

# Livingston County Health Department

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**Public Health**  
Prevent. Promote. Protect.

June 1, 2025

IPLAN Administrator  
IDPH Office of Policy, Planning, and Statistics  
525 W. Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Dear IPLAN Administrator,

Enclosed is the Livingston County IPLAN for 2025-2030 which is required for health department certification. An electronic copy has been submitted to your email address. The Livingston County Board of Health has adopted the organizational capacity self-assessment, the needs assessment, and the county health plan. The Livingston County Healthy Equity Coalition, along with the Board of Health has played an active role in all aspects of this IPLAN.

Please do not hesitate to inquire about additional information. I can be reached at 815-842-5908 or by email: [efogarty@lchd.us](mailto:efogarty@lchd.us). Thank you for all of your assistance during this process.

Sincerely,

Dr. Erin Fogarty

Erin Fogarty, PhD, MPH, MCHES  
Administrator  
Livingston County Health Department

*Livingston County Public Health Department does not discriminate in admission to program or activities and employment in compliance with all state and federal laws. If you feel you have been discriminated against you have a right to file a complaint with Livingston County Health Department at 815-844-7174.*

# Livingston County

## Illinois Project for Local Assessment of Needs 2025-2030



*Livingston County Health Department Mission:  
To assure conditions in which people can be health*

# Table of Contents

<b>Submission Letter</b>		
<b>Table of Contents</b> .....		<b>3</b>
<b>Executive Summary</b> .....		<b>4</b>
<b>Livingston County Community Health Needs Assessment</b>		
I.	Statement of Purpose.....	8
II.	Community Health Coalition.....	9
	<b>a.</b> Livingston County Health Equity Coalition.....	9
	<b>b.</b> Community Survey.....	10
III.	Description of Health Status & Problems.....	11
	<b>a.</b> Livingston County Community Health Needs Assessment.....	11
	<b>b.</b> Secondary Data.....	15
	<b>i.</b> Demographic and Socioeconomic Characteristics.....	17
	<b>ii.</b> General Health and Access to Care.....	18
	<b>iii.</b> Maternal and Child Health.....	20
	<b>iv.</b> Chronic Disease.....	21
	<b>v.</b> Infectious Diseases.....	23
	<b>vi.</b> Environmental, Occupational, and Injury Control.....	25
	<b>vii.</b> Sentinel Events.....	26
	<b>viii.</b> County Health Rankings & Roadmaps 2024.....	27
	<b>c.</b> Limitations of Data.....	28
IV.	Prioritization Method.....	29
	<b>a.</b> Process Used in Selecting Priorities.....	29
	<b>b.</b> Priorities Identified.....	30
<b>Livingston County Community Health Plan</b>		
I.	Statement of Purpose 7 Background.....	32
II.	Community Participation.....	33
III.	Health Priorities & Intervention Strategies.....	35
<b>Attachments</b>		
1.	Livingston County Health Equity Coalition Members.....	61
2.	Livingston County Community Health Needs Assessment Survey-2024.....	63
3.	Livingston County Community Health Needs Assessment Results-2024.....	81
4.	Illinois County Behavioral Risk Factor Surveys: Round 7 (2020-2023) Report for Livingston County.....	112
5.	Livingston County Board of Health Approval Letter.....	121

## EXECUTIVE SUMMARY

The Livingston County 2025-2030 Community Health Needs Assessment and Community Health Plan is a public health approach to improving the quality of life for the citizens of Livingston County. This is the seventh needs assessment and health plan for the county coordinated by the Livingston County Health Department (LCHD). Each of the assessments and health plans share some similarities, but allow for growth, expansion, evaluation and improvement. Past priorities include raising the immunization compliance rate for children, decreasing teen pregnancy, addressing family violence, addressing the risks associated with cardiovascular disease, obesity, diabetes, and cancers, reducing drug/alcohol abuse, increasing oral health care and hygiene opportunities, and increasing access to mental health services. This plan's priorities continues to build on past priorities and there is a familiar theme in relation to IPLANs in the past. These issues and their associated risk factors will continue to challenge the county in improving the health of the residents.

Statistical data was obtained from a variety of sources. Secondary sources of data included primarily, but was not limited to, the Illinois Department of Public Health (IDPH) Vital Records/IQuery, Illinois state Cancer Registry, IPLAN, Round 7 Illinois County Behavioral Risk Factor Survey (ICBRFS), 2022 Illinois Youth Survey Report (IYS), KIDS COUNT, 2020 US Census data, the 2024 Robert Wood Johnson County Health Rankings & Roadmaps Report, , and the 2022 Community Health Needs Assessment – Livingston County Report completed by OSF St. James John W. Albright Medical Center (OSF St. James).

Primary data was collected via the 2024 LCHD Community Health Needs Assessment Survey (CHNA), which can be reviewed in Attachment 2. This survey was developed by Administrator, Erin Fogarty, with input from Health Educator and Marketing Director, Chrystal Little, after researching similar survey questions and formats. Barriers and challenges from writing the survey during the last IPLAN process was taken into consideration in the survey development as well as the strengths of the last cycle. A large portion of the survey was dedicated to health equity and accessibility. Though the survey was longer in length for this cycle, Fogarty and Little felt that it was important to include all areas of health care as well as quality of life items.

To best reach all populations, both paper and electronic surveys were developed and distributed. The survey was posted on the LCHD's website, shared frequently on social media (garnering the majority of responses), and distributed via email with a wide variety of Livingston County constituents including, but not limited to, Social Service Coalition members, Health Equity Coalition members, and Livingston County department heads to be shared with staff and clients. Electronic links were also shared at local food pantries, businesses, chambers, village halls, and at LCHD events, including the Livingston County Ag Fair, LCHD Back-to School Supply Pick-up, Dwight National Night Out, and the Fairbury Fair. Paper surveys were distributed and collected at the Livingston County Probation Office, IHR Counseling Services, Future's Unlimited, Inc, and LCHD front desk. Thirteen responses were received via paper from those organizations.

In total, 530 people started the survey, of which 334 fully completed it. Of the paper surveys, 13 were submitted and manually entered into the Qualtrics Data collection system. This is a notable improvement in

the response rate when compared to the 2019 CHNA cycle in which there were 386 total respondents. The complete findings of the 2024 CHNA can be found in Attachment 3.

In order to facilitate this needs assessment and IPLAN development in 2019 the Livingston County Community Health Coalition was formed. The purpose of the coalition was to solicit input on what the health problems are in the county, prioritize these problems, discuss potential solutions to impact the problems and achieve consensus on the priorities to be addressed. The COVID pandemic of 2020 exacerbated the negative impacts of social determinants of health among certain racial and ethnic minorities, as well as other minority groups. Upon recognizing these changes in the community, the Community Health Coalition changed its focus and became the Livingston County Health Equity Coalition in August of 2023. Careful consideration was given when revising the coalition to ensure that all populations had proper representation. Many have served on the Livingston County Community Coalition in the past for prior IPLANs and were knowledgeable about our county. The ethnic and racial composition of the coalition was similar to the county residents.

Erin Fogarty and Chrystal Little reviewed with the Health Equity Coalition both secondary data and findings from the 2024 CHNA in October of 2024. Health Equity Coalition partners shared qualitative data, expressing the changes that they have seen in the population in each of their respective organizations. Using the Hanlon method and then applying the “PEARL” test, priorities were identified and agreed upon. Once these priorities were determined, the group discussed available resources to address those priorities. In January of 2025, the Healthy Equity Coalition once again met to develop a strategic plan to properly develop interventions and strategies to address the health priorities that were previously identified. It is intended that this process guides the development of new programs, the enhancement of any existing programs, and/or the maintenance of current programs under the auspices of LCHD. Results are to be incorporated into the county needs assessment for IPLAN 2025 – 2030 and be utilized in the development of the county’s health plan.

Another process that influenced the development of this IPLAN 2025-2030 was the 2022 Livingston County Community Health Needs Assessment conducted by OSF Healthcare, Livingston County’s largest healthcare provider, including the only hospital, OSF St. James John W. Albright Medical Center (OSF St. James). This collaborative undertaking by OSF St. James intended to highlight the health needs and well-being of residents in Livingston County and identify priority health issues to be addressed in a similar fashion to that conducted by the Livingston County Health Department. Many of the collaborative community partners, including LCHD health officials, who participated in OSF’s CHNA assessment process also participated in the Livingston County CHNA. Rather than being in duplicating, the two processes complimented and informed one another, demonstrating the strength and importance of the partnership formed among Livingston County agencies.

The coalition considered health needs based on: (1) size of the health problem (i.e., what percentage of the population was impacted by the issue); (2) seriousness of the issue in terms of its relationship with morbidities and mortalities; (3) effectiveness and availability of interventions currently in place. Priorities identified for adoption included (in no particular order):

- \* Healthy Behaviors – *defined as active living, healthy eating, tobacco use, wellness*

*screenings, social wellness, and other factors that impact communicable and chronic disease in all populations*

- \* Behavioral Health and Substance Use *Defined as Mental Health and Wellness and substance use, misuse, and addiction*
- \* Maternal and Child Health-*defined as prenatal to postpartum and children ages 0-18 years.*

Moving forward, the Livingston County Health Equity Coalition will continue to play a key role in the development, adoption and implementation of the county health plan, as well as ensuring that it is equitable and a plan of inclusion.

# LIVINGSTON COUNTY

## Livingston County Community Health Needs Assessment 2025 – 2030

**PREPARED BY:**

**LIVINGSTON COUNTY HEALTH DEPARTMENT**

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**PRIORITIES to be addressed (in no particular order):**

- ❖ **Healthy Behaviors**
- ❖ **Behavioral Health and Substance Use**
- ❖ **Maternal and Child Health**



## I. STATEMENT OF PURPOSE

This is the seventh Community Health Needs Assessment and Community Health Plan developed by the Livingston County Health Department. This fulfills the certification requirement for local health departments by completing the Illinois Project for Local Assessment of Need (IPLAN). This document will cover the years of 2025 – 2030. The past experiences and partnerships will continue to play an integral role in the development of this assessment and health plan. The county health rankings report furnished by the Robert Wood Johnson Foundation was incorporated into the assessment along with some Mobilizing for Action through Planning and Partnerships (MAPP) tools.

The mission of the Livingston County Health Department is “*Assuring Conditions in Which People Can Be Healthy.*” Government has a basic duty to assure the health of the public. Thus, the Livingston County Health Department leads the county in assessing health problems, developing appropriate policies, assuring that health problems are addressed and identifying resources to accomplish these tasks. The IPLAN process was led by the Livingston County Health Department Administrator, Erin Fogarty and the Director of Health Education & Marketing, Chrystal Little. The health department staff, Livingston County Board of Health, Livingston County Board and our community stakeholders played a vital role in the assessment, development and implementation of IPLAN.

Public health has always been a strong advocate for prevention, especially population-based services. Prevention decreases the economic and emotional burden of health conditions. Education and training teach citizens healthy lifestyle choices, resulting in an impact on the health problems in the county. Though prevention is a logical method to assist in addressing the health problems of the county’s citizens and improving the quality of life in Livingston County we also know that the Social Determinants of Health (SDOH) have a major impact on the population’s health, well-being and quality of life. SDOH also contribute to wide health disparities and inequities. While the strategic plan for IPLAN 2025-2030 will include prevention interventions, it will largely focus on addressing SDOH; health care access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality as they are described the U.S. Department of Health and Human Services.

As the state of our economy fluctuates dramatically due to the COVID-19 pandemic of 2020 and changes to the Affordable Care Act continue, our health department programs must transition with the times and meet the needs of our citizens. All resources need to be leveraged to meet the needs of our citizens. Prioritizing needs will allow strategic planning for the best use of limited resources, and a coalition approach helps to prevent duplication of services and fosters collaboration. Health promotion alone will not eliminate health disparities. It is imperative that public health organizations and partners work to improve the environment of those living in our communities to address the Social Determinants of Health. Focusing on prevention strategies and interventions alone will prove to be unfruitful and not address the health inequities that exist. This procrastination with the allocation of resources has immense, long-lasting impacts on health. Without appropriate resources it is difficult to offer population-based services to make a difference in the health of our county’s citizens. It is equally important to maintain the public health infrastructure so when a communicable disease crisis occurs, such as the COVID-19 pandemic, there are resources to respond. There are many competing facets of health problems

the health department and our community partners could direct their focus. Often, limitations are set by funding availability, impacting personnel available to provide the service, in turn, when services are available, they are not always accessible due to the aforementioned Social Determinants of Health. Innovative measures and creative thinking must be a core component for effective solutions.

The Community Health Needs Assessment (CHNA) will be utilized to identify and prioritize the health problems identified in Livingston County and be the basis of our county's health plan. The health plan is developed to address the priorities identified and concentrate on implementation and evaluation. Implementation of the health plan will focus attention and resources on the prioritized health problems, ensuring the targeted, effective use of resources. The Livingston County Health Equity Coalition will be the catalyst for implementing and evaluating the health plan. The county will have ownership of the needs assessment and health plan by the input, development and implementation of the county plan. This plan has a county-wide focus so barriers/challenges in various locations can be discussed. This plan may serve as a catalyst to obtain funding from a variety of sources for implementation. The overall goal of the Livingston County Health Equity Coalition is to increase the span of a healthier life, reduce health disparities, and address issues of equity, inclusion, and diversity that affect the health of all county citizens. To achieve this goal, the coalition must identify the needs of at-risk populations by developing a pool of data sources and thoroughly examine each intervention currently in place for bias. Livingston County will continue to strive to meet best practice standards in all areas to protect and promote public health throughout the county.

## **II. HEALTH EQUITY COALITION**

### **a. Livingston County Health Equity Coalition**

Community input was vigorously recruited when conducting the 2024 Community Health Needs Assessment for Livingston County. Careful consideration was given when revising the coalition to ensure that all populations had proper representation. Many have served on the Livingston County Community Coalition in the past for prior IPLANs and were knowledgeable about our county. The ethnic and racial composition of the coalition was similar to the county residents in order to ensure diverse representation. A list of coalition members and their agency affiliations can be found in Attachment 1.

Participation in coalition meetings was facilitated both in-person and via email as several of the members were unable to attend in-person due to scheduling and travel time/distance. These problems of travel time/distance and scheduling for participation in the coalition exemplify some of the greatest barriers posed in Livingston County, like limited resources (including staffing at agencies) and travel time/distance. While email correspondence took place throughout the CHNA process, in-person meetings were also held on the following dates:

October 21, 2024

December 16, 2024

January 9, 2025

March 24, 2025

The initial purpose of the coalition was to solicit input on what the health problems are in Livingston County, prioritize these problems, discuss potential solutions to impact the problems and achieve consensus on the priorities to be addressed. The coalition was revised to ensure health equity and inclusion among at-risk populations. Both secondary data and findings from the 2024 CHNA survey were reviewed by the coalition. After the priorities were identified and agreed upon, the group then discussed available resources to address those priorities. It is intended that this process guide the development of new programs, the enhancement of any existing programs, and/or the maintenance of current programs under the auspices of LCHD. Results would be incorporated into the county needs assessment for IPLAN 2025 – 2030 and be utilized in the development of the county’s health plan.

## **b. Community Survey**

The 2024 Livingston County Community Health Needs Assessment (CHNA) survey was developed by Dr. Erin Fogarty, Administrator, and Health Educator/Marketing Director, Chrystal Little, after researching similar survey questions and formats. Barriers and challenges from writing the survey during the last IPLAN process were taken into consideration in the survey development as well as the strengths and weaknesses of the last cycle.

Surveys were developed and collected using Qualtrics software. The survey was piloted with the input of eight different community members and took approximately 9 minutes to complete. To best reach all populations, both paper and electronic surveys were developed and distributed. For the electronic survey, a link to the CHNA survey was shared with the following message: *“The Livingston County Health Department, with the help of community partners/citizens, is assessing the health needs of county residents via the Livingston County Community Health Needs Assessment – an anonymous survey just for Livingston County residents. This important feedback helps to inform decisions regarding program planning and funding so that resources may be directed to those areas of greatest need as identified by county residents. PLEASE take a moment and LET YOUR VOICE BE HEARD by completing this anonymous, quick (9 minutes) survey: [survey link](#). We greatly appreciate your participation and efforts in helping us meet the needs of Livingston County. If you have any questions, please feel free to contact Livingston County Health Department Administrator, Erin Fogarty at [efogarty@lchd.us](mailto:efogarty@lchd.us) or 815-844-7174 x25908.”*

The CHNA survey was posted on the LCHD’s website, shared frequently on social media (garnering the majority of responses), and distributed via email with a wide variety of Livingston County constituents including, but not limited to, Social Service and Health Equity Coalition members, Livingston County department heads to be shared with staff and their clients, and LCHD staff to be shared with their clients. Electronic links were also shared at both local food pantries and businesses, and at LCHD events, including the Livingston County Ag Fair, LCHD Back-to-School Supply Pick-up, Dwight National Night Out, and the Fairbury Fair. Paper surveys were distributed and collected at the Livingston County Probation Office, IHR Counseling Services, Future’s Unlimited, Inc, and LCHD front desk.

In total, 530 people started the survey, of which 334 fully completed it. Of the paper surveys, 13 were submitted and manually entered into the Qualtrics system. This is a notable improvement in the response rate when compared to the 2019 CHNA cycle in which there were 386 total respondents.

### III. DESCRIPTION OF HEALTH STATUS & PROBLEMS

#### a. Livingston County Community Health Needs Assessment 2024

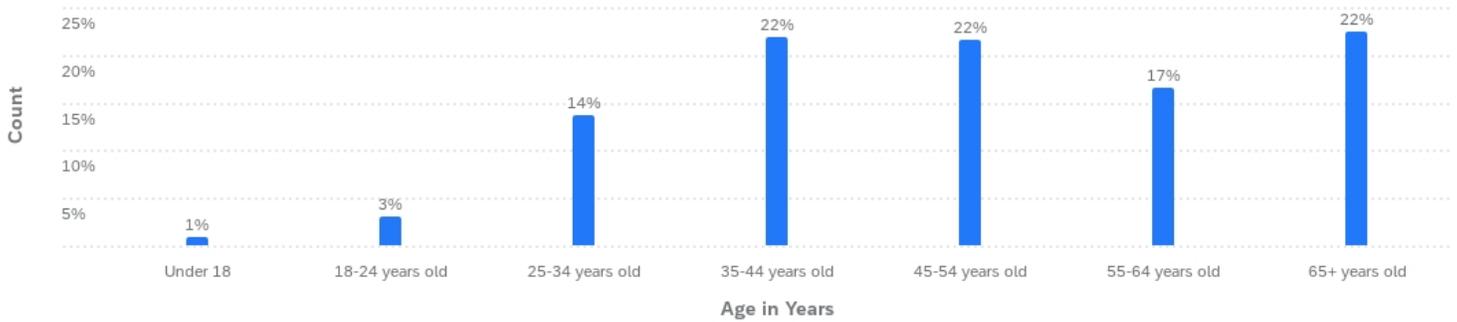
Below is a summary of the findings from the 2024 Livingston County CHNA. To review the survey in its entirety, please see Attachment 2. For the complete 2024 Livingston County CHNA Report and results, please see Attachment 3.

The greatest percentages of respondents lived in Pontiac (27%) and Strawn, Forrest, Fairbury, and the Chatsworth area (19%), which correlates with the county’s population centers and is very similar to the response distribution of the 2019 CHNA. The third largest group of respondents was actually those that don’t live but do work in Livingston County (15%) The vast majority, nearly 55%, of respondents, have lived in the county for 20+ years.

#### AGE

The age of respondents is shown below. Ages 35 and above were the vast majority of respondents to complete the survey.

Age of Respondents 338

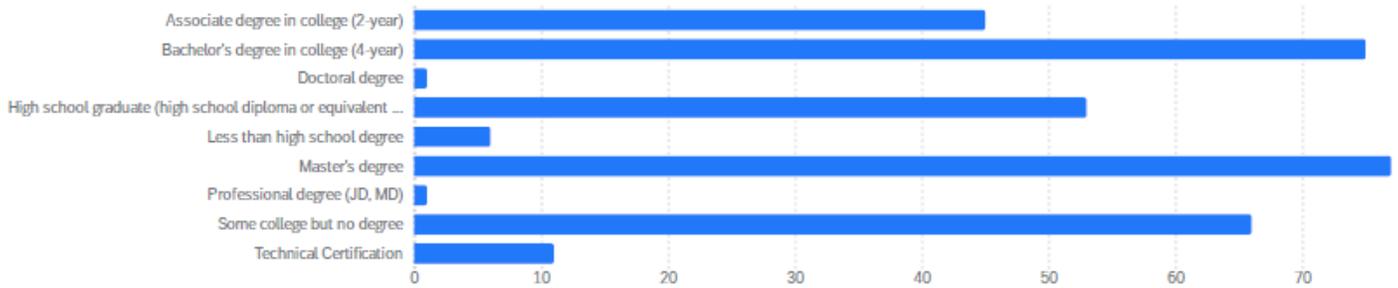


## EDUCATION

When asked about level of education, the greatest percentages of respondents replied with Master’s degree (23%), Bachelor’s degree (22%), and some college but no degree (20%).

Results of employment status over the last three months were as follows: Working full-time (62%), Retired (19%), and working part-time (9%).

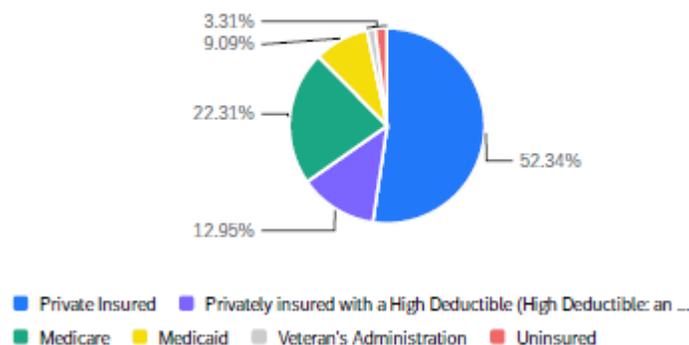
Highest Level of Education Achieve 335



## INSURANCE STATUS

When asked about insurance status, the majority, almost 59%, of respondents said they are covered by private insurance with another nearly 15% indicating they have private insurance but with a high deductible. A high deductible being defined as an insurance deductible of a high enough value that it may prevent the person from seeking medical treatment. Relative to the ages of respondents, nearly 25% reported that they are covered by Medicare. Few clients reported having double coverage. See chart below.

Current Insurance Status 324



Within the Livingston County community, participants were asked to rate their satisfaction with Livingston County using “extremely dissatisfied”, “somewhat dissatisfied”, “somewhat satisfied”, “extremely satisfied”, or “not applicable” as a place to live, work, raise children, retire, and visit. The majority of respondents report that they are “somewhat satisfied” or extremely satisfied in all of the above categories. It is important to note that of all five categories, retiring in Livingston County received the highest responses of “extremely dissatisfied”.

When it came to rating their own quality of life while living in Livingston County, approximately 51% of the respondents rated their lives as somewhat good. Other responses include extremely good (25%), neither good nor bad (17%), somewhat bad (6%), and extremely bad (1%).

