years and older	10,528	20.8%	+766	7.85%	-18	-0.20%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019 and 2010

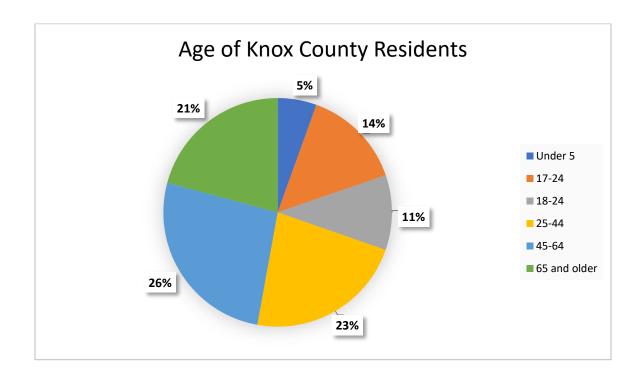


Table 1-9
Knox County, Age Ratio by Age Group, Race, and Ethnicity: 2000, 2010, and 2019

Age Group	Age Group 2019 (est.)			2010 Ratio	2000 Ratio	
	Males	Females	Ratio			
Total	25,586	24,922	102.2	100.93	99.2	
Under 5 years	1,566	1,235	126.8	108.41	108.7	
5-9	1,317	1,244	105.9	104.33	108.8	
10-14	1,485	1,473	100.8	109.24	110.4	
15-19	1,789	1,582	113.1	99.44	105.5	
20-24	1,874	1,771	105.8	110.47	117.6	
25-29	1,531	1,196	128.0	130.80	122.9	
30-34	1,532	1,203	127.3	124.25	112.4	
35-39	1,632	1,541	105.9	120.04	109.6	
40-44	1,519	1,193	127.3	109.46	108.5	
45-49	1,526	1,365	112.5	103.40	101.8	
50-54	1,641	1,592	103.1	99.28	104.0	
55-59	1,587	1,848	87.15	97.29	96.1	
60-64	1,917	1,821	105.3	97.88	92.9	
65-69	1,494	1,592	99.47	89.59	86.4	
70-74	1,270	1,502	80.36	86.83	78.4	
75-79	930	1,084	85.79	79.29	72.6	
80-84	583	651	89.55	65.50	52.3	
85 years and older	393	1,029	38.19	49.86	37.6	
Under 18	20,317	20,200	100.6			
Over 65	4,670	5,858	79.7			
		Race				
	Males	Females		Ratio		
White, non-Hispanic	20,400	21,455		95.1		
Black	2,866	1,619		177.0		
Hispanic	1,738	1,171		148.4		

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019, 2010, and 2000

Table 1-10
Knox County: Median Age by Race and Gender: 2000, 2010, and 2019 (est.)¹

Gender	2020	2010	2000		
Male	40.2	39.8	37.3		
Female	45.0	44.4	41.4		
Ethnicity					
White	46.6	44.9	41.0		
Black	28.4	31.1	29.5		
Hispanic	23.3	27.8	26.9		
Asian	21.3	21.2	22.6		
American Indian	39.8	24.5	30.6		

¹Margain of error often over 100% for minority median age. 2020 data for sex ratio unavailable.

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2019, 2010, and 2000

Table 1-11
Knox County: Leading Languages Spoken at Home: 2019

Language	Number	Percent
Population 5 years and older	47,707	100%
Language Spo	,	
English only	44,674	93.6%
Non-English primary speakers	3,033	6.38%
Of Non-English P	rimary Speakers	
Spanish	1,775	58.5%
Speaks English "very well"	1,149	37.9%
Speaks English less than "very well"	626	20.6%
French, Haitian, or Cajun	300	9.9%
Speaks English "very well"	108	3.6%
Speaks English less than "very well"	192	6.3%
German or other West Germanic Languages	118	3.9%
Speaks English "very well"	99	3.3%
Speaks English less than "very well"	19	0.6%
Russian, Polish, or other Slavic languages	9	0.3%
Speaks English "very well"	8	0.3%
Speaks English less than "very well"	1	0.03%
Other Indo-European languages	210	6.9%
Speaks English "very well"	159	5.2%
Speaks English less than "very well"	51	1.7%
Korean	46	1.5%
Speaks English "very well"	40	1.3%
Speaks English less than "very well"	6	0.2%
Chinese (including Mandarin and Cantonese)	94	3.1%
Speaks English "very well"	74	2.4%
Speaks English less than "very well"	20	0.7%
Vietnamese	3	0.1%
Speaks English "very well"	3	0.1%
Speaks English less than "very well"	0	0%
Tagalog	126	4.2%
Speaks English "very well"	64	2.1%
Speaks English less than "very well"	62	2.0%
Other Asian and Pacific Languages	51	1.7%
Speaks English "very well"	19	0.6%
Speaks English less than "very well"	32	1.1%
Arabic	47	1.5%
Speaks English "very well"	32	1.1%
Speaks English less than "very well"	15	0.5%
Other and unspecified languages	254	8.4%
Speaks English "very well"	90	3.0%
Speaks English less than "very well"	164	5.4%

Source: U.S. Census Bureau, 2019 estimates, American community Survey

Table 1-12
Knox County, Illinois, and U.S.: Nativity and Citizenship:2019

Nativity/Citizenship	Knox County		Illinois Percent	U.S. Percent
	Number Percent			
Total population	50,508			
Native	48,859	96.7%	86.1%	84.7%
Born in state of resident	39,888	79.0%	67.4%	58.0%
Foreign born	1,649	3.3%	14.0%	13.7%
Naturalized citizen	303	0.6%	7.5%	7.1%
Not a citizen	1,346	2.7%	6.4%	6.6%

Source: U.S. Census Bureau, American Community Survey, 2019 estimates

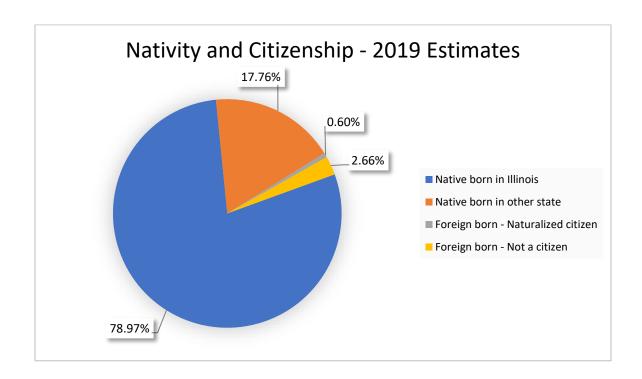


Table 1-13
Knox County, Illinois, and US: Household Relationships: 2019

Relationship	Knox County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total Population	50,508	100%	100%	100%
Persons living in households	46,186	91.4%	98.4%	97.5%
Family household	11,795	23.4%	24.5%	37.2%
Householder	20,680	40.9%	38.2%	37.2%
Spouse	8,655	17.1%	18.1%	17.9%
Child of householder	11,711	23.2%	30.2%	29.2%
Other relative	2,017	4.0%	1.3%	1.4%
Unmarried partner	1,604	3.2%	2.3%	2.3%
Persons living in group quarters	4,322	8.6%	2.3%	2.5%

Source: U.S. Census Bureau, American Community Survey, Household type by Relationship

Table 1-14
Knox County, Illinois, and U.S.: Household by type, 2019 (est.)

Household Type	Knox (County	Illinois	U.S.
	Number	Percent	Percent	Percent
Total households	20,680	100%		
Family households	11,795	63.1%	64.1%	65.5%
Married couple	8,662	41.9%	46.3%	47.5%
With children <18	2,808	13.6%	17.9%	18.0%
Cohabiting couple household	1,601	7.7%	6.1%	6.6%
With children <18	529	2.6%	2.0%	2.2%
Male household, no spouse/partner present	4,350	21.0%	18.9%	18.2%
With children <18	281	1.4%	1.1%	1.3%
Lives alone	3,419	16.5%	13.9%	12.7%
Female household, no spouse/partner present	6,067	29.3%	28.7%	27.7%
With children <18	984	4.8%	5.1%	5.1%
Lives alone	4,096	19.8%	16.9%	15.6%
Average household size	2.23		2.54	2.61
Average family size	2.90		3.23	3.32

Source: American Community Survey, 2019, from Selected Social Characteristics in the United States

Table 1-15
Knox County and U.S.: Average Household and Family Size: 1980 to 2019 (est.)

Year	Average ho	usehold size Average F		amily size	
	Knox County	U.S.	Knox County	U.S.	
2019 (est.)	2.23	2.61	2.90	3.23	
2010	2.27	2.58	2.84	3.14	
2000	2.33	2.59	2.87	3.14	
1990	2.42	2.63	2.96	3.17	
1980	2.59	2.76	3.11	3.29	

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, Selected Social Characteristics in the United States

Table 1-16 Knox County, IL, and the U.S.: Household type for Children 0-17: 2019 (est.)

Household Type	Knox County		Knox County Illinois		U.S.
	Number	Percent	Percent	Percent	
Total households with children	9,969		2,884860	72,745,745	
Married couple family	6,006	60.2%	67.2%	66.2%	
Co-habiting couple	1,249	12.5%	7.5%	8.1%	
Male household, no spouse	653	6.6%	4.3%	4.9%	
Female household, no spouse	2,061	20.7%	21.1%	20.8%	

Source: U.S. Census Bureau, American Community Survey

Table 1-17
Knox County, IL, U.S.: Children 0-17, Living with Grandparent: 2019

Household Type	Living with Grandparents			
	Knox County		Illinois	U.S.
	Number	Percent	Percent	Percent
Total Children under 18	9991	100%	100%	100%
Living with grandparent	599	6.0%	8.4%	9.7%
Grandparent responsible for the child	261	2.6%	2.6%	3.2%
Who are female	169	64.8%	65.1%	63.3%
Who are married	165	63.2%	64.7%	67.3%
Grandparent not responsible for the child	338	3.4%	5.8%	4.7%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates

Table 1-18
Knox County, Illinois, and U.S.: Household Type for Persons 65+ in 2019

Household Type	Knox C	Knox County		U.S.
	Number	Percent		
Total Persons 65+	10,528	100%	1,942,534	50,783,796
In family households	5,643	53.6%	65.0%	67.4%
Householder	3,059	29.1%	32.7%	33.2%
Spouse	2,335	22.2%	23.9%	24.7%
Parent	133	1.3%	4.7%	5.2%
Parent-in-law	28	0.3%	1.3%	1.6%
Other relative	71	0.7%	1.9%	2.1%
Non-relative	17	0.2%	0.5%	0.6%
In nonfamily household	4,146	39.4%	31.4%	29.6%
Male householder	1,455	13.8%	9.6%	9.2%
Living alone	1,334	12.7%	8.9%	8.3%
Not living alone	121	1.1%	0.7%	0.9%
Female householder	2,532	24.1%	20.3%	18.7%
Living alone	2,425	23.0%	19.7%	17.8%
Not living alone	107	1.0%	0.7%	0.9%
Non-relatives	159	1.5%	1.3%	1.7%
In groups quarters	739	7.0%	3.6%	3.0%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates

Table 1-19
Knox County, Illinois, U.S.: Housing Units and Occupancy in 2010, 2014, and 2019

Indicator	Number in Knox County		Percent 2019			
	2019	2014	2010	Knox	Illinois	U.S.
Housing Units	23,917	23,960	24,084	100%	100%	100%
Occupied	20,680	21,438	21,863	86.5%	90.3%	87.9%
Vacant	3,237	2,522	2,221	13.5%	9.7%	12.1%
Vacancy Rate						
Homeowner	2.2	2.6	2.8	2.2	1.7	1.6
Renter	5.6	4.4	4.5	5.6	5.7	6.0

Source: U.S. Census Bureau American Community Survey 5-year estimates for 2019, 2014, and 2010

Table 1-20
Knox County: Housing Tenure by Race/Ethnicity: 2019

Race/Ethnicity	Number in Knox County			Perc	ent Homeov	wner
	Total households	Owner	Renter	Knox	Illinois	U.S.
White, non- Hispanic	18,848	13,166	5,682	70.0%	72.8%	72.0%
Black	1,067	181	886	17.0%	38.8%	41.8%
Hispanic	539	349	190	64.7%	53.2%	47.3%

Source: U.S. Census Bureau American Community Survey 5-year estimates for 2019

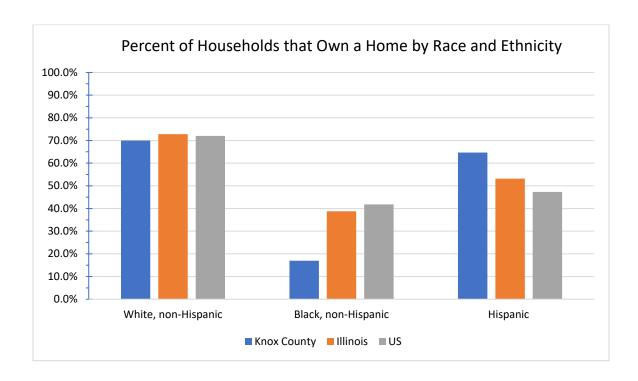


Table 1-21
Knox County: Home Ownership by Age of Household: 2019

Age of		Owner-C	Occupied	2010	2000
Householder	Total Housing Units	Number	Percent		
Under 35	3,331	1,100	33.0%	32.4%	
35-44	2,945	1,877	63.7%	66.1%	51.9%
45-54	3,248	2,241	69.0%	73.0%	70.5%
55-64	4,110	3,115	75.8%	81.3%	80.1%
65-74	3,744	3,011	80.4%	81.9%	83.6%
75-84	2,207	1,754	79.5%	78.3%	84.2%
85 years and older	895	699	78.1%	71.9%	

Source: U.S. Census Bureau American Community Survey 5-year estimates for 2019, 2010, and 2000

Table 1-22
Knox County: Year Housing Unit Built: 2019

Year Structure Built	Number	Percent
Total Housing Units	23,917	100%
Built 2014 or later	73	0.3%
Built 2010 to 2013	176	0.7%
Built 2000 to 2009	959	4.0%
Built 1990 to 1999	1,572	6.6%
Built 1980 to 1989	1,346	5.6%
Built 1970 to 1979	3,957	16.5%
Built 1960 to 1969	2,402	10.0%
Built 1950 to 1959	3,519	14.7%
Built 1940 to 1949	1,373	5.7%
Built 1939 or earlier	8,540	35.7%

Source: U.S. Census Bureau American Community Survey 5-year estimates for 2019

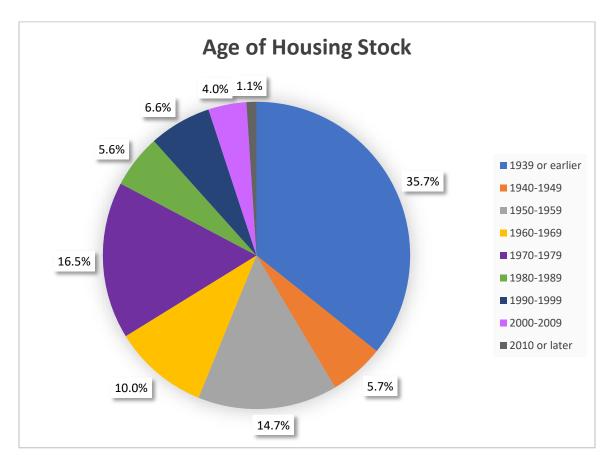


Table 1-23
Knox County: Homeowner Versus Renter by Income: 2019

Household Income	Total	Owner	Renter	Percent Homeowners
Total	19,858	13,698	6,160	69.0%
Under \$20,000	4,350	1,557	2,793	35.8%
\$20,000 to \$34,999	3,357	2,008	1,349	59.8%
\$35,000 to \$49,999	3,029	2,226	803	73.5%
\$50,000 to \$74,999	3,639	2,959	680	81.3%
\$75,000 or more	5,483	4,948	535	90.2%

Source: U.S. Census Bureau American Community Survey 5-year estimates for 2019

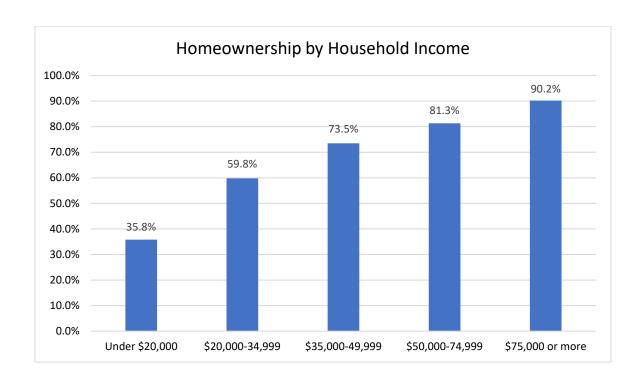


Table 1-24
Knox County, Illinois, and U.S.: Educational Attainment: 2019

Educational Attainment	Educational Attainment Knox County		Illinois	U.S.
	Number	Percent	Percent	Percent
Population 18 to 24 years	5,345			
Less than high school graduate	569	10.6%	11.9%	12.6%
High school graduate	1,731	32.4%	29.3%	31.4%
Some college or associate degree	2,761	51.7%	45.0%	44.8%
Bachelor's degree or higher	284	5.3%	13.8%	11.2%
Population 25 years or older	35,172	100%	100%	100%
Less than 9 th grade	920	2.6%	4.8%	5.1%
9 th to 12 th grade, no diploma	2,929	8.3%	6.0%	6.9%
High school graduate	12,865	36.6%	26.0%	27.0%
Some college, no degree	8,075	23.0%	20.5%	20.4%
Associate degree	3,722	10.6%	8.1%	8.5%
Bachelor's degree	4,381	12.5%	21.1%	19.8%
Graduate or professional degree	2,280	6.5%	13.6%	12.4%
Percent high school graduate or higher	31,323	89.1%	89.2%	88.0%
Percent bachelor's degree or higher	6,661	18.9%	34.7%	32.1%

Source: U.S. Census Bureau, Educational Attainment, 2019 American Community Survey 1-Year Estimate

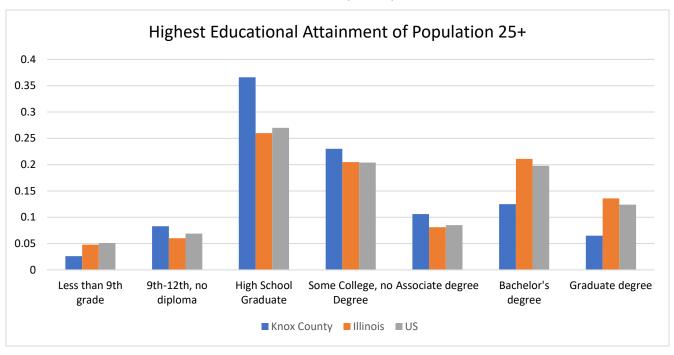


Table 1-25
Knox county, Illinois, U.S.: Educational Attainment: 1990, 2000, 2010, and 2019

	Percent of Population 25+					
Attainment	Knox County	Illinois	U.S.			
High School Graduate (includes equivalents)						
2019	89.1%	89.8%	88.6%			
2015	87.2%	88.6%	87.1%			
2010	83.0%	88.4%	85.6%			
2000	81.8%	81.4%	80.4%			
	Bachelor's Degr	ee				
2019	18.9%	35.8%	33.1%			
2015	17.7%	32.9%	30.6%			
2010	15.2%	36.6%	28.2%			
2000	14.6%	26.1%	24.4%			
	Graduate Degree					
2019	6.5%	14.1%	12.8%			
2015	6.3%	12.7%	11.6%			
2010	5.1%	11.4%	10.4%			
2000	4.9%	9.5%	8.9%			

Source: U.S. Census Bureau, 2019 and 2015 American Community Survey 1-year Estimates and decennial Census for 2010 and 2000.

Table 1-26
Knox County: Educational Attainment by Race/Ethnicity¹: 2019²

Highest Grade Completed	То	tal	White Hisp	, non- anic	Bla	ack	Hisp	anic
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population 25+	35,172	100%	30,455	100%	2,566	100%	1,452	100%
Less than high school	3,849	10.9%	2,660	9.2%	856	33.3%	381	26.7%
High school or equivalency	31,323	89.1%	27,795	90.8%	1,710	66.6%	1,064	73.3%
Bachelor's degree or higher	6,661	18.9%	6,236	20.2%	151	5.9%	78	5.4%

¹Insufficient data for other ethnic groups

Source: U.S. Census Bureau, 2019 American community Survey, 5-year estimates

² Margin of error over 50% for some measures

Table 1-27 Knox County School Districts and Illinois: High School 4-Year Graduation Rates: 2013-2014, 2016-2017, $2018\text{-}2019\text{-}2020^1$

District/Number	2019-2020	2018-2019	2016-2017	2013-2014
Abingdon-Avon 276	84%	82%	91%	83%
Galesburg 205	81%	74%	87%	85%
Knoxville 202	85%	87%	89%	93%
ROWVA 208	80%	90%	90%	90%
Williamsfield 210	95%	94%	100%	95%
Illinois	88%	86%	87%	86%

¹2020 graduation rates may be impacted by COVID-19. Source: Illinois State Board of Education, School Report Cards

Table 1-28
Knox County, Illinois, and U.S.: Median Household Income: 2019, 2015, 2010, and 2000 (est.)

Year	Knox County	Illinois	U.S.			
2019	44,129	69,185	65,712			
2015	39,976	59,588	55,775			
2010	39,545	52,972	50,046			
2000	35,407	46,590	41,994			
	Change 2	015-2019				
Amount	4,153	9,597	9,397			
Percent	+10.4%	+16.1%	+17.8%			
	Change 2	010-2015				
Amount	431	6,616	5,729			
Percent	+1.1%	+12.5%	+11.4%			
	Change 2000-2010					
Amount	4,138	6,382	8,052			
Percent	+11.7%	+13.7%	+19.2%			

Source: U.S. Census Bureau, American Community Survey 5-year estimates: 2019

Table 1-29
Knox County: Median Household Income by Age and Race/Ethnicity: 2020

Knox County				
Attribute of Household	Median Household Income			
A	\ge			
15 to 24 years	21,107			
25 to 44 years	49,466			
45 to 64 years	60,550			
65 years and older	35,495			
Race/	Ethnicity			
White, non-Hispanic	46,232			
Black or African American	17,989			
Hispanic or Latino	47,813			
Some Other Race Alone	41,136			
Two or More Races	47,250			

Source: U.S. Census Bureau, American Community Survey 5-year estimates tables.

Table 1-30 Knox County: Median Income by Household type: 2020 estimates

Household Type	Knox County	Illinois	U.S.
Household Median	44,464	65,886	62,843
Family Median	77,311	83,279	77,263
Married-couple w/ children<18	84,902	85,062	74,592
Single female w/children<18	21,250	29,491	28,993
Nonfamily Median	24,209	39,188	37,561

Source: U.S. Census Bureau, American Community Survey 5-year estimates tables

Table 1-31
Knox County and Illinois: Number and Percent Detailed Income 2019 estimate

Income Category	Knox County		Illi	inois
	Number	Percent	Number	Percent
Total	20,680	100%	4,866,006	100%
Less than \$10,000	1,641	7.94%	289,515	5.95%
\$10,000 to \$14,999	1,694	8.19%	178,230	3.66%
\$15,000 to \$19,999	1,502	7.26%	183,540	3.77%
\$20,000 to \$24,000	1,204	5.82%	206,595	4.25%
\$25,000 to \$29,999	1,130	5.46%	189,948	3.90%
\$30,000 to \$34,999	1,143	5.53%	197,382	4.06%
\$35,000 to \$39,999	1,076	5.20%	186,475	3.83%
\$40,000 to \$44,999	1,088	5.26%	197,027	4.05%
\$45,000 to \$49,999	915	4.42%	170,536	3.50%
\$50,000 to \$59,999	1,667	8.06%	338,947	7.99%
\$60,000 to \$74,999	2,092	10.12%	465,073	9.56%
\$75,000 to \$99,999	2,518	12.18%	622,878	12.80%
\$100,000 to \$124,999	1,253	6.06%	425,409	8.74%
\$125,000 to \$149,999	764	3.69%	335,706	6.90%
\$150,000 to \$199,999	603	2.92%	379,693	7.80%
\$200,000 or more	390	1.89%	439,052	9.02%

Source: U.S. Census Bureau, American Community Survey 2019, 5-year estimates

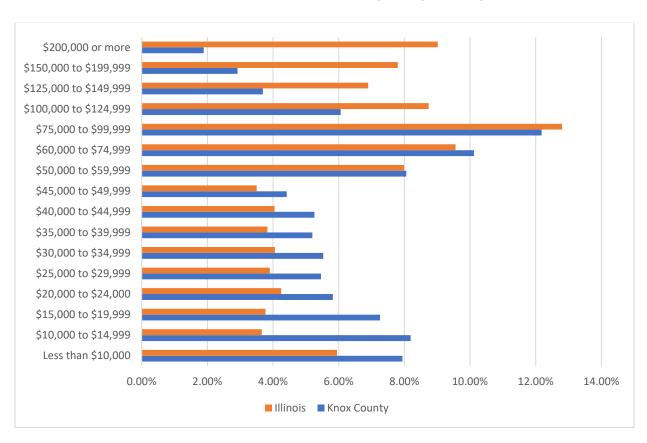


Table 1-32 Knox County, Illinois, and U.S.: Per Capita Personal Income

Year	Knox County		Illinois	U.S.	Knox County PCPI as
	Amount	Change from			a Percent of U.S.
		previous year			
2020	44,921	11.29%	62,930	59,510	75.5%
2019	40,363	1.55%	58,764	56,490	71.5%
2018	39,748	4.72%	57,145	54,606	72.8%
2017	37,957	0.43%	54,252	52,118	72.8%
2016	37,794	1.24%	52,417	50,015	75.6%
2015	37,332	0.52%	51,753	49,019	76.2%
2014	37,138	-0.77%	49,461	47,071	78.9%
2013	37,426	3.95%	47,124	44,860	83.4%
2012	36,003	0.31%	46,050	44,605	80.7%
2011	35,891	5.30%	44,140	42,739	84.0%
2010	34,086	3.94%	42,093	40,547	84.1%
2005	27,320	-0.26%	37,793	35,849	76.2%
2000	24,082	4.01%	33,169	30,657	78.6%
1995	19,211	3.42%	25,633	23,607	81.4%
1990	15,677	3.29%	21,025	19,621	79.9%
1985	12,531	3.57%	15,545	14,755	84.9%
1980	8,979	3.12%	10,950	10,180	88.2%

Source: U.S. Department of Commerce Bureau of Economic Analysis GDP and Personal Income: 2019-1980

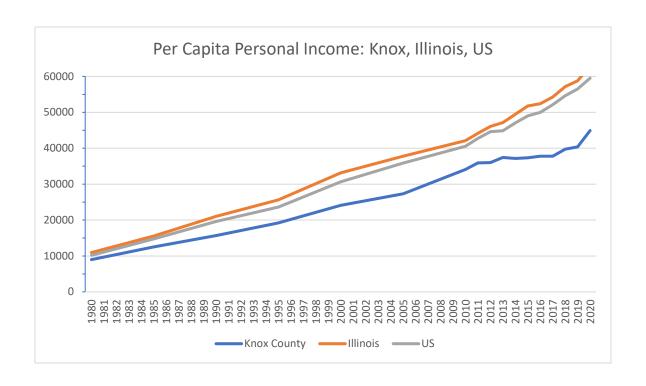


Table 1-33
Knox County, Illinois, and U.S.: Poverty for Selected Groups: 2020

Group	Perc	Percent within specified group				
	Knox County	Illinois	U.S.			
All Persons	16.7%	12.0%	12.8%			
Persons 65 years or older	10.2%	8.8%	9.3%			
White, non-Hispanic	13.7%	8.3%	10.6%			
Black, non-Hispanic	55.8%	25.2%	22.1%			
Hispanic	14.4%	14.6%	18.3%			
Families	10.7%	8.4%	9.1%			
Married Couple	3.3%	3.8%	4.6%			
Female head of household	35.7%	24.8%	25.1%			

Source: U.S. Census Bureau, American Community Survey 5-year estimates

Table 1-34
Knox County, Illinois, and U.S.: Ratio of Income to Poverty Level of Families: 2019 (est.)