When asked how the respondent believed Livingston County's quality of life has changed over the past five years, approximately 54% said it stayed the same, 33% said it declined, and only 12% believed that the quality of life has improved in the county. This is similar to the results of both the 2015 and 2019 Community Health Needs Assessments.

Participants were asked, "How concerned are you about the following 'health problems' in Livingston County?" using a scale of "very concerned", "somewhat concerned" and "not at all concerned." 'Health problems' included: Aging problems, Alcohol Use/Abuse, Cancers, Child abuse/neglect, Dental problems, Diabetes, Domestic violence, Drug Use/Misuse, Elder Abuse, Firearm-related injury, Gambling addiction, Heart disease/Stroke, High blood pressure, Infant death, Infectious disease, Loneliness, Mental health problems, Motor vehicle crashes, Nicotine Use, Overweight/Obesity, Rape/sexual assault, Respiratory/Lung Disease, Sexually transmitted infections, Suicide, and Teen (under age 18) pregnancy. Those 'health problems' garnering the highest rates of "very concerned" included drug use/misuse (60%), mental health problems (51%), child abuse/neglect (43%), cancers (42%), overweight/obesity (38%), alcohol use/abuse (36%), and domestic abuse and suicide (35%). Those 'health problems' with highest rates of 'no concern' include firearm related injuries (45%), infectious disease (43%), infant death (42%), and gambling addiction (40%).

Within the Livingston County community, participants were asked to rate their level of concern with 'risky behaviors' using "very problematic," "somewhat problematic," and "not at all problematic" for the following issues: Alcohol abuse, Bullying, Dropping Out of School, Drug Use/Misuse, Gambling, Lack of Exercise, Lack of Prenatal Care, Marijuana Use, Nicotine use (chewing/smoking/vaping), Poor Eating Habits, Racism, Social Isolation, Unsafe Sex, Unsecure Firearms, Not Vaccinating to Prevent Disease, Not Using Birth Control, and Not Using Seat Belts/ Child Safety Belts. The issues of highest concern were drug use/misuse (62%), alcohol abuse (48%), bullying (47.5%), child abuse (64%), and poor eating habits (44%). Those areas of the least concern for respondents include not vaccinating to prevent disease, not using seat belts or child safety seats, and unsecure firearms.

Participants were asked to choose 5 factors they believe most important for a "Healthy Community" (those which improve the quality of life in a community). Factors for review included: Access to child care, Access to medical health care, Access to mental health care, Affordable housing, Arts and cultural events, Clean environment, Emergency preparedness, Good jobs and healthy economy, Safe place to raise children, Good schools, Healthy behaviors and lifestyles, Low crime/safe neighborhoods, Low adult death and disease rates, Low infant death and disease rates, Low level of family violence, Parks and recreation, Religious or spiritual values, and Strong family life. The top five factors seen as most important for a Healthy Community were Good Schools (67%), Access to Medical Health Care (65%), Good Jobs and Healthy Economy (57%) Affordable Housing (47%), and Access to Mental Health Care (45%). It is important to note that in comparison to the 2019 CHNA, while all other "important factors for a healthy community" were similar, Affordable Housing was not ranked in the in the top five categories.

When asked about the accessibility of resources within the county, participants were provided the options of “very accessible,” “somewhat accessible,” and “not at all accessible” and not applicable (I have not tried to access this service)” to describe the following resources: Affordable Medication, Birth Control, Child Care, Dental Care, Internet Access, Long-term Health Care, Mental Health Care, Nutritious Food, Primary Health Care Provider, Public Transportation, Specialist Care in a timely manner, Substance Use Treatment, Urgent Care, Vision Care, and Women’s Health and Prenatal Care. Resources with the highest indications of being “not at all accessible” included: transportation (51%), specialist care in a timely manner (32%) (nearly double since the 2019 CHNA), child care (18%), mental health care, dental care and women’s health and prenatal care (13%),.

In addition to being asked about the accessibility of resources within the county, participants were asked to rate their satisfaction with the accessibility and quality of such resources. The options of “extremely satisfied”, “somewhat dissatisfied”, “somewhat satisfied”, “extremely satisfied”, and “not applicable (I have not tried to access this service)” were given to rate the accessibility of the following resources: Access to dental care, access to medical health care, access to vision care, access to women’s health and prenatal care, access to mental health care including substance use disorder treatment, access to public transportation, childcare, cost of living, employment opportunities, feelings of safety, internet access, opportunities to socialize, quality of education, quality of housing, and trust in local government. Participants that have tried to access local resources report being ‘extremely’ and ‘somewhat’ dissatisfied with access to public transportation (83%), childcare (60%), access to mental healthcare (57%), cost of living (56%), trust in local government, access to women’s health/prenatal care, and employment opportunities (43%).

Addressing need for resources within the county, participants were asked how much need there is for the following items by answering “high need,” “low need,” and “no need” for the following: Adult education, Affordable health care, Affordable housing, Affordable childcare, Community support groups, Employment opportunities, Ex-offender services, Family Counseling, In-home services for senior/people with disabilities, Job training, Marriage/relationship counseling, Obesity prevention programs, Opportunities for physical activity, Parenting education, Public transportation, and Substance use/misuse/abuse prevention programs. It is important to note that at least 44% of respondents believe that there is a high need for all of the above survey items. Those resources identified as having the highest need include childcare (91%), affordable health care (89%), affordable housing (88%), employment opportunities (78%), in-home services for seniors/people with disabilities (77%), and substance use/misuse/abuse prevention (75%).

Participants were asked to select times and days of the week that are most convenient to access services in the county. Options included, Weekdays (Monday-Friday) Early Mornings (Prior to 8:00 A.M.), Weekdays (Monday-Friday) Mornings (8:00 A.M. to 12:00 P.M.), Weekdays (Monday-Friday) Afternoons (12:00 P.M. to 4:00 P.M.), Weekdays (Monday-Friday) Evenings (4:00 P.M. to 7:00 P.M.), Weekends (Saturday and Sunday) Mornings (8:00 A.M. to 12:00 P.M.), Weekends (Saturday and Sunday) Afternoons (12:00 P.M. to 4:00 P.M.). Respondents report that Weekdays (Monday-Friday) Evenings (4:00 P.M. to 7:00 P.M.) is the most convenient time to access services (58%) followed by Weekends (Saturday and Sunday) Mornings (8:00 A.M. to 12:00 P.M.) (45%), and Weekends (Saturday and Sunday) Afternoons (12:00 P.M. to 4:00 P.M.) (37%).

Addressing needs of diversity, equity, and inclusivity within Livingston County, participants were asked to what degree, if they felt that they could be their full self, by answering “definitely cannot”, “probably cannot”, “probably can”, “definitely can”, or “not sure”. Participants responded definitely can (45%), probably can (32%), probably cannot (12%), not sure (6%), and definitely cannot (5%).

Participants that responded, “definitely cannot”, “probably cannot”, or “not sure” were asked to state reasons as to why they felt that way. Responses can be found in the full report in attachment 3.

When asked if everyone in Livingston County can succeed to their full potential despite their background, 43% participants responded, “Probably can”, followed by 32% “Probably cannot” and 11% “Definitely cannot”.

Addressing the needs of persons with limited mobility, participants were asked to respond to the question, “Are you a person with limited mobility?” with responses being “yes” or “no”. Twenty-three of the total participants answered yes.

Participants that answered “yes” to being a person with limited mobility were then asked to rate their satisfaction with accessibility for the following in Livingston County using “extremely dissatisfied”, “somewhat dissatisfied”, “somewhat satisfied”, “extremely satisfied”, or “not applicable (I have not tried to access this resource)”: Buildings, Entertainment (sporting events, theater, movies, etc.), Parking, Restrooms, Schools, Sidewalks, Parks/Outdoor spaces. Resources with the highest indication of dissatisfaction include sidewalks, followed by parking and public restroom accessibility.

Lastly, participants were provided with an opportunity to share any additional health concerns and/or needs within Livingston County. All responses can be found in attachment 3.

## **b. Secondary Data**

In 2024 the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institutes released the 2024 County Health Rankings & Roadmaps Report. It reflected the overall health of counties in every state and gave a snapshot of how healthy residents were in their county/state. These health rankings are based on health outcomes and health factors which were based on major factors that influence health outcomes. Data collected has changed slightly over the years.

The Illinois Department of Health maintains a web-based community health data query system called IQuery. It offers data from multiple sources and is designed to offer valuable health-related information to the public and is used to improve and expand community health initiatives. New in October of 2024, IDPH implemented the IQuery Dashboard, available to those whose entities have completed a master use agreement form and created a private access account to better fulfill HIPPA requirements.

Regarding the Illinois County Behavioral Risk Factor Surveys (ICBRFS), this statewide telephone survey collects county level health data on health-related risk behaviors, chronic health conditions, health care access, and use of preventative services. The project provides local health planners with useful data to document need for interventions, direct limited public resources to

population groups with the greatest risk, evaluate previous efforts to promote health, and support policy initiatives. The ICBRFS uses a standardized questionnaire and procedures established by the Centers for Disease Control and Prevention (CDC) and used for the nationwide program known as Behavioral Risk Factor Surveillance System (BRFSS). It was established in 1984 as collaboration between CDC and State health departments and has grown to be the primary source of information on behaviors and conditions related to the leading causes of death for adults in the general population.

This report refers to the seventh round of surveys which took place in 2020-2023. The interviews were conducted over a period of years and are referred to as a round. All counties are represented in the survey, starting with counties at the southernmost portion of the state and progressing north to the top of the state, completing all counties of Illinois in 2023. Previous rounds of surveys include Round 1 1996-2000, Round 2 2001-2003, Round 3 2004-2006, Round 4 2007-2009, Round 5 2010-2014, and Round 6 2015-2019. In total, Round 7 included approximately 398 respondents from Livingston County. The full Illinois County Behavioral Risk Factor Surveys Round 7 (2020-2023) Report for Livingston County can be found in Attachment 4.

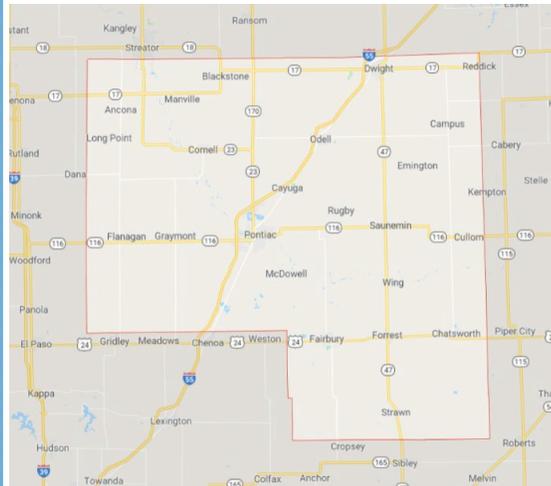
There is always concern over data reliability, especially when subjective measures are a significant source of information, as with this report. But despite the limitations, the overall health of the county is shown and gives an indication of the type of unhealthy behaviors present that need to be addressed. Livingston County is unique in that there are two state facilities within the county with the data from these facilities included in the county's results. The state facilities are Fox Developmental Center in Dwight and Pontiac Correctional Facility (all male).

Other data utilized for the needs assessment included: Illinois State Cancer Registry - Illinois County Cancer Statistics Review Incidence 2021, KIDS COUNT - a project funded the Annie E. Casey Foundation, 2022 Illinois Youth Survey Report, 2020 US Census, and the 2022 Community Health Needs Assessment – Livingston County conducted by OSF St. James.

## i. Demographic & Socioeconomic Characteristics



**Livingston County,  
Illinois**  
*Established 1837*



Livingston County is the fourth largest geographical county in Illinois spanning 1,046 square miles and home to 35,521 people residing in 15 cities/towns/villages including Chatsworth, Campus, Cornell, Cullom, Dwight, Emington, Fairbury, Flanagan, Forrest, Long Point, Odell, Saunemin, Strawn, Streator, and Pontiac – Livingston’s County seat (IDPH, IQuery). Due to the large geographical area and relatively small population size, 64.6% of Livingston County residents are considered to be in a rural area (County Health Rankings, 2024).

Livingston County is home to a large aging population, with 20.3% (over 2.9% above State average) of residents aged 65 and older, and only 21.6% (the same as the State average) ages 17 and younger (County Health Rankings, 2024). The county is mostly homogenous in its racial and ethnic make-up, with 88.5% of individuals identifying predominantly as white, non-Hispanic. According to the 2024 County Health Rankings, the racial and ethnic demographics for Livingston County are as follows:

Non-Hispanic, White	88.5%
Non-Hispanic, Black	3.7%
American Indian & Alaskan Native	0.5%
Asian	0.7%
Native Hawaiian/Other Pacific Islander	0.0%
Hispanic	5.5%
Not proficient in English	0%

Regarding educational attainment in Livingston County, while 91% of residents reported having graduated from high school, only 56% reported having completed some college education. This is considerably lower than the State average of 71%. According to IQuery, 9.5% of the population aged 25 and over are non-high school graduates, just under the states 9.9%.

As for families and children in Livingston County, 32% of children live in single-parent households. Of school-age children county-wide, 41% are eligible for free or reduced lunch at school, and 16% are at poverty level (County Health Rankings & Roadmaps, 2024). According to the 2022 IQuery data, 13.7% of Livingston County households receive food stamps, just slightly lower than the state average of 14.3%. The median income of families in Livingston County was \$85,639 compared to the state's \$99,215. The median household income was \$68,175 in Livingston County and \$78,433 in Illinois. Of Livingston County's population, 10.2% live below the poverty line, with the largest demographic living in poverty being females ages 35-44, followed by females 75 years and older, and finally, females 25-34 (US Census Bureau, 2020). The Illinois Department of Employment Security data from 2024 indicates that the unemployment rate in Livingston County was lower (3.4%) than the state rate (4.3%) of those 16 years and older.

As the Affordable Care Act continues to grow, the number of uninsured residents in Illinois has continued to decrease. According to the IDPH IQuery database, In FY15, 6.7% of residents reported having no health insurance, matching the state levels of those uninsured. Livingston County has continued to follow the same trends as the state and as of 2022 reports that 4.6% of residents of both Livingston County and Illinois are uninsured. A steady decrease of those uninsured is noted.

These demographics, in part, informed the coalition's decision making and planning as they determined the priorities for IPLAN 2025-2030.

## **ii. General Health & Access to Care**

According to 2024 County Health Rankings & Roadmaps data, Livingston County ranks 77th out of 102 Illinois counties for length of life, and 79<sup>th</sup> in terms of health outcomes. The data collected on the 2022 Community Health Needs Assessment by OSF Saint James indicates that 63% of respondents feel that both their overall health and mental health is average, 16% report poor overall physical health and 13% report poor overall mental health.

According to the data collected in the 2022 CHNA conducted by OSF Saint James, the top reasons for not being able to access medical care include too long of a wait (39%), could not afford the co-pay (16%), no transportation (13%), and no insurance (8%). 32% of respondents said that they had no access to prescription medications because they could not afford the co-pay, followed by 14% reporting no prescription insurance coverage. Respondents reported lack of access to dental coverage due to no dental insurance (40%), could not afford the co-pay (30%), dentist refused the insurance (27%), no transportation (21%), and could not find an available dentist (20%). In comparison to the 2019 CHNA by OSF, access to dental care decreased by 3% and access to mental health care decreased by 5%.

When asked during Round 7 of ICBRFS about general health status, 16.6% indicated they were

in ‘excellent health’, 33.3% were in ‘good health’, and another 8.4% said their health was ‘fair’. The number claiming 0 for days in the past month that they were stressed, experienced depression, or had problems with emotions was 64.4%, a decrease from the 2019 survey (68.7%). Due to either mental or physical health problems, 7.2% of respondents had their activities limited anywhere from 8 to 30 days. Nearly 78% of respondents report some type of physical activity, however only 15.8% report participating in the recommended 150 minutes or more per week. Over 50% of respondents report having experienced trouble falling or staying asleep in the past 2 weeks of the reporting period.

According to Round 7 of ICBRFS, of those surveyed in Livingston County, 86.5% had a primary care provider; however, 6.7% avoided seeing a medical practitioner due to the cost. According to Round 7 of ICBRFS, 81.4.2% of Livingston County residents had a routine checkup within the past year. Most respondents (66%) had their cholesterol checked within the past year. Of respondents, 44.4% were told that their blood cholesterol was high, and increase from 2019 (37.5%). When considering chronic health conditions such as COPD, arthritis, kidney disease, diabetes, and asthma, 57.1% of respondents have been diagnosed with at least one chronic health condition.

Regarding access to healthy foods, 20% of the county’s population reports food insecurity, or lacking adequate access to food, while another 6% is considered to be low income and not live close to a grocery store causing limited access to healthy foods (County Health Rankings, 2024). According to the 2022 CHNA conducted by OSF Saint James, 50% of the population in Livingston County is at elevated risk for food landscape compared to the state level of 25%.

Many of the health and social services available in Livingston County, particularly for individuals with high need, are located in Pontiac. Given Livingston County’s large geographical size, transportation persists as one of the greatest barriers to accessing care. While Show Bus – a public transportation bus – is available to help Livingston residents with limited or no transportation move around the county, the program has recently experienced a reorganization of structure and scheduling a Show Bus pickup requires some coordination and considerable travel time. Good Time Taxi service is also available, but only within Pontiac and by appointment only. Currently, there are no UBER or Lyft services available in Livingston County. According to the 2022 CHNA conducted by OSF Saint James, while transportation was not the leading cause of inaccessibility, 28% of the population in Livingston County is at elevated risk which is much higher than the average of Illinois at 6%.

Regarding risk behaviors, according to Round 7 ICBRFS, tobacco use in the county has slightly decreased since 2019 (14.2%) with 11.2% identifying as a current smoker. Nearly 30% report being former smokers and just over 60% of respondents said they have never smoked. Data was insufficient for those reporting current electronic cigarettes usage, however 16.6% said they are not currently using this type of device. Regarding alcohol use, 48.3% of participants were seen as at risk for heavy drinking, or more than two drinks per day for men and one per day for women, an enormous increase since 2019 (5.4%). Though binge drinking, meaning more than five drinks in a sitting for men and more than four drinks for women, saw a decrease at 5.1% compared to 2019 at 15.4%. As marijuana use became legal in Illinois in 2020, there is no comparable data, however, Round 7 of ICBRFS shows that 12.1% of respondents reported using marijuana in the past 30 days.

According to the IQuery data collection system the leading causes of death in Livingston County in 2022 are as follows: Total diseases of the heart was 25%, Malignant Neoplasms 18%, Chronic Lower Respiratory Disease (COPD) 8% (up from 2019), COVID-19 7%, Cerebrovascular Disease 5%, Unintentional injuries 5%, Alzheimer's 4% (up from 2019), and Diabetes 2%, Influenza and Pneumonia 2%, and kidney disease 1% (IDPH, 2022). The overall life expectancy for males and females combined in of in Livingston County is 74.76 years compared to the state at 78.01.

### **iii. Maternal and Child Health**

According to IDPH, the birth rate in Livingston County has decreased to an average of 387 births a year in 2021 from 408 in 2019. Of those births, 34.6% of deliveries were via cesarean. The remaining births were either vaginal or unknown during the data collection process. Births to mothers under age 20 were 4% in 2021 compared to 3.4% for Illinois. This percentage continues to improve. In 2019, the Livingston County teen birth rate was 5.7% with a decrease seen in 2021 at 3.6%. Births to women ages 35 and older were 12.7% of the births, much lower than the State's 21.6% but higher than 9.1% in 2018.

According to IDPH's birth statistics, in 2021 Livingston County noted 8.5% of infants were born with low birth weight (1500-2499 grams), with <1% being born with very low birth weight (under 1500 grams), compared to Illinois at 7.2% and 1.4% respectively, for that same time frame. Just over 10% of births were preterm (<37 weeks) and a total of 81.1% received prenatal care in the first trimester. It should be noted that since the time that this data was collected, the obstetrics department has closed at the local OSF Saint James Hospital.

The 2024 County Health Rankings and Roadmaps indicate that the child mortality rate in Livingston County is 38 deaths per 1,000 children under the age of five, lower than the Illinois rate of 51 per 1,000. The report indicates that there were 13 deaths of children under the age of five in Livingston County.

Looking to risk factors for maternal and child health, the percentage of births to single moms in 2021 was 44.2% compared to 39.5% for the State. Using the most recent IDPH Iquery data recorded in 2021, less than 1% of babies were born to mothers in Livingston County who drank alcohol during pregnancy and approximately 18.3% of babies were born to mothers who smoked during pregnancy that year, much higher than the 8.8% for Illinois. Approximately 77% of Livingston County mothers declared on the birth certificate to provide breastfeeding to their infant(s). Nearly 24% of the mothers who gave birth in 2021 reported using WIC, slightly higher than the state's 22%. In a recent survey conducted by the LCHD WIC program, 11% of respondents indicated that they had no transportation available to purchase the food provided by the program.

Using the Kotelchuck Index, a measurement of when prenatal care begins and the number of the recommended prenatal visits that occurred. The most recent data from IQuery, reported in 2021 indicates that in Livingston County 30% of mothers fell into the adequate plus range, 49% were adequate, 8% intermediate, and 12% inadequate. All ranges were very similar to the state percentages. In FY20 and FY21, 81% of mothers in Livingston County reported starting prenatal care in the first trimester, higher than the state at 77%.

Regarding congenital anomalies, according to IDPH's most recent Birth Defects & Adverse

Pregnancy Outcomes 2016 – 2020, Livingston County saw a rate of 33.8 per 10,000 births with major central nervous system defects which is nearly double what it was during the previous measurement in 2015-2019 of 18.1 and slightly higher than the Illinois rate of 31.8. Livingston County saw a rate of 96.7 births per 1,000 with major cardiovascular defects, a much lower rate than the previous measurement in the county as well as in the State of Illinois at 135.4. Major alimentary tract defects continue to lessen at a rate of 33.8. Major genitourinary system defects had a rate of 77.3, nearly double what it was during the 2014-2018 measurement in Livingston County. Musculoskeletal defects occurred at a rate of 38.7 (15.6), and chromosomal defects had a rate of 9.7, both of which remained very similar or had lower occurrence than previous recent years.

In regard to children's health, those under the age of 18 year, the 2024 Illinois Youth Survey indicates that among 12<sup>th</sup> graders in Livingston County alcohol was used "in the past year" by 38%, followed by 16% vaping, 2% using any tobacco product and 14% using marijuana, all lower than students that reported in 2022. When compared to 10<sup>th</sup> graders, a slight decrease is noted for all measures including alcohol use "in the past year" by 25%, followed by 6% vaping, 3% using any tobacco product and 12% using marijuana. It is important to note that while binge drinking has decreased among both 10<sup>th</sup> and 12<sup>th</sup> graders since the 2020 survey, there has been an increase in binge drinking in 8<sup>th</sup> graders from 1% to 5%. It continues to be an issue with 5% of 10<sup>th</sup> graders and 9% of 12<sup>th</sup> graders in Livingston County reporting this behavior. In 2020, 21% and 37% of 10<sup>th</sup> and 12<sup>th</sup> grade students reported either driving or riding with someone who was under the influence of drugs or alcohol. There has been a significant decrease in these numbers at 7% and 11% respectively.

#### **iv. Chronic Disease**

According to the more recent data available from IDPH, in 2022 cardiovascular diseases were the leading cause of death in Livingston County. The percentage of residents who report they have high cholesterol is higher in Livingston County (44.4%) than the current State of Illinois average of 32.3%. The percentage of Livingston County residents reporting they have high blood pressure in Round 7 of ICBRFS increased from 39.7% to 40.2%.

Data collected by IDPH regarding cerebrovascular diseases, including stroke brain aneurysm, brain bleed, and carotid artery disease, occurred at a crude rate of 70.4 in Livingston County, much higher than the rate of 52.6 in Illinois.

Looking to data provided in the 2022 CHNA completed by OSF St. James John W. Albright Medical Center, the number of cases of coronary atherosclerosis complication at Livingston County area hospitals has been low, with one case reported in 2019 2 and three cases reported in 2020. Cases of dysrhythmia and cardiac arrest at Livingston County area hospitals decreased by eight cases between FY18 and FY20. The number of treated cases of heart failure at Livingston County area hospitals saw an increase in 2018. 59 cases were reported in FY15 and in FY16 there were 104 cases reported. In 2018, 2019, and 2020, there were 138, 116, and 91 cases respectively. The number of cases treated of myocardial infarction at area hospitals in the county saw an increase in 2018 at 13 cases but then declined to 8 in 2019 and 5 in 2020. There were no treated cases of arterial embolism at Livingston County area hospitals between 2018 and 2020, while the number of treated cases of stroke at in area hospitals increased with 29 cases reported in 2019 and then decreased to 25 cases in 2020. Note that hospital-level data only show hospital admissions.

As indicated in IDPH's *Leading Causes of Death by Resident County, Illinois Residents - 2022*, cancer was the second leading cause of death in Livingston County in 2022 accounting for 87 out of 497 deaths. The cancer incidence rates have decreased for both men and women in Livingston County since 2012-2016. The cancer (all cancers combined) incident rate for males for 2017 – 2021 was 519.1 for Livingston County compared to 496.5 for Illinois, a decrease from the 2012 – 2016 data when it was 526.2 for the county. The cancer (all cancers combined) incident rate for females for 2017 – 2021 was 452.0 for Livingston County compared to 436.9 for Illinois. This is an increase from the 2012 – 2016 data when it was 488.3 for the county. According to the 2022 CHNA conducted by OSF Saint James, breast cancer screenings conducted in the past 5 years have increased from 72% to 79% while prostate screenings in men have decreased from 53% to 39%. Colorectal cancer screenings over the last 5 years also decreased for both men and women 68% in 2019 compared to 59% in 2022. Cervical cancer screenings had not previously been measured, however 63% of women reported having one in the last 5 years in 2022.

**CANCER INCIDENCE AVERAGE ANNUAL AGE-ADJUSTED RATES**

**Rates are per 100,000**

**2017-2021**

	Livingston County	Illinois
All Sites	478.4	459.2
Breast (invasive)	65	70.8
Cervix	12.8	7.2
Prostate	113	117.6
Oral Cavity and Pharynx	12.4	12.1
Esophagus	8.1	4.9
Stomach	6.6	7.0
Colon and Rectum	53.7	38.8
Liver	4.3	6.3
Pancreas	15.3	14.3
Lung and Bronchus	69.2	58.3
Bones and Joints	0.7	0.9
Melanoma of the Skin	28.2	23
Urinary Bladder	23.7	19.5
Kidney and Renal Pelvis	24.8	18.1
Brain and Other Nervous System	4.2	6.1
Hodgkin's Disease	1.5	2.8
Non-Hodgkin's Lymphomas	16.6	18.9
Multiple Myeloma	4.7	6.9
Leukemia	10.8	13.8
All Other Sites	48.6	54.0

Source: Illinois State Cancer Registry, Illinois County Cancer Statistics Review  
Incidence 2017-2021

As previously stated, chronic obstructive pulmonary disease (COPD) is the third leading cause of death in Livingston County. According to the 2022 CHNA completed by OSF St. James John W. Albright Medical Center, treated cases of COPD at Livingston County area hospitals fluctuated between FY18 (90 cases) and FY19 (97 cases), with a significant decline in FY20 (58 cases). The most recent data provided by IDPH shows that the percentage of residents that have asthma in Livingston County has decreased between 2010-2014 and 2015-2019. According to the Illinois BRFSS, asthma rates in Livingston County (7.9%) are lower than the State of Illinois (8.2%). Note that data have not been updated past 2019 by the Illinois Department of Health.

Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. According to data provided by OSF St. James John W. Albright Medical Center, inpatient cases of Type II diabetes from Livingston County decreased between FY19 (30 cases) and FY20 (22 cases). Inpatient cases of Type I diabetes also decreased from 2018 (10) to 2019 (8) for the county.

**v. Infectious Disease**

The IDPH and LCHD staff work closely to identify trends and outbreaks. If a community-wide outbreak occurs, the medical community, hospital and local Emergency Service Disaster Agency (ESDA) will be notified to assist as needed. Outbreaks are reported in ORS.

As part of the Livingston County Health Department’s Communicable Disease Control Plan, the department is required to track disease case rates and report these rates to the public health and medical community. The LCHD Communicable Disease staff reports all CD/STD cases in INEDSS (Illinois Electronic Disease Surveillance System). Only active cases of TB are reportable in INEDSS. Hospitals, doctors and other health care providers were given access to INEDSS for reporting infectious diseases to the state and local health departments, as part of a continuing effort to improve the state’s ability to respond to public health emergencies. All OSF hospital labs report directly into the INEDSS system. OSF St. Joseph Infectious Control Department directly inputs information, which has decreased our follow-up time. OSF Saint James Infectious Disease Department does not report to INEDSS, but notifies CD staff by phone within the time frames required by IDPH.

Per the LCHD’s Communicable Disease FY23 Annual Report, both SARS-CoV-2 and COVID 19 outbreaks have been added to the Class I(a) disease list. These are diseases reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease to the local health authority, who then reports to IDPH immediately (within 3 hours). These include Anthrax, Botulism, Plague, Q-fever, Smallpox, and Tularemia.

<b>CLASS I DISEASES</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2020-2023 County Total</b>	<b>2020-2023 State Total</b>
CLASS I(a)	2252	4112	6282	1132	13778	unknown
SARS-CoV-2	2252	4085	6282	1132	13751	292249
COVID 19 Outbreaks	32	27	78	27	164	Not provided

According to the IDPH IQuery data system, measuring in crude rate per 100K, Livingston County maintained Covid-19 Death rates higher than that of the state for three consecutive years at 152.5, 179.5, and 104.2 for years 2020, 2021, and 2022. Unlike the death rate of Covid-19 within the state, in Livingston County, the death rate was higher among women in both 2020 and 2021.

Class I(b) Diseases are those reportable as soon as possible during normal business hours, but within 24 hours (i.e., within 8 regularly scheduled business hours after identifying the case), to the local health authority, who then reports to IDPH as soon as possible, but with 24 hours.

Adult chickenpox is reportable in this class due to bio-terrorism policies related to smallpox. Total cases of Class I(b) diseases remained relatively stable in Livingston County from 2019 (15) in 2020 (15), 2017 (17) and dropped in 2022 (10). A large increase of Class I(b) disease was seen in 2023 (33). This trend was likely due to more exposure to disease post-COVID 19 Pandemic.

	2020	2021	2022	2023	2020-2023 County Totals	2020-2023 State Totals
<b>CLASS I DISEASES</b>						
CLASS I(b)	15	17	10	33	75	Data Not provided
Outbreak	6	0	0	0	6	Data Not provided
Haemophilus influenza, invasive	2	0	3	1	6	118
Group A Strep	0	0	0	13	13	122
Rabies Potential Exposure – not confirmed	6	12	5	11	34	3980
Streptococcal Toxic Shock Syndrome	0	0	0	1	1	4
Chicken Pox – adult (>19 years of age)	1	5	0	0	6	46
Influenza with ICU admissions	10	0	2	7	19	110

Class II Diseases are those which are reportable as soon as possible during normal business hours, but within 7 days, to the local health authority, who then reports to IDPH within 7 days. While the number of cases of Class II diseases remained consistent between 2016 through 2018 (165, 167, 164 respectively), in 2019 Livingston County saw a decrease in the number of cases (138). Following the COVID-19 Pandemic, Livingston County continued to see a decrease in Class II Disease until 2023, when numbers increased slightly (99, 88, 56, 129 respectively). The table below provides a total for Class II diseases across Livingston County.

<b>CLASS II DISEASES</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2020-2023 County</b>	<b>2020-2023 State</b>
Class II Total	99	88	56	129	372	
Campylobacter	6	10	4	10	30	942
Chicken Pox - children ( < 19 years of age)	0	0	0	1	1	unknown
Chlamydia	46	40	35	53	174	81048
Cryptosporidiosis	0	1	0	1	2	198
Gonorrhea	11	11	2	8	32	27152
Hepatitis B (Acute)	0	1	0	0	1	14
Hepatitis B (Chronic)	0	2	3	0	5	603
Hepatitis C (Acute)	1	2	0	2	5	50
Hepatitis C (Chronic)	16	9	3	40	68	1273
Hepatitis D	0	0	0	1	1	unknown
Histoplasmosis	3	3	5	2	13	191
Legionellosis	2	1	1	0	4	111
Lyme Disease	0	0	0	1	1	218
Salmonellosis	2	3	3	7	15	1746
Shigellosis	0	0	0	1	1	421
Syphilis	2	5	0	2	9	unknown
West Nile Virus	0	0	0	0	0	258

Illinois saw a drastic increase in reported human West Nile virus (WNV) cases during the 2023 season. As of December 30, 2023, there were 119 reported human cases of WNV in Illinois, compared to 33 reported through the same period in 2022. According to the Center for Disease Control, there were 2,566 reported WNV cases nationwide in 2023. However, this year there have been only 1,240 provisionally reported cases, 69 in Illinois, which may indicate a large decrease nationwide in reported cases for 2024.

Tuberculosis is reportable to the IDPH under separate rules. The table below provides totals for tuberculosis across Livingston County.

<b>TUBERCULOSIS</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2020-2023 County</b>	<b>2020-2023 State</b>
Reactive Cases on Medication	1	1	1	1	4	56
New Active Cases	0	0	0	0	0	3

#### **vi. Environmental, Occupational & Injury Control**

The United States Census Bureau 2020 revealed approximately 72% of county residents were homeowners. Of these homeowners, 12% of households indicated least one of four housing problems, including overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

The IDPH IQuery dashboard indicates that childhood lead exposure rates are on the rise in both Illinois and in Livingston County. The dashboard data shows counts of 424, 511, 523 for years 2020, 2021, and 2022 respectively within Livingston County. Beginning in January 2025, the safe lead level indicator dropped from 5mg/dL to 3.5mg/dL. It is likely that the rate of incidence will increase.

Concerning employment, Livingston County has an unemployment rate of 3.4%, similar to that of the State; however, the median household income is \$68,000 – again, noticeably lower than the Illinois median household income of \$76,000. The largest industries in Livingston County are educational services, health care and social assistance (23.2%), Manufacturing (16.2%), and Retail Trade (11%) (US Census Bureau, 2020).

Families qualifying for Supplemental Nutrition Assistance Program (SNAP) with children living in the household was 25.1% in Livingston County between 2018 and 2022. According to the Annie E. Casey Foundation KIDS COUNT data center, that is 5% higher than the state percentage of 20%. In addition, 15.8% of children in Livingston County were living in poverty in 2022, very similar to the state percentage of 15.7% for that year. However, 45.1% of children in poverty, were living 200% below poverty in Livingston County.

The County Health Rankings & Roadmaps show that the number of childcare centers per 1,000 children under the age of 5 is two in Livingston County, compared to the state average of 4 childcare centers per 1,000 children. In addition, families in Livingston County spend nearly 25% of their income on childcare. This percentage was a wide range across other counties in the state at 18% to 41% of income going towards childcare costs.

According to KIDS COUNT most recent data, child abuse/neglect reports demonstrated that Livingston County had 133 substantiated cases of child abuse/neglect in 2014 showing a downward trend in the number of substantiated cases from 140 in 2013. From 2012-2014, child abuse and neglect occurred in Livingston County at a rate of 15.2 per 1,000 compared to that of the State at a rate of 9.3. In 2023, 47 children in were placed in substitute care by Livingston County, down from the two previous years 63 (2022) and 66 (2021).

When looking at death by accident (unintentional injuries, including motor vehicle accidents), Assault (homicide), and intentional self-harm (suicide), counts remained steady between 2020 and 2022 at both the state and county levels. On average there were 30 deaths by accident, 0.66 assault deaths, and 5 intentional self-harm deaths. According to the County Health Rankings & Roadmaps, the number of firearm fatalities in Livingston County have an incidence rate of 11 per 100,000 people in Livingston County in 2017-2021, none of which were homicides. County Health Rankings & Roadmaps also indicates that in 2023, there were 43 deaths caused by motor vehicles. Of that, approximately 30% were alcohol-impaired driving deaths compared to the state's 28%. Drug overdose deaths in Livingston County had a rate of 34, higher than the Illinois rate of 27 deaths per 100,000.

### **vii.Sentinel Events**

The IDPH recognizes the COVID-19 Pandemic as a sentinel event and reports that the rate of death (697.2, 675, 389.2 out of 100,000) of Livingston County residents ages 65 and above in 2020, 2021, and 2022 was higher than the death rate of Illinois overall (612.7, 379.7, 260.3 out of 100,000). Another notable difference in COVID-19 deaths is between Livingston County females (211.4 out of 100,000) and Illinois females (75.9 out of 100,000) in 2021 (IQUERY 2024).

According to IDPH's most recent discharge data (2020-2022), ER cases which treatment was required based on the complaint or procedures performed/resources used but could have been provided effectively and safely in a primary care setting were 4.79% of cases in Livingston County compared to Illinois at 4.85%.

Illinois IQERY data reports late-stage breast cancer diagnosis in Livingston County at 25.3 per 100,000 compared to the Illinois rate of 32.1 per 100,000. This information indicates that with earlier detection measures, late-stage diagnosis could be prevented.

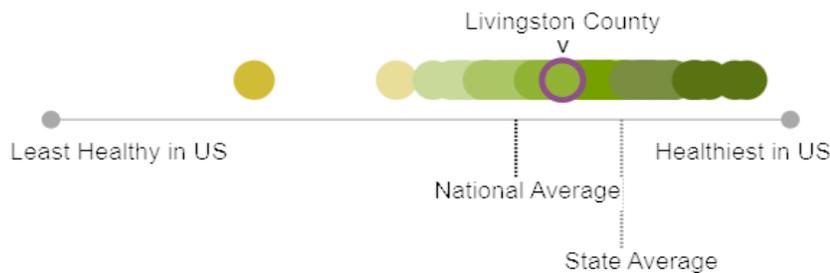
### viii. County Health Rankings & Roadmaps 2024

The County Health Rankings & Roadmaps 2024 Report findings are listed below. It is important to note that the ranking tool is no longer being used by this organization. The new approach allows users to find counties experiencing similar conditions and understand that there is no need for a county to outperform others to get the top rank. This ensures that ALL people and places have what they need to thrive in their own environments.

Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience where they live. While Livingston County is faring well above the National Average in health outcomes, it falls well below the average county in Illinois. It is reported that Livingston County has a higher incidence of poor or fair health, poor physical and mental health days as well as a higher premature death rate than other counties in the state.



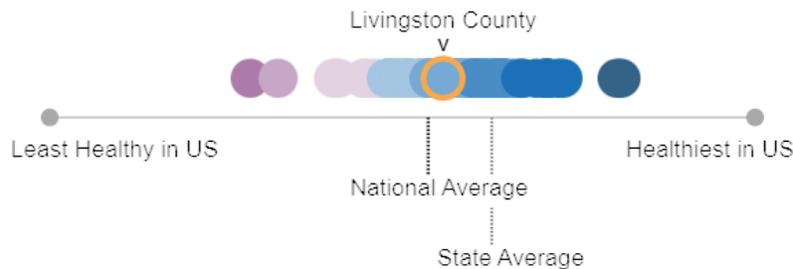
### Livingston County Health Outcomes - 2024



**Livingston County is faring worse than the average county in Illinois for Health Outcomes, and better than the average county in the nation.**

The health factors ranking was determined by four major factors: health behaviors, clinical care, social & economic factors and the physical environment. The weights for specific measures were assigned based on the importance of the factor and with considerations of data reliability/availability. Livingston County is faring worse than the average county in Illinois for Health Factors and about the same as the average county in the nation. The report shows that Livingston County has a higher rate of smoking, adult obesity, physical inactivity, alcohol-impaired driving deaths, and teen births than both the Illinois and National average. When it comes to clinical care, those residing in Livingston County have access to fewer primary care physicians and mental health providers than that of the state and nation. Social and Economic factors that impact the status of Livingston County include lower levels of those attending college, children living in poverty, children living in single parent households, and injury deaths.

## Livingston County Health Factors - 2024



Livingston County is faring worse than the average county in Illinois for Health Factors, and about the same as the average county in the nation.

Much of the other information presented in the County Health Rankings & Roadmaps 2024 Report is referenced throughout this report. To review the County Health Rankings & Roadmaps 2024 Report, please visit their website.

### c. Limitations of the Data

Each set of data has limitations, which is why there must be a complete evaluation when examining all sources. It must be stressed that there are two state facilities located in the county which significantly impact the statistics of the county: Pontiac Correctional Facility and the William Fox Developmental Center. There are currently approximately 1,155 individuals incarcerated at the Pontiac Correctional Facility and 71 residents at Fox Center. One thing to note in the county statistics and the County Health Rankings is the fact that the incarcerated population is and has always been included in our county statistics. According to the 2020 U.S. Census there were 35,320 citizens in Livingston County with 35.4% living in in urban areas and 64.4% living in rural locations. 5% of the population reside in group quarters such as the Pontiac Correctional Center and nursing facilities/skilled nursing homes. The residents of these facilities impact census, IPLAN and County Health Rankings results. It is important to note that those living in rural areas have grown by nearly 23% since the last census in 2010.

Due to the county's size, some statistics were too small and unable to be easily accessed for comparative purposes. Timely data is essential in the evaluation process, however it is quite challenging to obtain. One must also note that data is only as good as the reporting factor. If data isn't reported, it doesn't necessarily mean that there is not a problem. Despite the limitations of each individual data set, the overall health of the county is shown and gives an indication of the type of unhealthy behaviors present in Livingston County that need to be addressed.

## IV. PRIORITIZATION METHOD

### a. Process Used in Selecting Priorities

Once the Livingston County 2024 CHNA data was compiled, a Health Equity Coalition meeting was held to review the findings, including available secondary data to provide a complete picture as to the health status and problems in Livingston County. As the Livingston County Health Equity Coalition met to discuss the prioritization of needs, clear objectives were outlined for the meeting and assurances were given that no LCHD member would unduly influence the process.

Upon review of all the data presented in the previous sections, considerations for identifying key takeaways included magnitude in the community, strategic importance to the community, existing community resources, and potential for impact and trends and future forecasts. The following definition of a health problem was utilized to provide a framework for discussion: *A situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease, or disability.*

A modified version of the Hanlon Method was used for prioritizing the needs identified in Livingston County.

Step 1: Review both quantitative and qualitative Data to measure the size of the problem

Step 2: Determine the seriousness of the problem based upon death rate, impact on others and quality of life

Step 3: List current interventions and rate their effectiveness

Step 4: Apply “PEARL” Test from Hanlon Method

*PEARL stands for: Propriety (Is the program for the health problem suitable?), Economics (Does it make economic sense to address the problem?), Acceptability (Will the community accept a program and is it wanted?), Resources (Is funding available or potentially available for a program?), and Legality (Do current laws allow program activities to be implemented?).*

Step 5: Analyze recorded Hanlon scores for each health problem to determine if any of them could be merged into one health priority due to similarity in size, seriousness or available interventions.

Step 6: Prioritize Issues based upon the Hanlon size, seriousness, and availability and effectiveness of current interventions.

- 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
- Seriousness – 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
  - How does it affect the quality of life
  - Does it impact others
- Effectiveness of Available interventions
  - Availability and efficacy of current interventions
  - Feasibility of success

## **b. Priorities Identified**

The health problems that were identified as priorities upon analysis are as follows (in no particular order):

- Healthy Behaviors
- Behavioral Health and Substance Use
- Maternal and Child Health

The Livingston County Community Health Coalition voted to address these priorities with all in total agreement on October 21, 2024. These three priorities are nearly identical to those of the 2021 State Health Improvement Plan (SHIP) While SHIP does name Chronic Disease as one of its priorities, the Livingston County Community Health Coalition addresses Chronic Disease within the Healthy Behaviors priority. Because Livingston County is fortunate enough to have resources that address both behavioral health and substance use, the coalition also voted to combine those items into one priority. This information was presented at the December 16, 2024, Livingston County Board of Health meeting. The Board of Health approved as presented the priorities to be addressed in the Community Health Plan 2025-2030. A letter from the Board of Health approving the adoption of the identified priorities can be found in Attachment 6.

# LIVINGSTON COUNTY

## Livingston County Community Health Plan 2025 – 2030

### PREPARED BY:

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### PRIORITIES to be addressed (in no particular order):

- Healthy Behaviors
- Behavioral Health and Substance Use
- Maternal and Child Health



## **I. STATEMENT OF PURPOSE AND BACKGROUND**

This is the seventh Community Health Needs Assessment and Community Health Plan developed by the Livingston County Health Department. This fulfills the certification requirement for local health departments by completing the Illinois Project for Local Assessment of Need (IPLAN).

This document will cover the years of 2025 - 2030. The past experiences and partnerships will continue to play an integral role in the development of this assessment and health plan. A variety of data, both primary and secondary, was used to adequately assess the needs of Livingston County.

The mission of the Livingston County Health Department is *"Assuring Conditions in Which People Can Be Healthy."* Government has a basic duty to assure the health of the public. Thus, the Livingston County Health Department leads the county in assessing health problems, developing appropriate policies, assuring that health problems are addressed and identifying resources to accomplish these tasks. The IPLAN process was led by Livingston County Health Department Administrator, Dr. Erin Fogarty, and Health Education & Marketing Director, Chrystal Little. The health department staff, Livingston County Board of Health, Livingston County Board and our community stakeholders played a vital role in the assessment, development and implementation of this Community Health Plan.

Public health has always been a strong advocate for prevention, especially population-based services. Prevention decreases the economic and emotional burden of health conditions. Education and training teach citizens healthy lifestyle choices, resulting in an impact on the health problems in the county. Though prevention is a logical method to assist in addressing the health problems of the county's citizens and improving the quality of life in Livingston County we also know that the Social Determinants of Health (SDOH) have a major impact on the population's health, well-being and quality of life. SDOH also contribute to wide health disparities and inequities. While the strategic plan for IPLAN 2025-2030 will include prevention interventions, it will largely focus on addressing SDOH; health care access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality as they are described the U.S. Department of Health and Human Services.