Ratio	Knox C	ounty	Illinois	U.S.
	Number	Percent		
Total	47,152	100%	100%	100%
Under .50	4,284	9.1%	5.1%	5.5%
.50 to .99	4,257	9.0%	6.4%	6.8%
1.00 to 1.24	2,956	6.3%	3.5%	3.9%
1.25 to 1.49	2,892	6.1%	3.4%	4.0%
1.50 to 1.84	3,033	6.4%	5.4%	5.9%
1.85 to 1.99	1,337	2.8%	2.4%	2.7%
2.00 and over	28,393	60.2%	73.5%	71.1%

Source: U.S. Census Bureau American Community Survey 5-year Estimates: 2019

Table 1-35
Knox County, Unemployment Rates: 2020*-2000

		Kn	ox County		Percent Un	employed
Year	Labor	Employed	Unemployed	Unemployment	Illinois	U.S.
	Force			Rate		
2021 ¹						
2020	21,110	19,285	1,825	8.6	9.5	8.1
2019	21,791	20,758	1,033	4.7	4.0	3.7
2018	22,181	21,029	1,152	5.2	4.4	3.9
2017	22,500	21,327	1,173	5.2	5.0	4.4
2016	22,941	21,528	1,413	6.2	5.9	4.9
2015	23,216	21,810	1,406	6.1	6.0	5.3
2014	23,580	21,955	1,625	6.9	7.2	6.2
2013	23,664	21,566	2,098	8.9	9.1	7.4
2012	24,401	22,372	2,029	8.3	9.0	8.1
2011	24,845	22,659	2,186	8.8	9.8	8.9
2010	25,380	22,958	2,422	9.5	10.5	9.6
2009	25,980	23,477	2,503	9.6	10.2	9.3
2008	25,565	23,925	1,640	6.4	6.5	5.8
2007	25,636	24,356	1,280	5.0	5.1	4.6
2006	25,580	24,253	1,327	5.2	4.6	4.6
2005	25,341	23,503	1,838	7.3	5.7	5.1
2004	25,644	23,679	1,965	7.7	6.2	5.5
2003	25,870	23,866	2,004	7.7	6.7	6.0
2002	26,568	24,734	1,834	6.9	6.6	5.8
2001	27,231	25,739	1,492	5.5	5.4	4.7
2000	28,228	26,959	1,269	4.5	4.4	4.0

Source: Illinois Department of Employment Security ¹ 2021 data released on March 18, 20

Graph: 1-35

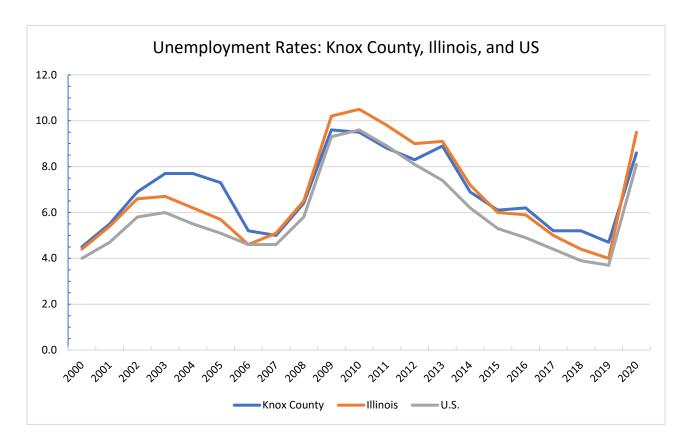


Table 1-36
Knox County, Medicaid Recipients, 2016-2020

	Year					
Enrollment	2016	2017	2018	2019	2020	2021
Comp	orehensive I	Benefits				
Children	6,141	6,177	6,114	6,113	6,196	6,285
Adults with Disability	1,578	1,568	1,698	1,641	1,649	1,623
ACA	2,982	3,052	3,110	2,970	3,126	3,649
Other Adults	3,163	3,152	3,013	2,756	2,788	2,219
Seniors	889	925	965	915	999	1,052
F	Partial Bene	fits				
Partial Benefit Enrollees	81	73	195	228	251	243
			•		•	
Total Enrollees	14,834	14,947	15,095	14,623	15,009	16,071

Source: Illinois Department of Healthcare and Family Services

Table 1-37
Knox County: Supplemental Nutrition Assistance Program (SNAP), 2019

Household Type	Households in Knox	Households Receive	Percent of Household
	County	SNAP	Type Receiving SNAP
Total	20,680	3,640	17.6%
	By House	hold Type	
Married Couple Family	8,662	606	7.0%
With children	3,040	429	14.1%
Single female householder	2,291	1,117	48.8%
With children	1,559	914	58.6%
Single male householder	842	372	44.2%
With children	346	148	42.8%
Nonfamily Households	8,831	1,542	17.5%
	By Disabi	lity Status	
One or more household	6,224	1,738	27.9%
member with a disability			
No household members	14,456	1,902	13.2%
with a disability			
	By Race/	Ethnicity	
White, non-Hispanic	18,848	2,835	15.0%
Black	1,067	568	53.2%
Hispanic, of any race	539	178	33.0%
Asian	103	11	10.7%
Some other race, alone	267	117	43.8%
Two or more races	133	28	21.1%

Chapter 2: General Health and Access to Care

Table 2-1: Knox County and Illinois: Perception of Health Status, 2019

Perception of health status includes measures of general health, mental health, and physical health. In 2018, 49.0% of Knox County residents reported that their health was excellent/very, this is comparable to Illinois, at 49.8%, but less than 2013 in Knox County, at 59.8%. 48.4% of Knox County residents ranked their health as good/fair, which is higher than previous years, 34.2% in 2013, and Illinois, 46.0%. The Illinois Behavioral Risk Factor Surveillance System measures days where mental or physical health were not good. In 2018, 59.6% of Knox County residents reported no days where mental health was not good, 22.6% reported between 1 and 7 days where mental health was not good, and 17.8% reported having between 8 and 30 days where mental health was not good. Compared to Illinois and historic data from Knox County, more people experienced days of poor mental health in Knox County in 2018. In Illinois, 20.7% reported 1 to 7 days with poor mental health and 15.4% reported 8 to 30 days with poor mental health. FINISH THIS

Table 2-2: Knox County and Illinois, Self-Reported Health Behaviors

Weight status, drinking behaviors, and smoking are reported. In Knox County, 32.0% of residents are overweight and 34.2% are obese in 2017, compared to 2013, this is a 0.4% increase for overweight residents, and a 9.9% increase for obese residents. Compared to Illinois, fewer people are overweight, 32.0% compared to 34.9%, but more people are obese, 34.2% compared to 31.8%. Men considered at risk for heavy drinking consume 3 or more alcoholic drinks per day, and women must consume 2 or more drinks per day. In 2018, 6.5% of residents were considered at risk for chronic drinking. The percent of residents in Knox County who smoke cigarettes has decreased 4.5% from 2013 to 2017. In 2017, 17.5% of residents reported smoking cigarettes. Use of smokeless tobacco also decreased from 2013 to 2017, from 6.1% to 5.8%. However, the percent of Knox County residents who smoke or use smokeless tobacco remained higher than across the state. 2017 was the first year that the BRFSS reported ecigarette use; 4.1% of Knox County residents reported using e-cigarettes, compared to 6.0% of Illinois residents.

Table 2-3: Knox County, Physical Activity, 2018 and 2013

For 2018, respondents were asked about physical activity and meeting physical activity guidelines, in 2013, rather than physical activity guidelines, respondents were asked about strengthen exercises. In 2018, 73.0% of respondents reported engaging in some physical activity in the past 30 days, only 53.2% reported they met physical activity guidelines. In 2013, 72.3% reported exercising in the past 30 days, and 38.4% reported doing some form of strength building exercise.

Table 2-4: Knox County, Disability, 2018

Respondents were asked questions about physical disabilities and ability to engage in activities of daily living. 18.7% of respondents reported that their activities were limited by an impairment, 23.3% of respondents have a disability, with 15.8% of respondents having 1 disability, and 9.0% having 2 or more disabilities.

Table 2-5: Health Care Coverage and Utilization, 2019

In 2019, an estimated 11.4% of the population does not have health care coverage, 31.6% of the population has Medicaid. 15.8% of respondents stated that they were unable to visit a doctor due to cost. Only 64.1% of respondents have received a check-up in the past year. 8.2% of respondents stated that they were unable to fill a prescription due to cost.

Table 2-6: Dental Care Coverage and Utilization, 2019

In Knox County, an estimated 39.1% of the population does not have dental insurance. Nearly 30% of the population has not visited the dentist for over two years, and 18.5% of the population reported not visiting the dentist due to cost.

Table 2-7: Knox County, Illinois, and the US, Residents per Health Care Provider, 2019
There are more residents per health care provider in Knox County than in Illinois for primary care physicians, 1,930:1; 1,240:1, dentists, 2,370:1; 1,240:1, and mental health providers, 550:1; 410:1.
Access to care requires not only financial coverage, but also access to providers. Based on the above ratios, Knox County residents may face many additional barriers to receiving dental care.

Table 2-8: Total Deaths and Mortality Rates

The Mortality Rate in Knox County in 2019 was 14.1, compared to 8.6 in Illinois. The mortality rates in Knox County have consistently been higher than Illinois, for all reported years.

Table 2-9: Knox County, Illinois, and the US, Age-Adjusted and Crude Death Rates In Knox County, the crude death rate was 1,410.5 and the age-adjusted rate was 873.3. In Ill Illinois the crude death rate was 860.9 and the age-adjusted rate was 704.4; the US was 869.7 and 715.2, respectively.

Table 2-10: Knox County Deaths by Leading Cause, 2019-2010

The leading cause of death in Knox County has consistently been diseases of the heart, followed by malignant neoplasms (cancer). Chronic lower respiratory disease is typically the third leading cause of death.

Table 2-11: Knox County, Mortality Rates for Leading Causes, 2018 to 2010 Heart disease had a mortality rate between 290.6 and 331.9 between 2010 to 2018, malignant neoplasms had a mortality rate between 250.1 and 288.7, Chronic lower respiratory disease was between 109.0 and 121.0. There seems to be no pattern for any reported disease.

Table 2-12: Number of Deaths and Mortality Rate by Race and Ethnicity, 1999-2020 Mortality rate and counts only reported for White, non-Hispanic, Black, non-Hispanic, and Hispanic populations only. Mortality counts and rates were suppressed for other racial groups. The mortality rate for white, non-Hispanic was 1838.7 in 2020, 985.6 for black-non-Hispanic population, and 523.9 for Hispanic population. The relatively high mortality rate for white, non-Hispanic populations can be contributed to the older population, refer to median age in Chapter 1. Both white, non-Hispanic and black, non-Hispanic population had a higher-than-normal mortality rate in 2020, from 1592.1 to 1838.7 and 454.6 to 985.6, respectively.

Table 2-13: Number of Deaths by Age Group and Percentage of Deaths Deemed Premature Deaths before 65 are deemed premature. In 2019, 16.2% of deaths were premature. From 2008 to 2018, an average of 20.2% deaths were considered premature.

Table 2-14: Life Expectancy by Census Tract, 2010-2015

Life expectancy was reported by Census Tract through the CDC. Across the US life expectancy is 79.8, and life expectancy in Illinois is 79.3. Nationally, life expectancy from 56.0 to 75.1 is considered in the bottom quintile. Five census tracts had a life expectancy that was in that range: CT 7, CT8, CT 9, CT 10, and CT11. These Census Tracts are clustered geographically, as shown in the following map (outlined in red). Data about race, ethnicity, and the percent of households living below the poverty line by Census Track is also available in this table.

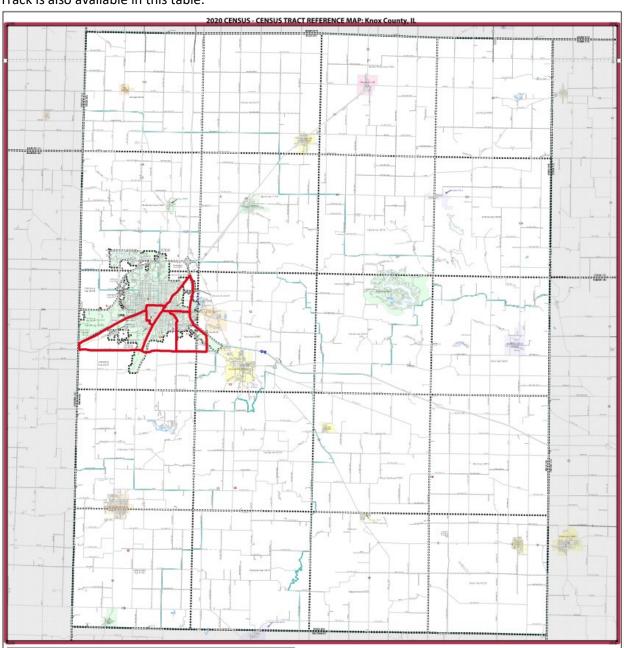


Table 2-15: Years of Life Loss from Leading Cause, 2017 and 2018

Years of life loss in Knox County was calculated for the years 2018 and 2017. The diseases which resulted in the most years of life loss are reported in descending order- diseases of the heart, 720 years; malignant neoplasms (cancer), 655; accidents, 420; chronic lower respiratory disease, 190; influenzas and pneumonia, 100; diabetes, 100; septicemia, 65; cerebrovascular disease, 50; and Alzheimer's disease, 20.

Table 2-16: Number of Deaths by Age Group, 2008-2019

The percentage of total deaths that occur prematurely, as defined by earlier than 75, are reported. In 2020, 18.8% of deaths were premature. The percentage varies between 16% to 22%.

Table 2-1
Knox County and Illinois: Perception of Health Status, 2019

	Percent of Population 18+							
Response	Knox County							
	2018	2013	2007	2004	2001	1997	2018	
	•	Rating for	General He	alth				
Excellent/Very good	49.0%	59.8%	57.9%	54.1%	50.8%	53.7%	49.8%	
Good/ Fair	48.4%	34.2%	43.5%	41.4%	46.0%	43.7%	46.0%	
Poor	2.6%	6.0%	4.6%	4.5%	3.3%	2.6%	4.1%	
	Days Menta	l Health Not	Good With	in the Past	Month			
None	59.6%	68.6%	58.8%	65.3%	74.1%	70.6%	63.9%	
1-7 Days	22.6%	19.6%	22.1%	21.0%	13.4%	20.0%	20.7%	
8-30 Days	17.8%	11.8%	19.1%	13.7%	12.5%	9.4%	15.4%	
Days Physical Health Not Good Within the Past Month								
None	64.5%	59.0%	65.1%	70.5%	68.8%	72.7%	62.9%	
1-7 Days	17.4%	18.3%	23.1%	19.0%	18.5%	18.5%	22.7%	
8-30 Days	18.1%	22.6%	11.9%	10.5%	12.7%	8.7%	14.5%	

Source: Illinois Department of Public Health, Behavioral Risk Factor Survey

Table 2-2 Knox County and Illinois, Self-Reported Health Behavior: 2018- 2014/2013

	Knox County			Illinois			
Health Behavior	2017	2013	2017-2013	2018	2014 ³	2018-2014	
			% change			% change	
Obesity							
Underweight/normal	NDA ¹	44.1%	N/A	33.4%	36.3%	-2.9%	
Overweight	32.0%	31.6%	+0.4%	34.9%	34.2%	+0.7%	
Obese	34.2%	24.3%	+9.9%	31.8%	29.5%	+2.3%	
		Drink	ing				
At Risk for Heavy/Chronic	6.5%	7.3%	-0.8%	6.9%	5.4%	+1.5%	
Drinking							
		Smok	ing				
Current Smoker	17.5%	22.0%	-4.5%	15.5%	16.7%	-1.2%	
Former Smoker	24.7%	22.9%	+1.8%	22.8%	23.8%	-1.0%	
Non-Smoker	57.7%	55.1%	+2.6%	61.7%	59.6%	+2.1%	
Smokeless Tobacco User	5.8%	6.1%	-0.3%	3.1%	3.1%	0.0%	
Current E-Cigarette User	4.1%	NDA ²	N/A	6.0%	NDA ²	N/A	
Former E-Cigarette User	17.4%	NDA ²	N/A	17.5%	NDA ²	N/A	

¹Data not reliable and suppressed.

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System

²E-cigarette data not collected in 2013.

³2013 data not available for Illinois.

Table 2-3
Knox County, Physical Activity, 2018, 2013

Physical A	Activity	Knox County		
		Estimated Population	Weighted Percent	
	20)18		
Any Physical Activity	Yes	28,124	73.0%	
Past 30 Days	No	10,384	27.0%	
Meets Physical	Yes	15,517	53.2%	
Activity Guidelines	No	13,676	46.8%	
	20)13		
Do You Get Any	Yes	27,976	72.3%	
Exercise	No	10,742	27.7%	
Do Any Strengthen	Yes	14,790	38.4%	
Exercise	No	23,766	61.6%	

Source: Illinois Behavioral Risk Factor Surveillance System, 2018, 2013

Table 2-4 Knox County, Disability, 2018

		Knox C	ounty
Disability		Estimated Population	Weighted Percent
Activates Limited by Impairment	Yes	7,355	18.7%
	No	31,980	81.3%
Use Special Equipment due to	Yes	3,903	10.0%
Impairment	No	35,288	90.0%
Disability Status	No Disability	30,184	76.7%
	Disability	9,150	23.3%
Blind or Sight Impaired	Yes	2,106	5.4%
	No	37,085	94.6%
Deaf or Severe Difficulty Hearing	Yes	1,750	4.5%
	No	37,442	95.5%
Serious Difficulty Concentrating,	Yes	3,026	7.7%
Remembering, or Making Decisions	No	36,118	92.3%
Difficulty Walking or Climbing Stairs	Yes	5,728	14.6%
	No	33,417	85.4%
Difficulty Bathing or Dressing	Yes	948	2.4%
	No	38,034	97.6%
Difficulty Doing Errands Alone	Yes	1,664	4.3%
	No	37,020	95.7%
	No Disability	29,476	75.2%
Functional Disabilities	1 Disability	6,195	15.8%
	2+ Disabilities	3,520	9.0%

Source: Illinois Behavioral Risk Factor Surveillance System, 2019

Table 2-5
Knox County: Health Care Coverage and Utilization, 2019

Health Care Cove	erage	Knox Co	unty
		Estimated Population	Weighted Percent
Have health Care Coverage	No	4,570	11.4%
	Yes	35,676	88.6%
Have Medicare	No	27,558	68.4%
	Yes	12,717	31.6%
Have Personal Doctor	No	6,362	15.8%
	Yes	33,913	84.2%
Unable to visit doctor due to	No	35,511	88.2%
cost	Yes	4,758	11.8%
	Past Year	25,797	64.1%
Last Routine Checkup	Past 2 Years	6,632	16.5%
	More than 2	**	**
	Years		
Could Not Fill Prescription	No	36,978	91.8%
due to Cost	Yes	3,297	8.2%

Source: Illinois Behavioral Risk Factor Surveillance System, 2019

Table 2-6
Knox County: Dental Care Coverage and Utilization

Dental Co	verage	Estimated Population	Weighted Percent
	Past Year	21,107	52.4%
Last Dental visit	Past 2 Year	**	**
	More than 2 Years	11,760	29.2%
Have Dental	Yes	23,890	60.9%
Insurance	No	15,340	39.1%
Could Not Visit a	Yes	7,408	18.5%
Dentist Due to Cost	No	32,724	81.5%

Illinois Behavioral Risk Factor Surveillance System, 2019

Table 2-7

Knox County, Illinois, and US, Residents per Health Care Provider, 2021

Health Care Providers	Knox County	Illinois	US
Primary Care Physicians	1,930:1	1,240:1	1319:1
Dentists	2,370:1	1,240:1	1405:1
Mental Health Providers	550:1	410:1	
Other Primary Care	990:1	1,110:1	
Providers			

Source: County Health Rankings and Roadmaps, 2021

Table 2-8

Knox County, Illinois: Total Deaths and Mortality Rates

Year	Knox Co	unty	Illinois		
	Number	Rate	Number	Rate	
2020	816	16.3	132,701	10.4	
2019	701	14.1	108,937	8.6	
2018	681	13.6	110,012	8.6	
2017	670	13.2	109,726	8.6	
2016	681	13.4	107,041	8.3	
2015	705	13.7	106,879	8.3	
2014	650	12.5	105,296	8.2	
2013	718	13.8	103,409	8.0	
2012	702	13.4	102,433	8.0	
2011	647	12.3	101,291	7.9	
2010	701	13.2	99,624	7.8	
2009	600	11.4	99,896	7.8	
2008	684	12.9	103,069	8.1	
2007	662	12.5	100,254	7.9	
2006	658	12.4	102,122	8.0	
2005	673	12.6	103,654	8.2	
2004	684	12.7	102,341	8.1	
2003	736	13.5	104,930	8.3	
2002	718	13.1	106,211	8.5	
2001	680	11.0	104,858	8.4	
2000	701	12.6	106,287	8.5	

*Deaths per 1,000 population

Source: Illinois Department of Health, Vital Statistics, U.S. Census Population Data

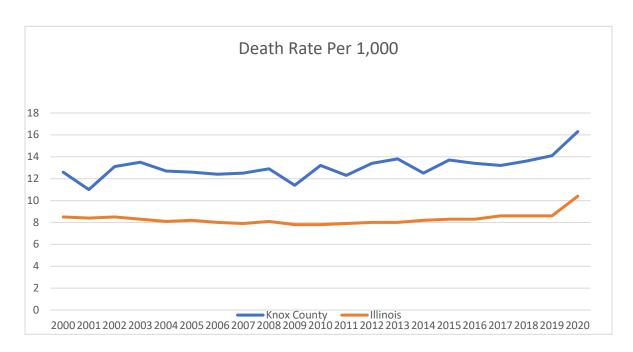


Table 2-9

Knox County, Illinois, and US: Age-Adjusted and Crude Death Rates

Area	Area Crude Rate	
Knox County	1,410.5	873.3
Illinois	860.9	704.4
U.S.	869.7	715.2

¹Per 100,000

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 1999-2019 on CDC WONDER Online Database

Table 2-10
Knox County: Deaths by leading cause: 2020-2010

Cause 2020 2019 2018 2017 2016 2015 2014 2013 2012 2011 2010										2010	
Cause	2020	2019	2018		2016	2015	2014	2013	2012	2011	2010
All deaths	816	701	681	670	681	705	650	718	702	647	701
Diseases of the	172	161	161	166	169	172	153	151	152	153	171
heart											
Malignant	139	133	125	148	132	136	111	144	151	114	145
neoplasms											
COVID-19	106	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cerebrovascular	27	38	26	32	36	31	36	33	43	34	36
disease											
Accidents	28	30	28	23	27	25	21	32	21	15	31
Chronic lower	58	59	55	66	60	69	62	62	57	50	64
respiratory disease											
Alzheimer disease	52	46	60	31	41	41	35	44	48	31	34
Diabetes mellitus	20	24	19	17	28	22	17	23	21	23	17
Kidney Disease	14	16	17	10	8	18	11	20	9	9	12
Influenza and	10	14	21	17	16	21	14	26	20	32	28
Pneumonia											
Septicemia	11	10	11	13	8	7	12	10	10	8	10
Chronic liver	7	5	6	5	7	5	8	10	6	4	10
disease and											
cirrhosis											
Intentional self-	8	4	11	8	5	11	10	10	7	5	8
harm (suicide)											

Source: Illinois Department of Public Health, Causes of Death by Resident County, 2010-2020.

Table 2-11
Knox County: Mortality Rates for the Leading Causes: 2018 to 2010

Cause		Number	in Knox	County		Rate per 100,000 people				
	2018	2016	2014	2012	2010	2018	2016	2014	2012	2010
All Causes	681	681	650	703	701	1,359.0	1,336.9	1,248.3	1,345.5	1,324.7
Heart Disease	161	169	153	152	171	322.1	331.9	294.5	290.6	323.2
Cancer (malignant	125	132	111	151	145	250.1	259.2	213.7	288.7	274.0
neoplasms)										
Stroke	28	36	36	43	36	56.0	70.7	69.3	82.2	68.0
(cerebrovascular										
disease)										
Chronic lower	55	60	62	57	64	110.0	117.8	119.4	109.0	121.0
respiratory disease										
Alzheimer's	60	41	35	48	34	120.1	80.5	67.4	91.8	64.3
disease										
Accidents	26	27	21	21	31	52.0	53.0	40.4	40.2	58.6
(unintentional										
injuries)										
Diabetes Mellitus	19	28	17	21	17	38.0	55.0	32.7	40.2	32.1
Influenza and	21	16	14	20	28	42.0	31.4	27.0	38.2	52.9
pneumonia										
Nephritis,	17	>11	>11	>11	12	34.0	NDA	NDA	NDA	22.7
nephrotic syn., and										
nephrosis										
Septicemia	>11	>11	12	>11	>11	NDA	NDA	23.1	NDA	NDA
Chronic liver	>11	>11	>11	>11	>11	NDA	NDA	NDA	NDA	NDA
disease & cirrhosis										
Suicide	>11	>11	>11	>11	>11	NDA	NDA	NDA	NDA	NDA
Congenital	>11	>11	>11	>11	>11	NDA	NDA	NDA	NDA	NDA
malformations										
Atherosclerosis	>11	NDA	NDA	>11	>11	NDA	NDA	NDA	NDA	NDA
Perinatal	NDA	NDA	NDA	NDA	NDA	NDA	NDA	NDA	NDA	NDA
conditions										
Homicide	>11	>11	>11	>11	>11	NDA	NDA	NDA	NDA	NDA
HIV infection	NDA	NDA	NDA	>11	>11	NDA	NDA	NDA	NDA	NDA
All other causes	NDA	NDA	115	109	88	NDA	NDA	221.4	208.4	166.3

NDA: No data provided.

>11, the CDC does not report cases for occurrence of fewer than 11. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER, Underlying Cause of Death

Table 2-12
Knox County, Number of deaths/Mortality Rate by Race and Ethnicity, 1999-2019

Year	White, no	White, not Hispanic		Hispanic	Hispanic (Any Race)		
	Count	Rate	Count	Rate	Count	Rate	
2020	749	1838.7	46	985.6	16	523.9	
2019	660	1592.1	21	454.6	17	568.18	
2018	635	1513.9	32	700.5	10	340.8	
2017	626	1474.3	30	649.1	13	441.1	
2016	634	1474.6	31	699.6	14	492.4	
2015	666	1534.8	31	688.7	NDA		
2014	612	1390.1	23	506.7	13	449.7	
2013	679	1532.4	26	577.5	11	402.3	
2012	671	1501.1	25	573.1	NDA		
2011	622	1369.4	19	434.9	NDA		
2010	663	1487.9	23	547.5	15	646.6	
2009	564	1255.7	27	671.6	NDA		
2008	648	1434.1	30	753.2	NDA		
2007	621		27		13		
2006	626		21		10		
2005	650		14		11		
2004	641		31		12		
2003	702		24		NDA		
2002	688		22		NDA		
2001	646		23		11		
2000	674		19		NDA		
1999	671		21		NDA		

Source: Illinois Department of Public Health Rate: Crude Death Rate per 100,000 Population

Table 2-13
Knox County, Number of Deaths by Age Group: 2008-2020

Year			% of deaths					
	Infants	1-17	18-24	25-44	45-64	65-84	85+	that are
								premature
2020	3	0	3	32	115	397	266	18.8%
2019	3	2	2	14	92	349	239	16.2%
2018	0	1	5	20	125	289	241	22.2%
2017	3	3	4	12	101	313	234	18.4%
2016	3	4	4	17	106	319	228	19.7%
2015	4	3	8	15	129	307	239	22.6%
Group change ¹	<1	1-14	15-24	25-44	45-64	65-84	85+	
2014	5	1	5	21	108	278	232	21.5%
2013	2	2	6	19	120	321	248	20.8%
2012	4	2	3	14	114	312	253	19.5%
2011	8	2	9	21	105	261	241	22.4%
2010	4	3	8	21	111	301	253	21.0%
2009	6	0	5	20	98	256	215	21.5%
2008	3	3	6	21	111	317	223	21.1%

¹The age groups changed in 2015 for the age groups younger than 25.

Source: Illinois Department of Public Health

Table 2-14

Knox County, Life Expectancy by Census Tract, 2010-2015

Location		Life Expectancy							
US		79.8							
Illinois		79.3							
	Knox County								
Census Tracts	Life	White, non-	Black, non-	Hispanic	Percent of Households				
	Expectancy	Hispanic	Hispanic		Below Poverty Line				
Census Tract 1	80.1	93.6%	0.1%	2.8%	8.5%				
Census Tract 2	78.3	94.4%	0.7%	2.6%	9.5%				
Census Tract 3	75.4	81.7%	6.3%	6.9%	14.6%				
Census Tract 4	76.0	92.1%	11.3%	4.3%	14.7%				
Census Tract 5	77.0	61.4%	24.5%	9.2%	14.4%				
Census Tract 6	76.0	74.7%	9.6%	8.1%	19.4%				
Census Tract 7	75.0	78.0%	7.8%	7.5%	13.3%				
Census Tract 8	72.8	61.6%	11.8%	11.4%	36.8%				
Census Tract 9	72.8	53.4%	18.6%	17.5%	30.8%				
Census Tract 10	74.7	72.5%	9.3%	10.1%	20.4%				
Census Tract 11	73.5	66.3%	20.8%	6.1%	34.3%				
Census Tract 12	77.8	82.4%	8.2%	3.1%	9.4%				
Census Tract 13	77.3	91.9%	0.9%	3.2%	14.9%				
Census Tract 14		95.2%	0.2%	1.3%	9.2%				
Census Tract 15	76.8	91.3%	1.2%	2.9%	17.4%				
Census Tract 16	80.6	94.9%	0.3%	1.4%	12.1%				

Life Expectancy Data- CDC NCHS, Life Expectancy at Birth for Census Tracts, 2010-2015
Race/Ethnicity Data for 2020 Decennial Census
Poverty Data from 2019 American Community Survey 5-year Estimates
Nationally, 56.0-75.1 is the bottom Quintile

 $\label{thm:county} \mbox{Table 2-15}$ Knox County, Years of Life Loss from Leading Causes of Death in 2017 and 2018 1

Cause of Death	2020	2019	2018	2017
Accidents	380 years	300 years	245 years	175 years
Alzheimer's Disease	0 years	10 years	20 years	0 years
Cerebrovascular	10 years	60 years	30 years	20 years
Disease				
Chronic Lower	140 years	130 years	90 years	100 years
Respiratory Disease				
COVID-19	90 years	N/A	N/A	N/A
Diabetes	150 years	40 years	70 years	30 years
Diseases of the Heart	300 years	230 years	540 years	180 years
Influenza and	40 years	55 years	30 years	70 years
Pneumonia				
Malignant neoplasms	320 years	345 years	300 years	355 years
Septicemia	40 years	10 years	10 years	55 years

¹Years of Life Loss is based on the age of death, where all deaths early than 65 considered premature. Deaths for those aged 15-24 have 45 years of life loss, 25-44 are 30 years of life loss, 45-64 are 10 years of life loss, and deaths for people older than 65 is not a premature death. Years of life loss were calculated to the most conservative estimate.

Source: Illinois Department of Public Health

Chapter 3: Maternal and Child Health

Table 3-1: Birth Rates in Knox County, Illinois, and US, 1970-2019
Birth rates have been declining in Knox County, Illinois, and the US. In 2019, the birth rate in Knox County was 9.9, which is lower than the US or Illinois, at 11.1 and 11.6, respectively.

Table 3-2: Total Births by Age of Mother in Knox County In 2019, there were 500 live births, the largest portion of which, 182 live births, were to mothers aged 25-29, followed by mothers aged 30-34 with 107 live births.

Table 3-3: Knox County, Births by Race and Ethnicity, 2010 to 2019

Of the 500 live births in 2019, 77.6% were white, non-Hispanic, 15.0% were black, non-Hispanic, and 5.6% were Hispanic.