As the state of our economy fluctuates dramatically due to the COVID-19 pandemic of 2020 and changes to the Affordable Care Act continue, our health department programs must transition with the times and meet the needs of our citizens. All resources need to be leveraged to meet the needs of our citizens. Prioritizing needs will allow strategic planning for the best use of limited resources, and a coalition approach helps to prevent duplication of services and fosters collaboration. Health promotion alone will not eliminate health disparities. It is imperative that public health organizations and partners work to improve the environment of those living in our communities to address the Social Determinants of Health. Focusing on prevention strategies and interventions alone will prove to be unfruitful and not address the health inequities that exist. This procrastination with the allocation of resources has immense, long-lasting impacts on health. Without appropriate resources it is difficult to offer population-based services to make a

difference in the health of our county's citizens. It is equally important to maintain the public health infrastructure so when a communicable disease crisis occurs, such as Ebola, H1N1 flu, or the COVID pandemic, there are resources to respond. There are many competing facets of health problems the health department and our community partners could direct energies towards, however, limitations are often set by funding availability, impacting personnel available to provide the service, in turn, when services are available, they are not always accessible due to the afore mentioned Social Determinants of Health. Innovative measures and creative thinking must be a core component for effective solutions.

## **II. COMMUNITY PARTICIPATION**

Community input was vigorously recruited when conducting the 2024 Community Health Needs Assessment for Livingston County. Careful consideration was given when forming the coalition to ensure that all populations had proper representation. Many have served on the Livingston County Community Coalition in the past for prior IPLANs and were knowledgeable about our county. The ethnic and racial composition of the Coalition was similar to the county residents. A list of coalition members and their agency affiliations can be found in Attachment 1.

Participation in coalition meetings was facilitated both in-person and via email as several of the members were unable to attend in-person due to scheduling and travel time/distance. These problems of travel time/distance and scheduling for participation in the coalition exemplify some of the greatest barriers posed in Livingston County, like limited resources (including staffing at agencies) and travel time/distance. While meetings and email correspondence took place throughout the CHNA process, in-person meetings specifically for the development of the Community Health Plan were held on the following dates:

October 21, 2024

December 16, 2024

January 9, 2025

March 24, 2025

The initial purpose of the coalition was to solicit input on what the health problems are in Livingston County, prioritize these problems, discuss potential solutions to impact the problems and achieve consensus on the priorities to be addressed. The coalition was revised to ensure health equity and inclusion among at-risk populations. Both secondary data and findings from the 2024 CHNA survey were reviewed by the coalition. After the priorities were identified and agreed upon, the group then discussed available resources to address those priorities. It is intended that this process guide the development of new programs, the enhancement of any existing programs, and/or the maintenance of current programs under the auspices of LCHD. Results would be incorporated into the county needs assessment for IPLAN 2025 – 2030 and be utilized in the development of the county's health plan.

Previous IPLAN priorities are as follows:

**Livingston County 1995 – 2000**

Reduce vaccine-preventable disease risk  
Reduce high incidence of cardiovascular disease  
Reduce high incidence of breast, cervical and lung cancer  
Reduce high incidence of abusive/violent behavior

**Livingston County 2000 – 2005**

Reduce the incidence and prevent family violence  
Reduce the vaccine-preventable disease risk for children, and the incidence of teen pregnancy  
Reduce the incidence of chronic diseases, such as cardiovascular disease and cancers  
Reduce the incidence of food/water borne illnesses

**Livingston County 2005 – 2010**

Reduce the incidence of obesity.  
Reduce the incidence and prevent family violence.  
Reduce the incidence of drug and alcohol abuse.  
Reduce the incidence/severity of cancer.

**Livingston County 2010 – 2015**

Access to care – improve by focusing on non-emergency transportation, health care coverage and increasing the number of providers, in specific disciplines (psychiatrist, dentists, etc.)  
Increase mental health access and availability  
Decrease the incidence/use of substance abuse  
Decrease the incidence of heart disease focusing on coronary heart disease  
Decrease the incidence of cancer focusing on lung and colorectal cancer

**Livingston County 2015 – 2020**

Educational Awareness and Training - increase the quality, availability, and effectiveness of school and community-based programs  
Increase mental health access and availability  
Reduce the incidence of obesity  
Reduce the incidence of drug and alcohol abuse

**Livingston County 2020-2025**

Healthy Behaviors  
Behavioral Health – Mental Health  
Substance Abuse

### **III. HEALTH PRIORITIES & INTERVENTION STRATEGIES**

The Livingston County Community Health Coalition voted to address these priorities with all in total agreement on October 21, 2024. All the information was presented at the December 16, 2024, Livingston County Board of Health meeting, with the board approving the priorities as presented. The Livingston County Community Health Plan 2025-2030 was presented at the March 17, 2025, Board of Health meeting, with the board also approving the Community Health Plan as presented. A letter from the Board of Health approving the adoption of the Livingston County Community Health Plan 2025-2030 and the identified priorities can be found in Attachment 6.

#### **Health Priority: Healthy Behaviors**

*Defined as active living, healthy eating, wellness screenings, social wellness, and other factors that impact communicable and chronic disease in all populations*

##### **Healthy People 2030 Goals:**

- Improve health and well-being for older adults
- Improve health, fitness, and quality of life through regular physical activity
- Reduce rates of infectious diseases and improve health for people with chronic infections
- Reduce sexually transmitted infections and their complications and improve access to quality STI care.

##### **Livingston County Goals:**

- Promote physical and mental health and reduce chronic disease risk of Livingston County citizens specifically for the aging population.
- Improve health, fitness, and quality of life of Livingston County citizens through daily physical activity.
- Increase the proportion of Livingston County residents who receive vaccines for both infectious disease and chronic infection
- Increase the proportion of Livingston County residents who get tested for STIs to reduce sexually transmitted infections and provide quality treatment for those with such diagnoses.

**Description:** When analyzing the data that was collected from the Livingston County Health Needs Assessment Diabetes, Heart Disease and Stroke, and High Blood Pressure, all chronic diseases, continue to be viewed as a concern in Livingston County Communities. Sexually Transmitted Infections were also a concern for nearly 70% of survey respondents. Residents of Livingston County also indicated that a lack of exercise, poor eating habits and unsafe sexual behaviors are at the top of the list of problematic risky behaviors seen in the county. With the aging population garnering a large majority of responses on the Community Health Needs assessment, it is important to not only address healthy behaviors but also the well-being of the aging population.

According to *Healthy People 2030*...

By 2060, almost a quarter of the U.S. population will be age 65 or older. *Healthy People 2030* focuses on reducing health problems and improving quality of life for older adults. Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer's disease. In addition, 1 in 4 older adults fall each year, and falls are a leading cause of injury for this age group. Physical activity can help older adults prevent both chronic disease and fall-related injuries. Older adults are also more likely to go to the hospital for some infectious diseases — including pneumonia, which is a leading cause of death for this age group. Making sure older adults get preventive care, including vaccines to protect against the flu and pneumonia, can help them stay healthy. In addition, about 1 in 4 adults in the United States have arthritis, a leading cause of disability. *Healthy People 2030* focuses on reducing pain, disability, and limitations from arthritis — especially as it becomes more common in the aging population. Many adults with arthritis have severe pain. Nearly half of people with arthritis have trouble doing daily activities, and the condition can limit the ability to work. Strategies to help adults manage their arthritis, like interventions to increase physical activity, may help address activity limitations by reducing pain and disability. Adults with arthritis are also more likely to have other chronic conditions, like diabetes, heart disease, and obesity. Encouraging adults to manage arthritis may help improve their other health problems and overall health.

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. *Healthy People 2030* focuses on reducing diabetes cases, complications, and deaths. Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it. Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

About 2 in 5 adults and 1 in 5 children and adolescents in the United States have obesity, and many others are overweight. *Healthy People 2030* focuses on helping people eat healthy and get enough physical activity to reach and maintain a healthy weight. Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases. Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight. Only 1 in 4 adults and 1 in 5 adolescents in the United States meet physical activity guidelines for aerobic and muscle-strengthening activities. *Healthy People 2030* focuses on improving health and well-being by helping people of all ages get enough aerobic and muscle-strengthening activity. Physical activity can help prevent disease, disability, injury, and premature death. The *Physical Activity Guidelines for Americans* lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities. Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at child care centers can also increase activity in children and adolescents.

In addition to diabetes and obesity, heart disease and cancers continue to be the top two causes of death. Healthy People 2030 focuses on preventing and treating heart disease and stroke and improving overall cardiovascular health. Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment. In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

Cancer is the second leading cause of death in the United States. Healthy People 2030 focuses on promoting evidence-based cancer screening and prevention strategies — and on improving care and survivorship for people with cancer. The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care. Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

Not only is there a concern about chronic disease prevention but also infectious disease prevention. Every year in the United States, many people get diseases that vaccines can prevent. Healthy People 2030 focuses on preventing infectious diseases by increasing vaccination rates. Infants and children need to get vaccinated to prevent diseases like hepatitis, measles, and pertussis. Though most children get recommended vaccines, some U.S. communities have low vaccination coverage that puts them at risk for outbreaks. Strategies to make sure more children get vaccinated — like requiring vaccination for children who are in school — are key to reducing rates of infectious diseases. Adolescents, adults, and older adults also need vaccines. For example, adolescents need the HPV (human papillomavirus) vaccine, older adults need vaccines to help prevent pneumonia, and almost everyone age 6 months and older needs a yearly flu vaccine. Teaching people about the importance of vaccines, sending vaccination reminders, and making it easier to get vaccines can help increase vaccination rates in adolescents and adults.

In addition to traditional infectious diseases, Sexually Transmitted infections must also be considered as this type. Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus). Healthy People 2030 focuses on preventing and treating STIs, including HIV, and on improving the health and well-being of people who have them. Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs. Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other

than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.  
(HP2030)

**Healthy People 2030 Outcome Objectives:**

**OA-01:** Increase the proportion of older adults with physical or cognitive health problems who get physical activity

**OA-03:** Reduce the rate of emergency department visits due to falls among older adults

**D-01:** Reduce the number of diabetes cases diagnosed yearly

**HDS-01:** Improve cardiovascular health in adults

**C-01:** Reduce the overall cancer death rate

**PA-01:** Reduce the proportion of adults who do no physical activity in their free time

**NWS-03:** Reduce the proportion of adults with obesity

**IID-01:** Maintain the elimination of measles, rubella, congenital rubella syndrome, and polio

**IID-08:** Increase the proportion of adolescents who get recommended doses of the HPV vaccine

**IID-09:** Increase the proportion of people who get the flu vaccine every year

**STI-01:** Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia

**STI-02:** Reduce gonorrhea rates in male adolescents and young men

**STI-07:** Reduce pelvic inflammatory disease in female adolescents and young women

**Risk Factors, Direct Contributing Factors and Indirect Contributing Factors in Livingston County:**

(Please note that the Direct Contributing Factors are listed below each risk factor, followed by the indirect contributing factors)

**1. Life Circumstances**

1.1. Behavioral components

1.1.1. Poor diet, lack of exercise, lack of education, substance use, lack of facilities, lack of social support

1.2. Homelessness

1.2.1. Lack of low-income housing, lead contaminated housing, high taxes, lack of flexible employment

1.3. Food insecurity

1.3.1. Limited access to fresh foods, transportation barriers, high cost, lack of food preparation knowledge, lack of working appliances

**2. Inactivity**

2.1. Built Environment

2.1.1. Limited indoor facilities, poor quality sidewalks, lack of bike paths/lanes, poor lighting, lack of recreational spaces

2.2. Lack of Social Support

2.2.1. Lack of parental guidance, lack of organized recreation

2.3. Low motivation

2.3.1. Culture of poor sportsmanship, time constraints, high cost for participation

2.4. Lack of knowledge

2.4.1. Lack of quality education, lack of positive role models, limited understanding of health benefits

**3. Preventative Behaviors**

3.1. Safe and Healthy Food Preparation

3.1.1. Lack of education, limited fresh food, lack of access to functioning kitchen, high cost

- 3.2. Physical Movement
  - 3.2.1.
- 3.3. Accessing Health Care
  - 3.3.1.Limited transportation, limited health care facilities, limited specialized care, limited insurance coverage for specialized care, language barriers, lack of knowledge of digital age
- 3.4. Stress Management
  - 3.4.1.Lack of education, time constraints, poor physical environment
- 4. Environmental Components**
  - 4.1. Safe water
    - 4.1.1.Lack of working plumbing, lack of knowledge
  - 4.2. Sanitation
    - 4.2.1.High cost for garbage disposal and sanitation repair services, lack of workforce, lack of knowledge
  - 4.3. Air Quality
    - 4.3.1.Lack of filtration systems, use of smoked substances, exposure to farming chemicals and by products, climate
- 5. Transportation Availability**
  - 5.1. Lack of public transportation
    - 5.1.1.Lack of funding, cost of obtaining Commercial Driver’s License, lack of work force
  - 5.2. Lack of driver’s license/vehicle
    - 5.2.1.Cost of working vehicles, cost of fuel, health factors, DUI, fear of driving
  - 5.3. Lack of support system
    - 5.3.1.Lack of senior centers, lack of group sessions, mobility issues
- 6. Mistrust/Fears among the aging population**
  - 6.1. High reports of elder abuse
    - 6.1.1.Lack of training for senior caregivers, lack of support for senior caregivers, lack of caregivers, low pay for caregivers
  - 6.2. High reports of scams targeting seniors
    - 6.2.1.Lack of advocacy, lack of citizenship, increase in cognitive decline without familial support, high rates of depression
  - 6.3. Social isolation
    - 6.3.1.Lack of transportation, lack of activities, lack of support systems
- 7. Lack of Access to Health Care**
  - 7.1. Lack of access to specialist care
    - 7.1.1.Lack of health care facilities, lack of health care providers, lack of specialist providers, lack of insurance for specialist care, lack of advocacy, lack of transportation, lack of support system
  - 7.2. Lack of access to affordable medication
    - 7.2.1.Drug supply shortages, lack of insurance coverage for medications, lack of advocacy
- 8. Isolation**
  - 8.1. Lack of transportation
    - 8.1.1.Lack of public transportation system, large geographical area, mobile/vision impairments, lack of support system
  - 8.2. Poor health/mobility
    - 8.2.1.Limited modified activities for seniors, lack of senior caregivers,
  - 8.3. Income insecurity

8.3.1. Ageism in the workforce, cost of living increase, poor health/mobility, lack of retirement education

8.4 Digital access

8.4.1. High cost of internet service, lack of knowledge of digital communication, high cost of digital devices

**Population Groups at Risk:**

Aging population, specifically 65 years and older

Middle aged population with low socioeconomic status, specifically 40-65 years

Sexually active people, specifically ages 15-24

**Livingston County Outcome Objectives**

**OA-01.1:** Increase the number of adults ages 65 and over in Livingston County that report light, moderate or vigorous physical activity, 3 to 5 days per week, outside of work to reduce the number of falls resulting in injury in older adults to 31% by 2030 (Baseline: 26% of adults exercise 3-5 days per week outside of work -OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**D-01.1:** Decrease the percentage of Livingston County adults who report having diabetes to 7% by 2030 (Baseline: 9.4% of Livingston County residents report having been diagnosed with diabetes - OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**D-01.2:** Decrease the percentage of adults who are overweight and obese to 65% by 2030. (Baseline: 71% of adults report being overweight or obese in Livingston County, OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**HDS-01.1:** Decrease the number of deaths related to stroke and heart disease in residents of Livingston County to 60 per 100,000 deaths due to stroke and 300 per 100,000 deaths due to heart disease by 2030 (Baseline: 70.4 per 100,000 deaths due to stroke and 354.7 per 100,000 deaths due heart disease in residents of Livingston County-IQUERY 2022)

**HDS-01.2:** Decrease the number of Livingston County residents with high blood pressure to 25% by 2030 (Baseline: 29.7% of Livingston County residents report having high blood pressure - OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**C-01.1:** Decrease the number of deaths related to cancers in residents of Livingston County to 225 per 100,000 deaths by 2030 (Baseline: 244.9 per 100,000 deaths due to cancer in residents of Livingston County-IQUERY 2022)

**IID-09.1:** Decrease the number of Respiratory Related Illness resulting in death in residents of Livingston County to 75 per 100,000 deaths by Covid-19 and to 15 deaths per 100,000 by Influenza and pneumonia by 2030 (Baseline: 104.2 per 100,000 deaths by Covid-19 and 28.2 per 100,000 deaths by Influenza and pneumonia-IQUERY 2022)

**STI-01.1:** Decrease the number of new cases of STI's including chlamydia, gonorrhea, and syphilis diagnosed per 100,000 to 174.26 in Livingston County (Baseline: 192.6 per 100,000 new cases of chlamydia, gonorrhea, and syphilis diagnosed in 2021-IQUERY)

**Livingston County Impact Objectives:**

**OA-01.1a:** Make referrals to at least one activity that involves physical movement to 90% of clients ages 65 and older by 2030.

**OA-01.1b:** Provide literature which includes addresses, hours, membership fees, and silver sneaker access of all local fitness facilities to 90% of clients ages 65 and older by 2030.

**D-01.1a:** Administer A1C tests during wellness screenings to 85% of clients ages 35 and over by 2030.

**D-01.1b:** Provide Diabetes education to residents of Livingston County at least 4 times a year by 2030.

**HDS-01.1a:** Increase the percentage of Livingston County residents who have their cholesterol checked yearly to 60% by 2030 (Baseline: 54.7% of Livingston County residents had their cholesterol checked in the last year - OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**C-01.1a:** Increase the number of Livingston County residents who get screened for breast cancer to 80% by 2030 (Baseline: 72% of women report having breast screening in the last five years- OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**C-01.1b:** Increase the number of Livingston County residents who get screened for cervical cancer to 70% by 2030 (Baseline: 63% of women report having cervical screening in the last five years- OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**C-01.1c:** Increase the number of Livingston County residents who get screened for Prostate cancer to 45% by 2030 (Baseline: 39% of men report having prostate screening in the last five years- OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**IID-09.1a:** Increase the proportion of people who get respiratory vaccines such as Flu vaccines in Livingston County to 37% by 2030 (Baseline: 31.7% of Livingston County residents were fully vaccinated against the flu- OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**IID-09.1b:** Increase the proportion of people who get respiratory vaccines such as Covid-19, vaccines in Livingston County to 55% by 2030 (Baseline: 49.6% of Livingston County residents were fully vaccinated against Covid-19- OSF Saint James Community Health Needs Assessment, Livingston County, 2022)

**STI-01.1a:** Increase the number of sexually active Livingston County residents that are screened for STIs including chlamydia, gonorrhea, and syphilis in Livingston County by 10% by 2030 (Baseline: 892 sexually active residents were screened from 2020 to 2024, Livingston County Health Department Family Planning)

**STI-01.1b:** Provide STI Prevention Education to 85% of the Livingston County High School Health Classes by 2030.

**Intervention/Evaluation Strategies:**

1. The Livingston County Health Department, OSF Saint James, Livingston County LifeCil, CCSI, Pontiac Senior Center, Fairbury Senior Center, and faith-based organizations will promote and provide opportunities for older adults to participate in regular light, moderate, or vigorous physical activity as designed by organizations such as the University of Illinois Extension Office

and Pontiac Rec Center. Evaluation data will be collected from community partners providing the services. Data will be collected from the local emergency room reporting visits due to falls in those 65 years and older. *The U.S. Preventative Services Task Force recommends exercise for adults 65 and older who live at home and are most likely to fall.*

2. The Livingston County Health Department will promote and provide wellness clinics to screen Blood Count, lipid panel, blood pressure checks, metabolic syndrome screening. Additional tests for pre-diabetes (A1C), prostate cancer screening (PSA), and test for thyroid function (TSH) are available upon client request. Results are sent to individual providers. Evaluation data will be collected by recording the number of wellness screenings provided to Livingston County residents. *The U.S. Preventative Services Task Force recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. The USPSTF recommends screening for hypertension in adults 18 year or older with office blood pressure management.*
3. The Livingston County Health Department will screen all Wellness Clinic, Family Planning and WIC clients for overweight/obesity. Referrals will be made to general healthcare providers and pediatricians. The percentage of clients who have overweight/obesity will be tracked through Electronic Health Records. *The U.S. Preventative Services Task Force recommends that clinicians offer or refer adults with a BMI of 30 or higher to intensive, multicomponent behavioral interventions. The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high BMI (>95<sup>th</sup> percentile for age and sex) to comprehensive, intensive behavioral interventions.*
4. Local medical providers will screen adults for obesity and refer obese adults and children to nutrition counseling. *The U.S. Preventative Services Task Force recommends that clinicians offer or refer adults with a BMI of 30 or higher to intensive, multicomponent behavioral interventions. The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high BMI (>95<sup>th</sup> percentile for age and sex) to comprehensive, intensive behavioral interventions.*
5. The University of Illinois Extension, OSF, and Livingston County Health Department will provide a Diabetes Clinic, free of charge, to all residents covering a variety of topics as they relate to diabetes. The program facilitators will track progress and effectiveness of services by attendance tracking and collecting survey responses. *According to the Centers for Disease Control and Prevention (CDC), people who received diabetes education are more likely to follow self-care practices including not smoking, checking blood sugar and foot sores daily, getting regular physical activity, A1C testing, annual eye exam, annual flu shot, and regular physical activity.*
6. The Livingston County Health Department will refer clients to local food pantries, farmer's markets, Supplemental Nutrition Assistance Program (SNAP), peace meal programs and smart meals. The U of I extension office and local medical facilities will provide nutrition education by registered dietitians and nutrition specialists throughout the community. Evaluation results will be collected by surveying clients of such programs. *The Centers for Disease Control and Prevention (CDC) shares that nutrition education can teach students to see how a healthy diet affects emotional well-being. Many U.S. student receive less than the required nutrition education needed to change behaviors.*
7. The Livingston County Health Department will host regular vaccine and immunization clinics, offer in-home vaccinations for those that are homebound, drive-thru vaccination clinics, and

provide educational materials including cost for vaccines and immunizations. Evaluation will be measured by accessing the Livingston County Infectious and Communicable Disease annual report. *The Centers for Disease Control and Prevention (CDC) recommends routine vaccination to prevent 17 vaccine-preventable diseases that occur in infants, children, adolescents, or adults.*

8. Local medical providers and pharmacies will provide vaccines during appointments and walk-in clinics. The percentage of residents receiving vaccinations will be tracked through Electronic Health Records. *The Centers for Disease Control and Prevention (CDC) recommends routine vaccination to prevent 17 vaccine-preventable diseases that occur in infants, children, adolescents, or adults.*
9. The Livingston County Health Department Family Planning clinic will provide routine Chlamydia and Gonorrhea STI testing. STIs checked with presented symptoms will include herpes, genital warts, and syphilis, and per client request, HIV testing. Free condoms will be provided at LCHD. There will be a focus to increase the number of males that get screened during the clinic. The percentage of clients with STIs will be tracked through Electronic Health Records. The Livingston County Infectious and Communicable Disease annual report will also be accessed. *The U.S. Preventative Services Task Force recommends screening for chlamydia and gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk.*
10. The Livingston County Health Department, OSF Saint James, and Livingston County School Districts will provide STI prevention education which will also include information on STI testing and condom distribution in Livingston County to all age groups of sexually active residents. Evaluation data will be collected by those providing education and condom distribution. *The Centers for Disease Control and Prevention (CDC) recommend that sexually active individuals receive regular STI testing and that they use condoms every time during sexual intercourse.*

### **Community Resources for Implementation**

Livingston County Health Department  
OSF Saint James John W. Albrecht Medical Center and OSF Healthcare clinics  
Institute for Human Resources (IHR)  
University of Illinois-Extension office: Livingston County  
Life Center for Independent Living  
CCSI Case Coordination LLC-Case Management Services  
Senior Centers of Pontiac and Fairbury  
Pontiac Rec Center  
Livingston County School Districts  
Livingston County Faith Based Communities  
Local medical providers  
Fitness/activity facilities of Livingston County  
Pediatric Doctors who serve Livingston County residents  
Assisted Living and Long-Term Care facilities of Livingston County

### **Awareness and Promotion**

All activities that are available to Livingston County residents will be shared during in-person appointments, on social media, on both the Health Department and County websites, flyer distribution, community outreach events, and through both the Health Equity Coalition and Social Services Coalition meetings as they occur quarterly or monthly.

**Funding:**

Interventions fall with the missions of community resources listed through their grant funding and fees for service. Funding for any activity that does not fall in this category will be provided by those partnering agencies.

**Health Priority: Behavioral Health & Substance Use**

*Defined as Mental Health and Wellness and substance use, misuse, and addiction*

**Healthy People 2030 Goals:**

- Improve mental health
- Reduce drug and alcohol addiction
- Reduce illness, disability, and death related to tobacco use and secondhand smoke

**Livingston County Goals:**

- Improve mental health care treatment and accessibility to residents of Livingston County
- Reduce drug and alcohol addiction specifically to residents of Livingston County
- Reduce illness, disability, and death related to tobacco use, secondhand smoke, and nicotine addiction

**Description:** When analyzing the results of the Livingston County Health Needs Assessment (CHNA), data shows that the top two health problem concerns in Livingston County are mental health problems and drug use/misuse. 96% of Livingston County respondents believe that drug use/misuse is a problem in the county. Only 20% of respondents are extremely satisfied with access to mental health care in Livingston County. Availability and accessibility of services are two of the main concerns when it comes to behavioral health and substance use.

According to *Healthy People 2030*...

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The Mental Health and Mental Disorders objectives also aim to improve health and quality of life for people affected by these conditions. Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need. In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need before addiction occurs.

More than 20 million people in the United States have a substance use disorder, and most of them don't get the treatment they need. Healthy People 2030 focuses on preventing substance use disorders like drug or alcohol addiction and helping people with these disorders get

treatment. Substance use disorders are linked to many health problems and can lead to overdose and death. Deaths from opioid use disorder have increased dramatically in recent years. Strategies to prevent drug and alcohol use at school, family, and community level are key to reducing substance use disorders. Increasing non-opioid pain management may also help prevent opioid use disorder. Interventions to help people with substance use disorders get treatment can help reduce related health problems and deaths.

Another harmful addiction includes nicotine addiction. More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year. Healthy People 2030 focuses on preventing people from using tobacco products and helping them quit. Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels. Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco. **(HP2030)**

#### **Healthy People 2030 Outcome Objectives:**

**MHMD-03:** Increase the proportion of children with mental health problems who get treatment

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

**MHMD-07:** Increase the proportion of people with substance use and mental health disorders who get treatment for both

**SU-01:** Increase the proportion of people with substance use disorder who got treatment in the past year

**SU-03:** Reduce drug overdose deaths

**SU-04:** Reduce the proportion of adolescents who drank alcohol in the past month

**SU-05:** Reduce the proportion of adolescents who used drugs in the last month

**IVP-20:** Reduce overdose deaths involving opioids disorders who get treatment for both

**TU-01:** Reduce current tobacco use in adults

**TU-02:** Reduce current cigarette smoking in adults

**TU-04:** Reduce current tobacco use in adolescents

**TU-13:** Increase use of smoking cessation counseling and medication in adults who smoke

#### **Risk Factors, Direct Contributing Factors and Indirect Contributing Factors in Livingston County:**

(Please note that the Direct Contributing Factors are listed below each risk factor, followed by the indirect contributing factors)

##### **1. Adverse Childhood Experiences (ACES)**

###### **1.1. Living Environment**

1.1.1. Drug/alcohol use in home environment, housing insecurity, food insecurity

###### **1.2. Modeled Behavior**

1.2.1. Drug/alcohol use by adults and peers

- 1.3. Emotional/physical/sexual abuse
  - 1.3.1. Lack of parental education, drug and alcohol use, lack of mental health resources, lack of maternal and child health resources, family history
- 1.4. Neglect
  - 1.4.1. Low income, family history, lack of childcare, domestic violence, adolescent parenting, depression
- 2. Peer Groups**
  - 2.1. Culture
    - 2.1.1. Lack of knowledge, social acceptance of binge drinking and drinking and driving, lack of sober activities
  - 2.2. Modeled Behaviors
    - 2.2.1. Drug alcohol use by friends, relatives, community members
- 3. Family Related Components**
  - 3.1. Genetic predisposition
    - 3.1.1. Family history of addictive behaviors
  - 3.2. Home environment
    - 3.2.1. Drug/alcohol use within the home
  - 3.3. Modeled behavior
    - 3.3.1. Drug/alcohol use by family members
- 4. Significant Trauma**
  - 4.1. Lack of behavioral health care availability
    - 4.1.1. Limited behavioral health care facilities, limited transportation, lack of work force
  - 4.2. Accessing behavioral health care
    - 4.2.1. Mental health stigma, lack of education, lack of social support, cultural values, language barriers, inflexible hours of service
  - 4.3. Family history
    - 4.3.1. Lack of parental education, drug and alcohol use, lack of mental health resources, lack of maternal and child health resources, domestic violence, adolescent parenting, depression
- 5. Lack of Access to Behavioral Health Care**
  - 5.1. Limited behavioral health care facilities
    - 5.1.1. Lack of workforce, lack of training, lack of funding
  - 5.2. Limited transportation
    - 5.2.1. Lack of public transportation system, large geographical area, cost of working transportation and fuel
  - 5.3. Cost
    - 5.3.1. Limited income, lack of insurance coverage for behavioral health
- 6. Substance Use**
  - 6.1. Lack of recovery oriented social activities
    - 6.1.1. Cultural values, lack of education, social stigma
  - 6.2. Living environment

- 6.2.1. Drug/alcohol use in the living environment, early exposure to drugs/alcohol, parental acceptance of drug/alcohol use, abuse and neglect in the home
- 6.3. Family history
  - 6.3.1. Genetic predisposition, modeled behavior by family members

### **Population Groups at Risk**

Children and adults experiencing one or more Adverse Childhood Experience  
Children and adults exposed to drug/alcohol use in social situations  
Children and adults living with one or more person in the home who uses drugs/alcohol  
Children and adults with lived traumatic experiences  
Children of parents who experience behavioral disorders  
Children and adults living in rural areas  
Children and adults who experience poverty, violence, disability, and inequality

### **Livingston County Outcome Objectives:**

**MHMD-07.1:** Increase the proportion of residents of all age groups in Livingston County with mental health and substance use problems who receive treatment to 30% by 2030 (Baseline: Only 13% of all respondents on the Livingston County Community Health Needs Assessment (CHNA) feel that mental health care and substance use treatment are “very” accessible in Livingston County-CHNA2024)

**SU-03.1:** Decrease the count of any type of drug overdose death among Livingston County Residents to 10 by 2030 (Baseline: 27 cases of fatal drug overdose-IDPH 2022)

**SU-04.1:** Reduce the percentage of Livingston County adolescents, ages 13 to 17, who drank alcohol in the past year to 1% by 2030 (Baseline: 2% of Livingston County adolescents report using alcohol in the past year-Illinois Youth Survey 2024 \*Note 383 students, grades 8, 10, and 12 from 7 schools in Livingston County participated in the survey)

**SU-05.1:** Reduce the percentage of Livingston County adolescents, ages 13 to 17, who used drugs in the last year to 1% by 2030 (Baseline: 13% of Livingston County adolescents report using drugs in the last year- Illinois Youth Survey 2024 \*Note 383 students, grades 8, 10, and 12 from 7 schools in Livingston County participated in the survey)

**TU-02.1:** Reduce the percentage of Livingston County adults who regularly smoke cigarettes to 10% by 2030 (Baseline: 19% of Livingston County adults report smoking cigarettes-County Health Rankings and Roadmaps-2024)

**TU-04.1:** Reduce the percentage of Livingston County adolescents, ages 13 to 17, who used tobacco products, e-cigarettes, or other vaping products in the past month to 1% by 2030 (Baseline: 7% of Livingston County adolescents, ages 13 to 17 report using tobacco products, e-cigarettes, or other vaping products in the past month- Illinois Youth Survey 2024 \*Note 383 students, grades 8, 10, and 12 from 7 schools in Livingston County participated in the survey)

**IVP-20.1:** Decrease the crude rate of opioid overdose death among Livingston County Residents to 1 by 2030 (Baseline: 2.8 crude rate of fatal opioid overdose-IDPH 2022)

**MICH-10.1:** Decrease the percentage of babies born in Livingston County to mothers who smoke during pregnancy to 5% by 2030 (Baseline: 18.3% of babies born in Livingston County are born to mothers who smoke-IQUERY 2021)

**Livingston County Impact Objectives:**

**MHMD-07.1a:** Decrease the percentage of Livingston County Residents who report transportation as a barrier to receiving mental health and/or substance use treatment to 80% by 2030 (Baseline: 94% of respondents on the Livingston County Community Health Needs Assessment (CHNA) believe that lack of public transportation in Livingston County is an issue-CHNA2024)

**MHMD-07.1b:** Increase accessibility of mental health and/or substance use treatment/tools for residents of Livingston County to 30% by 2030 (Baseline: 16% of respondents on the Livingston County Community Health Needs Assessment (CHNA) believe that mental health care is very accessible-CHNA2024)

**SU-03.1a:** Increase Naloxone distribution, training, and education to residents living in 75% of Livingston County zip codes by 2030 (Baseline: 5.8% of the zip codes in Livingston County have received a Naloxone distribution, training, and education opportunity-LCHD 2024)

**SU-04.1a:** Increase the percentage of 8<sup>th</sup> grade students in Livingston County that have never used alcohol to 88% by 2030 (Baseline: 78% of 8<sup>th</sup> grade students in Livingston County have not used alcohol in the past year-Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**SU-04.1b:** Decrease the percentage of 8<sup>th</sup> grade students parents who feel it is only “a little bit wrong” and “Not wrong at all” for their student to drink beer, wine, or hard liquor regularly (at least once or twice a month) to 5% by 2030 (Baseline: 9% of students believe that their parents feel it is “a little bit wrong” and “Not wrong at all” to drink beer, wine, or hard liquor regularly (at least once or twice a month) - Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**SU-04.1c:** Decrease the percentage of 8<sup>th</sup> grade students in Livingston County that believe it is “a little bit wrong” or “not wrong at all” for someone their age to use alcohol to 5% by 2030 (Baseline: 9% of 8<sup>th</sup> grade students in Livingston County believe it is “a little bit wrong” or “not wrong at all” for someone their age to use alcohol - Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**SU-04.1d:** Increase the percentage of parents/guardians who have talked to their 8<sup>th</sup> grade students about not using alcohol to 65% by 2030 (Baseline: 54% of 8<sup>th</sup> grade students report that their parents/guardians talked with them about not using alcohol- Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**SU-05.1a:** Increase the percentage of 8<sup>th</sup> grade students in Livingston County that have never

used Marijuana to 95% by 2030 (Baseline: 91% of 8<sup>th</sup> grade students in Livingston County have not used marijuana in the past year-Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**SU-05.1b:** Decrease the percentage of 8<sup>th</sup> grade students parents who feel it is only “a little bit wrong” and “Not wrong at all” for their student to use marijuana to 5% by 2030 (Baseline: 7% of students believe that their parents feel it is “a little bit wrong” and “Not wrong at all” to use marijuana - Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**SU-05.1c:** Decrease the percentage of 8<sup>th</sup> grade students in Livingston County that believe it is “a little bit wrong” or “not wrong at all” for someone their age to use marijuana to 5% by 2030 (Baseline: 10% of 8<sup>th</sup> grade students in Livingston County believe it is “a little bit wrong” or “not wrong at all” for someone their age to use marijuana - Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**SU-05.1d:** Increase the percentage of parents/guardians who have talked to their 8<sup>th</sup> grade student about not using marijuana to 60% by 2030 (Baseline: 50% of 8<sup>th</sup> grade students report that their parents/guardians talked with them about not using marijuana- Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**TU-02.1a:** Increase smoking cessation education to Livingston County Health Department clients to 30% by 2030. (Baseline: no data available)

**TU-04.1a:** Increase the percentage of 8<sup>th</sup> grade students in Livingston County that have never used tobacco products, e-cigarettes, or other vaping products in the past month to 95% by 2030 (Baseline: 91% of 8<sup>th</sup> grade students in Livingston County have never used tobacco products, e-cigarettes, or other vaping products in the past year-Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**TU-04.1b:** Decrease the percentage of 8<sup>th</sup> grade students parents who feel it is only “a little bit wrong” and “Not wrong at all” for their student to use e-cigarettes or other vaping products to 2% by 2030 (Baseline: 6% of students believe that their parents feel it is “a little bit wrong” and “Not wrong at all” to use e-cigarettes or other vaping products- Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**TU-04.1c:** Decrease the percentage of 8<sup>th</sup> grade students in Livingston County that believe it is “a little bit wrong” or “not wrong at all” for someone their age to use e-cigarettes or other vaping products to 5% by 2030 (Baseline: 11% of 8<sup>th</sup> grade students in Livingston County believe it is “a little bit wrong” or “not wrong at all” for someone their age to use e-cigarettes or other vaping products - Illinois Youth Survey 2024 \*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**TU-04.1d:** Increase the percentage of parents/guardians who have talked to their 8<sup>th</sup> grade students about not using tobacco to 60% by 2030 (Baseline: 50% of 8<sup>th</sup> grade students report that their parents/guardians talked with them about not using tobacco- Illinois Youth Survey 2024

\*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**IVP-20.1a:** Increase Naloxone distribution, training, and education to residents living in 75% of Livingston County zip codes by 2030 (Baseline: 5.8% of the zip codes in Livingston County have received a Naloxone distribution, training, and education opportunity-LCHD 2024)

**MICH-10.1a:** Increase the percentage of babies born in Livingston County to mothers who do not smoke to 90% by 2030 (Baseline: 81.7% of babies born to mothers in Livingston County who do not smoke-IQUERY 2021)

### **Intervention/Evaluation Strategies**

1. Reduce transportation barriers in Livingston County by advocating at the local and state levels for transportation services such as Uber and Lyft. Research other rural area transportation programs available at local medical facilities including those in Gibson City and Morris to establish a funding plan used to purchase a fleet of vehicles and hiring requirements for this type of service. Continue to support the reorganization of Show-Bus, a transportation service that disbanded in Mclean County but is working to reestablish under a new operating system. Evaluation data will be determined by the number of services that become available to residents of Livingston County because of this advocacy, research, and support. Residents of Livingston County will be surveyed to determine the effectiveness of such transportation services. *The Rural Health Information Hub shares that long distances to healthcare services are a barrier for many people living in rural areas and are only getting worse. From 2001 to 2017, the average distance traveled for medical or dental care increased from 15.16 miles to 17.93 miles in rural regions. Those with a personal vehicle can be adversely affected by rising gas prices, making longer trips more expensive. For those without a personal vehicle, traveling long distances can be especially burdensome. People who do not have access to a motor vehicle often have to rely on public transportation services, and destinations are not always located on a public transportation route.*
2. The Livingston County Mental Health Board, the Livingston County Commission on Children and Youth, and Psychology Specialists of OSF Saint James will provide mental health services in Livingston County. IHR will provide both mental health and substance use services to residents. Because of the increase in residents seeking services and longer wait times a series of Mental First Aid videos will be developed and distributed by all Social Service Coalition members in Livingston County. Videos and reels will include information on what to do in a mental health crisis, including dialing 988, and seeking immediate medical attention if needed. Evaluation data will be collected by the number of hits on social media outlets and surveys of clients that report accessing services because of the videos. *The CDC's Mental Health Strategy builds on the Mental Health Framework created in partnership between CDC, the Association of State and Territorial Health Officials (ASTHO), Mental Health America (MHA), and the Center for Law and Social Policy (CLASP) in October 2023. This framework states that mental and physical health are both essential to the overall well-being of every person. Mental health promotion is a critical aspect of suicide prevention as well as a distinct area of focus. Both of these areas share a common set of risk and protective factors. Addressing these*

*shared factors through a public health approach can prevent other outcomes including chronic disease, substance use, violence, and adverse childhood experiences. When collaborating with multi-sector partners, public health can provide a strong framework to improve overall community health and well-being effectively and equitably.*

3. The Livingston County Health Department and IHR will provide Naloxone distribution, education, and training to communities of Livingston County. These activities will occur at each community's local government meeting. In addition to these activities, additional groups within the community will be identified as target audiences for similar activities. EMS services and School Districts in Livingston County will be provided with multiple opportunities for Naloxone distribution, training and education. Evaluation data will be collected by survey during community activities. *The CDC prioritizes raising awareness about all aspects of substance use including the risks of substance use and preventing associated harms among persons who use drugs, their families, and communities. In addition, CDC promotes evidence-based treatment for substance use disorders and advances understanding that addiction is a chronic disease. CDC also works to reduce stigma because stigma prevents people from seeking help for substance use disorders. CDC reduces stigma by addressing misinformation, endorsing non-stigmatizing language, and promoting awareness of stigma's impact including among populations disproportionately affected by substance use and overdose.*
4. Provide evidence-based school programs focusing on altering perceived peer-group norms regarding tobacco, alcohol, and other drug use and on developing skills in resisting peer pressure to use these substances. The number and sites of programs will be tracked and changes in Illinois Youth Survey responses will be followed. *Substance Abuse and Mental Health Services Administration states that prevention and early intervention strategies can reduce the impact of substance use in America's communities. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs, and the development of substance use disorders.*
5. Address alcohol, illegal drugs, use of other peoples' prescription medication and nicotine use in WIC, Family Case Management, Healthy Families Illinois, Family Planning, and STI clinics and programs. Client counseling will be documented in electronic health records as appropriate. *The U.S. Preventative Services Task Force recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.*
6. Provide cost-free smoking/e-cigarette cessation services to residents of Livingston County under Illinois Tobacco Free Communities, promote the Illinois Tobacco Quitline, and share other available resources to those identified as tobacco/e-cigarette users. Along with behavioral interventions, promote FDA approved pharmacotherapy for cessation. Evaluation data will be collected using both grant mapping and client survey methods. *The American Lung association recommends seven medications approved by the U.S. Food and Drug Administration to aid in quitting. Nicotine patches, nicotine gum and nicotine lozenges are available over the counter, and a nicotine nasal spray is currently available by prescription. Bupropion SR (Zyban®) and varenicline (Chantix®) are non-*

*nicotine pills. Individual, group and telephone counseling are effective. Telephone Quitline counseling is available in all 50 states and is effective for many different groups of people who smoke and use tobacco products.*

7. Routinely conduct random Smoke-free Illinois Act compliance checks and re-checks on any establishment that receives a violation complaint on the SFIA public complaint website. Compliance Checks conducted and results of checks will be tracked. *The Centers for Disease Control and Prevention shares that smoke-free policies in indoor public places significantly improve indoor air quality and reduce secondhand smoke exposure. These policies can also help change social norms regarding the acceptability of smoking. Smoke-free policies can prevent young people from starting to smoke and help smokers quit. They are also associated with reduced heart attacks and asthma hospitalizations among nonsmokers.*

**Community Resources for Implementation:**

Institute for Human Resources  
Livingston County Commission on Children and Youth  
Livingston County Mental Health Board  
Livingston County Health Department  
Futures Unlimited, Inc.  
Veteran’s Assistance Commission  
Livingston County Sheriff’s Department  
Dwight Police Department  
Fairbury Police Department  
Pontiac Police Department  
Livingston County Fire Departments  
Livingston County Village Halls/City Council  
Livingston County ROSC  
Livingston County Show-Bus  
Illinois Tobacco Quitline

**Funding:**

Services that fall under given agencies’ missions will be conducted by those agencies. Grant funding will be sought to fund activities not funded under any agency’s budget.

**Awareness and Promotion:**

All activities that are available to Livingston County residents will be shared during in-person appointments, on social media, on both the Health Department and County websites, flyer distribution, community outreach events, and through both the Health Equity Coalition and Social Services Coalition meetings as they occur quarterly or monthly.

## **Health Priority: Maternal and Child Health**

*Defined as prenatal to postpartum and children ages 0-18 years.*

### **Healthy People 2030 Goals:**

- Prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy
- Improve pregnancy planning and prevent unintended pregnancy
- Promote healthy development for children and adolescents

### **Livingston County Goals:**

- Prevent pregnancy complications and maternal deaths and improve women's health before, during and after pregnancy for mothers in Livingston County
- Improve pregnancy planning and prevent unintended pregnancy in Livingston County
- Promote healthy development for children and adolescents in Livingston County
- Improve dental, hearing, and vision services for at risk families in Livingston County
- Increase the number of quality publicly funded childcare services in Livingston County
- Decrease the number of child abuse and neglect cases in Livingston County

**Description:** Maternal and child health ranks in the top three priorities in Livingston County due to in large part the closest obstetrics department is 35 minutes away. With transportation being one of the number one barriers in Livingston County, maternal and child health care is at risk. Regarding maternal and child health topics that were included in the Livingston County Community Health Needs Assessment (CHNA), 80% or more of respondents are concerned with child abuse and neglect and teen pregnancy as a health problem. From the CHNA, lack of prenatal care, poor eating habits, and lack of use of birth control rank as some of the highest problematic risky health behaviors. Over 54% of respondents feel that quality childcare and prenatal care are not easily accessible and over 90% of respondents see a need in addressing the affordable childcare issue. Upon discussing these matters with professionals in the community, it is noted that quality dental and vision services for children under the age of five is also a concern as many do not accept the medical card or provide services for children in this age group.

According to *Healthy People 2030*...