Table 3-4: Knox County, Births to Teen Mothers

There were 31 births to teen mothers in 2019, which is 6.2% of live births in Knox County. Across Illinois, 4.2% of live births were to teen mothers. Compared to Illinois, a higher percentage of births in Knox County were to teen mothers, however, the percentage of births to teen mothers has been trending downwards since the early 2000's, and 31 births to teen mothers is lower than any other recorded year.

Table 3-5: Knox County, Illinois, and the US, Low Weight and Very Low Weight Births In 2019, 7.8% of births were low weight and 1.0% were very low weight in Knox County, compared to 8.4% and 1.4% in Illinois, respectively. The percentage of live births that are low weight or very low weight in Knox County have been consistently slightly lower than Illinois percentages.

Table 3-6: Knox County and Illinois, Selected Pregnancy Health Measures

Selected Pregnancy Health Measures include preterm births, less than 37 weeks gestation, cesarean section deliveries, and prenatal care. Prenatal Care is determined by time and number of prenatal care visits. In 2019, 10.2% of pregnancies were preterm, compared to 10.7% in Illinois. From 2010 to 2019, Knox County typically had slightly less preterm births compared to Illinois. In 2019, 32.2% of births were delivered by Cesarean Section in Knox County, 30.6% of births were C-Section in Illinois. From 2010 to 2017, the percentage of births that were delivered by C-Section in Knox County increased to 35.5%. In Illinois, roughly 31% of births are C-Sections during the recorded period. Prenatal Care data was only provided from 2017 to 2019. In 2019, 76.3% of women received adequate or better prenatal care.

Table 3-7: Mother who drank/smoked during pregnancy

Data for mothers who drank during pregnancy was suppressed due to low numbers. Data available from 2011 to 2017; age-adjusted rates are available from 2011 to 2016. In 2017, 147 mothers smoked during pregnancy, out of 602 live births. In 2016, 127 mothers smoked, out of 574 live births. The age-adjusted smoking rate in Knox County was 268.9, compared to 129.4 in Illinois.

Table 3-8: Knox County, Congenital Abnormalities, 2014-2018

The rate of congenital abnormalities is reported per 100,000. In Knox County between 2014 to 2018, there were 16 counts of central nervous system defects, with a rate of 56.2 per 100,000 live births, this is over twice the state rate of 24.7. Genitourinary tract defects was also elevated compared to the state, with 16 counts, a rate of 56.2, compared to 45.1 in Illinois.

Table 3-1 Knox County, IL, and US, Birth Rate 1970-2020

Year	Knox	County	Illinois Rate	U.S. Rate
	Number	Rate		
2019	500	9.9	11.1	11.6
2018	547	10.7	11.4	11.6
2017	602	11.7	11.7	11.8
2016	574	11.1	12.3	12.2
2015	556	10.7	12.3	12.4
2014	567	10.8	12.3	12.5
2013	551	10.5	12.2	12.4
2012	553	10.5	12.4	12.6
2011	540	10.2	12.5	12.7
2010	494	9.3	12.8	13.0
2009	544	10.4	13.2	13.5
2008	545	10.4	13.7	14.0
2007	551	10.4	14.0	14.3
2006	538	10.0	14.1	14.3
2005	559	10.4	14.0	14.0
2004	623	11.5	14.2	14.0
2003	578	10.6	14.4	14.1
2002	630	11.4	14.3	14.0
2001	628	11.4	14.7	14.1
2000	626	11.2	14.9	14.4
1999	655	11.8	15.0	14.5
1998	663	11.9	15.3	14.6
1997	620	11.2	15.2	14.4
1996	637	11.4	15.5	14.8
1995	603	10.8	15.7	14.8
1994	660	11.7	16.1	15.3
1993	623	11.0	16.6	15.7
1992	674	12.0	16.7	16.0
1991	631	11.2	16.8	16.3
1990	706	12.5	17.1	16.7
1980	910	14.8	16.6	15.9
1970	968	15.8	18.5	18.4

Source: Illinois Department of Public Health: Births by county of Residence; National center for Health
Statistics

Graph 3-1

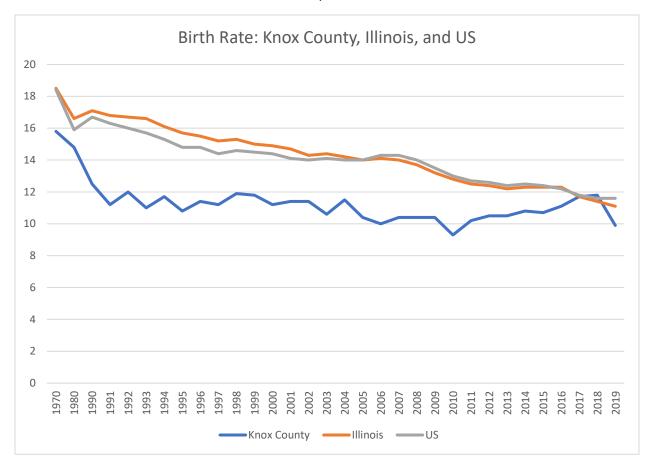


Table 3-2: Knox County, Total Births by Age, 2010-2019

Year	Knox county								
	Births	Less than 18	18-19	20-24	25-29	30-34	35-39	40+	
2019	500	8	23	97	182	107	74	9	
2018	547	12	24	143	162	131	60	15	
2017	602	12	37	168	173	149	57	6	
2016	574	9	28	140	194	142	57	4	
2015	556	13	32	162	161	128	51	9	
2010	494	20	76	139	133	98	39	9	

Illinois Department of Public Health, Vital Statistics

Table 3-3
Knox County, Births by Race and Ethnicity, 2010 to 2019

			Race								
Year		White	, non-	Black	, non-	Other	, non-	Hisp	Hispanic		
	Total	Hisp	anic	Hispanic		Hispanic					
		Number	Percent	Number	Percent	Number	Percent	Number	Percent		
2019	500	388	77.6%	75	15.0%	9	1.8%	28	5.6%		
2018	547	420	76.8%	80	14.6%	7	1.3%	40	7.3%		
2017	602	446	74.1%	100	16.6%	4	0.7%	52	8.6%		
2016	574	442	77.0%	87	15.2%	8	1.4%	37	6.4%		
2015	556	422	75.9%	88	15.8%	5	0.9%	41	7.4%		
2014	567	482	85.0%	73	12.9%	12	2.1%	37	6.5%		
2013	551	470	85.3%	77	14.0%	4	0.7%	46	8.3%		
2012	553	490	88.6%	56	10.1%	7	1.3%	36	6.5%		
2011	540	480	88.9%	52	9.6%	8	1.5%	37	6.9%		
2010	494	435	87.9%	54	10.9%	5	1.0%	34	6.9%		

Source: Illinois Department of Public Health

Table 3-4

Knox County, Births to Teen Mothers, 1980- 2019

Year	Knox	County	Illinois Percent
	Number	Percent	1
2019	31	6.2%	4.2%
2018	36	6.6%	4.5%
2017	49	8.1%	4.8%
2016	37	6.4%	5.1%
2015	45	8.1%	5.6%
2014	52	9.2%	6.1%
2013	52	9.4%	6.8%
2012	63	11.4%	7.7%
2011	66	12.2%	8.2%
2010	76	15.4%	9.1%
2009	63	11.6%	9.6%
2008	77	14.1%	10.0%
2007	80	14.5%	10.1%
2006	74	13.8%	10.0%
2005	82	14.7%	9.7%
2004	71	11.4%	9.9%
2003	61	10.6%	9.7%
2002	68	10.8%	10.3%
2001	79	12.6%	10.9%
2000	77	12.3%	11.4%
1999	85	13.0%	12.0%
1998	92	13.9%	12.4%
1997	97	15.6%	12.5%
1996	86	13.5%	12.7%
1995	114	18.9%	13.0%
1994	120	18.2%	13.0%
1993	86	13.8%	12.8%
1992	105	15.6%	12.9%
1991	77	12.2%	13.0%
1990	97	13.8%	13.1%
1980	172	18.9%	15.7%

Source: Illinois Department of Public Health
Illinois Teen Births by County

Graph 3-4

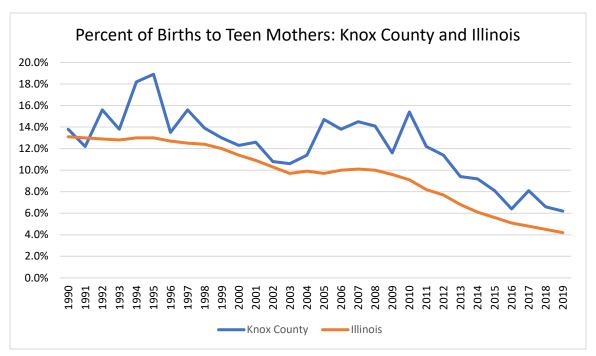


Table 3-5
Knox County, Illinois, and U.S., Low and Very Low Weight Births

Year	Lov	w Birth Wei	ght	Very	ery Low Birth Weight		
	Knox C	County	Illinois	Knox C	County	Illinois	
	Number	Percent	Percent	Number	Percent	Percent	
2019	39	7.8%	8.4%	5	1.0%	1.4%	
2018	42	7.7%	8.6%	6	1.1%	1.5%	
2017	49	8.1%	8.5%	7	1.2%	1.5%	
2016	44	7.7%	8.4%	6	1.0%	1.6%	
2015	47	8.5%	8.3%	9	1.6%	1.5%	
2014	42	7.4%	8.2%	7	1.2%	1.5%	
2013	42	7.6%	8.3%	3	0.5%	1.5%	
2012	43	7.8%	8.2%	12	2.2%	1.5%	
2011	40	7.4%	8.2%	5	0.9%	1.6%	
2010	40	8.1%	8.3%	9	1.8%	1.6%	
2009	45	8.3%	8.4%	10	1.8%	1.6%	

Source: Illinois Department of Public Health

Table 3-6
Knox County and Illinois, Selected Pregnancy Health Measures

	Pr	eterm (<37	7)	Ce	sarean Sec	tion	Р	·e	
Year	Knox (County	Illinois	Knox (County	Illinois	Knox (County	Illinois
	Number	Percent	Percent	Number	Percent	Percent	Number	Percent	Percent
2019	51	10.2%	10.7%	161	32.2%	30.6%	377	76.3%	78.8%
2018	59	10.8%	10.7%	186	34.0%	31.1%	453	83.3%	77.9%
2017	56	9.3%	10.4%	214	35.5%	31.1%	496	82.7%	76.5%
2016	48	8.4%	10.3%	187	32.6%	31.1%			
2015	62	11.2%	10.1%	181	32.6%	30.9%		-	-
2014	57	10.1%	10.1%	171	30.2%	31.2%		-	
2013	46	8.3%	10.0%	174	31.6%	31.5%		1	-
2012	45	8.1%	10.0%	174	31.5%	31.8%		1	-
2011	53	9.8%	10.1%	163	30.2%	31.6%		-	
2010	46	9.3%	10.3%	142	28.7%	31.1%			

Illinois Department of Public Health, Knox Birth Demographics, 2010-2019

Prenatal Care measure based on Illinois Department of Public Health requirements. Adequate prenatal care is defined by number of visits and timing of visits.

Table 3-7
Knox County and Illinois, Babies born to mothers who drank¹/smoke during pregnancy, 2011-2017²

Year	Knox (County	Illinois
	Number	Age-Adjusted Rate ³	Age-Adjusted Rate
2017	147		
2016	127	268.9	129.4
2015	141	295.1	97.4
2014	162	335.0	99.4
2013	149	310.6	100.0
2012	162	334.0	104.4
2011	172	357.3	111.7

Source: Illinois Department of Public Health

¹Mothers who drank during pregnancy data was suppressed due to low counts

²Data available for 2011-2016 with age adjusted rates

³Age-adjusted rates only available for 2011-2016, no age adjusted data available for 2017

Table 3-8
Knox County, Congenital Abnormalities, 2014-2018

Type of Congenital Abnormality	Knox Co	unty	Illinois Rate*
	Count	Rate*	
Major Central Nervous System Defects	16	56.2	24.7
Major Cardiovascular System Defects	30	105.4	123.0
Alimentary Tract Defects	3	10.5	27.4
Genitourinary Tract Defects	16	56.2	45.1
Musculoskeletal Defects	9	31.6	33.9
Chromosomal Defects	2	7.0	19.6
Infants with Prematurity (<31 Weeks)	34	119.5	170.2
Serious Infections in Newborn Infants	6	21.1	43.9
Perinatal Deaths	11	38.7	104.5
Endocrine, Metabolic, and Immune Disorders in	5	17.6	16.1
Newborn Infants			
Blood Disorders in Newborn Infants	1	3.5	7.3
Other Adverse Pregnancy Outcomes	54	189.7	183.6

*Per 100,000 live births

Source: Illinois Department of Public Health, Illinois Department of Division of Epidemiological Studies

<u>BIRTH DEFECTS AND OTHER ADVERSE PREGNANCY OUTCOMES IN ILLINOIS</u>

Chapter 4: Chronic Diseases

Table 4-1: Knox County, Illinois, and US: Cancer Mortality by Age-Adjusted Rates and 5-Year Trends The age-adjusted rate in Knox County for all Cancers was 174.0, compared to 158.5 in Illinois and 152.4 in the US. The five-year trend in Knox County saw a slight decrease of -0.8, while Illinois and the US saw decreases in overall cancers of -2.4 and -2.1, respectively. The age adjusted rates of all cancers were reported for race/ethnicities. White, non-Hispanic residents in Knox County had an age adjusted cancer rate of 174.5 and a five-year decrease of -0.7, black residents have a cancer rate of 176.1 and a decreasing five-year trend of -3.2, and Hispanic residents have an age adjusted cancer rate of 182.0. No five-year trend data was reported for Hispanic residents. Other demographics were not reported in Knox County due to low numbers.

Table 4-2: Knox County, Illinois, and US, Cancer Incidence by Age-adjusted rate and 5-year trends, 2014-2018

The five-year trend is considered stable if the 95% confidence interval contains zero, some cancer types have a very large confidence interval. Most cancers in Knox County are considered stable from 2014-2018, with the exception of esophagus cancer (rising), lung and bronchus cancer (falling), and non-Hodgkin Lymphoma (falling). Comparing Knox County's Age Adjusted rate to that of the state and nation, Knox County seems to have an elevated rate of colon and rectum cancer, corpus and uterus cancers, esophagus cancer, female breast cancer, kidney and renal cancer, lung and bronchus cancers, oral cavity and pharynx cancer, and urinary bladder cancer.

Table 4-3: Early Detection of Selected Cancers: 2014-2019 averages

Early detection of specific cancers- colorectal, melanoma, oral cavity and pharynx, prostate, cervical, and breast- was reported at the county level. Compared to the state, a smaller percentage of oral cavity and pharynx and prostate cancers were detected while localized, 25.0% vs 30.8% and 67.1% vs 71.9%, respectively.

Table 4-4: Incidence of Select Chronic Diseases, 2019/2018

Chronic conditions are reported as prevalence and age adjusted rate at both the county and state. The reported chronic health conditions of arthritis, asthma, high blood pressure, high cholesterol, kidney disease, COPD, diabetes, depression, and teeth loss were higher, both in prevalence and age-adjusted rate, in Knox County than in Illinois.

Table 4-5: All Teeth Loss by Knox County Census Tracts

At the county level, 16.6% of adults over 65 have lost all teeth. The burden of tooth loss is not evenly distributed across the county. Four census tracts – 8, 9, 10, and 11 – have greater than 24% of total population over 65 years will all teeth loss. These census tracts are geographically clustered in the southern portion of Galesburg, shown below in red.

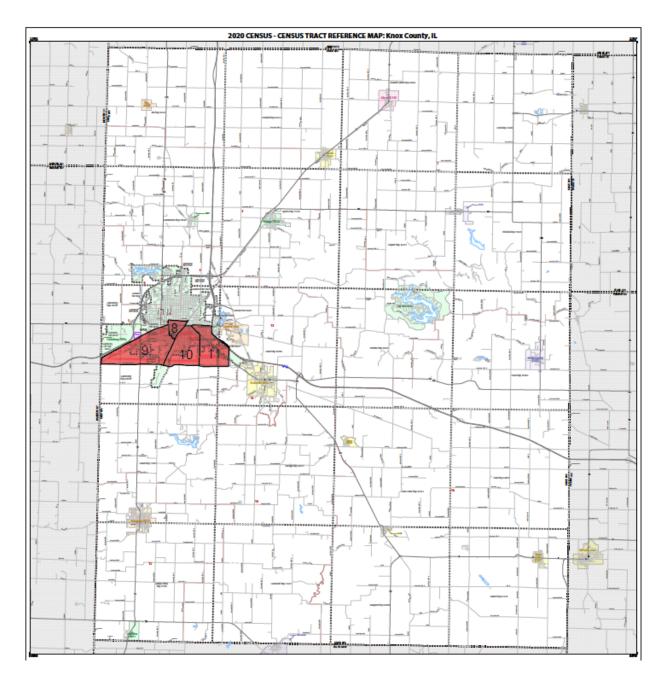


Table 4-6: Knox County, Health Risk Behavior Compared to the state, Knox County has higher rates of binge drinking, smoking, and obesity.

Table 4-1

Knox County, Illinois, and US: Cancer Mortality by Age-Adjusted Rates and 5-Year Trend, 2015-2019

Type of Cancer	Knox County Illinois		ois	US		
	Age Adjusted	5-Year	Age Adjusted	5-Year	Age Adjusted	5-Year
	Rate	Trend	Rate	Trend	Rate	Trend
All Sites	174.0	-0.8	158.5	-2.4	152.4	-2.1
Brain and Nervous System	5.0	-	4.1	-	4.4	
Colon and Rectum	19.7	-0.9	14.5	-2.7	13.4	-1.9
Corpus and Uterus		-	5.7	1.9	5.0	1.0
Esophagus	6.1	-	4.0	-1.4	3.9	-1.1
Female Breast	12.9	-3.1	20.9	-1.3	19.9	-1.4
Kidney and Renal Pelvis			3.7	-4.3	3.6	-2.5
Leukemia	8.5	1.1	6.2	-3.2	6.1	-2.3
Liver and Intrahepatic Bile	5.7		6.4	-0.1	6.6	-0.1
Duct						
Lung and Bronchus	50.9	-0.9	39.2	-4.8	36.7	-4.9
Melanoma			1.9	-6.8	2.2	-5.2
Non-Hodgkin Lymphoma	5.3	-2.8	5.4	-2.5	5.3	-2.2
Pancreas	11.3	-0.2	11.4	0.1	11.1	0.3
Prostate	13.8	-4.1	19.7	-0.8	18.9	-0.4
	All C	ancer for Sel	ected Demograpl	hics		
Children Under 15 Years			1.9	-1.8	2.0	-1.2
White, non-Hispanic	174.5	-0.7	161.4	-2.4	157.2	-2.0
Black	176.1	-3.2	199.4	-1.9	173	-2.1
Hispanic, any Race	182.0		102.7	-0.3	109.7	-1.2

Other Race/Ethnicities not reported in Knox County Cancers with fewer than 3 cases are not reported.

Source: National Cancer Institute, State Cancer Profiles, 2015-2019

Table 4-2
Knox County, Illinois, and the US, Cancer Incidence by Age Adjusted Rate and 5 Year Trends, 2014-2018 averages

	Kno	x County		Illinois	5	US	
Type of Cancer	Age-Adjusted	5 Year	Recent	Age-Adjusted	5-Year	Age-Adjusted	5 Year
	Rate ¹	Trend ²	Trend ³	Rate	Trend	Rate	Trend
All Cancer Sites	475.8	-0.3	Stable	466.8	-0.4	448.6	-0.9
Brain and other Nervous System	9.4			6.4		6.5	
Colon and Rectum	44.5	-1.8	Stable	42.1	-1.4	38.0	-1.8
Corpus and Uterus	33.3	2.9	Stable	30.2	1.2	27.4	1.2
Esophagus	7.5	4.9	Rising	4.7	-1.2	4.5	-0.4
Female Breast	144.2	1.1	Stable	133.7	0.5	126.8	0.3
Female Breast (in situ)	27.9	-6.3	Stable	32.2	-1.0	29.4	-1.1
Kidney and Renal	15.1	3.2	Stable	12.5	-0.2	11.8	0.5
Leukemia	12.5	1.6	Stable	13.5	-0.4	14.2	-2.5
Liver and Intrahepatic	5.9			8.0	2.8	8.6	-0.2
Bile Duct							
Lung and Bronchus	74.9	-1.9	Falling	63.0	-1.8	57.3	-2.6
Melanomas and Skin	23.8	2.6	Stable	21.3	3.6	22.6	0.2
Non-Hodgkin Lymphoma	17.4	-3.2	Falling	19.5	-0.3	19.1	-1.6
Oral Cavity and Pharynx	13.0	1.9	Stable	12.2	0.8	11.9	-0.3
Ovary				10.9	-1.8	10.7	-3.5
Pancreas	10.6	-3.0	Stable	13.8	0.7	13.1	0.9
Prostate	92.0	-2.6	Stable	111.5	0.6	106.2	1.8
Stomach	5.4	21.1	Stable	7.1	-0.2	6.5	-1.7
Thyroid	12.2	2.6	Stable	14.5	-5.5	14.1	-2.9
Urinary Bladder	33.3	2.9	Stable	30.2	1.2	27.4	1.2
		All Cancer Ir	ncidence fo	r Selected Demo	graphics ⁴		
Children Under 15				17.5	1.2	17.5	-1.0
White, including Hispanic	479.9	-0.2	Stable	470.6	-0.5	451.0	-0.9
Black, including Hispanic	334.1	-2.9	Falling	483.3	-1.6	444.9	-1.5

¹Unreported Age-adjusted rates reflects three or fewer cases.

Source: National Cancer Institute, State Cancer Profiles

²Unreported 5 Year Trend reflects incomplete historic data, or very few cases.

³Recent trend data is based on the 5-year trend. If the 95% confidence interval includes 0, then the trend is considered stable. If the 95% confidence interval includes only negative numbers, it is falling. ⁴Total cancer incidence data only reported for white and black racial groups in Knox County from this data source.

Table 4-3
Knox County, Early Detection of Selected Cancers, 2014 to 2019 averages

Type of Cancer	Cases	Percent	Percent	Percent	Illinois Percent
		Localized	Regional	Distant	Localized
Colorectal	163	36.2%	32.5%	26.4%	35.8%
Melanoma of the	82	90.2%	4.9%	2.4%	82.0%
Skin					
Oral Cavity and	48	25.0%	60.4%	12.5%	30.8%
Pharynx					
Prostate	173	67.1%	15.0%	7.1%	71.9%
Cervical	8	62.5%	25.0%	12.5%	44.6%

Breast	Cases	In Situ	Localized	Regional	Distant	Illinois Percent In Situ
	305	15.1%	61.3%	20.3%	3.0%	19.0%

Source: Illinois Department of Public Health, Illinois County Cancer Statistics Review, Incidence, 2014-2018

> <u>State Cancer Profiles > Incidence Rates Table</u> <u>County Cancer Incidence 2014-2018 (illinois.gov)</u>

Table 4-4
Incidence Rate of Selected Chronic Disease, 2019

Chronic	Knox	County	II	linois
Condition/Disease ¹	Prevalence	Age-adjusted Rate	Prevalence	Age-adjusted Rate
Arthritis	30.9%	26.2	24.4%	21.7
Asthma	9.6%	9.7	8.5%	8.6
High Blood Pressure	37.0%	32.3	32.2%	29.4
High Cholesterol	35.9%	29.9	31.5%	27.6
Kidney Disease	3.6%	3.0	2.6%	2.2
COPD	9.1%	7.7	6.1%	5.6
Heart Disease	8.2%	6.3		
Diabetes	13.1%	10.9	10.6%	9.3
Depression	21.7%	22.4	14.7%	15.1
Stroke	4.2%	3.4		
All teeth loss ²	16.6%	16.7	14.9%	15.7

¹Disease Prevalence and Rates for Adults over 18

Source: PLACES by CDC, data model generated with BRFSS 2019/2018, and Census Population Estimates from 2019.

BRFSS Prevalence & Trends Data: Explore by Location | DPH | CDC

²Teeth loss is measured for population over 65

Table 4-5
All Teeth Loss by Knox County Census Tracts

Census Tract	Percent of Population over 65 with all teeth loss
Census Tract 1	11.6%
Census Tract 2	11.5%
Census Tract 3	17.8%
Census Tract 4	14.7%
Census Tract 5	14.6%
Census Tract 6	17.3%
Census Tract 7	17.5%
Census Tract 8	26.6%
Census Tract 9	24.4%
Census Tract 10	24.0%
Census Tract 11	25.4%
Census Tract 12	12.1%
Census Tract 13	15.1%
Census Tract 14	10.1%
Census Tract 15	18.7%
Census Tract 16	13.6%

Source: Places, by the CDC. <u>PLACES: Local Data for Better Health (arcgis.com)</u>

All Chronic Health Conditions in Table 4-6 are available at the Census Tract level; however, most chronic health conditions are not highly variable at that scale. All teeth loss does show a high degree of variation at this geographic scale.

Table 4-6 Knox County, Health Risk Behaviors

Health Behavior	Knox (County	III	inois
	Prevalence	Prevalence Age-Adjusted Rate		Age-Adjusted Rate
Binge Drinking	18.5%	20.8	13.0%	13.8%
Current Smoking	19.2%	20.8	12.7%	12.8%
Physical Inactivity	29.4%	28.6		
Obesity	38.3%	39.0	32.4%	32.1%

Source: Knox County -Places, CDC
Illinois – BRFSS Prevalence and Trends Data, CDC

BRFSS Prevalence & Trends Data: Explore by Location | DPH | CDC

Table 4-7
Knox County and Illinois Hospitalization Data for Select Conditions, 2017-2019

ED Visits/Hospitalization Data per	Knox County Rate	Western Illinois	Illinois Rate		
10,000		Rate			
	Behavioral Health				
ED Mood Disorder Visits	41.67	33.45	30.37		
ED Substance-related disorder visits	28.65	23.39	33.89		
ED Alcohol-related disorder visits	48.95	50.96	56.75		
ED Anxiety-related disorder visits	66.8	48.68	36.73		
	Cardiovascular Diseas	se			
Stroke Prevalence	3.4%	4.14%	2.9%		
Ed Hypertension Visits	49.36	41.96	43.39		
Diabetes					
Diabetes Prevalence	12.6%	10.87%	10.2%		
ED Type II Visits ²	497.81	380.94	345.5		

Source: Health Care Report Card Illinois Public Health Care Map

Chapter 5: Infectious Diseases

Table 5-1: Knox County and Illinois, Count and Rates of Early Syphilis
In 2019 and 2020, 7 cases of early syphilis were reported, which is higher than previous years. In 2019, the rate of early syphilis was lower than Illinois but higher than Illinois without Chicago.

Table 5-2: Knox County and Illinois, Count and Rates of Chlamydia and Gonorrhea, 2000-2020 In 2020, there were 232 cases of chlamydia in Knox County, with a rate of 464.3. This is a 2% decrease from 2019. Illinois and Illinois without Chicago had a 36% and 26% decrease in chlamydia cases. Cases of gonorrhea increased in Knox County from 2019 to 2020, from 90 cases to 123 cases, an increase of 37%, however cases across the state decreased by 30%.

Table 5-3: Knox County and IL, AIDS and HIV Cases and Rates 2019
The rate of HIV per 100,000 in Knox County is less than half the state rate. There are currently 37 people living with HIV and 44 people living with AIDS in Knox County.

Table 5-4: Knox County and Illinois, Tuberculosis In 2019, there was one case of tuberculosis in Knox County. Data for 2020 was suppressed in Knox County, due to low count. In Illinois, there were 216 cases, a rate of 1.69, in 2020.