Women in the United States are more likely to die from childbirth than women living in other developed countries. Healthy People 2030 focuses on preventing pregnancy complications and maternal deaths and helping women stay healthy before, during, and after pregnancy. Some women have health problems that start during pregnancy, and others have health problems *before* they get pregnant that could lead to complications during pregnancy. Strategies to help women adopt healthy habits and get health care before and during pregnancy can help prevent pregnancy complications. In addition, interventions to prevent unintended pregnancies can help reduce negative outcomes for women and infants. Women's health before, during, and after pregnancy can have a major impact on infants' health and well-being. Women who get recommended health care services before they get pregnant are more likely to be healthy during pregnancy and to have healthy babies. Strategies to help pregnant women get medical care and

avoid risky behaviors like smoking or drinking alcohol can also improve health outcomes for infants.

In addition to screening for risky behaviors in mothers, it is important to provide preventive care like hearing screenings for newborns and comprehensive eye exams in adults are critical for finding and treating these disorders early. And strategies to increase use of eye and hearing protection can help prevent new cases. Childhood and adolescence are critical periods of growth and development. Healthy People 2030 focuses on promoting healthy physical, mental, emotional, and behavioral development in children and adolescents. In addition, health care providers can track children's physical, mental, emotional, and behavioral development through screenings and other preventive care services. This is key to finding problems early so that children and adolescents can get the support they need as they develop. Nutrition and Healthy eating are also a key component to physical health for mothers, children, and adolescents. Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. Healthy People 2030 focuses on reducing unintended pregnancy by increasing use of birth control and family planning services. Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants. Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group. Adolescents are also especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities. Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

**Healthy People 2030 Outcome Objectives:**

**MICH-07:** Reduce preterm births

**MICH-08:** Increase the proportion of pregnant women who receive early and adequate prenatal care

**NWS-01:** Reduce Household food insecurity and hunger

**FP-01:** Reduce the proportion of unintended pregnancies

**IVP-16:** Reduce nonfatal child abuse and neglect

**EMC-D01:** Increase the proportion of children who are developmentally ready for school

**EMC-R01:** Increase the proportion of children with developmental delay who receive special services to meet their developmental needs by 48 months of age

**Livingston County Outcome Objectives:**

**MICH-07.1:** Reduce the percentage of preterm births to babies born in Livingston County to 5% by 2030 (Baseline: 10.5% of babies born in Livingston County were preterm births-Annie E. Casey Foundation-Kids Count Data Center 2020)

**MICH-08.1:** Increase the proportion of pregnant women in Livingston County who receive early and adequate prenatal care to 90% by 2023 (Baseline: 81.1% of pregnant mothers in Livingston County received prenatal care in the first trimester of pregnancy-IQUERY 2021)

**FP-01.1:** Reduce the proportion of teen pregnancies in Livingston County to 1% by 2030 (Baseline: 4.1% of births in Livingston County were to teens-IDPH 2022)

**IVP-16.1:** Reduce the number of children in Livingston County that are placed in care to 40 children by 2030 (Baseline: 75 children in Livingston County have been placed in care-Illinois Department of Children and Family Services 2024)

**EMC-D01.1:** Increase the number of publicly funded Childcare Centers to 4 in Livingston County by 2030 (Baseline: There are currently two publicly funded Childcare Centers in Livingston County-LCHD 2025)

**EMC-R01.1:** Increase the number of children aged 0-5 years in Livingston County that receive developmental screening and vision and hearing screening by 2030 (Baseline: No data available, however, HeadStart and Public schools report that screening numbers are down and more children are attending with higher numbers of developmental and vision and hearing needs-LCHD)

**Livingston County Impact Objectives:**

**MICH-07.1a:** Decrease the percentage of pregnant women in Livingston County who smoke while they are pregnant to 10% by 2030 (Baseline: 18.3% of pregnant women in Livingston County smoke while pregnant-IQUERY 2021)

**MICH-08.1a:** Increase accessibility to public transportation by increasing services in Livingston County to by 2030 (Baseline: 11% of Livingston County residents believe that public transportation is very accessible-Livingston County Health Department CHNA 2024, 11% of Livingston County WIC participants report that a lack of transportation is their reason for not purchasing WIC foods-Livingston County Health Department WIC 2024)

**MICH-08.1b:** Increase the opportunities for pregnant women and their partners to receive education and prenatal care in Livingston County by 2030 (Baseline: No data available, however there is currently no obstetrics and gynecology department at OSF Saint Jame Hospital, the only hospital in Livingston County)

**MICH-08.1c:** Increase the average case load in the Better Birth Outcomes program at the Livingston County Health Department to 22 clients per year by 2030 (Baseline: 12-15 clients in 2024 – Livingston County Health Department Better Birth Outcomes coordinator-2024)

**NWS-01.1a:** Decrease the percentage of 8<sup>th</sup> grade students in Livingston County who ate zero fruits or vegetables in the past 7 days to 15% by 2030 (Baseline: 25% of Livingston County 8<sup>th</sup> grade students ate zero fruits or vegetables over the last 7 days - Illinois Youth Survey 2024  
\*Note 159 8<sup>th</sup> grade students from 3 schools participated in the survey)

**NWS-01.1b:** Increase the educational opportunities for nutrition education and perceptions of adults in Livingston County (Baseline: No data available, currently there are only two known programs in Livingston County that offer nutrition education for adults in Livingston County)

**FP-01.1a:** Increase the educational opportunities for pregnancy prevention in 8<sup>th</sup> grade and 12<sup>th</sup> grade in public schools in Livingston County to 75% by 2030 (Baseline: currently there are no known pregnancy prevention education opportunities for these age groups in the county-LCHD 2025)

**FP-01.1b:** Increase the number of public high schools in Livingston County that distribute condoms to students to 7 by 2030 (Baseline: 1 public high school in Livingston County distributes condoms to students-LCHD 2025)

**FP-01.1c:** Increase the average number of family planning clients seen at the Livingston County Health Department per year to 200 by 2030 (Baseline: 183 clients average per year – LCHD Family Planning Department 2024)

**FP-01.1d:** Increase the percentage of Livingston County residents that know where and how to access birth control to 75% (Baseline: 55% of Livingston County residents believe that birth control is “somewhat” or “very” accessible- Livingston County Health Department Community Health Needs Assessment 2024)

**IVP-16.1a:** Increase the percentage of single parents who are WIC participants in Livingston County to 35% by 2030 (Baseline: 24% of mothers in Livingston County participate in the WIC program-IQUERY 2021)

**IVP-16.1b:** Increase the number of clients that the Livingston County Healthy Families Illinois program serves to 40 by 2030 (Baseline: 27 clients are served by the Livingston County Healthy Families Illinois program-LCHD HFI 2025)

**EMC-D01.1a:** Increase awareness, funding, and develop a childcare advocacy group within Livingston County by 2030 (Baseline: one meeting has been held regarding affordable childcare in Livingston County)

**EMC-R01.1a:** Increase the number of children that are screened in a physician’s office to for developmental delay and vision and hearing to 100% by 2030 (Baseline: No data available, however Livingston County HeadStart reports that the number of children with developmental delay is increasing along with vision and hearing problems that have not been addressed)

**Population Groups at Risk:**

Females and males who are sexually active

Children and females who experience poverty, violence, disability, and inequality

Families who experience poverty

Children under the age of five

Women who use substances

Pregnant women with one or more chronic disease, history of STI/HIV, previous miscarriage or premature birth, third child in 3.5 years, pregnant with multiples

Pregnant women over the age of 40 or under the age of 15

**Intervention/Evaluation Strategies:**

1. The Livingston County Health Department Family Planning program will screen all women seen with a pregnancy and STI test. Pregnant women will be referred to WIC, BBO, or other healthcare providers in Livingston County. Evaluation data will be collected through electronic health records. The WIC and BBO programs will track the number of referrals and clients every year. *The CDC recommends STI testing as a part of your prenatal care plan. Testing is vital to prevent health complications. The sooner you begin medical care, the better the health outcomes will be. You may not know if you have an STI, unless you are tested.*

2. The Livingston County Health Department will offer free smoking cessation programs to all residents of Livingston County including pregnant women. The LCHD will deliver materials to practicing medical professionals in Livingston County to promote the program. The LCHD Better Birth Outcomes, WIC program, and Health Families Illinois will refer pregnant clients to the LCHD smoking cessation program. Data will be collected through the grant funded SFIA/ITFC programs. *The United States Preventative Services Task Force recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant person who use tobacco.*

3. Reduce transportation barriers in Livingston County by advocating at the local and state levels for transportation services such as Uber and Lyft. Research other rural area transportation programs available at local medical facilities including those in Gibson City and Morris to establish a funding plan used to purchase a fleet of vehicles and hiring requirements for this type of service. Continue to support the reorganization of Show-Bus, a transportation service that disbanded in Mclean County but is working to reestablish under a new operating system. Evaluation data will be determined by the number of services that become available to residents of Livingston County as a result of this advocacy, research, and support. Residents of Livingston County will be surveyed to determine the effectiveness of such transportation services. *The Rural Health Information Hub shares that long distances to healthcare services are a barrier for many people living in rural areas and are only getting worse. From 2001 to 2017, the average distance traveled for medical or dental care increased from 15.16 miles to 17.93 miles in rural regions. Those with a personal vehicle can be adversely affected by rising gas prices, making longer trips more expensive. For those without a personal vehicle, traveling long distances can be especially burdensome. People who do not have access to a motor vehicle often have to rely on public transportation services, and destinations are not always located on a public transportation route.*

4. Develop and maintain a list of maternal and infant care providers available in the county and surrounding counties and share with physicians, social services, and faith-based centers in Livingston County. Maintaining an accurate document for public use, yearly, will be the form of evaluation for this strategy. *According to the Centers for Disease Control women planning to get pregnant should talk to a healthcare provider to discuss medications, current medical conditions, vaccinations, and lifestyle and behavior.*

5. The Livingston County Health Department Better Birth Outcomes program will provide prenatal supportive services to expecting mothers most at risk for poor pregnancy outcomes. Participants that will be eligible include those with medical conditions (diabetes, high blood pressure, asthma, lupus, etc.), those who smoke, vape, or use drugs and or alcohol, have experienced a previous miscarriage or premature birth, are pregnant with their third child in 3.5 years, pregnant with multiples, history of sexually transmitted disease, over 40 years of age or under 15, previously/currently abused by anyone, homeless, previously incarcerated, previous/current involvement with DCFS. Evaluation data will be collected by the Better Birth Outcomes program yearly. *According to the Office of Disease Prevention and Health Promotion, prenatal care is most effective when it starts early and continues throughout pregnancy. It can help prevent and address health problems in both mothers and babies. Interventions to increase access to health care can help more women get the prenatal care they need.*

6. The Livingston County Health Department will increase its outreach into both the community and public education to provide education on a wide variety of topics including nutrition and the role that it plays in the health of individuals. The Health Education Department will track the programs offered and number of people served. *According to the Office of Disease Prevention and Health Promotion, many children and adolescents in the United States have obesity. Obesity is linked to a higher risk for diseases and conditions like high blood pressure, high cholesterol, diabetes, asthma, anxiety, and depression. In addition, children with obesity are more likely to be bullied and to have obesity as adults. Evidence suggests that intensive behavioral programs that use more than 1 strategy are an effective way to reduce childhood obesity. Policy and school curriculum changes that make it easier for children and adolescents to eat healthy and get physical activity can also help reduce obesity.*

7. The Livingston County Health Department will increase the number of STI and Pregnancy Prevention Programs that it provides to Livingston County students in grades 8-12 as well as to parents of children 12 years and older. The Health Educator will track number of programs offered and number of students served. *According to the Centers for Disease Control, abstinence, vaccination, reducing number of sex partners, regular STI testing, monogamous relationships, and using condoms every time, the correct way are the best ways to reduce your STI exposure. Quality sexual and reproductive health services, such as birth control and sexually transmitted infection services, are important for supporting adolescent health.*

8. The Livingston County Health Department, along with Community partners, will research and develop strategies to increase both the number of quality and affordable daycare facilities and in-home day care providers for families in Livingston County. The Livingston County Health department will track meetings held and promotion activities. *According to the Office of Disease Prevention and Health Promotion, every year in the United States, many children are abused or*

*neglected. This often causes long-term physical, behavioral, and mental health problems. Strategies that promote safe, stable, nurturing relationships and environments for all children can help prevent child abuse and neglect.*

9. The Livingston County Health Department Healthy Families Illinois program, The Hope Center of Livingston County, and the Heartland HeadStart program will offer parent education, learning opportunities, and health and wellness activities to at-risk families in Livingston County. Evaluation data will be collected using Visit Tracker, Child Plus, and Ages & Stages Questionnaires. *According to the Centers for Disease Control, Child abuse and neglect are not caused by a single factor. Instead, a combination of factors at the individual, relationship, community, and societal levels can increase or decrease the risk of violence. Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating child abuse and neglect. However, they may or may not be direct causes. Protective factors are characteristics that may decrease the likelihood of experiencing or perpetrating child abuse and neglect. Understanding and addressing risk and protective factors can help identify various opportunities for prevention.*

10. Develop and maintain a list of dental, hearing, and vision providers for children ages 5 years and under to provide assessments and provide care for at risk children in Livingston County at the Livingston County Health Department, Heartland HeadStart, and other facilities that provide services for this young population. Evaluation will be tracked by services provided as well as survey results from families with young children. *According to the Office of Disease Prevention and Health Promotion National guidelines recommend developmental screenings at ages 9, 18, and 24 to 30 months. Health care providers do these developmental screenings to see how well children are learning, talking, moving, and interacting with others. This helps providers identify developmental problems and get children the care they need. Strategies to make sure more providers use standardized tools to screen children at regular well-child visits can help increase the proportion of children who get developmental screenings.*

11. Develop a Livingston County Childcare Advocacy team to address the childcare shortage within Livingston County with a goal of increasing the available number of available childcare centers and certified daycare providers. The team will include Livingston County Health Department, Chamber of Commerce, Economic Development groups, Livingston County Boys and Girls Club, Illinois Department of Child and Family Services, State Legislators, OSF Saint James, and Heartland Community College. *According to the Illinois Department of Human Services Illinois Cares for Kids program child care professionals make a positive impact in a child's life during the most critical stages of their growth and development. Child care professionals operate and support safe, secure environments for children that allow parents to work, go to school, and add value to their communities.*

**Community Resources:**

Livingston County Health Department  
Institute for Human Resources  
Livingston County Commission on Children and Youth  
Heartland HeadStart  
Hope Center of Livingston County

Livingston County Special Services Unit  
Livingston County Boys and Girls Club  
Safe Journeys  
Community Dental Partners  
Community Hearing and Vision Partners  
Livingston County State Representatives  
Livingston County Government  
Livingston County Faith Based Centers  
Livingston County Public School Systems  
Livingston County Transportation Systems

**Funding:**

Services that fall under given agencies' missions will be conducted by those agencies. Grant funding will be sought to fund activities not funded under any agency's budget.

**Awareness and Promotion:**

All activities that are available to Livingston County residents will be shared during in-person appointments, on social media, on both the Health Department and County websites, flyer distribution, community outreach events, and through both the Health Equity Coalition and Social Services Coalition meetings as they occur quarterly or monthly.

**Livingston County Health Equity Coalition**

**Erin Fogarty, MPH, CHES (coalition chair)**  
**Administrator – Livingston County Health Department**  
*Representing: Public health – all populations*

**Chrystal Little, MA, CHES, ACE**  
**Health Educator/Marketing Director – Livingston County Health Department**  
*Representing: Public Health – all populations*

**Tondra Harris, RN**  
**Director of Nursing – Livingston County Health Department**  
*Representing: Public Health – all populations*

**Jill Kindred, RN**  
**Better Birth Outcomes and WIC Coordinator – Livingston County Health Department**  
*Representing: Public health – women, infants & children*

**Lindsay Masching, RN**  
**Family Planning, STI Coordinator – Livingston County Health Department**  
*Representing: Public Health – all populations*

**Megan Fehr, BSW**  
**Healthy Families Illinois Coordinator – Livingston County Health Department**  
*Representing: Public Health – Livingston County youth and underserved families*

**Billie Jo Henson**  
**Care Coordinator, CCU program supervisor-Livingston County Health Department**  
*Representing: Public Health - senior populations*

**Taylor Hartman**  
**Executive Director - Livingston County Mental Health Board & Livingston County Commission on Children and Youth**  
*Representing: Behavioral health and underserved populations*

**Patty Haberkorn, MSN, RN**  
**Executive Director – Futures Unlimited, Inc.**  
*Representing: Persons with disabilities*

**Jodi Martin**  
**CEO – Boys & Girls Club of Livingston County**  
*Representing: Livingston County youth and underserved families*

**Ron Baker**  
**Director/Chief Probation Officer – Livingston County Probation and Court Services**  
*Representing: Persons on probation & their families, and at-risk populations*

**Madalyn Lane**  
**Probation Officer – Livingston County Probation and Court Services**  
*Representing: Persons on probation & their families, and at-risk populations*

**Eric Mund**  
**Probation Officer – Livingston County Probation and Court Services**  
*Representing: Persons on probation & their families, and at-risk populations*

## Attachment 1

<p><b>Deb Howard</b> Executive Director -United Way of Livingston County; Pontiac Area Chamber <i>Representing: United Way of Livingston County and Pontiac areabusinesses</i></p>
<p><b>Todd Harris</b> Deputy Director – Livingston County Housing Authority <i>Representing: Residents in Livingston County in need of safe, affordable housing</i></p>
<p><b>Tricia Brubaker</b> Outreach/Business Service Specialist – Livingston Workforce Services <i>Representing: all populations</i></p>
<p><b>Clare Spires</b> Coordinator - Cardiac &amp; Pulmonary rehab and community health OSF Saint James Healthcare <i>Representing: all populations</i></p>
<p><b>Joe Vaughan, LCSW, QMHP, LPHA</b> Executive Director – IHR Counseling Services-Institute for Human Resources <i>Representing: Behavioral health and underserved populations</i></p>
<p><b>Teresa Diemer, BS, CRADC, CODP I</b> Director of Special Initiatives <i>Representing: Behavioral health and underserved populations</i></p>
<p><b>John Schnieder</b> Community Health Specialist II – Chestnut Health Systems, Livingston County ROSC <i>Representing: Persons in recovery from alcohol and substance use</i></p>
<p><b>Sara Attig, M.S.</b> Family Life Educator – Illinois Extension Office Livingston, McLean, and Woodford Counties <i>Representing: Families in Livingston County</i></p>
<p><b>Andrea Kindseth</b> Community Reintegration Advocate – Life CIL, Mclean and Livingston Counties <i>Representing: Persons with disabilities</i></p>
<p><b>Melissa Johnson</b> Community Living Advocate – Life CIL, Mclean and Livingston Counties <i>Representing: Persons with disabilities</i></p>
<p><b>Tina Hammer</b> Director – Salvation Army 360 Life Center of Pontiac, IL <i>Representing: Persons with food, essential items, and housing insecurities</i></p>
<p><b>Lena Bankert</b> Family Resource Advocate – Heartland HeadStart, Inc. <i>Representing: Children and families of Livingston County</i></p>
<p><b>April Fornero</b> Director of Pontiac Center – Heartland Community College <i>Representing: Persons seeking higher education</i></p>

## Attachment 2

# 2024 Community Health Needs Assessment

Welcome to Livingston County's Community Health Needs Assessment. This anonymous survey is used every five years to help decide the public health priorities for Livingston County residents. The survey will take approximately 10 minutes.

How long have you lived in Livingston County, Illinois?

- 0-4 years (1)
  - 5-10 years (2)
  - 11-20 years (3)
  - 20+ years (4)
  - I am not a resident, but I work in Livingston County (6)
- 

What is your current zip code?

- 60420 (Dwight) 60460 (Odell), or 60920 (Campus) (1)
- 61311 (Ancona), 61313 (Blackstone), 61333 (Long Point), or 61364 (South Streator) (2)
- 61319 (Cornell), 61740 (Flanagan), or 61743 (Graymont) (3)
- 61769 (Saunemin), 60929 (Cullom), or 60934 (Emington) (4)
- 61775 (Strawn), 61741 (Forrest), 61739 (Fairbury), or 60921 (Chatsworth) (5)
- 61764 (Pontiac) (6)
- I am not a resident, but I work in Livingston County (8)

## Attachment 2

If you are not a resident, but currently work in Livingston County, please list your zip code and the county that you live in

Zip Code \_\_\_\_\_ County \_\_\_\_\_

Please rate your satisfaction with Livingston County as a place to:

	Extremely dissatisfied (35)	Somewhat dissatisfied (36)	Somewhat satisfied (38)	Extremely satisfied (39)	N/A (37)
Live (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raise Children (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retire (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you describe the overall quality of life that you experience while living as a resident of Livingston County?

- Extremely bad (1)
- Somewhat bad (2)
- Neither good nor bad (3)
- Somewhat good (4)
- Extremely good (5)

If you selected “Extremely bad”, please explain your rating of quality of life that you experience while living as a resident of Livingston County. \_\_\_\_\_

Over the past five years, how do you believe Livingston County’s quality of life has changed?

## **Attachment 2**

- Improved (1)
- Stayed the same (2)
- Declined (3)

## **Attachment 2**

How concerned are you about the following 'health problems' in Livingston County?

## Attachment 2

	Very concerned (1)	Somewhat concerned (2)	Not at all concerned (3)
Aging problems (e.g., arthritis, hearing/vision loss, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use/Abuse (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Abuse / Neglect (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Problems (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Use/Misuse (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder Abuse (27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Firearm-related Injuries (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling Addiction (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease & Stroke (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Death (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Disease (e.g., hepatitis, tuberculosis, etc.) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Attachment 2

Loneliness (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Problems (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor Vehicle Crashes (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine Use (smoke, chew, vape) (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight/Obesity (28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape / Sexual Assault (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory / Lung Disease (e.g., COPD, emphysema, etc.) (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Infections (including HIV/AIDS) (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage Pregnancy (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Attachment 2**

How problematic do you believe the following 'risky behaviors' are in Livingston County?

## Attachment 2

	Very problematic (1)	Somewhat problematic (2)	Not at all problematic (3)
Alcohol Abuse (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dropping Out of School (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Use & Misuse (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Exercise (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Prenatal Care (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana Use (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine Use (smoking/vaping/chewing) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Eating Habits (e.g. overeating, undereating, etc.) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Isolation (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe Sex (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsecure Firearms (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Vaccinating to Prevent Disease (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Attachment 2**

Not Using Birth Control (13)



Not Using Seat Belts / Child  
Safety Seats (14)



## **Attachment 2**

In the following list, what do you think are the five (5) most important factors for a “Healthy Community?” (Those factors which most improve the quality of life in a community.)

## **Attachment 2**

Access to Child Care (3)

Access to Medical Health Care (1)

Access to Mental Health Care (2)

Affordable Housing (6)

Arts & Cultural Events (7)

Clean Environment (8)

Emergency Preparedness (15)

Good Jobs & Healthy Economy (10)

Safe Place to Raise Children (11)

Good Schools (12)

Healthy Behaviors / Lifestyles (14)

Low Crime / Safe Neighborhoods (13)

Low Adult Death & Disease Rates (16)

Low Infant Death & Disease Rates (17)

Low Level of Family Violence (18)

Parks & Recreation (19)

Religious / Spiritual Values (20)

**Attachment 2**

Strong Family Life (21)

## Attachment 2

In Livingston County, how accessible do you believe the following resources are to you?