Table 5-1
Knox and Illinois, Count and Rates of Early Syphilis

Year	Knox County		Illinois	Illinois without Chicago
	Number	Rate	Rate	Rate
2020	7	14.1	14.7	4.8
2019	7	14.1	21.4	10.9
2018	2	4.0	22.6	9.9
2016	5	9.4	18.7	8.2
2015	0	0	15.4	6.1
2014	3	5.7	13.1	4.9
2013	2	3.8	12.5	3.9
2012	0	0	10.9	3.6
2011	3	5.7	10.6	3.5
2010	2	1.8	10.2	3.1
2009	1	1.8	8.8	3.3
2008	0	0	6.6	2.1
2007	0	0	5.5	2
2006	2	3.6	5.6	2.3
2005	1	1.8	7.4	1.9
2004	0	0	5.7	1.5
2003	0	0	5.8	1.7
2002	0	0	8.1	2.2
2001	0	0	6.4	1.9
2000	2	3.6	6.4	2.2

Source: Illinois Department of Public Health

Table 5-2 Knox County and IL, Count and Rates of Chlamydia and Gonorrhea: 2000-2000

		nlamydia		Gonorrhea				
Year	Knox C	County	IL except	Illinois	Knox (County	IL except	Illinois
			Chicago				Chicago	
	Count	Rate	Rate	Rate	Count	Rate	Rate	Rate
2020	232	464.3	358.6	406.0	123	246.2	160.5	144.9
2019	236	474.9	489.7	640.0	90	181.1	149.9	231.0
2018	245	490.2	466.4	607.8	79	158.1	127.2	199.8
2017	204	403.3	449.5	590.0	71	138.2	120.3	186.4
2016	231	453.7	396.5	544.8	60	117.8	102.4	165.2
2015	215	418.5	390.6	532.8	52	101.2	81.6	132.4
2014	229	440.9	385.8	516.0	48	92.4	75.6	123.8
2013	186	356.8	381.2	494.0	55	105.5	79.1	127.5
2012	210	396.8	293.6	527.7	47	88.8	60.3	141.5
2011	186	351.5	316.8	412.8	26	49.1	71.4	105.9
2010	205	387.4	348.9	472.6	31	58.6	77.7	122.8
2009	223	399.4	354.4	487.5	93	166.6	94.0	167.7
2008	203	363.6	353.9	476.4	70	125.4	106.7	166.5
2007	230	411.9	349.6	446.6	72	128.9	120.0	167.6
2006	211	377.9	314.4	431.5	99	177.3	108.1	162.5
2005	206	368.9	290.9	407.1	84	150.4	106.4	161.2
2004	204	365.4	268.6	379.9	76	136.1	101.5	165.8
2003	155	277.6	260.7	388.9	87	155.8	101.8	175.7
2002	127	227.5	246.0	387.3	56	100.3	107.2	193.5
2001	137	245.4	223.6	352.0	47	84.2	101.8	193.4
2000	170	304.5	215.9	324.9	48	86.0	104.4	199.8

Source: Illinois Department of Public Health

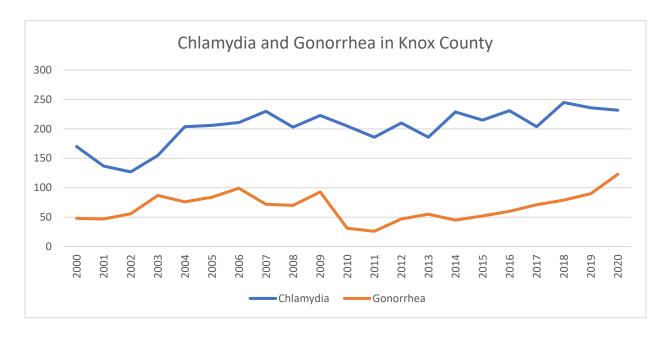


Table 5-3
Knox County and IL, AIDS and HIV Cases and Rates 2019 Report

Indicator	Knox County	Illinois			
HIV					
Diagnosed as of 5/31/19	0	494			
Cumulative cases diagnosed since 2012	19	11,381			
Rate	4.9	11.9			
	AIDS				
Diagnosed as of 5/31/19	0	222			
Cumulative cases diagnosed since 2012	15	5,434			
Rate	3.9	5.7			
HIV/AIDS currently living in area					
HIV (not AIDS) living as of 05/31/19	37	19,633			
AIDS living as of 05/31/19	44	19,191			

Source: Illinois Department of Public Health, Illinois HIV/AIDS Surveillance

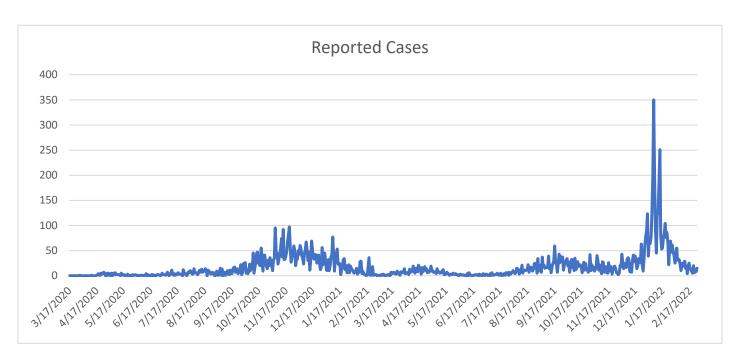
Table 5- 4
Knox County and Illinois Tuberculosis Cases

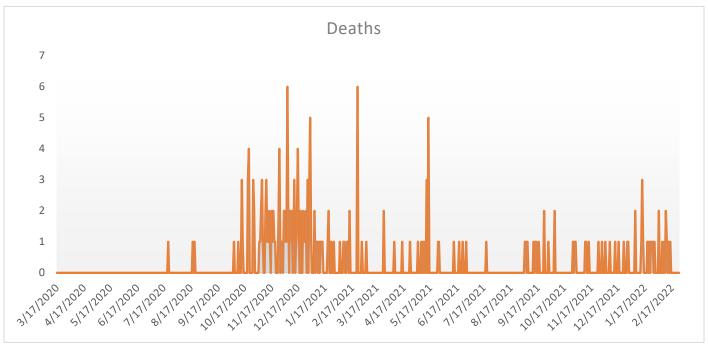
Year	Knox County	Illinois	
	Cases	Cases	Rate
2020		216	1.69
2019	1	326	2.54
2018	2	319	2.48
2017	1	337	2.62
2016	0	342	2.66
2015	0	343	2.67
2014	2	320	2.49
2013	1	327	2.54

Source: Illinois Department of Public Health, Annual Tuberculosis Reports 2013-2019

Table 5-5
Knox County COVID-19 Cases, Tests, and Deaths

2/25/2022	Cumulative Cases	Cumulative Tests	Cumulative Deaths
Knox County	12,438	223,800	206





Chapter 6: Environmental, Occupational, and Injury Control Indicators

Table 6-1: Knox County and Illinois, Air Quality Measures as Annual Average Air Concentration Estimates in Microgram per Cubic Meter

Data collected about air pollution from the CDC includes benzene, formaldehyde, acetaldehyde, carbon tetrachloride, and 1,3-butadiene. From 2005 to 2011, the amount of benzene and acetaldehyde increased, while the amount of other air pollutions decreased.

Table 6-2: Public Water Service SDWIS Federal Reports, 2020

The US Environmental Protection Agency reports water system shows the number of violations each public water server has had in the last year. Violations are either record keeping/reporting type violations or water purity violations. There are 17 water providers in Knox County, with an average of 15 water purity violations at each. Rio had significantly more water purity violations compared to other water providers, at 41.

Table 6-3: Type of Water Purity Violation

There were 10 recorded types of water purity violations in Knox County- arsenic, coliform, inorganic chemicals, inorganic compounds, lead and copper, nitrates, radionucleotides, volatile organic chemicals, and disinfectants and disinfectant byproducts (stage 1 and stage 2).

Table 6-4: Knox County, Selected Environmental Community Characteristics by Census Track
The Centers for Disease Control and Prevention reported several community characteristics by census
tract. Data was collected from 2013-2017. Four census tracts, 4, 8, 9, and 11, reported that over 30% of
the population did not have internet access in their homes. Food security was reported based on
urban/rural classification – for urban communities, food insecurity is considered over 1 mile to the
nearest grocery store, in rural areas over ten miles is considered food insecure. Census tracts 3, 9, 13,
and 15 were considered food insecure.

Table 6-5: Knox County, Criminal Offense Counts and Rates, 2010-2020

In 2020, there were a total of 1,471 criminal offenses including 2 homicides, 40 rapes, 15 robberies, 160 aggravated batteries, 269 burglaries, 871 thefts, 106 motor vehicle theft, and 8 arsons. The number of arsons and motor vehicle thefts was elevated from previous years, there was an average of 3.5 arsons per year and 36.3 motor vehicle thefts in previous reported years.

Table 6-6: Knox County Communities/Census Places, Crime Rates, 2000-2019

Data for crime rates is suppressed if rates are too low. Galesburg typically has the highest crime rate for all years. In 2019, Galesburg's crime rate was 4,593.0 and Yates City was 612.6. Crime rates for other communities was suppressed in 2019.

Table 6-7: Knox County, Drug Arrests 2008-2020

Total drug arrests were highest in 2008, out of years reported. Cannabis drug arrests have decreased, reflective of changing cannabis laws in the state. Medical cannabis was legalized on January 1, 2014, it

was then decriminalized in 2016. Finally, cannabis was fully legalized for recreational use in January 2020, however, there are still possession limits, hence the continued arrests in 2020. Methamphetamine arrests have increased to 120 in 2020 and 160 in 2019.

Table 6-8: Knox County, Motor Vehicle Accidents, 2010-2019

There were between 850 and 1,026 motor vehicles accidents between reported years. The Illinois Department of Transportation does not record the same data points for all years recorded.

Table 6-9: Childhood Blood Lead Levels in Knox County and Illinois

Blood lead levels are used to determine lead exposure, which can lead to lead poisoning. Children are exposed to lead primarily by lead-based paint in older homes, built before 1978. Children typically ingest lead through consuming paint chips or inhaling contaminated dust. In Knox County, 79% of houses were built before 1978. The following zip-codes are considered "High Risk Zip Codes" by the Illinois Department of Public Health: 61401, 61410, 61414, 61436, 61439, 61458, 61467, 61474, 61475, 61489, and 61572. According to 2019 Census data estimates, 82.4% of Knox County children under the age of five live in high-risk zip codes for lead poisoning. In 2019, 493 children under the age of 6 were tested for lead, 13.0% had blood lead levels between 5-9 μ g/ dL and 5.3% had blood lead levels higher than 10 μ g/ dL. Compared to Illinois, where of children tested, 1.9% had blood lead levels of 5-9 μ g/ dL and 0.4% had blood lead levels higher than 10 μ g/ dL.

Table 6-10: Fatal Occupational Injuries in Illinois, 2020

In Illinois, there were a total of 135 occupational fatal injuries. By occupation, transportation and material moving occupations had 39 fatalities, construction and extraction had 20 fatalities, and installation, maintenance, and repair has 15 fatalities. The industries with the highest fatalities were trade, transportation, and utilities with 46, transportation and warehouse with 27, and construction with 21.

Table 6-11: Knox County, and the US – Occupation, Industry, and Class of Worker, 2019 Compared to Illinois, a slightly higher percentage of workers hold occupations in education, instruction, and library occupations; healthcare practitioners and technical occupations; and food preparation and serving related occupations. Significantly more people in Knox County are employed in production, transportation, and material moving occupations, 20.9% to 14.7%.

Table 6-1
Knox County and Illinois, Air Quality Measures as Annual average air concentration estimates in microgram per cubic meter

Air Pollutant	Knox	County	Illir	nois
	2005	2011	2005	2011
Benzene	0.49	0.53	0.87	0.66
Formaldehyde	1.44	1.24	1.92	1.34
Acetaldehyde	1.52	1.76	1.83	1.79
Carbon tetrachloride	0.61	0.55	0.61	0.55
1,3-butadiene	0.03	0.02	0.07	0.06

Source: CDC National Environmental Public Health Tracking

Table 6-2
Public Water Service SDWIS Federal Reports, Knox County, 2021

PWS Name	Population	#	#	Number Water Purity
	Served	Facilities	Violations	Violations
Abingdon	3,654	14	15	12
Altona	531	8	12	7
Aqua Illinois - Oak Run	1,800	9	5	5
East Galesburg	850	6	9	7
Galesburg	31,745	24	3	2
Henderson	319	8	22	20
Knoxville	3,183	14	24	24
Maquon	284	6	18	18
Onedia	750	8	8	7
Rio	262	7	41	41
St. Augustine	120	11	7	5
UTL Inc Cedar Water Division	172	9	30	26
Victoria	316	7	15	15
Wataga	843	8	7	7
Williamsfield	625	8	30	21
Windwood Water System, Inc	185	7	10	9
Yates City	750	8	14	14

Source: Environmental Protection Agency, Water System Violation Report, 2021

<u>Water System Violation Report (epa.gov)</u>

Table 6-3
Water Purity Violations – Explanation and Count by PWS

	Number of each Violation									
PWS	Arsenic	Coliform	Inorganic Chemicals	Inorganic Cmpds	Lead/ Copper	Nitrates	Radio- nucleotides	Volatile Organic		ants and ducts
PWS								Chemical	Stage 1	Stage 2
Abingdon			2		7					2
Altona		2	2			1			1	
Oak Run		1	2			1	1			
E. Galesburg		1			4				1	
Galesburg					1		1			
Henderson		9	2		4		1		4	
Knoxville		3	2				19			
Maquon	1	2	12				1			
Onedia		1	3				2		1	
Rio	1	8		8	2	1	1	20		
St. Augustine		2			1		1		1	
UTL Inc Cedar		21	3		1		1			
Victoria	1	3	10				1			
Wataga		3	2		1		1			
Williamsfield		5	1			2	1	12		
Windwood		2			2		5			
Yates City		1	2				11			

Source: Environmental Protection Agency, Water System Violation Report, 2021

<u>Water System Violation Report (epa.gov)</u>

Table 6-4
Selected Environmental Community Characteristics by Census Track

		Internet Access b	y Household	Food	Security
Census Tracts	Census Track	Number without	% Without	Rural or	Low Food
	Population	Internet	Internet	Urban	Access
Census Tract 1	3055	277	22.4%	Rural	No
Census Tract 2	2715	175	14.4%	Rural	No
Census Tract 3	4322	493	25.2%	Urban	Yes
Census Tract 4	4686	720	30.8%	Urban	No
Census Tract 5	5421	431	27.1%	Urban	No
Census Tract 6	3537	371	24.6%	Urban	No
Census Tract 7	2078	175	21.6%	Urban	No
Census Tract 8	2711	408	44.2%	Urban	No
Census Tract 9	2381	361	40.8%	Urban	Yes
Census Tract 10	3954	385	24.1%	Urban	No
Census Tract 11	2453	388	37.7%	Urban	No
Census Tract 12	1535	137	17.8%	Rural	No
Census Tract 13	3781	261	17.0%	Urban	Yes
Census Tract 14	1640	108	15.1%	Rural	No
Census Tract 15	3963	446	28.4%	Urban	Yes
Census Tract 16	3142	338	25.1%	Rural	No

Source: Census Track population from Census Bureau Estimates 2017 Estimates
Selected Community Characteristics – CDC National Environmental Public Health Tracking Network,
2013-2017

Urban/Rural determined by population density.

Urban food insecurity based on 1 mile definition, rural food insecurity based on 10 mile definition.

Table 6-5
Knox County, Criminal Offense Counts and Rates, 2010-2019

Offense	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Total	1,471	1,615	1,245	817	1,315	1,264	1,397	1,588	1,547	1,667	1,811
Homicide	2	0	2	0	1	1	2	2	2	1	0
Rape	40	44	32	20	18	27	34	32	20	20	19
Robbery	15	13	15	8	26	18	20	13	14	19	31
Agg. Battery	160	132	134	99	117	150	94	103	120	101	148
Burglary	269	306	204	167	254	230	353	327	338	302	416
Theft	871	1,064	806	497	875	797	855	1,075	1,027	1,177	1,141
Motor Vehicle Theft	106	54	52	21	23	37	34	34	22	42	42
Arson	8	2	0	5	1	4	5	2	4	5	4
Human Trafficking	0	0	6	0	2	0	1	N/A	N/A	N/A	N/A

Knox County, 2010-2019 rate per 100,000

Offense	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Total	2,968.8	3,258.9	2,484.9	1,561.6	2,508.3	2,381.8	2,682.5	3,049.3	2,960.9	3,150.2	3,422.2
Homicide	4.0	0.0	4.0	0.0	1.9	1.9	3.8	3.8	3.8	1.9	0.0
Rape	80.7	88.8	63.9	38.2	34.3	50.9	65.3	61.4	38.3	37.8	35.9
Robbery	30.3	26.2	29.9	15.3	49.6	33.9	38.4	25.0	26.8	35.9	58.6
Agg.	322.9	266.4	267.5	189.2	223.2	282.9	180.5	197.8	229.7	190.9	279.7
Battery											
Burglary	542.9	617.5	407.2	319.2	484.5	433.4	677.8	627.9	649.9	570.7	789.1
Theft	1,757.9	2,147.0	1,608.7	950.0	1,669.1	1,501.8	1,641.8	2,064.2	1,965.7	2,224.2	2,156.1
Motor	213.9	109.0	103.8	40.1	43.9	69.7	65.3	65.3	42.1	79.4	98.3
Vehicle											
Theft											
Arson	16.1	4.0	0.0	9.6	1.9	7.5	9.6	3.8	7.7	9.4	7.6
Human	0.0	0.0	12.0	0.0	3.8	0.0	1.9	N/A	N/A	N/A	N/A
Trafficking											

Source: Illinois State Department, Crime in Illinois- Annual Uniform Crime Reports Years 2019, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010.

Table 6-6
Knox County Communities/ Census Places, Crime Rate: 2010-

		Knox county co	·	Comm	•		
Year	Abingdon	East	Galesburg	Knoxville	London	Williamsfield	Yates
		Galesburg			Mills		City
2019	N/I	N/I	4,593.0	N/I	N/I	N/I	612.6
2018	N/I	N/I	3,369.0	N/I	N/I	N/I	1,365.7
2017	N/I	N/I	2,110.0	N/I	N/I	N/I	1,365.7
2016	N/I	N/I	3,582.8	N/I	N/I	N/I	2,252.3
2015	N/I	N/I	3,247.8	N/I	0.0	N/I	1,037.0
2014	N/I	N/I	3,690.8	N/I	0.0	N/I	2,245.3
2013	N/C	N/I	4,006.1	1,773.3	N/I	N/I	N/I
2012	1,295.2	N/I	3,803.4	1,752.0	N/I	N/I	N/I
2011	1,592.1	N/C	4,087.7	2,260.3	33,333.3	N/C	N/I
2010	2,383.2	528.4	4,795.6	2,062.9	0.0	536.7	N/I
2009	550.6	516.1	5,131.3	1,851	0.0	0.0	2,548.7
2008	2,133.5	902.1	4,303.5	2,759.8	0.0	0.0	1,343.3
2007	2,953.5	1,261.0	5,091.7	2,975.6	0.0	170.1	1,456.6
2006	2,722.7	2,378.0	5,687.6	2,995.0	0.0	1,349.1	868.3
2005	3,427	1,361.4	5,674.5	2,698.3	0.0	334.4	1,289.4
2004	3,469	1,711.5	5,443.6	1,525.5	0.0	993.4	849.9
2003	3,589.7	2,060.6	5,319.4	1,768.5	0.0	328.4	842.7
2002	2,896.5	721.2	5,329.5	1,812.4	0.0	813.0	1,669.0
2001	2,602.4	357.6	5,420.4	2,419.1	0.0	806.5	2,344.8
2000	2,076.4	595.9	4,815.2	2,042.1	0.0	483.9	2,206.9

Source: Illinois State Department, Crime in Illinois- Annual Uniform Crime Report Years 2019, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010, 2009, 2008, 2007, 2006, 2005, 2004, 2003, 2002, 2001, 2000

Table 6-7 Knox County, Drug Arrests, 2010-2020

Type of Drug	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Arrest													
Total Drug Arrests	357	429	381	294	298	268	240	338	498	482	489	429	528
Cannabis	65	77	93	79	71	115	106	143	179	172	214	155	212
Controlled	100	76	76	77	71	75	63	99	140	93	105	165	183
Substances													
Hypo Syringe	7	9	12	12	2	0	1	0	1	2	2	3	1
Needle Act													
Drug Paraphernalia	65	107	86	54	89	48	60	52	112	132	94	106	132
Methamphetamine	120	160	114	72	65	30	10	44	66	83	74		

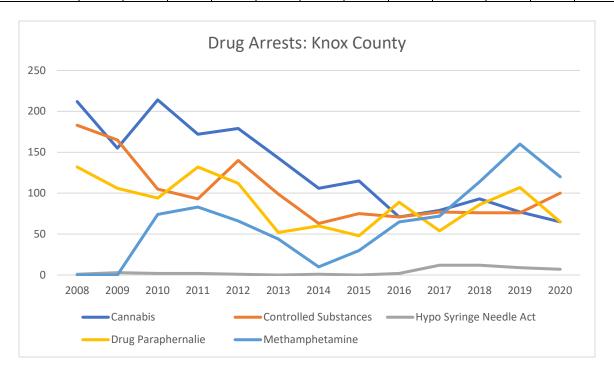


Table 6-8 Knox County, Motor Vehicle Accidents, 2010-2019

		Туре	s of Motor Vel	nicle Accidents			
Year	Total	Fatal	Injury	A-Injury	Total	Total	Total A-
	Crashes	Crashes	Crashes	Crashes	Fatalities	Injuries	Injuries
2019	880	3	210	37			
2018	850	5	213	36			
2017	1,026	6	230	43			
2016	897	7	215	46	7	322	70
2015	1,732	11	482	120	6	272	59
2014	859	4	184	37	4	251	45
2013	908	5	195	47	5	271	67
2012	878	3	221	52	3	289	72
2011	864	-			7	285	
2010	1,008				5	332	

A-Injuries- crashes that cause any injury, other than fatal injuries, that prevent people from walking, driving, or normally continuing activities that he/she could perform prior to the accident.

Data reporting inconsistent across years – data is reported here as available.

Source: Illinois Department of Transportation

 $\label{eq:table 6-9} \mbox{Knox County: All Childhood Blood Lead Levels: } 2019-2005^1$

2019-2016

		Kno	ox county			III	inois	
Year	Total	Total Blood level		Total		Blood level		
	tested	<5μg/dL²	5-9 μg/dL	≥10 µg/dL	tested	<5µg/dL	5-9 μg/dL	≥10 µg/dL
2019	493	81.7%	13.0%	5.3%	236,465	97.7%	1.9%	0.4%
2018	443	86%	9.5%	4.5%	237,491	94.8%	3.3%	0.5%
2017	487	83.2%	12.9%	3.9%	229,203	96.8%	2.4%	0.7%
2016	846	89.5%	7.4%	3.1%	237,253	96.5%	2.8%	0.8%

2015-2012

Year	Total housing units	Total tested	Blood Level				
			≥5µg/dL	≥6µg/dL	≥10µg/dL		
2015	23,960	615	12.8%	3	3.3%		
2014	23,965	571	13.1%	10.3%	3.9%		
2013	24,040	568	12.3%				
2012		892	20.5%		3.7%		

2011-2005

Year	Total		Children with elevated Blood Level									
	Tested	5-9μ	5-9μg/dL		10-14 μg/dL		15-19 μg/dL		20-24 μg/dL		25+ μg/dL	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
2011	952	158	16.6%	16	1.7%	5	0.5%	2	0.2%	5	0.5%	
2010	1,038	175	16.9%	16	1.5%	9	0.9%	5	0.5%	2	0.2%	
2009	1,080	165	15.3%	20	1.9%	8	0.7%	6	0.6%	3	0.3%	
2008	1,082	163	15.1%	22	2.0%	5	0.5%	3	0.3%	5	0.5%	
2007	1,265			30	2.4%	12	1.0%	4	0.3%	5	0.4%	
2006	899	-	-	36	4.0%	13	1.4%	5	0.6%	6	0.7%	
2005	915			41	4.6%	17	1.9%	2	0.2%	7	0.8%	

¹Measures of blood lead levels changed throughout the time frame.

Note: in 2021, the CDC lowered the Blood Lead Levels of Concern to 3.5 $\mu g/dL$.

Source: Illinois Department of Public Health, Childhood Lead Poisoning Surveillance

²Blood levels tested in micrograms per decaliter (μg/dL)

³Denotes this measure was not available for this year.

Table 6-10 Illinois, Fatal Occupational Injuries in Illinois, 2020

	,		Event or expos	ure	
	Total fatal	Violence and	Transportation	Fall,	Contact
Characteristic	injuries	other injuries by	incidents	slips, and	with objects
	,	persons or	orderies	trips	and
		animals		u.,po	equipment
Total	135	22	55	24	17
	l .	nployee Status	1 22		
Wage and salary	109	14	47	20	
Self-employed	26	8	8	4	
. ,		Occupation			
Management Occupations	6			1	
Community and social services	2		1		
Protective service	8	3			
Building and grounds cleaning and	9				4
maintenance					
Sales and related	9	7			
Office and administrative support	1	1			
Farming, fishing, and forestry	6		3		
Construction and extraction	20	1	6	7	
Installation, maintenance, and	15	1	4	3	4
repair					
Production	8				
Transportation and material moving	39	3	30		
	1	Industry	1		
Natural resource mining	14		8		
Agriculture, forestry, fishing, and	13		8		
hunting					
Mining, quarrying, and oil and gas	1				
extraction					
Construction	21		6	7	
Trade, transportation, and utilities	46				
Wholesale trade	9		4	3	
Retail trade	9				
Transportation and warehousing	27	3	19		
Utilities	1		1		
Real estate and rental	4				
Professional, scientific, and technical	5		2		
Administrative and waste services	9	1	3		3
Educational services					
Health care and social assistance	4				
Accommodation and food services	5	1			

Source: U.S. Bureau of Labor Statistics - Fatal occupational injuries in Illinois

Fatal occupational injuries in Illinois (bls.gov)

Table 6-11
Knox County and the US, Occupation, Industry, and Class of Worker, 2019

Characteristics	Knox C	ounty	Illinois						
	Number	Percent	Percent						
Employed Workers (non-military) 16+	21,091	100%	100%						
Occupation	·	- I							
Management, business, and financial occupations	2,310	11.0%	17.2%						
Computer, engineering, and science occupations	443	2.1%	6.2%						
Community and social services occupations	447	2.1%	1.7%						
Legal occupations	87	0.4%	1.3%						
Education, instruction, and library occupations	1,497	7.1%	6.2%						
Arts, design, entertainment, sports, and media	260	1.2%	1.9%						
Healthcare practitioners and technical occupations	1,573	7.5%	6.2%						
Healthcare support services	783	3.7%	3.3%						
Protective service occupation (law enforcement, fire	353	1.7%	2.3%						
prevention)									
Food preparation and serving related occupations	1,572	7.5%	5.3%						
Building and grounds cleaning and maintenance	794	3.8%	3.3%						
Personal care and service occupations	595	2.8%	2.8%						
Sales and office occupations	4,348	20.6%	20.3%						
Natural resources, construction, and maintenance occupations	1,884	8.9%	7.3%						
Production, transportation, and material moving occupations	4,415	20.9%	14.7%						
Industry		•							
Agriculture, forestry, fishing, hunting, and mining	558	2.5%	1.0%						
Construction	1,163	5.3%	5.7%						
Manufacturing	2,171	10.3%	14.2%						
Wholesale trade	740	3.4%	3.4%						
Retail trade	3,009	14.3%	8.5%						
Transportation and warehousing, and utilities	1,804	8.6%	7.5%						
Information	277	1.3%	1.7%						
Finance and insurance, and real estate and rental and leasing	750	3.6%	8.4%						
Professional, scientific, and management, and administration	992	4.7%	13.1%						
and waste management services									
Education services, and health care, and social assistance	6,025	28.6%	21.8%						
Arts, entertainment, and recreation, and accommodation and	1,709	8.1%	6.0%						
food services									
Other services, except public administration	1,109	5.3%	4.2%						
Public administration	784	3.7%	4.4%						
Class of Worker									
Private for-profit wage and salary worker	14,720	69.8%	74.0%						
Private not-for-profit wage and salary worker	2,595	12.3%	9.1%						
Government workers	2,536	12.0%	12.4%						
Self-employed in own not-incorporated business and unpaid	1,240	5.9%	4.5%						
family workers									

Source: U.S. Census Bureau, American Community Survey 5-year estimate, 2019.

Sentinel Events

Table 7-1: COVID-19 Cases and Vaccination Rates:

As of May 2022, there have been a total of 215 deaths, and 12,764 cases (as reported by positive tests). Slightly over half (56.44%) of the population has been fully vaccinated, and 60.4% of the population has had at least one dose.

Table 7-2: Opioid Overdose Death

From 2019 to 2020, there was an increase in the number of overdoses from synthetic opioids. In 2021, Knox County had 19 deaths from opioids.

Table 7-1 COVID-19 Cases and Vaccination Rates

Characteristics	Knox Co	ounty
	Deaths	Cases
Total	215	12,764
	By Zip Code	
61401		8014
61410		1005
61414		155
61436		166
61439		58
61458		131
61467		230
61474		60
61485		133
61489		202
61572		254
	Vaccination Rates	
Location	Fully Vaccinated	At least 1 dose
Knox County	56.44%	60.40%

Source: Illinois Department of Public Health, COVID-19 data, retrieved May 18, 2022

Table 7-2 Opioid Overdoses

Year			Type of Opioid		
	Synthetic	Heroin	Heroin-synthetic	Natural or semi-	Methadone-
			mixture	synthetic	involved
2020	13	5	5	3	0
2019	5	2	2	3	0
2018	2	1	0	1	0
2017	6	2	2	3	0
2016	1	2	0	4	0
2015	3	1	0	4	2
2014	0	3	0	1	0
2013	1	0	0	1	0

Overdoses in 2020

Characteristics	Heroin- involved	Synthetic	Heroin- synthetic	Natural or semi-synthetic	Methadone- involved					
		<u> </u>	mixture							
Sex										
Male	3	9	3	3	0					
Female	2	4	2	0	0					
Race										
White	4	10	4	3	0					
Black	1	2	1	0	0					
Hispanic	0	1	0	0	0					
		A	ge							
25-34	2	4	2	0	0					
35-44	1	3	1	0	0					
45-54	2	6	2	3	0					

Source: Illinois Department of Public Health, Opioid Data Dashboard

Note: Many overdose deaths involve multiple types of opioids. Data is not reported exclusively.

Community Health Data Summary and Narrative

Demographic and Socioeconomic Characteristics

Demographics

Knox County's population is 49,967 as of the 2020 Census, a decrease of 5.58% since 2010. The county's population peaked in 1980 at 61,607 and has been in steady decline since. The population is predominately white, non-Hispanic (79.28); however, the white, non-Hispanic population is in decline, decreasing 12.62% from 2010 to 2020. Black, non-Hispanic (8.71%), Hispanic (6.11%), multiple races (4.59%) Asian (0.72%), and some other race alone (0.41%) represent most of the minorities in Knox County, all six demographic categories increased from 2010 to 2020. American Indian was 0.15% of the population, decreasing 41.14% since 2010.

Knox County is aging. In 2019, the median age was 42.1, compared to 39.4 in 2000. The median age for Knox County is older than the median age for the state, 38.6, or the country, 38.1. A larger percentage of the population is over the age of 65, 20.8%, in Knox County, than in Illinois, 16.1%, or the US, 15.6%. From a public health perspective, an aging population can place a larger burden on medical systems. Additionally, as more older adults move into retirement, the work force may shrink. White residents of Knox County are older than other racial and ethnic groups, the median age of white residents is 44.4, while the median age for black/African American (27.8), Hispanic (22.9), and Asian (22.1) residents is younger.

Most (93.6%) of households in Knox County speak only English. Of the 6.38% of households that do not primarily speak English in the home, the majority (58.5%) speak Spanish, followed by French, Haitian, or Cajun (9.9%), then Tagalog (4.2%) is the next leading language spoken. Roughly 1/3 of Spanish speakers do not speak English "very well", around 2/3 of French speakers and ½ of Tagalog speakers do not speak fluent English.

Households and Housing

Census data is often reported at the level of the household. In Knox County, 4,322 people, 8.6% of the total population, lives in group quarters, compared to 2.6% of people across the state. Group quarters includes nursing homes, college dormitories, group homes, shelters, and correctional facilities. The comparatively high percentage of people living in group quarters in Knox County is due in part to the Hill Correctional Facility, which has the capacity to hold 1,800 individuals. However, a larger percentage of elderly residents in Knox County live in group quarters compared to the state, with 7.0% of those over 65 living in group quarters in Knox County, while only 3.6% of Illinois residents over 65 reside in group quarters. The remaining 91.4% of the population lives in households; 63.1% live in family households, 7.7% live in cohabiting couple households, and 36.3% are single households without children.

Knox County has 23,917 housing units, of which 86.5% are occupied. Home ownership rates vary based on income, race, and ethnicity. In Knox County, nearly 70% of white, non-Hispanic households own their home, which is close to national and state averages; 64.7% of Hispanic households own a home, which is slightly higher than the state or national average. Homeownership for black residents is lower in Knox County than for Illinois or the US. Only 17.0% of black Knox County residents own a home, compared to 38.8% of Illinois residents or 41.8% of US residents.

Lead paint was banned in 1978. Census data reports the year of construction by decade; 66.2% of housing stock was built before 1970 and 82.7% was built before 1980. It should be noted that not all housing built before 1978 has lead paint. According to the EPA (Protect Your Family from Sources of Lead US EPA), older homes are more likely to contain lead paint, with 87% of homes built before 1940 having lead paint, while only 24% of homes built between 1960-1977 contain lead paint.

Education

Educational attainment in Knox County, as measured by highest degree attained, has increased in Knox County, steadily, from 2000 to 2020. In 2020, 89.1% of residents over the age of 25 have a high school diploma or equivalent, which is comparable to Illinois or the US. Although high school education is similar between Knox County and Illinois, fewer people have higher education, with 18.9% of Knox County residents having a bachelor's degree compared to 34.7% in Illinois.

Educational attainment is not equal between racial and ethnic groups. White, non-Hispanic residents are more likely to have graduate from high school, with 91.6% having a high school diploma or equivalent, and college, 20.2% of a bachelor's degree or higher, compared to black, non-Hispanic residents or Hispanic residents. Slightly more than 2/3 of black residents have a high school diploma and 6.3% have at least a bachelor's degree; 72.9% of Hispanic residents have a high school diploma and 9.3% have a bachelor's degree of higher.

Poverty and Wealth

The median household income in Knox County in 2019 is 44,129, up 10.4% from 2015, but still 25,000 less than the median household income in Illinois. Median income by race and ethnicity highlights disparities in the county; the median income for white, non-Hispanic residents is 46,423, the median income for black, non-Hispanic residents is 14,767, and the median income for Hispanic residents is 35,644. Median income for other racial/ethnic groups is unreported due to a large margin of error. With the release of the 2020 American Community Survey, additional information may be available. Median income for families is 63,307, nonfamily median income is 25,182, and median income for single female head of households with children is 20,489.

Poverty is defined by total household income and number of individuals in the household. For households of 1, annual income below \$12,760 is considered poverty. For each additional household member, an additional \$4,480 is considered the poverty line. In total, 16.7% of people live below the poverty line, however, this varies based on factors like race and ethnicity and household type. Most notably, 55.8% of black, non-Hispanic; and 35.7% of female head of household (single women with children) live in poverty.

Health Status of Knox County

General Health

The Behavioral Risk Factor Survey reports several health behaviors and perceptions at the county level. Perception of health status was reported for general health, mental health, and physical health. In 2018, 49.0% of respondents reported that their health was excellent/very good, 48.4% reported their health was good/fair, and 2.6% reported their health was poor. Respondents to the BRFSS were asked to report the number of days in the past month when mental health was not good; 59.6%

reported no days; 22.6% reported 1-7 days, and 17.8% reported 8-30 when mental health was not good. There were a greater percentage of individuals reporting both 1-7 days and 8-30 days when mental health was not good in Knox County compared to Illinois.

From 2013 to 2017, the percentage of Knox County residents who are obese, as defined by a BMI exceeding 30, has increased by 9.9% to 34.2%; 31.8% of residents in Illinois are obese. The percentage of residents at risk for heavy/chronic drinking decreased by 0.8% between 2013 and 2017, however, this trend may have reversed since the beginning of the COVID-19 pandemic. More recent data is not available at the county level. The most recent BRFSS data includes information about ecigarettes for the first time; 4.1% of residents are estimated to use e-cigarettes. Smoking of traditional cigarettes is in decline in Knox County. In 2013, 22.0% of residents were estimated to be current smokers, compared to 17.5% in 2017. Physical activity data, as reported in the BFRSS, shows no change between 2013 and 2018, with an estimated 73-72% of residents having exercised in the past 30 days.

Life expectancy was reported by Census Tract through the CDC. Across the US life expectancy is 79.8, and life expectancy in Illinois is 79.3. Nationally, life expectancy from 56.0 to 75.1 is considered in the bottom quintile. Five census tracts had a life expectancy that was in that range: CT 7, CT8, CT 9, CT 10, and CT11. These Census Tracts are clustered geographically, along the southeastern portion of the city of Galesburg.

Access to Care

An estimated 11.4% of the population in Knox County does not have health care covered, 15.8% does not have a personal doctor, according to 2019 BRFSS data. An estimated 11.8% of Knox County residents have been unable to visit a doctor due to cost, and 8.2% were unable to get a prescription filled due to cost. Dental health care and coverage is a concern in the county. In 2019, an estimated 18.5% of the population could not visit a dentist due to cost, only 60.9% reported having dental insurance, and 29.2% of the population has not visited a dentist in the past two years. In 2021, there were 2,370 residents per dentist in Knox County. Throughout Illinois, one dentist serves nearly half the number of residents (1,240:1). The resident to provider ratio for mental health professionals and primary care physicals are also high in Knox County compared to Illinois, 550:1 vs. 410:1; 1,930:1 vs. 1,240:1.

Maternal and Child Health

In 2019, the birth rate in Knox County was 9.9, compared to 11.1 in Illinois and 11.6 in the US. The birth rate in Knox County, Illinois, and the US has been in decline. Teen births have been in decline, from the mid-1990s when nearly 19% of births were to teen mothers, to 2019 where 6.2% of births were to teen mothers. Although, Knox County has a higher percentage of births to teen mothers than Illinois, 6.2% compared to 4.2%, teen births have decreased substantially.

Data about mothers who drank/smoked during pregnancy is incomplete for Knox County, as information about drinking status was suppressed at the county level, and data later than 2017 was not reported. From 2011 to 2016, between 127 to 172 births were to mother who smoked, the age adjusted rate of 268.9-357.3, was significantly higher than the state age adjusted rate of 99.4-129.4 for the same period.

Chronic Disease

Cancer incidence and mortality, along with 5-year trends, are reported for the county, state, and nation. Knox County has a slightly elevated age-adjusted mortality (174.0 Knox; 158.5 IL; 152.4 USA) and incidence for all sites (475.8 Knox; 466.8 IL; 448.6 USA). The incidence of lung and bronchus cancer, esophagus cancer, and female breast cancer appear higher in Knox County than in Illinois or the US. The incidence rate of esophagus cancer was the only incidence rate that increased in the reported 5-year trend. While the incidence rate of female breast cancer was higher in Knox County, the mortality rate was lower, 12.9 vs 20.9 and 19.9. Early detection for specific cancers is reported in table 4-3 in Knox County and Illinois.

Multiple selected chronic diseases had a higher prevalence and age-adjusted rate in Knox County than in Illinois in 2019, including, arthritis, asthma, high blood pressure, high cholesterol, kidney disease, COPD, diabetes, and depression. Most notably, an estimated 21.7% of adults in Knox County suffer from depression, while 14.7% of residents throughout Illinois. Incidence of arthritis in Knox County is 30.9%, while throughout Illinois 24.4% of residents have arthritis – the age adjusted rates in Knox County and Illinois are 26.2 and 21.7, respectively.

All tooth loss is reported for both the county and by census tract for residents over the age of 65. In Knox County, 16.6% of residents over 65 have total tooth loss, while 14.9% of Illinois residents have all tooth loss. However, the burden of tooth loss is not evenly distributed geographically, with nearly 1 out of every 4 residents over the age of 65 having total tooth loss in the census tracts – 8, 9, 10, and 11. These census tracts were also among the lowest in life expectancy. Data about race, ethnicity, and poverty by census tract is available in table 2-14.

Emergency department and hospitalization data is reported from 2017 to 2019 in table 4-7. The rates are reported per 10,000. Knox County has a higher rate of ED mood disorder visits and ED anxiety-related disorder visits than either Western Illinois or Illinois (41.67: 33.45: 30.37 and 66.8: 48.68: 36.73).

Infectious Disease

The incidence rate of sexually transmitted infections (STI) is increasing in Knox County. In 2020 and 2019, the incidence rate of Knox County was 14.1, higher than previous years. The incidence rates of chlamydia (464.3) and gonorrhea (246.2) are also elevated, both in compared to historic data and rates in Illinois.

Environmental and Occupational Health

Data about air quality and water purity violations are reported in table 6-1,2,3. Selected environmental characteristics by census track were reported in table 6-4. Census tracts 8 and 9 had the lowest access to internet in the home, with over 40% of households from 2013-2017 reporting they did not have internet access. Food security measures depends on the urban/rural status of the census tract. For urban census tracts, food insecurity was based on the 1-mile urban definition, while the definition in rural census tracts was 10 miles. Four census tracts were considered food insecure – 3, 9, 13, and 15.

Childhood blood lead levels in Knox County are elevated compared to the state. In 2019, 18.3% of children tested has elevated blood lead levels, as defined by greater than 5 μ g/dL, only 3.3% of children tested in Illinois had elevated blood lead levels. 5.3% of children tested in Knox County had very elevated blood lead levels, as defined as greater than 10 μ g/dL. Only 0.4% of children tested throughout the state had very elevated blood lead levels.

Occupational injury data is not available at the county level, state data is reported in table 6-10 and occupation and industry data for the county is reported in 6-11. In 2020, there were 135 total occupational injuries in Illinois. By occupation, transportation and material moving; construction and extraction; and installation, maintenance and repair represented over half of total injuries.

APPENDIX D

COMMUNITY HEALTH NEEDS ASSESSMENT

OSF St. Mary Medical Center

Knox County
Warren County



Community Health Needs Assessment

2022

Collaboration for sustaining health equity

EXECUTIVE SUMMARY

The Knox County and Warren County Community Health Needs Assessment is a collaborative undertaking by OSF St. Mary Medical Center to highlight the health needs and well-being of residents in Knox and Warren Counties. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Knox County and Warren County region. Several themes are prevalent in this health-needs assessment – the demographic composition of the Knox County and Warren 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 Knox County and Warren 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:

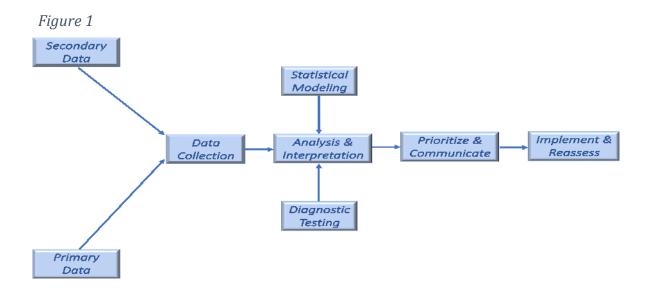
- Healthy Behaviors defined as active living and healthy eating, and their impact on obesity
- **Behavioral Health** including mental health and substance abuse
- Healthy Aging

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 OSF St. Mary Medical Center including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 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 below (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 St. Mary Medical Center, members of the Knox County and Warren County Health Departments, 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

In order to determine the geographic boundaries for OSF St. Mary Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Knox and Warren Counties. Data show that Knox and Warren Counties represent 84% of all patients for the hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community. Note that the at-risk population was defined as those individuals who were eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

Purpose of the Community Health-Needs Assessment

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

2019 CHNA Health Needs and Implementation Plans

The 2019 CHNA for Knox and Warren Counties identified two significant health needs. These included: Healthy Behaviors and Behavioral Health. 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 the activities discussed in appendix 2.



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

Social Determinants of Health



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, based on a survey sample from Knox and Warren Counties, 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 atrisk 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 Knox County and Warren 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 rates for Knox County and Warren County were 18.2 and 12.9 percent, respectively. A total population of 49,141 was used for Knox County; yielding a total of 8,944 residents living in poverty. Likewise, Warren County total population is 16,548; yielding a total of 2,135 residents living in poverty in the Warren County area.

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

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

where:

n = the required sample size

N = the population size

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

pg = population proportions (set at .05)

E = desired accuracy of sample proportions (set at \pm -.05)

For the total Knox County and Warren County areas, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 382 for Knox County and 376 for Warren County. The data collection effort for this CHNA yielded a total of 449 usable responses for Knox County and 380 usable responses for Warren County. This exceeded the threshold of the desired 95% confidence interval.

To provide a representative profile, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. Counties were then weighted based on population size. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

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, X² 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

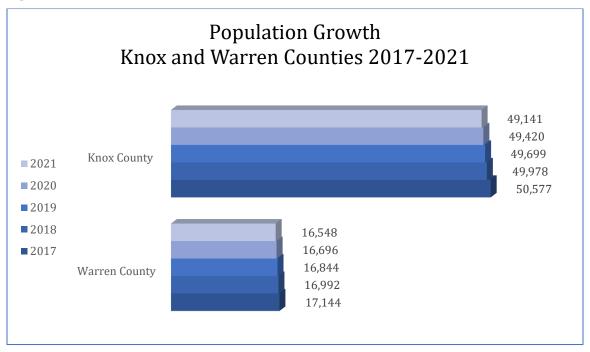
1.1 Population

Importance of the measure: Population data characterize individuals residing in Knox County and Warren 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 Knox County decreased (1436) between 2017 and 2021. The population of Warren County also decreased (596) between 2017 and 2021 (Figure 3).

Figure 3



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 and Figure 5 illustrate the percentage of individuals in Knox and Warren Counties in each age group. Note the 35–49 years age group in Warren County decreased 5% and the 50–64 years age group decreased 4%. In Knox County, the 35–49 years age group decreased by 32% and the 50-64 years age group increased by 40%. The elderly population (residents aged 65 and older) increased less than 1% in Warren County and 5% in Knox County between 2015 and 2019.

Figure 4

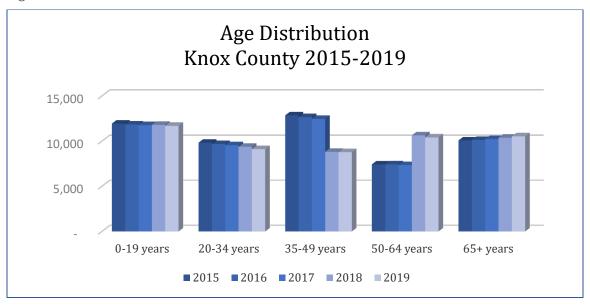
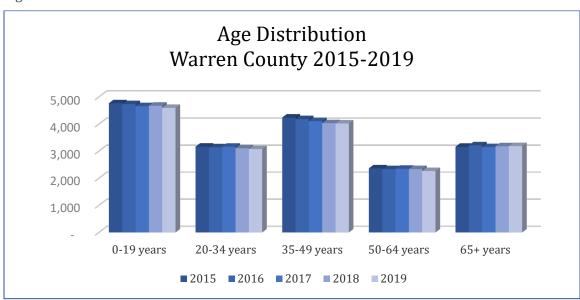


Figure 5



Source: US Census

Gender

The gender distribution of Knox County (Figure 6) residents has remained relatively consistent between 2017 and 2019, whereas in Warren County the male population has increased 3%.

Figure 6

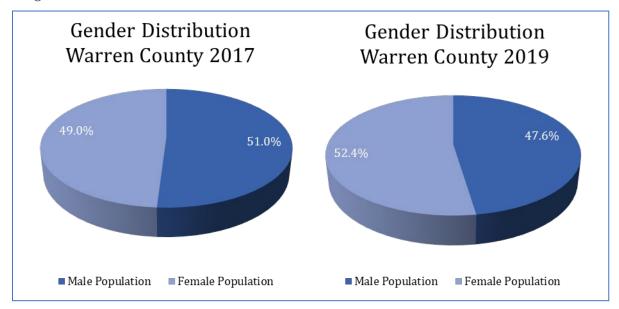
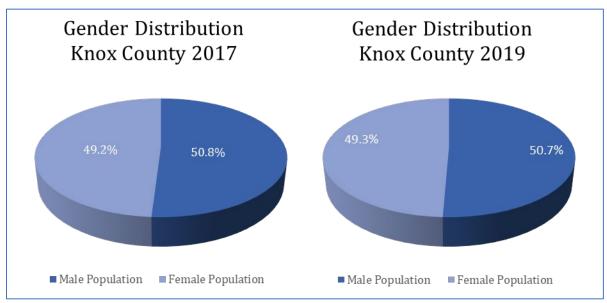


Figure 7



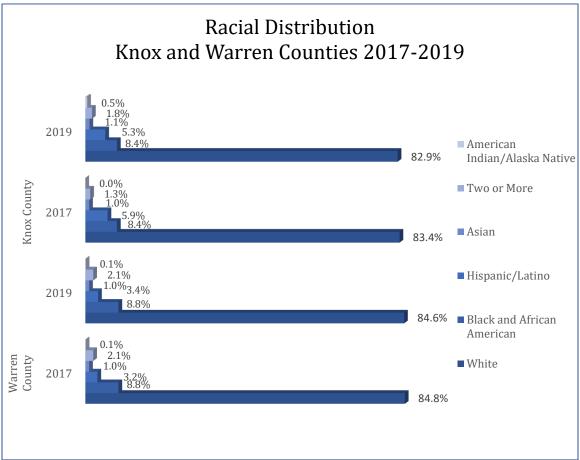
Source: US Census

Race

With regard to race and ethnic background, Knox County and Warren County are largely homogenous. Data from 2019 suggest that White ethnicity comprises 82.9% of the population in Knox County and 83.4% of the population in Warren County. However, the non-White population of Knox County has been increasing (from 16.6% to 17.1% in 2019), with Black ethnicity comprising 8.4% of the population, multiracial ethnicity comprising 1.8% of the population, and Hispanic/Latino (LatinX) ethnicity comprising 5.3% of the population. The non-White population of Warren County is also increasing (from 15.2% to

15.4% in 2019), with Black ethnicity comprising 8.8% of the population, multi-racial ethnicity comprising 2.1% of the population, and Hispanic/Latino (LatinX) ethnicity comprising 3.4% of the population (Figure 8).

Figure 8



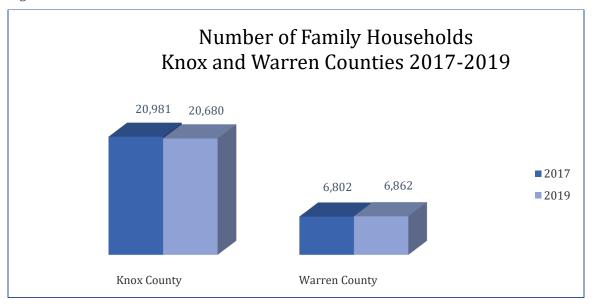
Source: US Census

1.3 Household/Family

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

As indicated in Figure 9, the number of family households in Knox County slightly decreased while Warren County slightly increased from 2017 to 2019.

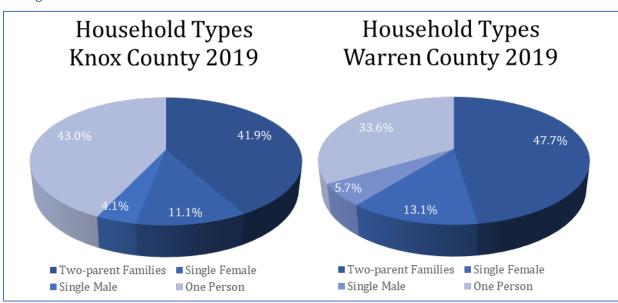
Figure 9



Family Composition

In Knox County, data from 2019 suggest the percentage of two-parent families is 41.9%. One-person households represent 43% of the county population, and single-female represents 11.1%, and single-male represents 4.1%. In Warren County, two-parent families represent 47.7% of household types, one-person represents 33.6% of household types, single-female represents 13.1%, and single-male represents 5.7% (Figure 10).

Figure 10

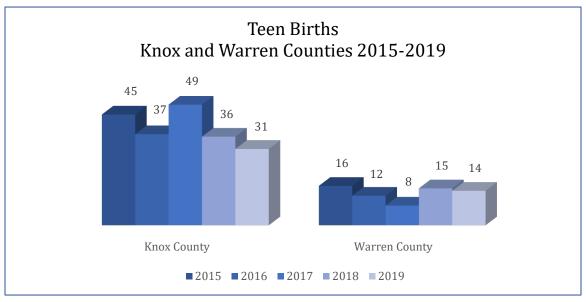


Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Knox County and Warren County both experienced a slight fluctuation in teenage birth count. The teen birth count decreased overall from 2015-2019 (Figure 11).

Figure 11



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.

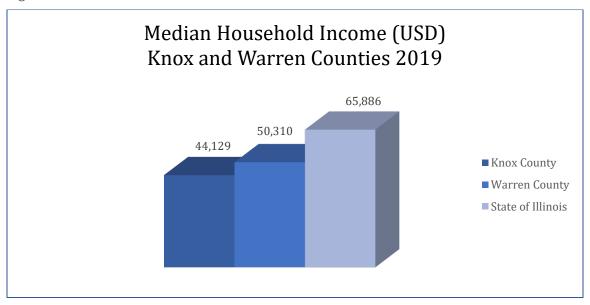
Economic Climate

Economic climate is a measure of a community's financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Knox and Warren Counties, 42% of the population is at elevated risk for economic climate. This is higher than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

Median Income Level

For 2019, the median household income in both Knox and Warren Counties was lower than the State of Illinois (Figure 12).

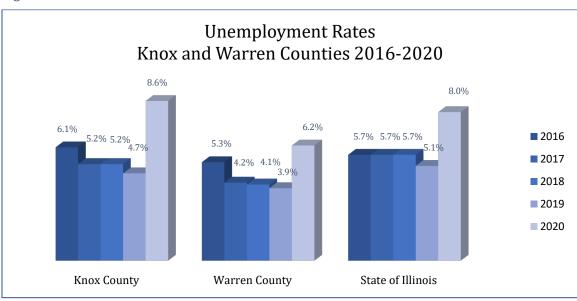
Figure 12



Unemployment

For the years 2016 and 2020, the Knox County unemployment rate was close to the State of Illinois unemployment rate. However, it is higher for years 2016 and 2020. The Warren County unemployment rate was lower than the State of Illinois unemployment rate for years 2016-2020. Overall, the unemployment rate increased in 2020, likely due to the COVID-19 pandemic (Figure 13).

Figure 13



Source: Bureau of Labor Statistics

Individuals in Poverty

In Knox County, the percentage of individuals living in poverty between 2017 and 2019 increased slightly. The poverty rate for individuals is 18.2%, which is higher than the State of Illinois individual poverty rate of 11.4%. Warren County experienced a decline (nearly 1%) in percentage of individuals living in poverty between 2017 and 2019. The individual poverty rate in Warren County (12.9%) is higher than the State of Illinois individual poverty rate (11.4%) (Figure 14).

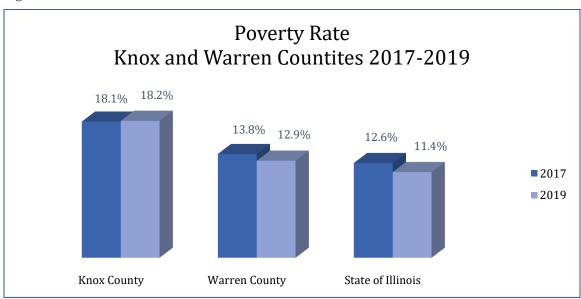


Figure 14

Source: US Census

1.5 Education

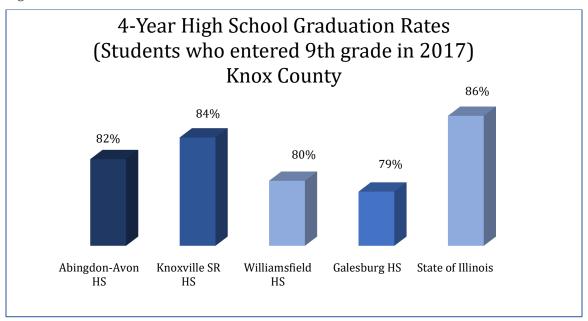
Importance of the measure: According to the National Center for Educational Statistics¹, "The better educated a person is, the more likely that person is to report being in 'excellent' or 'very good' health, regardless of income." Research suggests that the higher the level of educational attainment 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 Knox and Warren Counties reported high school graduation rates lower than the State average of 86% (Figure 15 and Figure 16).

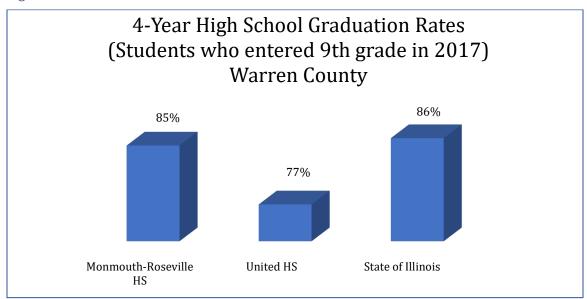
¹ NCES 2005

Figure 15



Source: Illinois Report Card

Figure 16

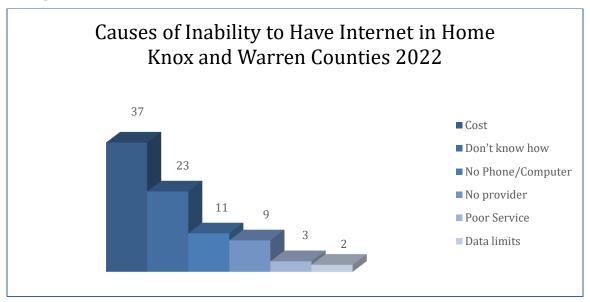


Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 92% 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 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



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 Knox and Warren Counties, 22% of the population is at elevated risk for digital landscape. This is higher than 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, those with higher education and those with higher income. Access to Internet tends to be lower for people with an unstable (e.g., homeless) housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS
- ✓ POPULATION APPROACHING AGE 65 IS INCREASING
- ✓ IN KNOX AND WARREN COUNTIES, SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 11% AND 13% OF THE POPULATION RESPECTIVELY. 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

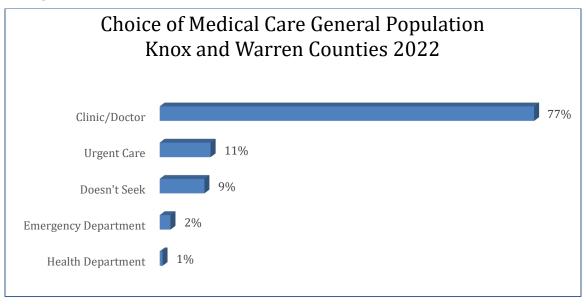
2.1 Accessibility

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 77% of survey respondents. This was followed by urgent care (11%), not seeking medical attention (9%) the emergency department at a hospital (2%), and the health department (1%) (Figure 18).

Figure 18



COMPARISON TO 2019 CHNA

Most choices were similar to the 2019 CHNA. However, while there was a 3% reduction in use of the emergency department, there was a 3% increase in choosing not to seek medical care when needed.

Social Determinants Related to Choice of Medical Care

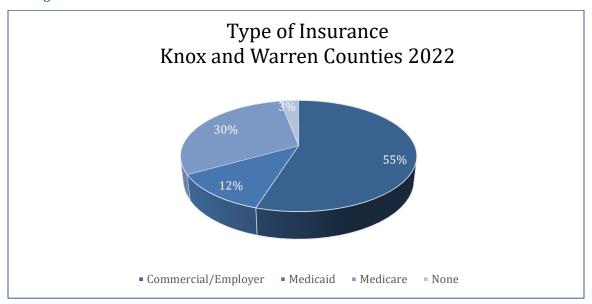
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- Clinic/Doctor's Office tends to be used more often by older people, White people and those with higher education and higher income. Clinic/Doctor's office is used less often by Black people and people with an unstable (e.g., homeless) housing environment.
- Urgent Care did not have any significant correlates.
- **Emergency Department** tends to be used more often by younger people, those with less education, those with lower income and people with an unstable (e.g., homeless) housing environment.
- **Do Not Seek Medical Care** tends to be rated higher by younger people and men.
- **Health Department** tends to be rated higher by Black people.

Insurance Coverage

According to survey data, 55% of the residents are covered by commercial/employer insurance, followed by Medicare (30%), and Medicaid (12%). Only 3% of respondents indicated they did not have any health insurance (Figure 19). Note that respondents could choose more than one type of insurance, so percentages may not equal 100.

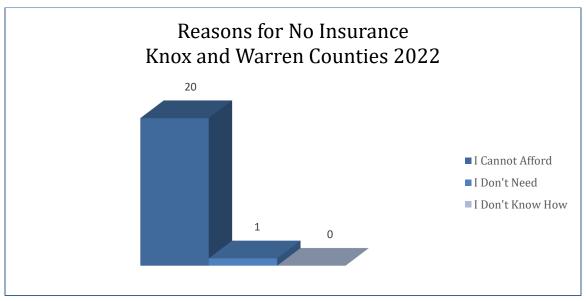
Figure 19



Source: CHNA Survey

Data from the survey show that for the 3% of individuals who do not have insurance, the most prevalent reason was cost (Figure 20). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 20



Comparison to 2019 CHNA

Compared to survey data from the 2019 CHNA, results were similar for those with no insurance and for those with Medicare.

₩

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 women, those with lower education, Black people and LatinX people.
- ➤ Medicaid tends to be used more frequently by men, younger people, LatinX people, those with lower income and people with an unstable (e.g., homeless) housing environment. Medicaid tends to be used less by White people.
- Commercial/employer insurance is used more often by younger people, those with higher education and those with higher income. Private insurance is used less by LatinX people and people with an unstable (e.g., homeless) housing environment.
- No Insurance tends to be reported more often by men, younger people, those with lower education and people with an unstable (e.g., homeless) housing environment. No insurance tends to be reported less often by Black people.

Access to Care

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?" Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 12% of the population did not have access to medical care when needed; 10% of the population did not have access to prescription medication when needed; 13% of the population did not have access to dental care when needed; and 12% of the population did not have access to counseling when needed (Figure 21).