	Not at all Accessible (1)	Somewhat Accessible (2)	Very Accessible (3)	N/A (I have not tried to access this service) (4)
Affordable Medication (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth Control (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet Access (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term Health Care (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Care (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritious Food (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Health Care Provider (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Care in a Timely Manner (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent Care (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Care (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Health & Prenatal Care (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Attachment 2**

**Attachment 2**

Rate your satisfaction with Livingston County on each of the following qualities...

## Attachment 2

	Extremely dissatisfied (1)	Somewhat dissatisfied (2)	Somewhat satisfied (4)	Extremely satisfied (5)	N/A (I have not tried to access this service) (3)
Access to Dental Care (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Medical Health Care (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Vision Care (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Women's Health / Prenatal Care (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Mental Health Care, including Substance Use Disorder Treatment (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Public Transportation (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Living (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Opportunities (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of Safety (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet Access (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to Socialize (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Education (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Housing (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Attachment 2**

Trust in Local  
Government (2)



**Attachment 2**

In Livingston County, how much need do you believe there is for the following resources?

## Attachment 2

	High Need (1)	Low Need (2)	No Need (3)
Adult Education (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable health care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable Housing (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable Childcare (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Support Groups (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Opportunities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ex-Offender Services (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Counseling (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-home Services for Seniors / People with Disabilities (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Training (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marriage & Relationship Counseling (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention Programs (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for Physical Activity (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Education (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use / Misuse / Abuse Prevention (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Attachment 2**

What's one thing Livingston County can do to improve your experience as a resident?

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What times / days of the week are most convenient for you to access services? (Please select all that apply)

Weekdays (Monday-Friday) Early Mornings (Prior to 8:00 A.M.) (1)

Weekdays (Monday-Friday) Mornings (8:00 A.M. to 12:00 P.M.) (2)

Weekdays (Monday-Friday) Afternoons (12:00 P.M. to 4:00 P.M.) (3)

Weekdays (Monday-Friday) Evenings (4:00 P.M. to 7:00 P.M.) (4)

Weekends (Saturdays & Sundays) Mornings (8:00 A.M. to 12:00 P.M.) (5)

Weekends (Saturdays & Sundays) Afternoons (12:00 P.M. to 4:00 P.M.) (6)

## Attachment 2

Please consider the degree of inclusivity and equity offered by Livingston County as you respond to the statements below:

Living in Livingston County, I feel I can be my full self.

- Definitely cannot
- Probably cannot
- Probably can
- Definitely can
- Not sure

**If you answered definitely cannot, probably cannot, or not sure, to the above question please answer why you feel like you cannot be your full self in Livingston County?**

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In Livingston County, everyone can succeed to their full potential, no matter what their background is.

- Definitely cannot (1)
- Probably cannot (2)
- Probably can (4)
- Definitely can (5)
- Not sure (3)

## Attachment 2

Are you a person with limited mobility?

Yes

No

IF you answered YES to the above question, please answer the following. If you answered NO, you may skip to the next question.

Rate your satisfaction with Livingston County on each of the following accessibility qualities...

	Extremely dissatisfied (1)	Somewhat dissatisfied (2)	Somewhat Satisfied (3)	Extremely Satisfied (4)	N/A (I have not tried to access this resource) (5)
Buildings (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment (e.g. sporting events, theater, movies, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrooms (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks / Outdoor Spaces (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Attachment 2**

How old are you?

- Under 18
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65+ years old

How do you describe yourself?

- Male
- Female
- Non-binary / third gender
- Prefer to self-describe \_\_\_\_\_
- Prefer not to say

**Attachment 2**

How would you describe your racial identity? (Please select all that apply)

Hispanic / Latino

White / Caucasian

Black / African American

Middle Eastern or North African

Asian / Pacific Islander

Native American or Alaska Native

Some other race, ethnicity, or origin, please specify: \_\_\_\_\_

Prefer not to answer

What is the highest level of school you have completed or the highest degree you have received?

## **Attachment 2**

- Less than high school degree (1)
- High school graduate (high school diploma or equivalent including GED) (2)
- Some college but no degree (3)
- Associate degree in college (2-year) (4)
- Bachelor's degree in college (4-year) (5)
- Master's degree (6)
- Doctoral degree (7)
- Professional degree (JD, MD) (8)
- Technical Certification (9)

## **Attachment 2**

What best describes your employment status over the last three months?

- Working full-time (1)
- Working part-time (2)
- Unemployed and looking for work (3)
- A homemaker or stay-at-home parent (4)
- Self-employed (7)
- Student (5)
- Retired (6)

How many children under 18 live with you?

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## **Attachment 2**

What is your current health insurance status?

Privately insured with a High Deductible (High Deductible: an insurance deductible of a high enough value that it may prevent you from seeking medical treatment.)

Private Insured

Medicaid

Medicare

Veteran's Administration

Uninsured

Please include any additional comments that you would like to make regarding life in Livingston County, Illinois?

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*Survey complete. Thank you so much for your time and efforts in completing the Livingston County Community Health Needs Assessment. The Livingston County Health Department, and all of our partnering organizations, are dedicated to serving the residents of Livingston County. Your valuable responses will be used to help us create and sustain the programs and services most needed in the county*

**Attachment 3**

**Livingston County**  
**Community Health Needs Assessment Results –**  
**2024**

**Demographics**

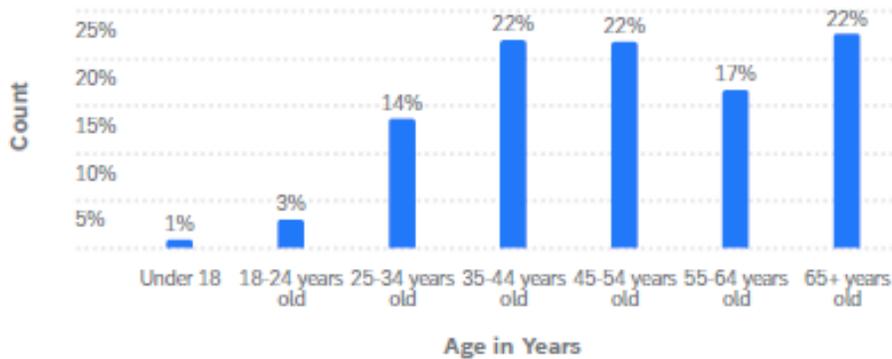
**Zip Code**

Current Zip Code and Years lived/worked in Livingston County 504

current zip code	0-4 years	5-10 years	11-20 years	20+ years	I am not a resident, but I work in Livingston County
I am not a resident, but I work in Livingston County	4	1	2	1	74
61775 (Strawn), 61741 (Forrest), 61739 (Fairbury), or 60921 (Chatsworth)	10	11	11	74	1
61769 (Saunemin), 60929 (Cullom), or 60934 (Emington)	3	-	7	16	-
61764 (Pontiac)	8	8	17	121	-
61319 (Cornell), 61740 (Flanagan), or 61743 (Graymont)	1	3	5	20	1
61311 (Ancona), 61313 (Blackstone), 61333 (Long Point), or 61364 (South Streator)	2	2	3	24	1
60420 (Dwight) 60460 (Odell), or 60920 (Campus)	7	10	5	51	-
Sum	35	35	50	307	77

**AGE**

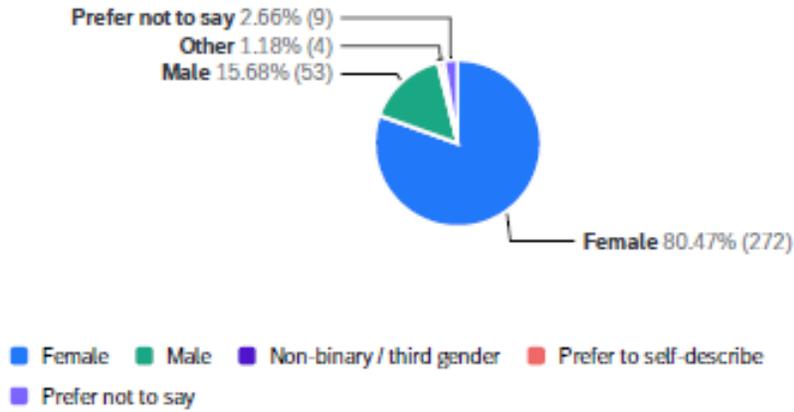
Age of Respondents 338



# Attachment 3

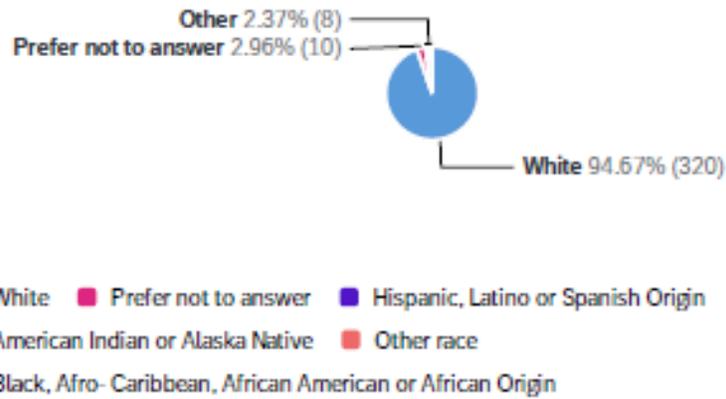
## Gender Identity

How do you describe yourself? 338



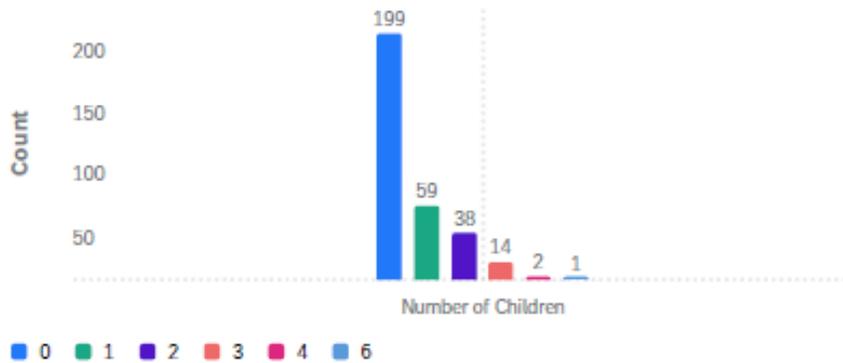
## Race

Race 337



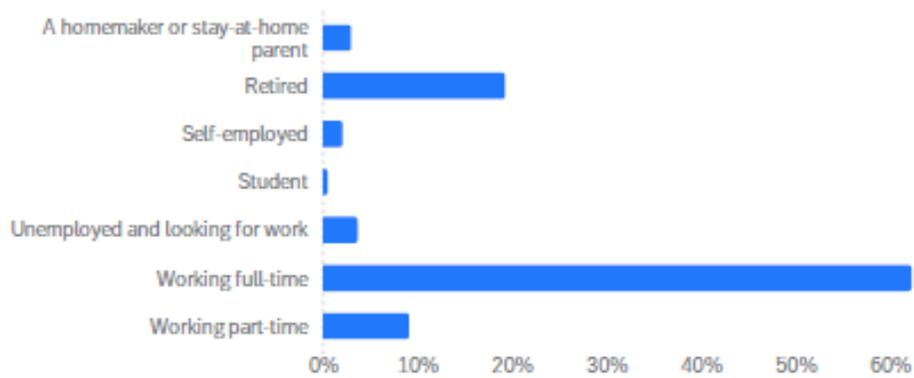
## Children

How many children under 18 live with you? 313



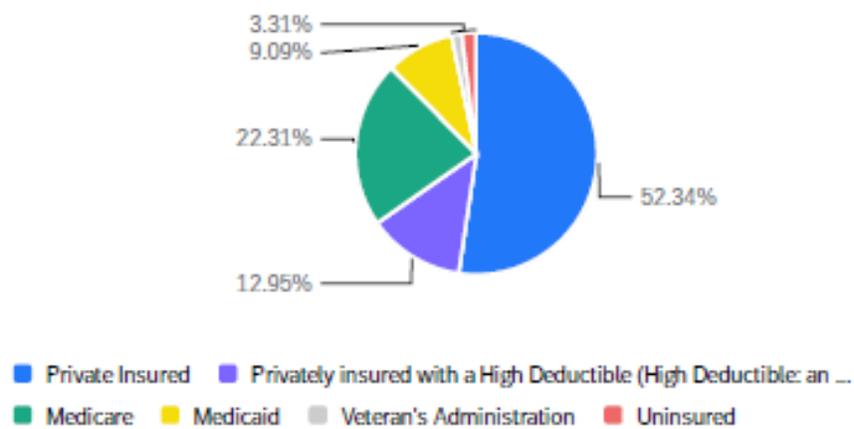
## Attachment 3 Employment Status

Employment Status Over the Last 3 months 331



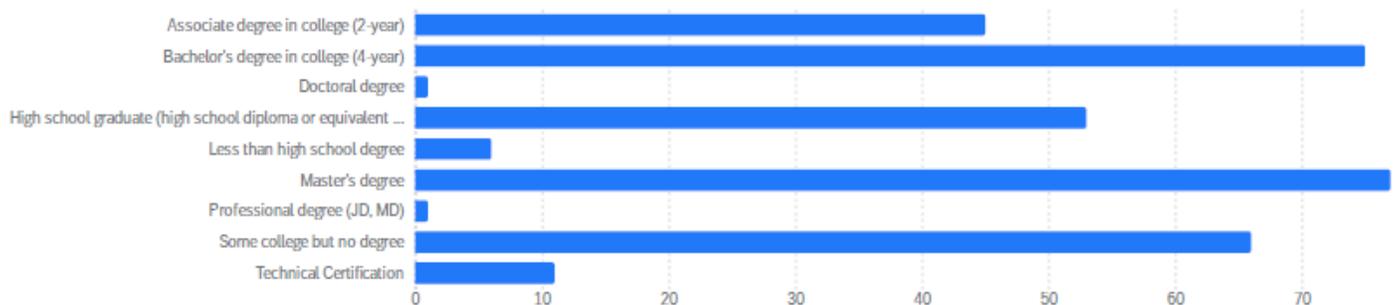
## Insurance Status

Current Insurance Status 324



## Education

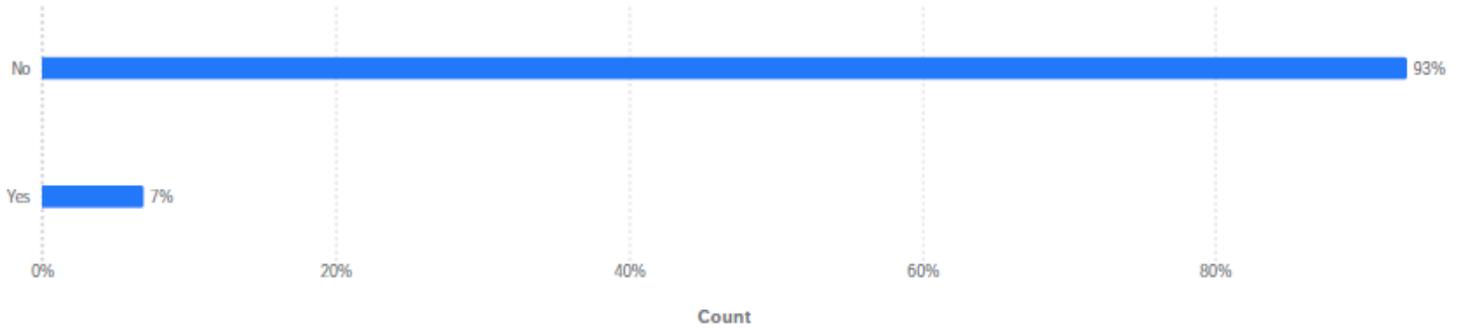
Highest Level of Education Acheive 335



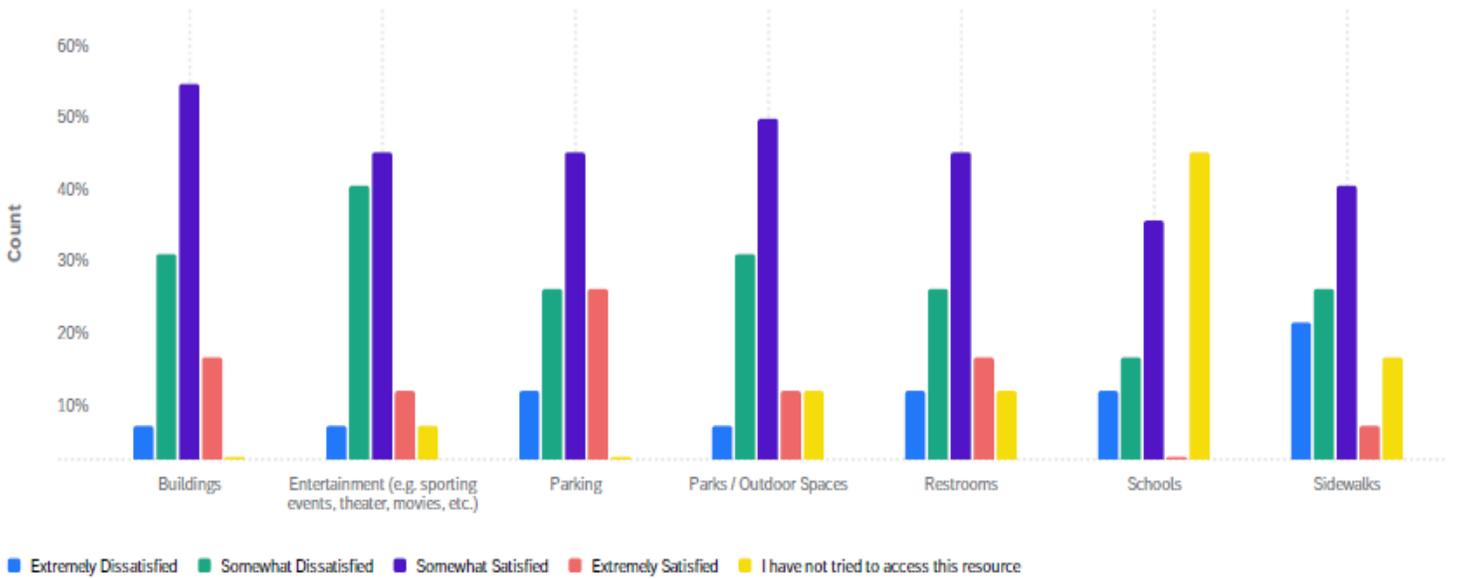
## Diversity, Equity, and Inclusion

# Attachment 3

Are you a person with limited mobility? 331

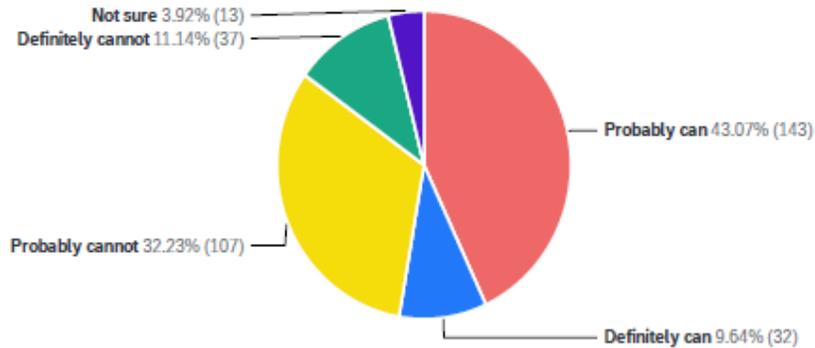


If you are a person with limited mobility, rate your satisfaction on each of the following accessibility qualities in Livingston County 21

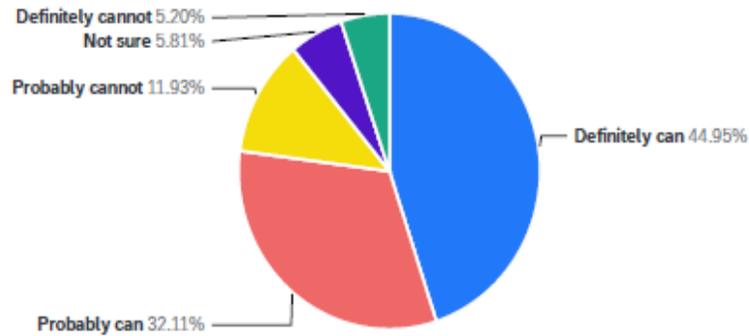


## Attachment 3

In Livingston County, everyone can succeed to their full potential, no matter what their background is: 332



In Livingston County I feel that I can be my full self. 327



### **“Why do you not feel that you can be your full self in Livingston County” Responses:**

“Not enough to do. You have to drive 30 to 40 minutes away to shop and find a good place to eat”.

“Because not just myself but many other people that have health issues senior citizens no matter what age they are, there just isn’t enough out there. We need transportation to get these people to and from where they need to go”.

“Too many religious people who feel like they can tell me how to live my life”.

“Homophobia, lack of resources, lack of social events”.

“I DO NOT feel safe here. I have always worked and paid my own way. I won my own home. I am a woman, harassed for many years AFTER divorcing my abuser. I had OP’s. His reply was “I don’t get in trouble for it”. Inaction by police and the court system only enabled him”.

### Attachment 3

“It’s a very religious-oriented town, therefore non-religious people are often looked down on and not a part of the community”.

“Judgmental religious communities”.

“People are very judgmental and gossip in this small community”.

“Too many people in this county have no respect for others”.

“Disability”.

“There is nothing productive to do or fun to do here, without drugs or alcohol”.

“Old-fashioned values”.

“Homophobia”.

“There are people in Livingston County that I truly fear would harm someone just for “being themselves”. So many of the people here are very close minded. I have had a student end up in a mental institution because of bullying about her sexual preference and another several years later beaten in the park because she doesn’t identify with her birth gender. And racial prejudice is a huge issue as well”.

“Not enough opportunities”.

“All you do is work to pay bills. There is nothing for our youth to do our county is structured around tourism and not the people who live in it every day”.

“Homophobia and racism are alive and well with some residents”.

“Opportunities don’t allow it. Very limited!”.

“Everyone is very judgmental, you become the talk of the town”.

“We live in a highly Republican influenced area and in order to fit in differing opinions have to be kept quiet”.

“LGTBQIA+ services and acceptance are not widely shared”.

“Not enough resources”.

“The amount of racist and homophobic people is outrageous. There is NOTHING about this community that feels inclusive or safe for non-white, non “straight”, non-Christians”.

“I feel I have to guard my views on various political topics in order to not be ostracized”.

“Just not a lot of opportunities here to better yourself”.

“There are times I don’t feel safe in Pontiac”.

“Because I am gay”.

“Politics”.

“The population is not smart enough to communicate with on a high school graduate level. Communication is at a juvenile level approximately 9<sup>th</sup>-10<sup>th</sup> grade level education”.

“Too many people who lie and are in your business”.

“Cost of living is too high”.

“I’m an atheist and a lesbian, need I say more?”.