Did Not Have Access to Care Knox and Warren Counties 2022

12%
10%
10%
Prescription Dental Care Counseling

Figure 21

Source: CHNA Survey

(M)

Social Determinants Related to Access to Care

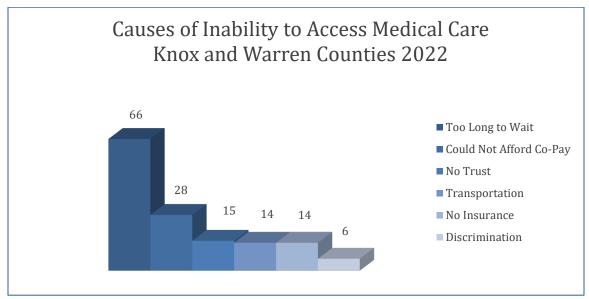
Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

- Access to medical care tends to be higher for older people, White people and those with higher income. Access to medical care tends to be lower for Black people.
- Access to prescription medications tends to be higher for older people, those with higher education and those with higher income. Access to prescription medication tends to be lower for Black people and people with an unstable (e.g., homeless) housing environment.
- Access to dental care tends to be higher for older people, White people, those with higher education and those with higher income. Access to dental care tends to be lower for people with an unstable (e.g., homeless) housing environment.
- Access to counseling tends to be higher for older people, White people and those with higher income. Access to counseling tends to be lower for LatinX people.

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 (66) and the inability to afford the copay (28). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 22).

Figure 22

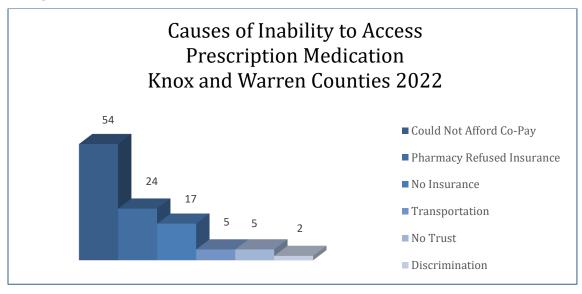


Source: CHNA Survey

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 (54) (Figure 23).

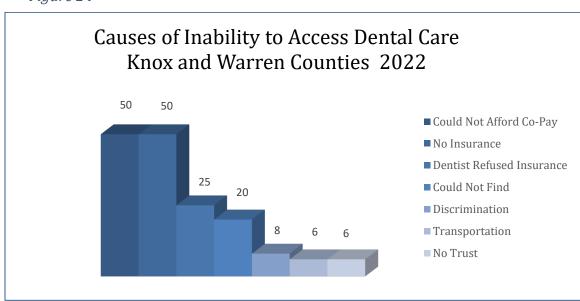
Figure 23



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 causes of inability to gain access to dental care were the inability to afford copayments or deductibles (50) and no insurance (50). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 24).

Figure 24

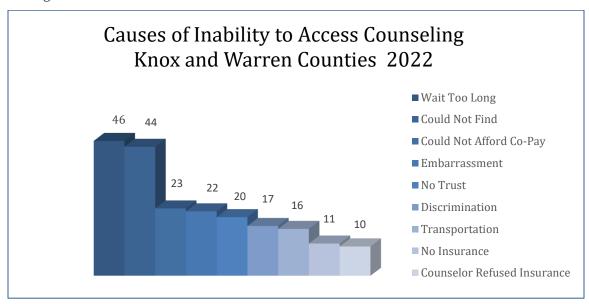


Source: CHNA Survey

Reasons for No Access - Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were the wait was too long (46) and could not find a counselor (44). Note that these data are displayed in frequencies rather than percentages given the low number of responses (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2019 CHNA

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

Access to Prescription Medication – 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 Knox and Warren Counties, 25% 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.

Frequency of Flu Shots

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. Figure 26 shows that the percentage of people who have had a flu shot in the past year is 25.8% for Knox County compared to 37.4% in Warren County. Results are more positive for Warren County as they are greater than the State of Illinois at 34.5%. Note that data have not been updated by the Illinois Department of Public Health.

Flu Shot in the Past Year Knox and Warren Counties 2015-2019

37.4%

25.8%

Warren County

State of Illinois

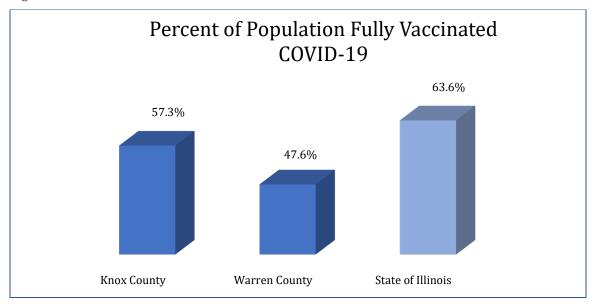
Figure 26

Source: CHNA Survey

COVID-19 Vaccinations

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. Figure 27 shows that the percentage of people who have been fully vaccinated from the COVID-19 virus. Knox County, although greater than 50%, remained lower than State average of 63.6%. Warren County is significantly below the State average at 47.6%. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 27

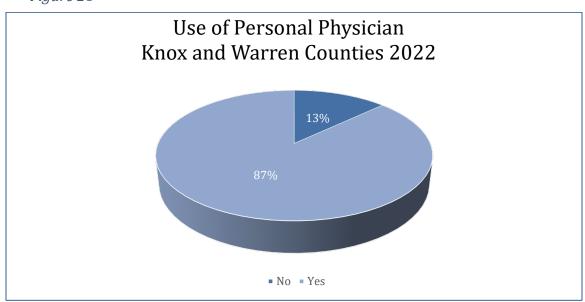


Source: Illinois Department of Public Health (02-27-22)

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, 87% of residents have a personal physician (Figure 28).

Figure 28



Source: CHNA Survey

Comparison to 2019 CHNA

Survey results for having a personal physician are similar compared to the 2019 CHNA. Specifically, there is a 1% increase for those having a personal physician.



Social Determinants Related to Having a Personal Physician

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

➤ **Having a personal physician** tends to be more likely for older people, women, and White people. Black people are less likely to report having a personal physician.

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. Cancer screening is a new section to the 2019 CHNA. Specifically, four types of cancer screening were measured: breast, cervical, prostate and colorectal.

Results from the CHNA survey show that 73% of women had a breast screening in the past five years and 63% of women had a cervical screening. For men, 43% had a prostate screening in the past five years. For women and men over the age of 50, 66% had a colorectal screening in the last five years (Figure 29).

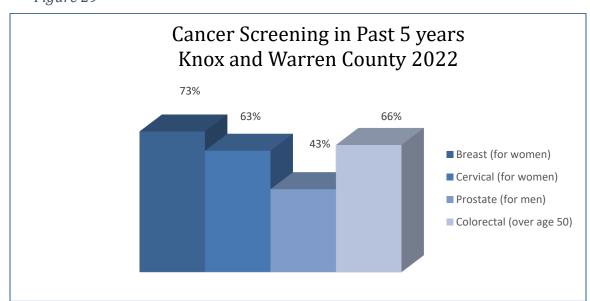


Figure 29

Source: CHNA Survey

Comparison to 2019 CHNA

Survey results for having a breast cancer screening and prostate screening are similar compared to the 2019 CHNA. However, there was an increase of 8% for those receiving a colorectal screening. Note this is the first-year data have been collected for cervical screenings, so no comparison is possible.

₩

Social Determinants Related to Cancer Screenings

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

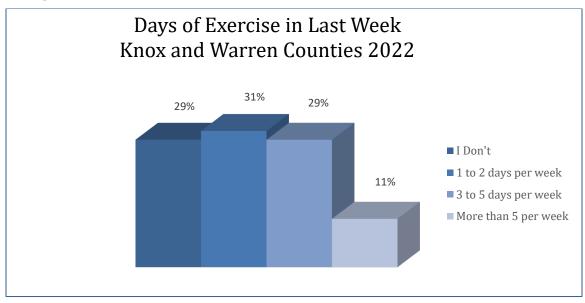
- **Breast screening** tends to be more likely for older people, White women and those with a higher level of income. Breast screening tends to be less likely for LatinX women.
- Cervical screening tends to be more likely for younger people, those with a higher level of education and those with a higher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

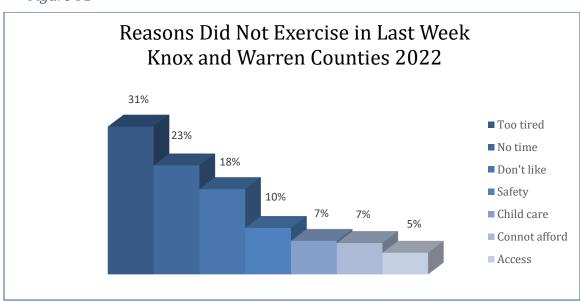
Specifically, 29% of respondents indicated that they do not exercise at all, while the majority (60%) of residents exercise 1-5 times per week (Figure 30).

Figure 30



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 (31%), not enough time (23%) and a dislike of exercise (18%) (Figure 31).

Figure 31



Source: CHNA Survey

Comparison to 2019 CHNA

Results show no significant change compared to 2019 CHNA results.



Social Determinants Related to Exercise

Multiple characteristics show significant relationships with frequency of exercise. The following relationships were found using correlational analyses:

Frequency of exercise tends to be more likely for those with higher education and 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 6% (Figure 32).

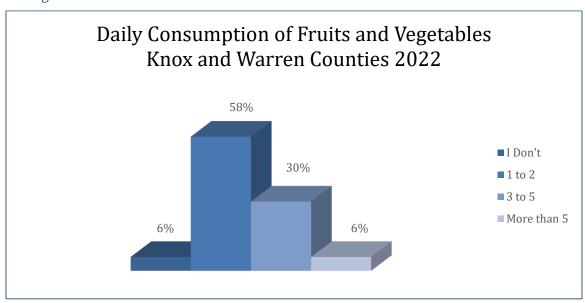
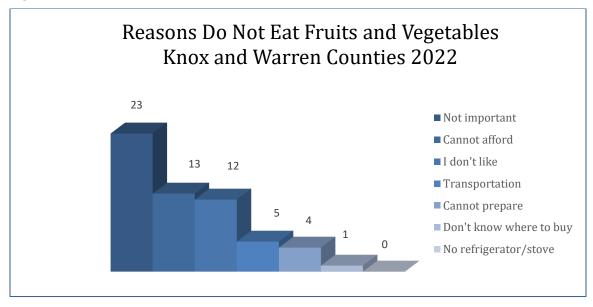


Figure 32

Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables are a lack of importance (23), expense involved (13) and dislike of fruits and vegetables (12) (Figure 33). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 33



Comparison to 2019 CHNA

Results show no significant change compared to 2019 CHNA results.

Social Determinants Related to Healthy Eating

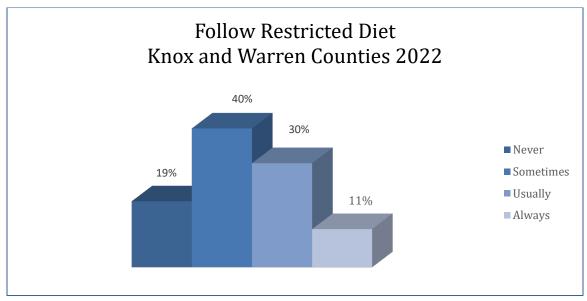
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

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

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 34).

Figure 34



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 Knox and Warren Counties, 32% 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).

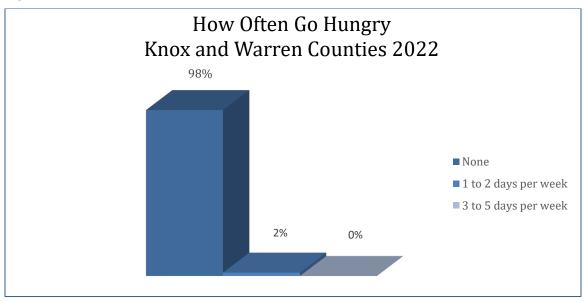
2.3 Understanding Food Insecurity

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 or more days per week (Figure 35).

Figure 35



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

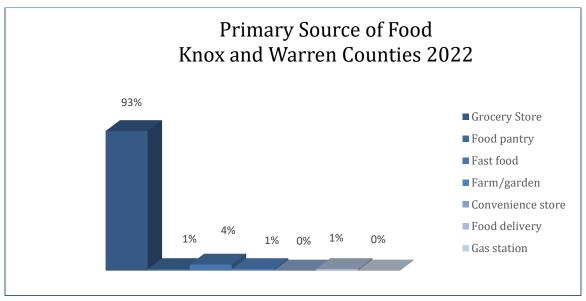
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

Prevalence of Hunger tends to be more likely for men, those with less education, less income and those in an unstable (e.g., homeless) housing environment.

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (93%) identified a grocery store (Figure 36).

Figure 36



Food Landscape

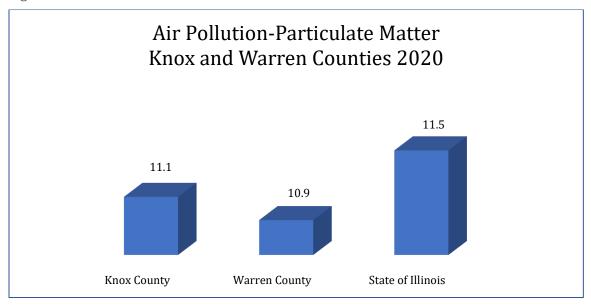
Food landscape is a measure of the conditions that affect the ability of residents to access health, affordable nutrition. Key risk influencers include accessibility, affordability and literacy. For Knox and Warren Counties, 38% of the population is at elevated risk for food landscape. This is higher than the State of Illinois average of 25%. (SocialScape® powered by SociallyDetermined®, 2022).

2.4 Physical Environment

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

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Knox County (11.1) is slightly lower than the State average of 11.5. The AAPM for Warren County (10.9) is also slightly lower than the State average of 11.5 (Figure 37).

Figure 37



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, 56% indicated they did not feel depressed in the last 30 days (Figure 38) and 64% indicated they did not feel anxious or stressed (Figure 39).

Figure 38

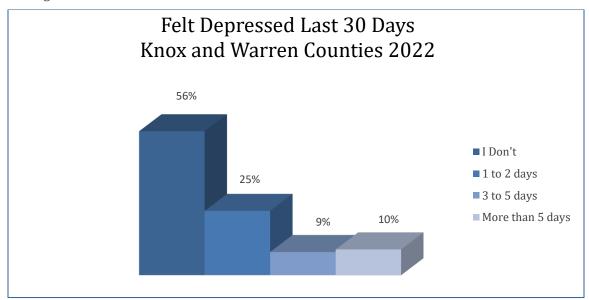
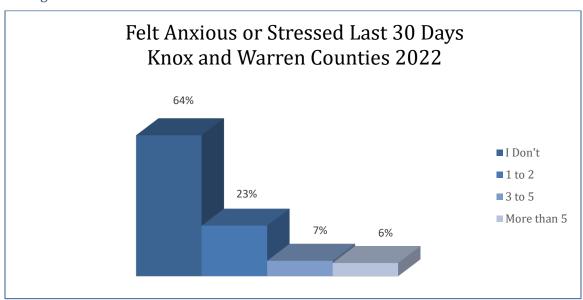


Figure 39



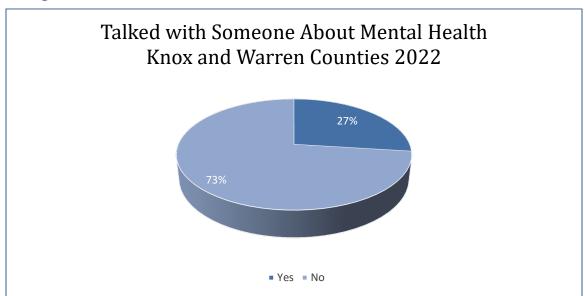
Source: CHNA Survey

Comparison to 2019 CHNA

Results show a 4% decrease compared to 2019 CHNA for those that experience depression and a 7% increase for those experiencing stress/anxiety.

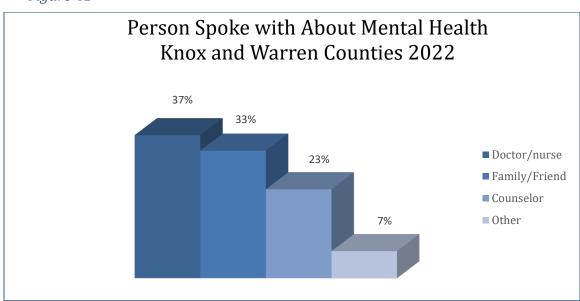
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 27% indicated that they spoke to someone (Figure 40), the most common response was a doctor/nurse (37%) (Figure 41).

Figure 40



Source: CHNA Survey

Figure 41



Source: CHNA Survey

Social Determinants Related to Behavioral Health

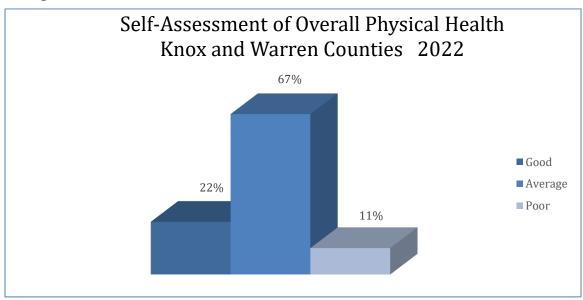
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

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

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 11% of respondents reported having poor overall physical health (Figure 42).

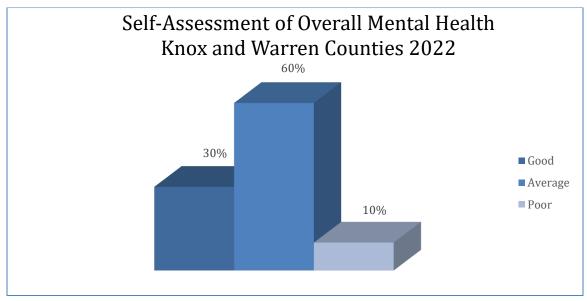
Figure 42



Source: CHNA Survey

In regard to self-assessment of overall mental health, 10% of respondents stated they have poor overall mental health (Figure 43).

Figure 43



Comparison to 2019 CHNA

Results are similar for self-perceptions of physical health and mental health compared to 2019.

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

2.6 Key Takeaways from Chapter 2

- ✓ INCREASED IN PEOPLE CHOOSING NOT TO SEEK HEALTHCARE WHEN NEEDED.
- ✓ DECREASED RATE OF ACCESS TO COUNSELING.
- ✓ COVID-19 VACCINATION RATES ARE LOWER THAN STATE AVERAGES.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST AND COLORECTAL SCREENING.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ A SIGNIFICANT NUMBER OF RESPONDENTS EXPERIENCED DEPRESSION AND/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 91% of respondents do not smoke (Figure 44) and 97% of respondents do not vape (Figure 45).

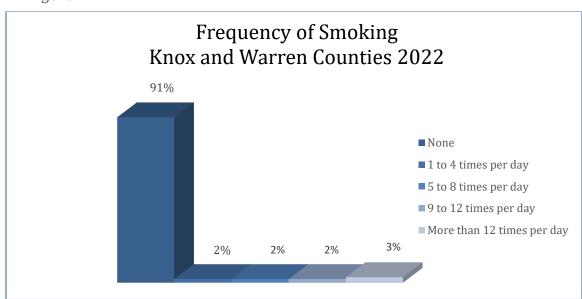
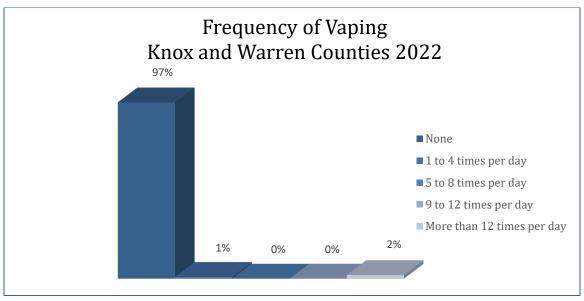


Figure 44

Source: CHNA Survey

Figure 45



Comparison to 2019 CHNA

Results show an improvement for those who do not smoke by 5%.

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.
- **Vaping** tends to be rated higher by younger people and those living in an unstable (e.g., homeless) housing environment.

3.2 Drug and Alcohol Abuse

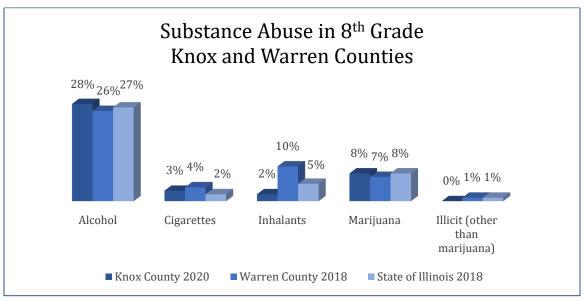
Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors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

Youth Substance Abuse

Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Knox County and Warren County are similar to State averages in all categories among 8th graders except inhalants which is significantly higher in Warren

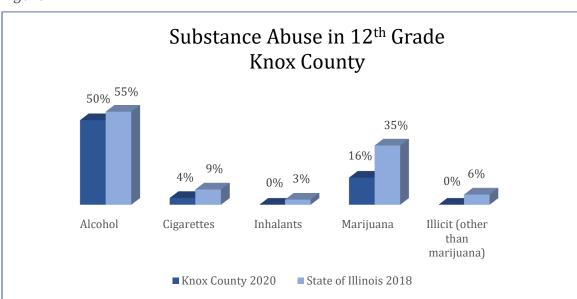
County (Figure 46). Among 12 the graders, Knox County is below State averages in all categories. Current data are not available for 12th graders in Warren County (Figure 47).

Figure 46



Source: University of Illinois Center for Prevention Research and Development

Figure 47



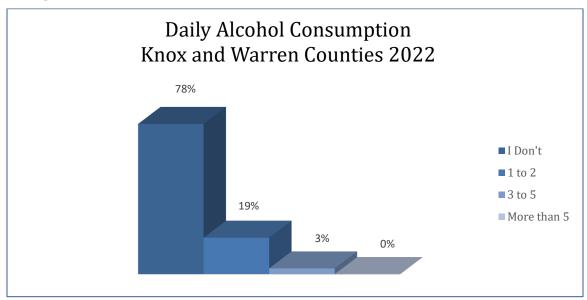
Source: University of Illinois Center for Prevention Research and Development

Adult Substance Use

The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 78% indicated they did not consume alcohol on a typical day (Figure 48), 91% indicated they do not take prescription medication improperly including opioids on a typical day (Figure 49), 96% indicated they do not use marijuana on a typical day (Figure 50) and 100% indicated they do not use illegal substances on a

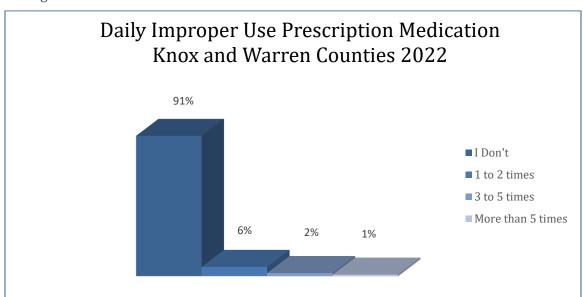
typical day (Figure 51). Note this is the first year that the CHNA has measured separated categories of substance use, so there is no comparison to the 2019 CHNA.

Figure 48



Source: CHNA Survey

Figure 49



Source: CHNA Survey

Figure 50

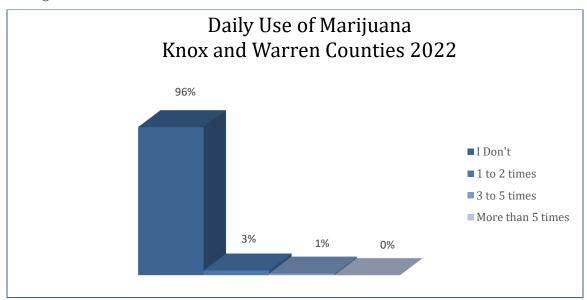
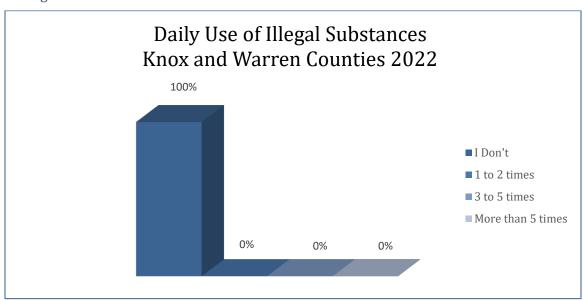


Figure 51



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 and those with higher income.
- Misuse of prescription medication including opioids tends to be rated higher by older people, those with less education, those with lower income and those in an unstable (e.g., homeless) housing environment.

- Marijuana use tends to be rated higher by younger people, Black people, those with less education, those with lower income and those in an unstable (e.g., homeless) housing environment. Use of marijuana tends to be rated lower by White people.
- > Illegal substance use showed no significant correlations.

3.3 Overweight and Obesity

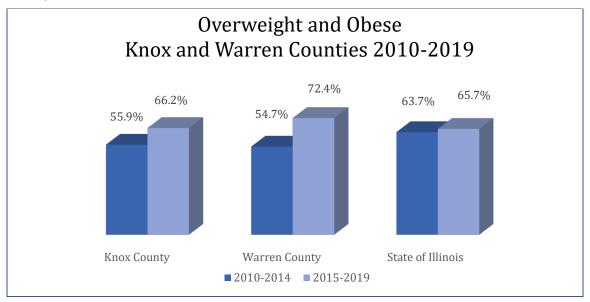
Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Knox and Warren Counties. 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 both Knox County and Warren County, the number of people diagnosed with obesity and being overweight has increased from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people in Knox County has increased from 55.9% to 66.2% and the percentage of obese and overweight people in Warren County has increased from 54.7% to 72.4%. Overweight and obesity rates in Illinois have also increased from 2010 (63.7%) to 2019 (65.7%) (Figure 52). Note that data have not been updated by the Illinois Department of Public Health. However, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 52

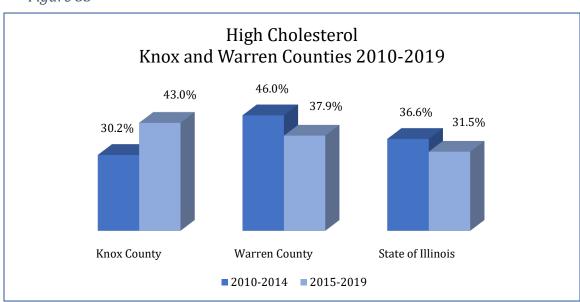


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

The percentage of residents who report they have high cholesterol is higher in Warren County (37.9%) than the State of Illinois average of 31.5% (2015-2019). Residents in Knox County were significantly higher (43%) (Figure 53). Note that data have not been updated by the Illinois Department of Public Health.

Figure 53



Source: Illinois Behavioral Risk Factor Surveillance System

However, most residents of Knox County report having their cholesterol checked recently. The percentage of residents not having their cholesterol checked in Knox County is 22.4%, and in Warren County is 23.5%. Note that data have not been updated by the Illinois Department of Public Health.

Time Since Last Cholesterol Check
Warren County 2015-2019

57.2%

60.8%

15.1%
12.8%
5.3%
2.9%

1 year or less

< 5 years (1-5yr)

Figure 1 years

Never

Knox County

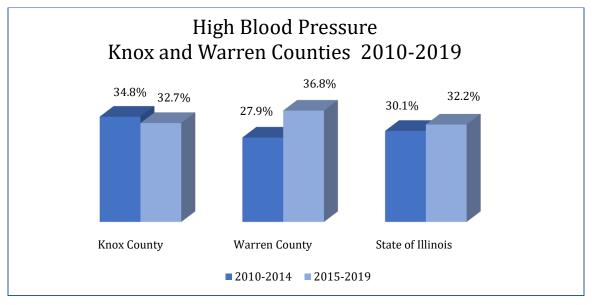
Warren County

Figure 54

Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Knox County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Knox County residents reporting they have high blood pressure in 2019 decreased from 34.8% to 32.7% in 2019. In Warren County, the percentage of residents with high blood pressure has increased from 27.9% to 36.8% over the same time period, above the State of Illinois average of 32.2% (Figure 55). Note that data have not been updated by the Illinois Department of Public Health.

Figure 55



Source: 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 IN MANY CATEGORIES.
- ✓ OBESITY IS INCREASING AND HIGHER THAN STATE AVERAGES IN BOTH COUNTIES. OVER 2/3 THE POPULATION IS OVERWEIGHT OR OBESE.
- ✓ 9% OF RESPONDENTS INDICATED THEY MISUSE PRESCRIPTION MEDICATION INCLUDING OPIOID USE.

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

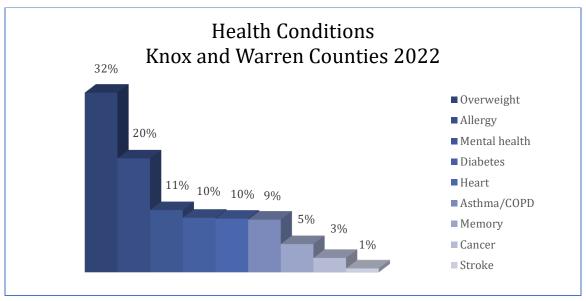
CHAPTER 4: MORBIDITY AND MORTALITY

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 Knox County and Warren 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 (32%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, Behavioral Risk Factor Surveillance System (BRFSS) data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., diabetes 10%) (Figure 56).

Figure 56



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 Knox County has fluctuated between 2017 and 2018 but is overall the same. The percentage of babies born with low birth weight in Warren County has declined between 2019 and 2020. (Figure 57).

Low Birth Weight
Knox and Warren Counties 2016-2020

8.0% 7.0% 8.0% 8.0% 8.0%
7.0% 7.0% 7.0% 7.0%
2016
2017
2018
2019
2020

Figure 57

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.

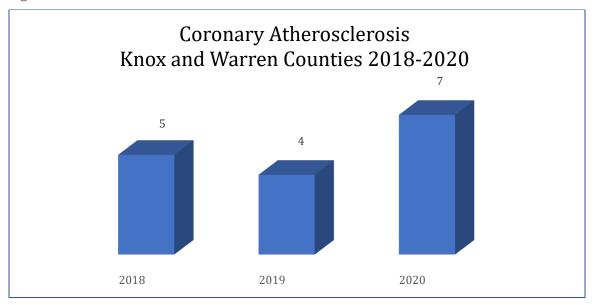
Coronary Atherosclerosis

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 Knox County and Warren County area hospitals has increased from 4 total cases in 2019 to 7 cases in 2020. Warren County only had 1 case in 2019 (Figure 58. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 58

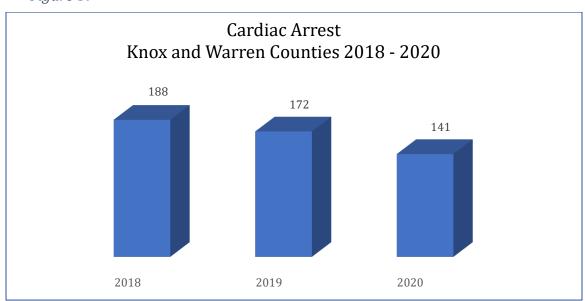


Source: COMPdata Informatics 2021

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Knox County and Warren County area hospitals decreased by 31 cases between 2019 and 2020 (Figure 59). Note that hospital-level data only show hospital admissions.

Figure 59

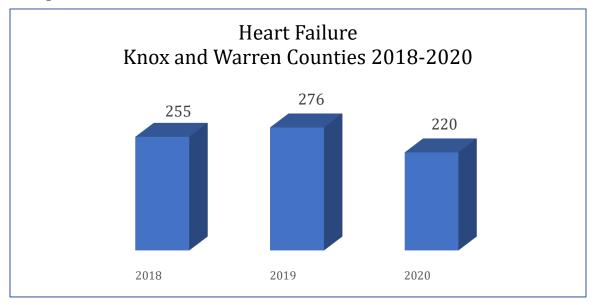


Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at Knox County and Warren County area hospitals decreased. In 2019, 276 cases were reported and in 2020 there were 220 cases reported (Figure 60). Note that hospital-level data only show hospital admissions.

Figure 60

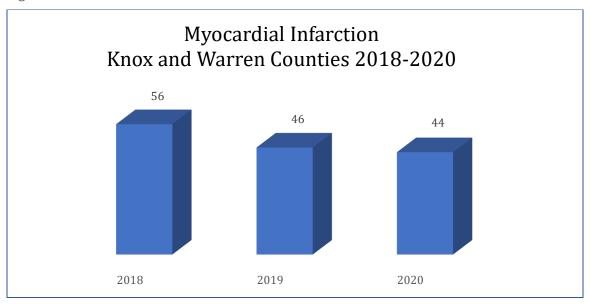


Source: COMPdata Informatics 2021

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Knox County and Warren County fluctuated from 2018 to 2020. The number of cases of myocardial infarction decreased by 10 in 2019 then decreased by 2 in 2020 (Figure 61). Note that hospital-level data only show hospital admissions.

Figure 61

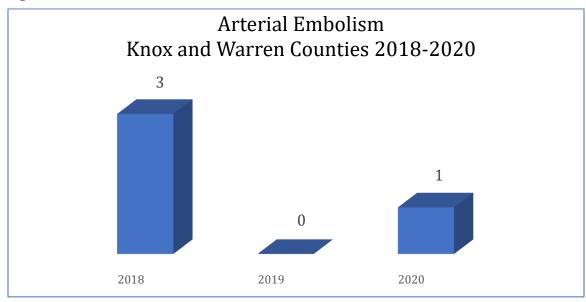


Source: COMPdata Informatics 2021

Arterial Embolism

There was 1 treated case of arterial embolism Knox County and Warren County area hospitals in 2020. Note that hospital-level data only show hospital admissions.

Figure 62



Source: COMPdata Informatics 2021

Strokes

The number of treated cases of stroke at Knox County and Warren County area hospitals decreased between 2018 and 2020 (Figure 63). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Strokes
Knox and Warren Counties 2015-2017

108
104
76
2018
2019
2020

Figure 63

Source: COMPdata Informatics 2021

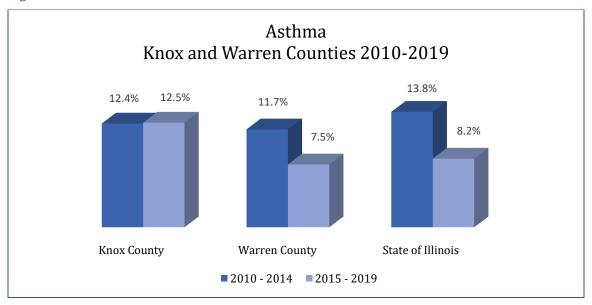
4.4 Respiratory

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 Knox County and decreased in Warren County between 2010-2014 and 2015-2019, while State averages have decreased over the same time frame. According to the Illinois BRFSS, asthma rates only in Warren County (7.5%) are lower than the State of Illinois (8.2%). Knox County (12.5%) is higher than state average (Figure 64). Note that data has not been updated past 2019 by the Illinois Department of Public Health.

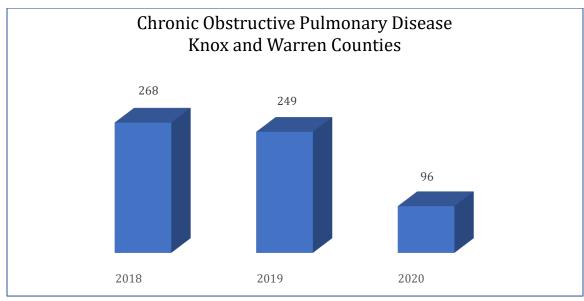
Figure 64



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Knox County and Warren County area hospitals decreased between 2018 and 2020, with a significant decrease in 2020 (Figure 65). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 65



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 both Knox and Warren Counties.

For the top three prevalent cancers in Knox County and Warren County, comparisons are illustrated in Figure 66. Specifically, for Knox and Warren County, prostate cancer is lower than the State, while lung and breast cancer rates are higher than the State of Illinois.

Top 3 Cancer Incidence (per 100,000)
Knox and Warren Counties 2014-2018

Lung Cancer
75.8
73.8
64.3

Breast Cancer,
Invasive
144.2
142.3
133.7

Prostate Cancer

Knox County
Warren County
State of Illinois

Figure 66

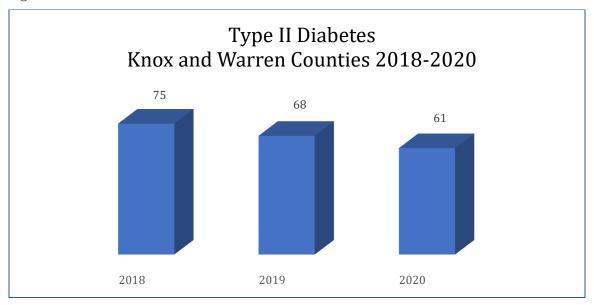
Source: Illinois Department of Public Health

4.6 Diabetes

Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and 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 Knox County and Warren County decreased between 2018 (75 cases) and 2020 (61 cases) (Figure 67). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

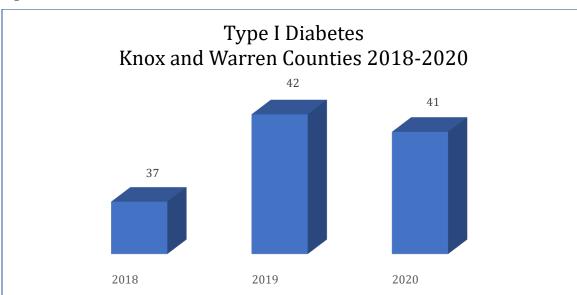
Figure 67



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show an increase from 2018 (37) to 2020 (41) for Knox and Warren Counties (Figure 68). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

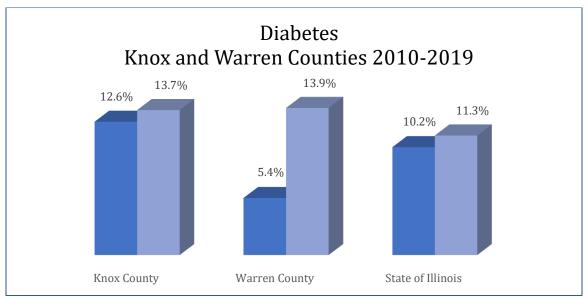
Figure 68



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 13.7% of Knox County residents and 13.9% of Warren County residents have diabetes (Figure 69). Trends in Knox and Warren County are concerning, as the prevalence of diabetes is increasing and higher in Knox and Warren County compared to data from the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.

Figure 69



Source: Illinois Behavioral Risk Factor Surveillance System

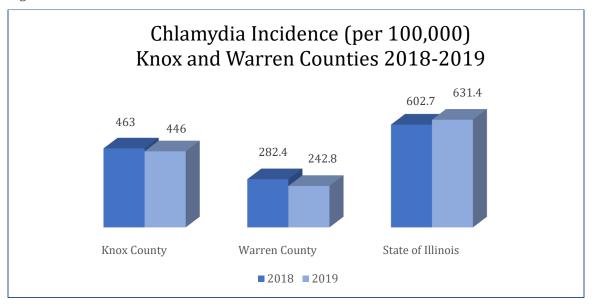
4.7 Infectious Diseases

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 Knox County from 2018-2019 indicate a slight decrease. Warren County experienced a decrease during the same time period. Rates of chlamydia in both Knox County and Warren County are lower than State averages. There is an increase of incidence of chlamydia across the State of Illinois (Figure 70).

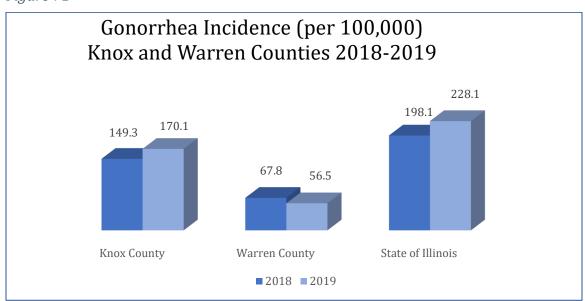
Figure 70



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Knox County indicate an increase from 2018-2019. Both Knox County and the State of Illinois experienced a significant increase from 2018-2019. Rates of gonorrhea in Warren County have decreased during this same period and is lower than the State average (Figure 71).

Figure 71



Source: Illinois Department of Public Health and Human Services

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. Knox County and Warren County has shown no significant outbreaks compared to state statistics, but there are limited data available. (Table 1 and Table 2). Note data has not been updated by the State beyond years displayed in table. Also note that COVID-19 vaccine rates are presented in Chapter 2 of this CHNA.

Table 1 Vaccine Preventable Diseases 2006-2016 Knox County and Warren County Region

Mumps	N/A	N/A	2006	2011
Knox County			1	N/A
Warren County			1	1
State of Illinois			798	78

Pertussis	2010	2011	2012	2012
Knox County	1	3	4	4
Warren County	2	1	1	1
State of Illinois	1057	1509	2026	785

Varicella	2013	2014	2015	2016
Knox County	13	4	4	2
Warren County	5	1	1	2
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

Table 2
Tuberculosis 2017-2019 Knox County and Warren County Region

Tuberculosis	2017	2018	2019
Knox County	1	2	1
Warren County	1	1	n/a
State of Illinois	336	319	326

Source: Illinois Department of Public Health

4.8 Injuries

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

Suicide

The number of suicides in Knox and Warren Counties indicate higher incidence than State of Illinois averages, as there were approximately 15 per 100,000 people in Knox and Warren Counties in 2018 (Figure 72).

Suicide Deaths (per 100,000)
Knox and Warren Counties 2016-2018

15
11.3
Knox County
Warren County
State of Illinois

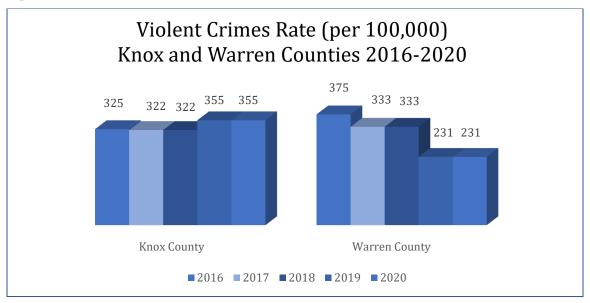
Figure 72

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 73). The number of violent crimes has increased significantly for 2016-2020 in Knox County. The number of violent crimes has decreased in Warren County for the same time period.

Figure 73



Source: Illinois County Health Rankings and Roadmaps

4.9 Mortality

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

The top three leading causes of death in the State of Illinois, Knox County, and Warren County are similar as a percentage of total deaths in 2020. Diseases of the Heart are the cause of 21.1% of deaths and Cancer is the cause of 17% of deaths in Knox County. Diseases of the Heart are the cause of 27.3% of deaths and Cancer is the cause of 20.3% of deaths in Warren County. COVID-19 is the third leading cause of death with 13% in Knox County, 12.1% in Warren County and 11.8% in the State of Illinois. (Table 3).

Table 3

	Top 5 Leading Cause	es of Death for all Races by County &	State 2020
Rank	Knox County	Warren County	State of Illinois
1	Diseases of Heart (21.1%)	Diseases of Heart (27.3%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (17.0%)	Malignant Neoplasm (20.3%)	Malignant Neoplasm (18.1%)
3	COVID-19 (13%)	COVID-19 (12.1%)	COVID-19 (11.8%)
4	Accidents (3.4%)	Accidents (3.5%)	Cerebrovascular Disease (5.4%)
5	Cerebrovascular Disease (3.3%)	Cerebrovascular Disease (3.1%)	Accidents (5.1%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ THERE IS A SIGNIFICANT DECREASE IN ASTHMA IN WARREN COUNTY.
- ✓ SUICIDE RATES IN COUNTIES ARE HIGHER THAN STATE AVERAGES.
- ✓ LUNG AND BREAST CANCER ARE HIGHER IN BOTH COUNTIES COMPARED TO THE STATE.
- ✓ DIABETES RATES HAVE INCREASED AND ARE HIGHER THAN STATE AVERAGES.
- ✓ CANCER, HEART DISEASE AND COVID-19 ARE THE LEADING CAUSES OF MORTALITY.

CHAPTER 5 OUTLINE

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

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

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

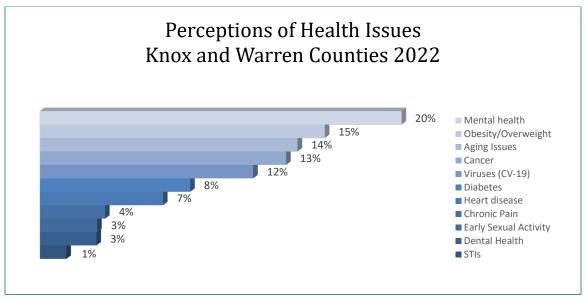
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Health Issues

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

The health issue that rated highest mental health (20%), followed by obesity/overweight (15%), aging issues (14%) cancer (13%) and diabetes (12%) (Figure 74). These five factors were significantly higher than other categories based on t-tests between sample means.

Figure 74

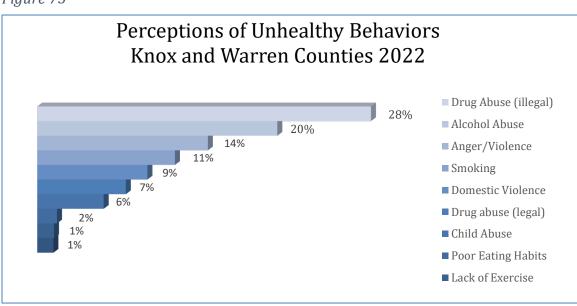


Source: CHNA Survey

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 28% and alcohol abuse at 20% (Figure 75). These two factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 75



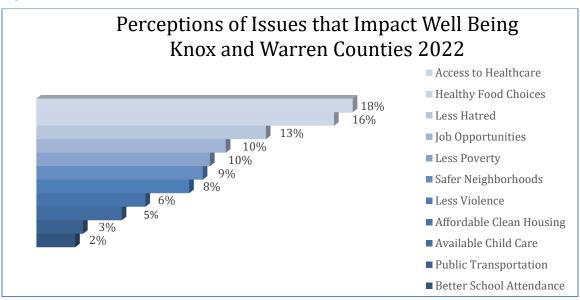
Source: CHNA Survey

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 (18%). It was followed by healthy food choices (16%) and less hatred (13%) (Figure 76).

Figure 76



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

- Population decreased
- Population over age 65 increased
- Single female head-of-house-household represents 11% to 13% of the population

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

- Increase in people not choosing to seek healthcare
- Decreased access to counseling

- COVID-19 vaccination rates
- Prostate screening is relatively 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
- Opioid abuse among adults

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

- Lung and breast cancer
- Suicide rates
- Diabetes rates
- Cancer, heart disease and COVID-19 are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

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

- Aging issues
- > Access to counseling
- Healthy behaviors nutrition & exercise
- Behavioral health
- Overweight/Obesity
- Substance abuse
- Cancer
- > COVID-19
- Diabetes

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 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 two 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

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 6%. The most prevalent reasons for failing to eat more fruits and vegetables were lack of importance, affordability, and the lack of desire.

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 29% of respondents indicated that they do not exercise at all, while the majority (60%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (31%), no time (23%) or a dislike of exercise (18%).

OBESITY. In Knox County, nearly two-thirds (66.2%) of residents were diagnosed with obesity and being overweight. In Warren County, nearly three-quarters (72.4%) 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 Knox and Warren Counties. 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, 44% indicated they felt depressed in the last 30 days and 36% indicated they felt anxious or stressed. Depression tends to be rated higher by younger people and those with less income. Similarly, stress and anxiety tend to be rated higher for younger people and those with less income. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 27% indicated that they spoke to someone, the most common response was to a doctor/nurse (37%). In regard to self-assessment of overall mental health, 10% 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, 22% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men and those with higher income. Of survey respondents, 9% indicated they improperly use prescription medications each day to feel better and 4% indicated the use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by older people, those with lower education, those with less income and those living in an unstable (e.g., homeless) living environment. Marijuana use tends to be rated higher by younger people, Black people, those with lower education, those with less income and those living in an unstable (e.g., homeless) living environment.

In the 2022 CHNA survey, respondents rated drug abuse (illegal) as the most prevalent unhealthy behavior (28%) in Knox and Warren Counties, followed by alcohol abuse (20%).

AGING ISSUES

In the CHNA survey, respondents rated aging issues (14%) as the third most important health issue. The percentage of individuals aged 50-64 increased by 40.2% in Knox County between 2015 and 2019. The percentage of individuals aged 65 and older increased 4.5% in Knox County between 2015 and 2019. Alzheimer's disease was the 6th leading cause of death in Warren County and was also the 6th leading cause of death in Knox 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:

Lisa DeKezel serves as President of OSF HealthCare St. Mary Medical Center in Galesburg, Illinois and President of OSF HealthCare Holy Family Medical Center in Monmouth, Illinois, directing all internal operations and the development of short-term tactics within long-term strategy to provide high quality, cost-effective health care for the communities they serve. Prior to joining OSF, Lisa has served as Vice President of Hammond-Henry Hospital in Geneseo, Illinois and as an independent health care consultant in the development of various hospital systems and ambulatory settings across multiple states. Lisa is a Registered Nurse by background and is passionate about ensuring access to local, quality healthcare services for rural health populations. Lisa received her Bachelor of Science in Nursing from Grand Canyon University in Phoenix, Arizona. She went on to earn her Master of Jurisprudence in Health Law and Policy from Loyola University Chicago. Lisa was born and raised locally in the rural communities she serves. She and her husband, Damian, have a blended family of eight children and 12 grandchildren. Lisa enjoys spending time with her family and friends and working outdoors. She is actively involved with her church and community, as well as missions work with youth both local and abroad.

Roxanna Crosser earned her Bachelor of Science degree in Medical Terminology from Western Illinois University in Macomb and was introduced to OSF HealthCare during her clinical internship at OSF St. Francis Medical Center. She received her Master of Hospital Administration from Governors State University. Roxanna started her career with OSF in 1985 as a Laboratory Supervisor at OSF St. Mary Medical Center. She has held numerous positions with OSF St. Mary including Assistant Administrator for Human Resources and Special Projects, Senior Assistant Administrator for Staff Services, Vice President for Operations, President, and most recently CEO, Western Region. She serves on many OSF committees and boards as the organization defines and plans for strategic direction in the ever-changing healthcare environment. She serves as facilitator for the OSF Ministry Development Program and is a mentor for several aspiring leaders within the Ministry. She is active in many professional organizations, including the American College of Healthcare Executives. She has served as an Illinois Performance for Excellence examiner. She was on the Board of Directors of Bridgeway. On a personal note, family and giving back to the community are extremely important to Roxanna. She is married to Paul; they have three grown children and beautiful grandchildren. She is an active member of her church and participates in many charity and service events offered in the community.

Connie Wessels is the Program Manager, Community Health for the Upper Western Region. She has served in that role since November 2020. Previously she served as the Director of Education Resources, which included Community Health and Wellness. Prior to that Connie was the Director of Pediatrics. She has been with OSF St. Mary Medical Center over 44 years. She received her RN from Rockford Memorial School of Nursing and her BSN from the University of Illinois-Chicago.

Connie has been involved with many community groups including the Human Service Council, Leadership Greater Galesburg and WIN. Currently she serves on the Galesburg Public Schools Foundation and the Workforce Innovation boards. She is a Relay for Life team member and serves on the outreach committee at First Lutheran church.

Harley Brooks is the VP CMO and Regional Director of Multispecialty Services for the Upper West Region of OSF. He received his MD degree from University of Alabama School of Medicine and his MBA in Health Care Management from Loyola University in Chicago. He came to Galesburg and the surrounding communities after working on the south side of Chicago for more than 20 years and taking care of the urban underserved population. His passion is rural access to care.

Curt Lipe is the Director of Entity Finance for OSF Healthcare St. Mary Medical Center in Galesburg, Illinois and OSF Healthcare Holy Family Medical Center in Monmouth, Illinois. He received his bachelor's degree from Southern Illinois University at Carbondale, Illinois. He has been with OSF Healthcare for 35 years.

Shelley Willett is the Coordinator of Volunteer and Auxiliary Services at OSF Healthcare St. Mary Medical Center. She has been with OSF for over 32 years. She completed her associate degree in Business Administration from Carl Sandburg College in 2012 and her bachelor degree in General Studies from Western Illinois University in 2016. Shelley is currently a member of the Kiwanis Club and enjoys volunteering for the United Way.

Josh Gibb is the Executive Director of the Galesburg Community Foundation. He attended Carl Sandburg College and received his degree at Western Illinois University. Josh is involved in several different activities in our community. He is a member of the Galesburg Lions Club and an active member of Hope Wesleyan Church. He serves on the OSF Healthcare St. Mary Medical Center Advisory Board, Board of Directors for the Chamber of Commerce and Leadership Greater Galesburg. He is also a member of the Western Illinois Estate Planning. Josh has an interest in history and politics. Most of his activities center on the children's interests, karate, showing cattle, superheroes and "helping." Josh and his wife Stacy have four children Esther, Miles, Maxwell and Simon.

Stephen C. (Steve) Mathers is a graduate of Northwestern University and the College of Law at the University of Illinois. A Knox County native, he enlisted in U. S. Army Military Intelligence, receiving a Bronze Star while serving in Viet Nam, before returning to practice law. He was elected & reelected Circuit Judge for the six-county 9th Judicial Circuit, where he served for 35 years. He retired in 2010, but consented to being recalled by the IL Supreme Court, twice, to serve out unexpired terms of office. Mathers was appointed to various Supreme Court Committees, including the Board of Admissions to the Bar. He was elected President of the statewide Illinois Judges Association in 2000. He has served on the Council at OSF St. Mary since 2011.

Michele Gabriel is Public Health Administrator for the Knox County Health Department, and serves as CEO for the Knox Community Health Center. She has been with the Health Department since 2000 and has served in various roles throughout her tenure. Michele maintains a broad business background, strong communication skills, with both staff and the public, a solid customer service background, experience in marketing and, public and media relations. She is additionally responsible for grant-writing, program development and evaluation, marketing, and performance improvement activities. Beginning at a lower level and working her way up has provided her with an expansive public health background working in areas such as; administration, emergency preparedness, IPLAN (Community Health Improvement), quality improvement, and strategic planning. She received her bachelor's degree in Business Administration from Monmouth College in 2000, and Master's in Public Health from the University of Illinois, College of Medicine at Peoria in August 2009. Michele has broad experience in working within a community, both as a volunteer

and as an employee. She believes that it is only through community collaboration that public health can achieve its goal of Healthy People in a Healthy Community. Additionally, she has experience in both working for a Board of Directors and well as serving on a Board of Directors; therefore, understands both the dynamics of Boards, as well as how important it is to make tough decisions.

Alice Snyder graduated from the Medical College of Georgia (now the Georgia Regents University) with her BSN in 1985. She obtained her MSN and her MBA from Georgia College and State University in 1988 and 1990, respectively. She has most recently graduated with her DHA (Doctorate Healthcare Administration) from A. T. Still University in 2017. Alice serves as the Chief Nursing Officer at OSF St. Mary Medical Center. She has served in various nursing leadership roles since 1988 and the executive nursing role at various organizations since 2002.

Membership of professional organizations include:

- Texas Organization of Nurse Executives 2002-2007
- American College of HealthCare Executives 2004 present
- Texas Hospital Association Leadership Development Council 2003-2006
- American Organization of Nurse Executives 2004-present
- Illinois Organization of Nurse Leaders June 2012 present

Current certifications include:

- Nurse Executive, Advanced Board Certified (NEA BC)
- National Managed Care Certification (NMCC)
- Fellow, American College of Healthcare Executives (FACHE)

Community involvement and experience include:

- United Way Campaign Coordinator 1994-1999
- United Way Campaign Coordinator of the Year Heart of Georgia United Way Chairman's Award
 1997
- HCA Georgia Federal Credit Union Supervisory Committee Member 1992-1996
- The Stepping Stone (Child Advocacy Center) Board member (Treasurer, Chairman Finance Committee and member of fundraising committees)
- United Way Campaign Corporate Cabinet 1999 to 2002
- United Way of Plainview Budget and Finance Committee 2003-2004; 2004-2005; 2005-2006;
 2006-2007
- Area Health Education Center Advisory Committee 2002-2004; 2004 2006
- Member, Rotary of Plainview/Rotary International 2002 2006
- Rotary of Plainview, Board of Directors 2003-2004; 2004 2006
- United Way Campaign Coordinator 2005-2006
- Member, Rotary of Fort Smith 2007-2012
- Relay for Life, OSF St. Mary Scrubs Team 2013 present
- Galesburg Sunrise Rotary 2014 present

Alice has served as a consultant, speaker, and author with expertise in leadership, as well.

Carrie McCance was born and raised in Galesburg, IL. She has over 25 years' experience in Sales and Marketing. She graduated Western Illinois University with a Bachelor's Degree in Journalism. She has worked at OSF HealthCare for 10 years. Prior to that, she was the Executive Director of the Western Illinois Red Cross. Some of the clubs and organizations Carrie has been involved with include: Leadership Illinois, Critter Cove Public Relations, Galesburg Chamber of Commerce Ambassador, YMCA board member, Women's Issue Network (President, Vice President and Secretary), Relay for Life Team Captain, United Way Team Captain, Alzheimer's Walk Team Captain, Out of Darkness Team Member, Greda Business Task Force, Board Member of Galesburg Christian School, Public Relations Director Galesburg Christian School, Leadership Greater Galesburg, Altrusa Club, Rotary Club, Special Olympics Committee, Knox County Humane Society, Guardian Angels, Illinois Society Association of Executives, Society of Government Meeting Planners and Alpha Sigma Alpha Sorority.

William Nelson (Bill), President & CEO, Bridgeway Inc. -Bill received a M.S.Ed. in Counseling from Western Illinois University in 1988 and is a Licensed Clinical Professional Counselor (LCPC).

Bill has demonstrated a progressive career in human services direct care and administration over 33 years. Bill began his career at Bridgeway (formerly Spoon River Center) in 1988 as an outpatient mental health and substance abuse counselor. Bill served in a variety of positions before becoming the Vice President of Family Services Division for Bridgeway Inc. in March 1996. This was followed by his promotion to Senior Vice President in September 2000. He assumed the duties of Chief Operating Officer in April 2005. In addition, Bill began serving as the Corporate Compliance Officer and Director of Quality Management in July 1, 2008. Bill was promoted to serve as President of Bridgeway's Services Division in October 2014. On July 1, 2015, Bridgeway named Bill to serve as the President and CEO.

Bill is experienced in clinical and program operations, corporate compliance, quality assurance, quality improvement, utilization management, strategic planning, public policy, legislative advocacy and national accreditation standards and executive management.

Bill has served on boards of directors and leadership positions with other organizations such as, IARF, ACCSES, SHPA and Triumph Services Inc. Bill and the Bridgeway organization participate nationally in Mental Health Corporations of America and National Council for Mental Wellbeing associations.

Robin Nevling is the Director of Education and Professional Practice for the upper Western Region hospitals at OSF. Robin has been a nurse for 30 years and spent the early part of her career in the emergency department. For the past 15 years, Robin has been in nursing leadership both in academia and in the hospital setting. Robin has a Master's Degree in Nursing and is currently working on her Ph.D. She calls this area home and looks forward to serving the people in the upper Western Region.

Brianne Nichols is a Peace Corps Coverdell Fellow at Western Illinois University pursuing her Masters of Science in Public Health. She is currently serving as an AmeriCorps Volunteer at the Knox County Health Department and is overseeing the Illinois Project for Local Assessment of Needs (IPLAN). Prior to serving with the Knox County Health Department, Brianne served as an AmeriCorps volunteer with the Good Food Collaborative, an NGO focused on preventing food insecurity through education, outreach, and a mobile food pantry. She created nutrition and cooking educational materials for children in McDonough County. Brianne is a Returned Peace Corps Volunteer, and served in Albania as a Health Education Volunteer from 2017 to 2019. She worked with school health education, focusing on sexual and

reproductive health and nutrition education. Brianne graduated in 2015 with a B.S. in Human and Nutrition and Dietetics from West Virginia University

Greg Kneer is a retired Certified Public Accountant having practiced public accounting for 42 years in the Galesburg, Illinois area. Currently he is a Council member of the OSF HealthCare St Mary Community Council. He also volunteers at OSF HealthCare St Mary Medical Center. Mr. Kneer is a member and treasurer of the Knoxville United Methodist Church and member of its governing council. He volunteers at the Knoxville Community Food Pantry and assists the Knoxville Community Fire Protection District's Board of Trustees. He is an Army and Vietnam veteran.

John Asplund is the Superintendent of Schools for Galesburg CUSD #205. He has been a public school administrator for the past twenty-four years. Dr. Asplund earned his Doctor of Education degree from Illinois State University. He holds advanced degrees from Western Illinois University and a Bachelor of Arts degree from Augustana College.

Randy Conlon was born and raised in Galesburg. He graduated from Galesburg High School in 1979 and attended Carl Sandburg College. After a few years in sales he started his own business and was co-owner of Office Specialists, Inc from 1989-2019. In 2019 they sold the business and Randy has continued in a management capacity with the new ownership. He has served on several boards and volunteered for various organizations in the Galesburg and surrounding areas.

Stephanie Hilten currently serves as the Major Gift officer for the OSF Healthcare Foundation, focusing on philanthropy within the St. Mary Medical Center and Holy Family Medical communities. Stephanie has been with OSF since 2019.

Pam McNelly graduated from Greenville University with a BS in Organizational Leadership and Management and Accounting Degrees. She worked in the financial services, insurance and investment business her entire career, retiring then end of 2014 from Northwestern Mutual. Pam joined OSF St. Mary Medical Center in 2015 as a volunteer and became a board member on the Advisory Board in 2018. She has been working with the Community Health Needs Assessment since becoming involved with St. Mary.

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 the Knox County and Warren 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 and Healthy Eating, and their Impact on Obesity

Goal 1: Increase awareness of the importance of proper nutrition for overall health and wellness.

- 1. Wellness Edge for Kids Program Healthy Eating, Physical Activity, and Stress Reduction. Increase the number of participants by 2 annually.
 - a. Day summer program not held in 7/2020 due to COVID-19. Wellness Edge program not held in summer of 2021. Lunches were distributed to students during the summer at Lombard School and at Rotary Park. The lunches were provided through United Way.
- 2. Distribute and promote articles and education on healthy eating, weight loss and exercise through traditional and social media. Increase and track # of articles on social media. Baseline is to increase # of articles by 1. Expand education class to teach healthy behaviors. Baseline to increase participants by 1.
 - a. Provides monthly articles on Healthy eating to the Register Mail. Healthy Eating / Sports Nutrition radio interviews were given. 4/20 post on Facebook regarding fruits and vegetables in your diet. 6/20 FB post on healthy smoothie recipes. 7/20, 8/20, 9/20 FB post on safe summer cookouts, fresh salads and healthy eating. 9/30/21 Education to promote traditional and social media.
- 3. Healthy Kids U Program An 8-week program that helps children ages 8 through 15 and their families develop healthier habits through hands on games, activities and education. Participants also have access to the YMCA's facilities during the duration of the program. Increase the number of sessions to 2 per year.
 - a. Healthy Kids U held in fall 2020 with 9 students from an after-school program.

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

- 1. Increase mission partner participation in OSF4Life. Increase participation by 3%. Baseline for 2019 is 38% mission partner participation.
 - a. Ministry wide OSF4Life platform ended 12/31/20. 4 Sessions of "Know Your Numbers" were held for employees in which 15 participated. Upper Western Region wellness coleader provides monthly newsletters.
- 2. Healthy Kids U Program An 8-week program that helps children ages 8 through 15 and their families develop healthier habits through hands on games, activities and education. Participants

also have access to the YMCA's facilities during the duration of the program. Increase the number of sessions to 2 per year. Baseline 2019 is 1, 8-week session.

- a. Healthy Kids U program held for students only at after school program held at Gale school.
 9/21/21 Healthy Kids U program held and open house at YMCA with promotions done with school in which no children registered for sessions.
- 3. Sponsor events that promote healthy behaviors.
 - a. 5-2-1-0 Nutrition kits were delivered to 285 Galesburg 5th graders. Klein Pediatric activity-2/2021 gave 105 flu immunizations given to students and staff. Flu Immunizations given to 42 employees. Commit2Fit weight loss challenge began 4/1/21. In collaboration with United Way and the Fish Food pantry volunteers delivered food without transportation to pick it up 9/30/21.

2. Behavioral Health - Including Mental Health and Substance Abuse Mental Health

Goal 1: Increase awareness of the effects of substance abuse in grades 8th through 12th.

- 1. Distribute and promote articles and education on healthy behaviors and substance use through traditional and social media. Determine baseline and increase # of articles on social media, expand education class to teach healthy behaviors by 1.
 - a. Facebook article-Child Adolescent Behavioral Health. 9/21 baseline was not determined.
- 2. Work with local school districts to educate on the health determinants of substance abuse. Meet with school district administration in 2nd quarter. Present and distribute information to students in grades 8-12. Determine baseline.
 - a. Mission Partner talked to High School about providing substance abuse articles.
- 3. Schedule mental health first aid classes to clinical staff and local high school students. Increase the number of providers trained. (No session in 2019) Increase number high school age children trained by 1 school yearly.
 - a. Due to COVID-19 no mental health first aid classes were held.

Goal 2: Increase education in the community regarding mental health services.

- 1. Increase awareness: Resource Link Care Coordinator will meet with all new providers, schools and other social services about services.
 - **a.** Silvercloud has 102 users. Facebook articles on Silvercloud posted. 4/20 post on stress and how behaviors put you at risk. Anxiety and depression posts on 5/20, 6/3, 6/23 and 9/3.
- 2. Provide education in low-income housing units for those with limited access to care and resources. Meet with Knox County Housing Authority in 2nd quarter.

- **a.** Education was not offered to Housing units due to COVID restrictions. Continued Collaborating with local agencies for the Unmet Needs Committee to identify barriers for families struggling with various health and financial issues.
- 3. Adopt "Stop the Stigma" campaign from other OSF facilities.
 - **a.** Track the number of fliers distributed to outside organizations and social media posts to determine baseline. "Stop the Stigma" Campaign on hold due to Covid-19.
- 4. Discuss depression, stress and anxiety at community events, including schools. Track # of events attended to determine a baseline.
 - a. Facebook articles Tips on behavioral health and COVID.
- 5. Provide free Behavioral Health Navigation Service. Increase number of patients served by Behavioral Health Navigators by 1 %
 - **a.** 163 in 2020; 398 in 2021

APPENDIX 3: SURVEY

Knox and Warren 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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CO	MMUNITY PERCEPTIONS		
1. W	hat would you say are the three (3) biggest HF	EALT	H ISSUES in our community?
	Aging issues, such as Alzheimer's disease,		Early sexual activity
	hearing loss, memory loss, arthritis, falls		Heart disease/heart attack
	Cancer		Mental health issues (including depression, anger)
	Chronic pain		Obesity/overweight
	Dental health (including tooth pain)		Sexually transmitted infections
	Diabetes		Viruses (including COVID-19)
2. W	hat would you say are the three (3) most UNE	IEAL	THY BEHAVIORS in our community?
	Angry behavior/violence		Drug abuse (legal drugs)
	Alcohol abuse		Lack of exercise
	Child abuse		Poor eating habits
	Domestic violence		Risky sexual behavior
	Drug abuse (illegal drugs)		Smoking/vaping (tobacco use)
3. W	hat would you say are the three (3) most impor	rtant f	actors that would improve your WELL-BEING?
П	Access to health services	П	Job opportunities
$\overline{\Box}$	Affordable healthy housing	\Box	Less hatred & more social acceptance
$\overline{\Box}$	Availability of child care	$\overline{\Box}$	Less poverty
$\overline{\Box}$	Better school attendance	$\overline{\Box}$	Less violence
	Good public transportation	\Box	Safer neighborhoods/schools
	Healthy food choices		
The f	CESS TO CARE following questions ask about your own health a many way.	ınd hea	alth choices. Remember, this survey will not be linked to
Med	lical Care hen you get sick, where do you go? (Please c	hoose	only one answer).
_	inic/Doctor's office gent Care Center Emergency Define Health Depart	-	ent
	don't seek medical attention, why not? ear of Discrimination Lack of trust C	ost	☐ I have experienced bias ☐ Do not need
2. In	the last YEAR, was there a time when you nee	eded n	nedical care but were not able to get it?
☐ Y	es (please answer #3)	□N	o (please go to #4: Prescription Medicine)
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3. If you were not able to get medical care, why no	ot? (Please choose all that apply).
Didn't have health insurance.	Too long to wait for appointment.
Couldn't afford to pay my co-pay or deductible.	Didn't have a way to get to the doctor.
Fear of discrimination.	Lack of trust
Prescription Medicine	
4. In the last YEAR, was there a time when you no	eeded prescription medicine but were not able to get it?
Yes (please answer #5)	☐ No (please go to #6: Dental Care)
5. If you were not able to get prescription medicin	
Didn't have health insurance.	Pharmacy refused to take my insurance or Medicaid.
Couldn't afford to pay my co-pay or deductible.	Didn't have a way to get to the pharmacy.
Fear of discrimination.	Lack of trust
Dental Care	
6. In the last YEAR, was there a time when you no	eeded dental care but were not able to get it?
Yes (please answer #7)	☐ No (please go to #8: Mental-Health Counseling)
7. If you were not able to get dental care, why not	? (Please choose all that apoly).
Didn't have dental insurance.	The dentist refused my insurance/Medicaid
Couldn't afford to pay my co-pay or deductible.	Didn't have a way to get to the dentist.
Fear of discrimination.	Lack of trust
Not sure where to find available dentist	
Mental-Health Counseling	
8. In the last YEAR, was there a time when you no	eeded mental-health counseling but could not get it?
Yes (please answer #9)	☐ No (please go to next section – HEALTHY BEHAVIORS)
9. If you were not able to get mental-health counse	eling, why not? (Please choose all that apply).
Didn't have insurance.	The counselor refused to take insurance/Medicaid.
Couldn't afford to pay my co-pay or deductible	Embarrassment.
Didn't have a way to get to a counselor.	Cannot find counselor.
Fear of discrimination.	Lack of trust.
Long wait time.	
HEALTHY BEHAVIORS	
	and health choices. Remember, this survey will not be linked to
you in any way.	
Exercise	
	icipate in exercise, (such as jogging, walking, weight-lifting,
fitness classes) that lasted for at least 30 minutes?	F
\square None (please answer #2) \square 1 – 2 times	3 - 5 times
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2. If you answered "none" to the question about exercise, why didn't you exercise in the past week? (Please
choose all that apply).
☐ Don't have any time to exercise. ☐ Don't like to exercise.
☐ Can't afford the fees to exercise. ☐ Don't have child care while I exercise.
☐ Don't have access to an exercise facility. ☐ Too tired.
Safety issues.
Healthy Eating
3. On a typical DAY, how many servings/separate portions of fruits and/or vegetables did you have? An
example would be a banana (but not banana flavored pudding).
None (please answer #4) 1 - 2 servings 3 - 5 servings More than 5 servings
4. If you answered "none" to the questions about fruits and vegetables, why didn't you eat fruits/vegetables?
(Please choose all that apply).
☐ Don't have transportation to get fruits/vegetables ☐ Don't like fruits/vegetables
☐ It is not important to me ☐ Can't afford fruits/vegetables
☐ Don't know how to prepare fruits/vegetables ☐ Don't have a refrigerator/stove
Don't know where to buy fruits/vegetables
5. Where is your primary source of food? (Please choose only one answer).
Grocery store Fast food Gas station Food delivery program
Food pantry Farm/garden Convenience store
6. Please check the box next to any health conditions that you have. (Please choose all that apply). If you don't have any health conditions, please check the first box and go to question #8: Smoking. I do not have any health conditions Diabetes Mental-health conditions Allergy Heart problems Stroke Asthma/COPD Overweight Cancer Memory problems
7. If you identified any conditions in Question #6, how often do you follow an eating plan to manage your
condition(s)? Never Sometimes Usually Always
Never Sometimes Usually Always
Smoking 8. On a typical DAY, how many cigarettes do you smoke? None
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.).

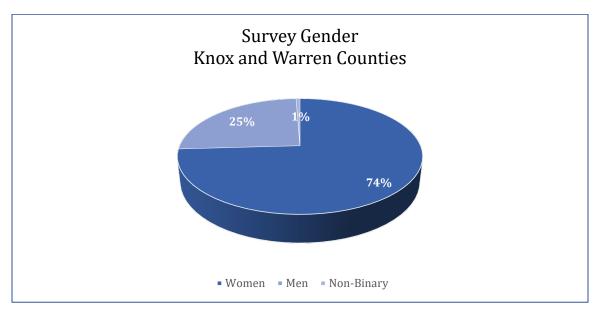
11. Do you have a personal physician/doctor?
12. How many days a week do you or your family members go hungry? None 1-2 days 3-5 days More than 5 days
13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?
None $1-2$ days $3-5$ days 0 More than 5 days
14. In the last 30 DAYS, 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 marijaunia 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
21. Do you feel safe where you live?
22. In the past 5 years, have you had a:
Breast/mammography exam Yes No Not applicable
Prostate exam Yes No Not applicable
Colonoscopy/colorectal cancer screening Yes No Not applicable Cervical cancer screening/pap smear Yes No Not applicable
Overall Health Ratings
21. My overall physical health is: Below average Average Above average 22. My overall mental health is: Below average Average Above average
INTERNET
1. Do you have Internet at home? For example, can you watch Youtube at home?
☐ Yes (please go to next section – BACKGROUND INFORMATION) ☐ No (please answer #2)
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2. If don't have Internet	, why not? [Cost Data limits	No available Poor Internet	_	r I don't know how No phone or computer
BACKGROUND I	NFORMA	ΓΙΟΝ			
1. What county do you l	live in?				
☐ Knox ☐ Warren	Other				
2. What is your Zip Cod	le?				
3. What type of health is	nsurance do yo	ou have? (Plea	se choose all th	at apply).	
Medicare	Medicaid/St	ate insurance	Comr	nercial/Employe	Γ
☐ Don't have (Please ans	swer #4)				
4. If you answered "don (Please choose all that a		question abo	ut health insura	nce, why don't	you have insurance?
☐ Can't afford health ins☐ Don't know how to ge		ce	Don't need h	ealth insurance	
5. What is your gender?	Male	Female	☐ Non-binary	Transgender	Prefer not to answer
6. What is your sexual orio		Heterosexual Queer	Lesbia Prefer	n Gay not to answer	Bisexual
7. What is your age? [Under 20	21-35	□ 36-50	<u> </u>	Over 65
8. What is your racial or	rethnic identif	ication? (Plea	se choose only	one answer).	
White/Caucasian Pacific Islander Multiracial	Black/Africa Native Amer Other.		Hispanic/La Asian/South		
9. What is your highest	level of educar	tion? (Please	choose only one	answer).	
Grade/Junior high scho Some college (no degr Bachelor's degree	ree) 🔲 Ass	ne high school ociate's degree duate degree		school degree (or cate/technical de	
10. What was your hous	sehold/total inc	come last year	, before taxes?	(Please choose	only one answer).
Less than \$20,000 \$60,001 to \$80,000		= '	to \$40,000 to \$100,000		\$40,001 to \$60,000 More than \$100,000
11. What is your housin	g status?				
Do not have	Have housing	g, but worried a	about losing it	Have housing	ng, NOT worried about losing i
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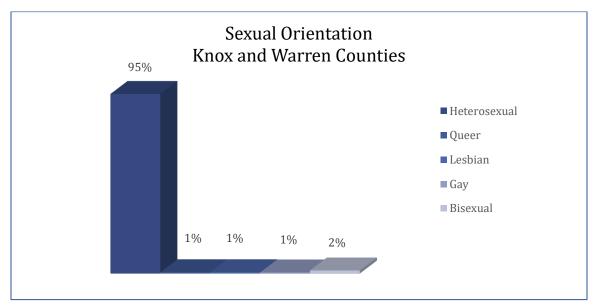
14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?) Less than once per week 1-2 times per week 3 - 5 times per week More than 5 times per week
13. How many people live with you?
running water
☐ leaking roof ☐ mold ☐ heat ☐ air conditioning
12. If you answered that you have housing, does your house have:

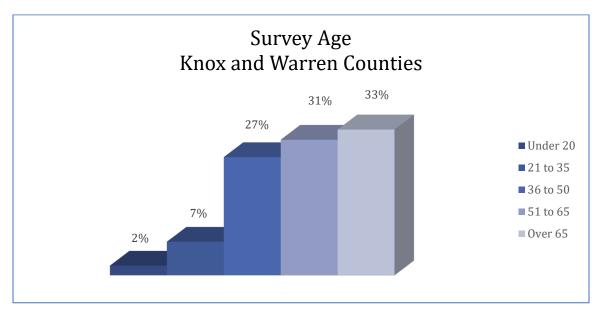
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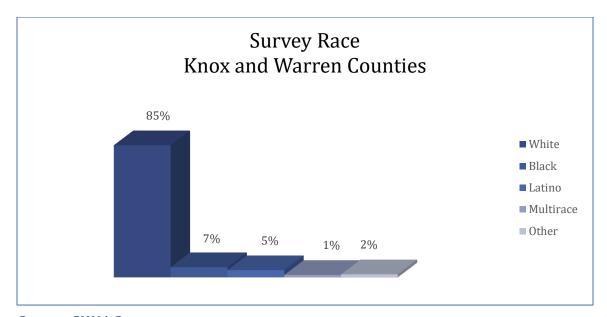
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS

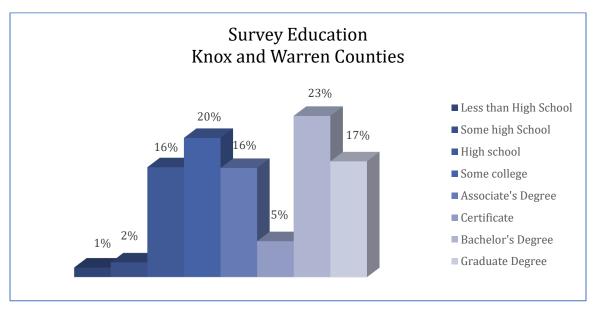


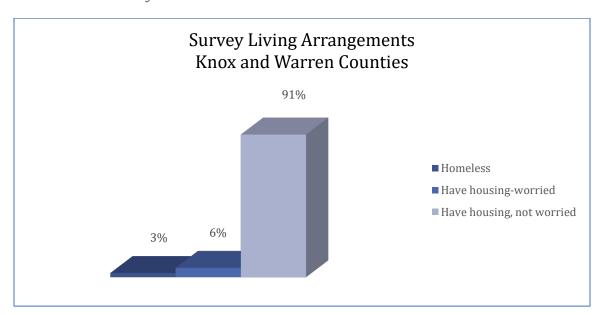
Source: CHNA Survey

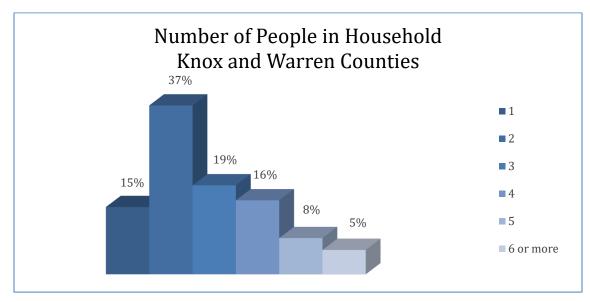






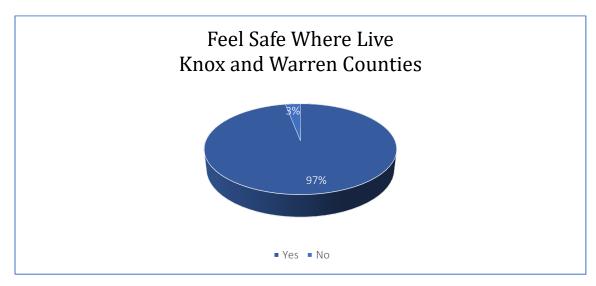


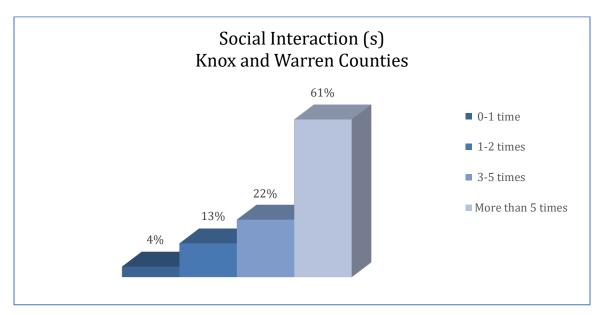




Housing Environment

Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For Knox and Warren Counties, 58% 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).





APPENDIX 5: RESOURCE MATRIX

	Aging Issues	Cancer Screenings	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Access to Counseling	Substance Abuse	COVID- 19	Diabetes
Recreational Facilities									
YMCA of Knox County	1		3		1				
YMCA of Warren County	1		3		1				
Galesburg Parks and Recreation			2						
Monmouth Parks and Recreation			2						
Health Departments									
Knox County Health Department	1	1	2	1	1		1	2	
Warren County Health Department	1		2	1	1		1	2	
Community Agencies									
United Way of Knox County	1		2	1					
United Way of Warren County	1		2	1			1		
Crossroads Counseling and Life Coaching			1	1		2	1		
University of Illinois Knox Co. Extension	1		2						
University of Illinois Warren Co.	1		2						
Extension			2						
FISH Food Pantry			3						
First Lutheran Church-Galesburg Food Pantry			1						
Jamieson Community Center	1		2	1			1		
First Christian Church Food Bank			1						
Helping Hands Food Pantry			1						
Gordon Behrents Senior Center/KCCDD	2		1	2					
VNA Community Services	2		2	1		1			
Western IL Area Agency on Aging	3		2	1		1			
Knox Community Health Center	2		2	1	1				1
Salvation Army	2		1	1			1		
Women, Infants, Children's Nutrition Prog			2						
Bridgeway			1	3		1	3		
Illinois Tobacco Quit Line			1				2		
Al Anon			1	1			2		

	Aging Issues	Cancer Screenings	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Access to	Substance Abuse	COVID- 19	Diabetes
Hospitals / Clinics									
OSF Healthcare St Mary Medical Center	3	3	3	2	1	1	2	2	3
OSF Medical Group/Clinics- Galesburg	3	3	3	2	1	1	2	1	3
OSF Medical Group- Knoxville	3	3	3	2	1	1	2	1	3
OSF Medical Group- Abingdon	3	3	3	2	1	1	2	1	3
OSF HC Holy Family Medical Center	3	3	3	2	1	1	2	1	3
OSF HC Clinics Roseville/Monmouth	3	3	3	2	1		2	1	3
OSF Medical Group- Galva	3	3	3	2	1		2	1	3
OSF Prompt Care-Galesburg	1		1	1			1	1	
OSF HC Cardiovascular Institute	3		3		1			1	
OSF Home Care and Hospice	3		2					1	1
The Galesburg OP VA Clinic	2	1	2	2			1		
Illinois Cancer Care Clinic	1	1	2						
Fresenius Kidney Care Galesburg			2						1
Knox County Human Services Council	1		1	1		1	· ·		
Soderstrom Skin Institute		1	1				· ·		
OSF Healthcare Resource Link				3					
Family Planning Service	C 1	. 1.1.	2	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)

Knox County YMCA

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

Warren County YMCA

The Warren County YMCA offers high quality after school programs, swimming and gymnastics instruction, youth sports, teen programs, Day Camp and a variety of recreational experiences for children and adults of all ages. The YMCA focus is on Health and Wellness. Workout facilities are available 24 hours a day to accommodate any schedule.

Galesburg Parks and Recreation

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

Monmouth Parks and Recreation

The Monmouth Parks and Recreation Department maintains nine parks, the Gibson Woods golf course and the Municipal Pool.

HEALTH DEPARTMENTS (2)

Knox County Health Department

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

Warren County Health Department

The Warren County Health Department enhances the health and safety of the community by promoting public health education and awareness, providing essential health services, and encouraging collaborative efforts throughout Warren County.

COMMUNITY AGENCIES/PRIVATE PRACTICES (21)

United Way of Knox County

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

United Way of Warren County

The United Way is a recognized leader in helping solve community problems by gathering and distributing, in an efficient and accountable manner, community resources which respond to priority health and human service needs. The United Way and OSF Healthcare Holy Family are sponsors of the 2-1-1 resource center.

Crossroads Counseling and Life Coaching

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

University of Illinois Knox County Extension

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

University of Illinois Warren County Extension

Warren County Extension office provides educational programs to the community on numerous subjects including health and nutrition to both youth and adult audiences.

FISH Food Pantry

FISH of Galesburg provides food for those in need. The pantry is open Monday through Friday from 10 to 3. In partnership with United Way delivery of food assistance is available on Thursdays.

Jamieson Center

Jamieson Community Center is a non-profit agency primarily serving residents of Warren County. Their programs are designed to increase food security and help people with essential services. Programs include Senior Nutrition, Food Pantry, Thrift store, weekend meals for elementary students, emergency bill pay, energy assistance and a Learning Center.

First Christian Church-Food Pantry

The First Christian Church offers a food bank to assist families in need in addition to their many programs built to strengthen families and individuals in Warren County.

First Lutheran Church of Galesburg-Food Pantry

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

Helping Hands-Food Pantry

The Helping Hands Food Pantry of Roseville exists to improve quality of life for Warren County, IL residents by providing assistance to families in need and by developing programs to strengthen families and individuals.

Illinois Cancer Care

Illinois Cancer Care is a comprehensive practice treating patients with cancer and blood diseases.

Gordon Behrents Senior Center

The Senior Center provides adult day services designed to prevent premature long-term care placement, promote client independence and provide respite to families and caregivers.

Soderstrom Skin Institute

Soderstrom Skin Institute diagnoses and treats all skin conditions.

VNA Community Services

The VNA helps Seniors 60 years and older in and around Galesburg. Services include congregate and home delivered meals, education, Medicare and options counseling, benefits access applications, energy assistance program, caregivers support and a Fitness Center.

Western Illinois Area Agency on Aging

The Western Illinois Area Agency on Aging was founded under an amendment to the Older American Act to help older Americans live in their homes with safety and dignity as long as possible with support and services. Services include home delivered meals, transportation, legal assistance, outreach, Medicare and options counseling, senior centers and family caregiver programs.

Knox County Health Center

The Primary care center is community based and patient directed existing to serve those who have limited access to health care. The Center provides comprehensive health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care. Services include: physicals, adult wellness, chronic disease management and behavioral health screenings.

Salvation Army

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

Women, Infants, and Children's Nutrition Program

Women, Infants, and Children's (WIC) supplemental nutrition program is conducted by the Warren County Health Department. WIC encourages breastfeeding, proper nutrition during pregnancy; and nutrition for children from birth through age 5 for qualified women and children.

Bridgeway Mental Health and Family Services

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

Illinois Tobacco Quit Line

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

AL-Anon

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

HOSPITALS/CLINICS (13)

OSF Healthcare St. Mary Medical Center

OSF HC St. Mary Medical Center has been serving the Galesburg community since 1909. The acute care hospital services patients in a seven county area including Knox, Warren, Mercer, Henderson, Henry, McDonough and Fulton. Health care services include the Family Birthing Center, cancer, lung, cardiovascular care, behavioral health and specialty services.

OSF Healthcare Holy Family Medical Center

OSF HC Holy Family is an acute and outpatient care hospital. The critical care hospital is located in Monmouth and serves patients of Warren, Henderson and Mercer counties, Services include emergency, 24-hour inpatient care, diagnostic imaging, rehabilitation, specialty and ancillary services.

OSF Medical Group-Abingdon/Knoxville

The OSF Medical Group/Clinics in Knoxville and Abingdon specialize in Family Medicine. Nurse Practitioners, Advance Practice Nurses, and other support staff is used to treat individuals with various conditions, such as diabetes, dermatology, infectious disease, urology, sports medicine, podiatry, sleep disorder, and more.

OSF Prompt Care-Galesburg

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

OSF Galesburg Clinic

Galesburg Clinic is a multi-specialty group offering services in internal medicine, cardiology, gastroenterology, neurology, urology, obstetrics, behavioral health, podiatry, pediatrics, pulmonology, surgical services, and general practice.

OSF Home Care and Hospice

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

Galesburg VA Clinic

The Galesburg VA clinic is an urgent care center and medical clinic. This OP clinic assists our Veterans with healthcare and social services.

Knox County Human Services Council

The Knox County Human Services Council provides a forum for social service professionals and agencies to exchange information of mutual interest and benefit and to coordinate efforts to enhance the delivery of social, health, educational and other services available to Knox County residents.

Fresenius Kidney Care-Galesburg

Fresenius offers dialysis treatment, resources, recipes, and support for individuals living with kidney disease and ESRD

OSF Medical Group Clinic Monmouth/Roseville

The OSF Medical Group Clinics in Monmouth and Roseville provide a wide range of medical care to the community focusing mainly on primary care.

OSF Multi-Specialty Group

OSF Multi-Specialty Group offers a wide range of medical and surgical care, as well as other specialty services, through provider offices located throughout Warren County.

Family Planning Service

The mission of the Family Planning Service of Western Illinois is to provide high quality comprehensive reproductive healthcare in a confidential setting and to educate clients and the community about taking responsibility for reproductive health.

OSF HealthCare Resource Link

Resource Link provides services to equip primary care Physician practices to identify, diagnose and treat mental health issues

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 Method²

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

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

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

Resources - Is funding available for a program?

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

Step 4. Use Voting Technique to Narrow Potential Issues

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

- 1. Magnitude size of the issue in the community. Considerations include, but are not limited to:
 - Percentage of general population impacted
 - Prevalence of issue in low-income communities
 - Trends and future forecasts
- **2. Severity** importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:
 - Does an issue lead to serious diseases/death
 - Urgency of issue to improve population health
- **3. Potential for impact through collaboration** can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

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