“Because my disability keeps me from going places and doing things”.

“Judgement”.

“Because of strong religious base”.

“If you are not from here, you do not fit in”.

“My position and access to the things that I need”.

“The county is so very conservative”.

“There’s not much to experience here and flourish for in things that you are good at”.

“Lack of education and inclusiveness within the community. Religiously hateful community,

### Attachment 3

bigoted, judgmental, racist, fearful, sexist, homophobic community”.

“Not trusting of neighbors or salespeople or vandals and vandalism”.

“Limited resources”.

“Some of the churches preach antisemitism. I have read Dail Leader editorials by preachers from some of the non-mainstream churches and they are downright false and inflammatory.

Also, the proliferation of Confederate flags and guns makes me feel very unsafe. Also, what do I tell my daughter about the Pritzker sucks signs? Or “F” Biden signs?”.

“Being gay in Livingston County is like Yoda being a Jedi on Dagobah”.

“I can’t use my degree, and I can’t find a place to live that I can afford, and there is nothing to do”.

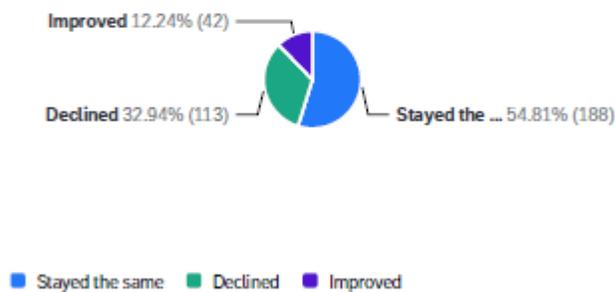
“I am basically and independent/liberal/democrat in politics”.

“The views of many within the community do not necessarily reflect my own”.

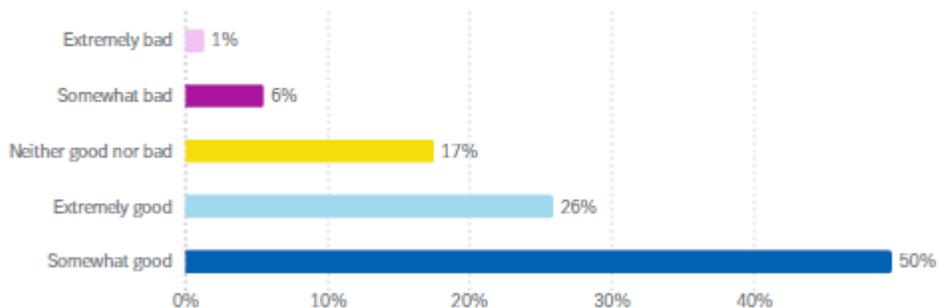
“There’s not much to do”

### Health Needs Assessment

Quality of Life in Livingston County over the past 5 years 343



Describe the overall quality of life that you experience while living as a resident in Livingston County. 452



## Attachment 3

### Extremely Bad Quality of Life Responses

- “I have lived my entire life in Livingston County. I have worked and supported myself and my family the entire time. In the entire 70’s financial industry. Next as a successful Business owner (with union employees for 15 years. Next, commuting to Bloomington as an employee of the IRS for 20 years. I am the mother of college educated daughters (each with multiple degrees) each also gainfully employed as working mothers. Sadly, DOMESTIC VIOLENCE perpetrated by my Male Family of origin and then also the Family I married into. DOMESTIC VIOLENCE is not addressed properly. In my case when there was a violation of the OP, I went to the courthouse, only to be told “The police in your city refuse to honor OP’s” I and all the numerous ex wives that married into that family have chosen to NEVER get into relationships again.”
- “Neighbors are very disrespectful. Police only want to handle their agenda and don’t care about enforcing the laws. While the judges need to give harsher punishments. We need better healthcare that is more affordable.”
- “Most things are focused mostly on tourism instead of the community that resides here. Limited options for families’ activities. Very poor transportation options. Need to have Uber or Lyft.
- “Shit hole.”
- “Extremely high taxes. Very little shopping/dining/recreational options. No social welfare agencies within the county. Housing is filling up with transients.”

### Somewhat Bad Quality of Life Responses

- “I do not agree with some of their ways. I have mixed feelings about this. I no longer drive because my car blew up last fall. I needed a ride to dermatology. It ended up it was in Bloomington not OSF here at the hospital. I was given numbers and still no one would help me. I thought I was set up with the show bus last fall. I talked with the gentleman down in Chenoa that took care of the show bus and people’s rides. On the day of my appointment no one came then I had numbers for rides with my insurance, again, no one ever showed up.”
- “There isn’t anything to do in our area. Currently, no jobs are hiring here either.”
- “Too many museums, not enough locally owned businesses.”
- “I do not live here but I know that a huge portion of my children live in poverty and another huge portion thinks it’s ok to legally own multiple bullet magazine guns for sport and have caregivers who think it’s ok to pick and choose which laws they wish to follow as they see fit.”
- “Not enough resources for low-income families and when there are resources you get very expired food. No farmers market vouchers for WIC like in other counties.”
- “The cops won’t do anything to people who threaten people who are pregnant or not and the road isn’t done yet and still needs work. No outside pool for kids or adults to do stuff.”
- “Belltown Farms are 600 feet from my backdoor. Organic manure odor can be extremely bad at times. Past 2 years, I have experienced rotten rye, rotten radishes, manure that sends off ammonia fumes. Last year, the ammonia was so strong in the house that I lost my voice and have been experiencing lung issues this year. I have contacted State Representative Jason Bunting. I would appreciate it if the Health Department would contact Jason Bunting. Thank you!!”
- “More crime, traffic.”
- “Not a resident, but the lack of infrastructure is by the County and municipalities is concerning to bring in new ventures to raise standard of living and support quality education.”
- “Taxes are too high.”
- “Lack of jobs that pay a living wage, lack of public transportation, a tendency by the government to

### **Attachment 3**

prioritize the wants of people with money over the needs of the poor.”

- “The community has deteriorated so much. I stay here because my parents are here. They are both in their late 70’s. I need to be here to watch/care for them as they age.”
- “My husband experienced severe bullying and gaslighting at his job and after 3 years had to change jobs for his health. These were life-long residents of Pontiac. Horrible People.”
- “I wish there was more to do for adults. There are only things to do for small children. Better paying job opportunities.”
- “The poverty is quite evident. The housing stock is falling apart, and the rentals are unkempt. The slum lords who own things are gouging poor people. They are stuck with bedbugs and substandard housing. Greedy landlords. There is alcohol around every corner. There are too many people who smoke. There is litter and debris everywhere. Garbage everywhere. It’s depressing. Pollution too. Who the hell throws tires in the Vermillion? Beer bottles? Doritos wrappers? Also, we still use a mascot, an Indian. That’s a trope. There are too many confederate flags too.”
- “High taxes”
- “I lived in Livingston County for many years growing up. I live in Bloomington now and teach at a school in Chenoa. I think the biggest thing is the complete lack of access to healthy food. The students don’t have adequate nutrition. A good reason I live in Bloomington is because of the amenities, but more because of all of the healthy food options. Livingston County, specifically Chenoa, needs to have at least one place to get fresh fruits and veggies that’s not expensive and 20 minutes away.”

### **Somewhat Good Quality of Life Responses**

- “Only think I don’t like is the transportation. I can’t drive and I need transportation to get to work and much more.”
- “There are very few services for people with visual impairments.”
- “I’ve been around long enough to see the systematic disassembly of public establishments with ZERO replacements. Yet, neighboring towns flourish.”
- “Very limited opportunities for those who haven’t inherited a large farm.”
- “There is not a lot to do. Seems like Pontiac gets all of Livingston County money. Needs to be shared with all of the towns.”
- “Overall good. Biggest concern is having to travel for everything. Extremely satisfied and grateful for the LCHD going to residents’ homes for homebound patients.”
- “I love Livingston County, a lovely place to live and raise children. But hospital services in the county and other major medical services are lacking. Thankfully close to hospitals in other areas. The LCHD and their services are a great asset.
- “It’s not the best but not the worst it has been or could be.”
- “My family and myself living a subdivision in Pontiac. Our neighborhood is quiet and friendly overall. There are not a lot of activities for preteens/teens in Pontiac. Our public school system struggles with properly handling children with negative behavior, causing negative experiences for other students.”
- Inability to access healthcare if there’s an insurance lapse and don’t qualify for Medicaid. Lack of transportation, especially to and from doctor or hospital. A lot of free activities and parks for families.”
- “No problems.”
- “It’s fine. The people are nice but for being an agricultural hub of the state it is practically a food desert and there is little to no affordable housing and public transportation to make it easier for

### Attachment 3

people to get to work.”

- “I think its ok. But not what it used to be.”
- “It’s a nice quiet town, except for Saturday nights due to the races. Overall, just your usual small town living.”
- “The county is great to live in but the lack of child care options really makes it difficult to raise a family. Also the lack of pretty much any public transportation can make you feel stranded when having car issues.”
- “I like the town we live in but I feel like there is so little access to public transportation, services needed, activities for youth.”
- “We do have to travel to other counties to shop bigger stores, more variety for restaurants.”
- “Increasing among of homeless, opioid epidemic, lack of good jobs.”
- “We live in a great neighborhood. I work with good people. Taxes are too high, and pay is not enough!”
- “The quality of living is better here than most places. Hardly any crime. Good schools. Decent medical communities.”
- “Small town living is great-minimal crime, drama, etc. No major drawbacks compared to living in a bigger city.”
- “Not much to do in the county for children. Seems that older people are more important.”
- “The area I live in is a good neighborhood with people you can trust. Local communities put on fun, mostly free events throughout the year aimed towards kids.”
- “The taxes in Livingston County are really high and always seem to be rising.”
- “Lack of recreational activities and outdoor spaces.”
- “Enjoy a more rural area and slower pace. Feel safe in the county. Like the family feel of a small school. Not a lot for youth to do locally.”
- “Very little choices of activities for school age children to do.”
- “It would be nice to have more things to do that are not just bars. The kids and teens need more. But also the young adults who don’t have kids but don’t want to be at the bar all the time.”
- “Livingston County has a lot to offer.”
- “There are limitations to small town living but I do feel safer here.”
- “Small town country feel. Very little in ways of entertainment. Schools work very hard to take care of all students.”
- “I am lucky to find affordable rent. I wish I could afford to buy a house, but the costs are prohibitive for me.”
- “I feel safe. People are friendly.”
- “Good.”
- “I have had good experiences.”
- “We have a very nice county to live in. A disappointment we have is good consistency of doctors and health care in our hometown offices.”
- “We enjoy our neighborhood and community, but it does lack resources and the cost of living just keeps increasing.”
- “Good friends here but not much job opportunity for young people getting started. Also, taxes are too high.”
- “Pastoral and quiet. More services need in Streator.”

### Attachment 3

- “Safe environment.”
- “Not many childcare options.”
- “Still has that small town feel. Safe place to raise a family.”
- “It’s good but the transportation services need more options. Besides that, I like living in Livingston County.”
- “Lack of mental health services and substance abuse disorders. Needs more disability accessibility.”
- “There are plenty of places in Livingston County where a person can receive aide if needed. The crime rate is lower than most counties around us.”
- “Many very nice people live and work here!”
- “Generally good. We have some gaps relative to needs and some items are too expensive for the area.”
- “Taxes are too high. County spends too much money without citizen approval.”
- “I’m very happy. My complaint is the taxes.”
- “High real estate taxes.”
- “Nothing is perfect, but Livingston County is home and I like living here.”
- “There are many planned activities, band concert, art festival, etc. It is affordable to belong to the rec center as a senior citizen which is important.
- “Love our small towns but wish there were more medical resources and more opportunities for kids.”
- “While I don’t live here, for the families I work with I think the lack of transportation and services are difficult. Healthcare is a challenge as well as jobs. Many of my families struggle to meet their basic needs.”
- “Doesn’t seem like there are many events for seniors in the small communities. We are moving into Pontiac in the next few months, so maybe we will have more opportunities.”
- “It is a nice place to live in, the amenities, and raise a family, but the options and number of people moving out due to lost economic opportunities cause a tax burden on those of us who have stayed.”
- “Healthcare has become somewhat limited when a specialist is needed.”
- “It is a good place to live at.”
- “Property taxes are too, high, drugs are getting out of control, too many run down places housing way too many people, drugs, and fighting going on.”
- “Life is good. However, there is a lack of quality affordable childcare. Also, some areas do not have close access to quality, affordable, groceries.”
- “Beautiful rural views, but have bad Wi-Fi signals, no services close enough and everything important halfway.”
- “There just isn’t a lot of options for entertainment, quality healthcare or decent paying jobs.”
- “Fair. I live 12 miles outside of Pontiac. OSF really has limited services. More programs and services for seniors.”
- “As a single parent, the quality of life in Livingston County is well based on previous places I have resided. The housing is fair and reasonable, many job opportunities are available, and easily accessible to health-related services.”
- “I love the community and the location. The taxes as a homeowner are a lot higher than the county I lived in before.”
- “Most needs (shopping, basic health, etc.) can be met within county and there are many sources

### Attachment 3

available for people to seek help and get support for a variety of issues. Still an overall friendly community albeit politics has sadly created some unfortunate divisions.”

- “While we do have many services, there are some we recently lost that have a big impact on citizens. The loss of the labor and delivery unit at St. James create a great hardship for those without transportation.”
- “I am happy. Good people for family, neighbors, friends. Good law enforcement keeps violence to a minimum. As a woman, I can live alone without fear. Help is always a phone call away. Others around me stop frequently checking on me and are always kinds and helpful, each in their own way. I have plenty of privacy when I want it and plenty of things to do when I want to also. All around a nice place to live.”
- “I like livings in a rural area.”
- “Do not appreciate how high taxes are. Phone service not good. Government Offices do not follow through when you have a complaint.”
- “It’s a nice area. Not a lot of complaints. Wish there was more access to a variety of healthcare needs. Wish the hospital in Streator was still open.”
- “Food desert, lack of diversity, racism is rampant, employment does not reach a living wage.”
- “Not much to do here. There’s no place to go fishing that I know expect the river. Kids have no skating or swimming. Just not much to do.”
- “Wish we had more activities for kids and younger people.”
- “Lots of resources for a small community but not a lot of things to do or culture for kids. I like smaller schools here.”
- “Rural-type life with fresh air and good economy.”
- “Many opportunities to experience all walks of life.”
- “We are geographically isolated and have to travel to bigger towns for medical specialists and grocery stores that carry more variety of healthy food. And sometimes it smells bad, even far away from the landfill.”
- “Love the small-town feel.”
- “Healthcare choices, especially for specialists is limited. There are very few high-quality restaurants. Don’t feel safe going places after dark alone. Shopping is limited and often shop out of the county where we go for higher quality healthcare.”
- “There are enough resources to not have to always go out of the county but there could be more.”
- “I have lived here my whole life. I see a big imbalance between the poor and the comfortable people and feel a lot of judgement. I was never this bad before.”
- “There is not much to do here. The taxes and the homeowners’ insurance are too high. The crime is low. Which is good. Commute is great.”
- “I like the rural living as opposed to city life. Less people and quieter. I would like to see more focus on residents rather than the tourists. Bringing in more businesses into the county. More shopping choices. Programs to help the disadvantaged and homeless to help get them on their feet.”
- “We have been happy here, close to store all around, quality of roads is not so good all the time.”
- “You always think growing up you will leave this place, but I have found a rewarding career and I enjoy the people here.”
- “Need more things for teenagers to do.”
- “My quality is pretty good but I know of many others that it is not.”

### Attachment 3

- “I just feel there is nothing to do for the kids.”
- “I really like the people of Livingston County – I live north 62 miles but drive south here for work because I like the people.”
- “Parks are well kept, schools are good, and there are enough events to keep the kids busy.”
- “High taxes and lack of available shopping.”
- “I lived in Livingston County for the first 18 years of my life and though it was pretty great then. I thought my education was high quality and my parents were both employed, we lived comfortably. Had access to local resources, stores, doctors, etc. it was a safe community.”
- “For small county has more resources available than counties that are larger.”
- “Small town quality is good but we need more industry and business to provide jobs and competition to lower cost of living somewhat.”
- “Can be sweet, slow and quiet. Needs more public transportation options, safer roads and sidewalks for walking and bicycling. Architectural updates and increased shopping options. Needs more public lakes, forest preserves, parks. Not many job opportunities besides fast food, factory, and prison. Prison needs to be relocated and rebuilt, failing infrastructure.”
- “I know that living here is far better than many other places in the state. Unfortunately, the economy is making it harder and harder to get by.”
- “Overall, I enjoy living in our small community. Our property taxes are extremely high. I set aside more monthly for property taxes than for my payment. This makes the cost of living a hardship. The roads are in extremely bad shape as well. There is also a significant lack of childcare options, which makes it hard for parents to keep up in these hard economic times. The parks and rec program/center/parks are wonderful, and I like how much the city provides for our children to do. Overall, I love the rural feel and safety of our community, I just wish there were more financial/help for families to incentivize folks to want to build their families and stay here long term.”
- “Lack of things to do as a family-need more options to destress and enjoy life.”
- “Rising drug issues, child endangerment issues.”
- “Rural good life. Missing so many recreation opportunities for ALL our population youth to retirees. WE need a rec center/fitness center. A great rural area with limited things to do, our kids are begging for something like this. It would be used non-stop. The mental health and physical benefits of this would be dividends in our communities for a lifetime.”
- “So far so good.”
- “It seems like its dying. There’s not a lot to draw in new people. As I’ve worked in Fairbury, the poverty rate has risen tremendously and apathy and acceptance to stay in bad situations has become more of the norm.”
- “Access to major medical care within this county is very limited. As time goes on, access to women’s health has become limited. Currently, there is no access to birthing services and what access is available to an OB/GYN is so limited. It borders negligence. Additionally, it is becoming more difficult to see specialists for chronic disease management. There is an obvious lack of childcare within this county. This presents a barrier to working families needing access to safe, reliable care for their children. Lack of medical care and childcare make it difficult to live within this county.”
- “Everyone in my family lives in another state or country.”
- “I’ve lived in Livingston County all of my life but worked outside of Livingston County for a huge

### Attachment 3

portion of it. Wages and salaries in Livingston County are not enough to keep up with the cost of living. I've recently determined that I will have to work until AT LEAST 72 to be able to semi-retire."

- "I've been with my employer for a long time and am at a manager level wage. We had rented a house for years, but it was going to be put up for sale, so we started looking for an apartment (not in a place financially to buy). Finding housing that's affordable and allows pets is not easy. There's not enough affordable housing to begin with. That and then the attitudes of our conservative communities towards people that don't look like them or live lives like theirs are what gives me some qualms about our area. I am not part of any marginalized group, other than being a female but have friends and family that are and it's not easy to be different. From the health perspective – I'm feeling the drain of healthcare providers from our area and am considering going to Bloomington for more types of care than I already do."
- "There are very little jobs other than fast food and the prison. The rental prices are high and very sparse. There is nothing to do but drink. No entertainment."
- "I personally have a high quality of life but I know many do not have that same experience. I'm privileged to have transportation (and the money to pay for gas) and a job that will allow me to take time off for medical appointments that are an hour drive away. This is not the experience of most in Livingston County. And regardless of this circumstance now in my life, growing old in our area is terrifying because there is such limited support for our seniors."
- "My wife and I have to travel to Bloomington and Chicago for all of our medical specialists. But we do love living in the country in this county."
- "My quality of life is good. Rural living means driving further to for resources, but it also means less crime, friendliness, safety, and smaller classroom sizes."
- "The lack of diversification economically and the lack of appropriate "things" Fairbury people do for entertainment are drawbacks. The overall attitude of many people and morals of the community makes it a pleasant place to live."
- "Overall good but taxed way too much."
- "I like living here but there are serious issues in some schools, and a drug problem in the community. Wish the Dwight paper was still a thing, so we knew what was going on more. It is expensive considering everything, but overall, there is a lot of good."
- "I am doing well for myself, but I have more privilege. There is a need for affordable housing, and a lack of it. Landlord prices are outrageous. There are not a lot of positive, pro-social activities available for the county either."
- "Good."
- "Dwight is a nice, comfortable, and safe town to reside in. A minor downside is the need to travel to larger cities for some stores and services. Amtrak changing their schedule and canceling the early morning pick up stop to Chicago was bad and unnecessary."
- "Livingston County has limited amounts of free activities for youth or even attractions for adults. When asked what I do for fun where I live, I often respond with go somewhere else that offers more to do and greater restaurant variety."
- "I have enjoyed Livingston County as a place to live and work."
- "I found it very difficult to find a decent paying job in the county. It forced me to find work outside the county to support my family."

### **Attachment 3**

- “Livingston County provides a safe, affordable, and comfortable place to live and raise a family. Specialized healthcare options within the county are lacking.”

#### **Extremely Good Quality of Life**

- “I love the rural, small-town communities and feel there are enough opportunities and everything that I need/want in Livingston County.”
- “It’s a nice, quiet and safe area where people support each other.”
- “I have a great job in the county and just built a new house. It’s safe to raise kids and schools are good. There are problems everywhere but overall, I am happy to be here.”
- “Nice place to raise children, nice size of town with nice activities. Relatively safe.”
- “I love the rural community and all the amenities it has to offer.”
- “My neighbors are friend and are willing to help out or just enjoy conversation. I feel like my neighborhood is safe for my family.”
- “I love the rural environment, while having a town as big as Pontiac close by to do all my shopping. Also, living near route 66 is very exciting.”
- “I was born and raised in Pontiac. I had a very good childhood growing up. When I was younger, I felt safe here in Pontiac and still do for the most part. Violence is a concern but that is everywhere now. Also, I feel that the town is clean and overall, well kept.”
- “It is a small town, not much crime. Schools seem to be adequate. I am a graduate of PTHS and moved to Odell, IL after marriage. I still call Pontiac my home. We are close enough to Bloomington IL if you need to do any bigger shopping.”
- “I enjoy the rural lifestyle. Few people and traffic, but kind and helpful community.”
- “I’ve lived in Livingston County for 40 years. I worked here, raised my children here and retired here. I’m happy, healthy and enjoy a wonderful life here.
- “I can say I am satisfied as I live in Pontiac and we have access to groceries, department stores, pharmacies, etc.”
- “I was born and raised in the country with moving away for about 5 years only to return due to spouse’s employment. Overall, I enjoy living in the county/small rural towns of Livingston County. I am happy where I live and will be there when I retire, my family farms so this is where we will stay.”
- “Good quality of life.”
- “I love the local business and activities plus being in the middle of Champaign, Bloomington, Peoria, and Chicago.”
- “I am able to provide for my family and have enough extra money to travel with my family.”
- “I like the pace of life in Livingston County-its easier to enjoy.”
- “Livingston County is a great place to live and raise children, but like always, there is room for improvement.”
- “I love the county as living in Pontiac, I get the wonderfulness of country living in a small town.”
- “Good.”
- “The quality of life is great, the challenges remain in terms of access to restaurants, weekend opportunities, and services.”
- “Livingston County is a great area in central Illinois.”
- “My experience has been great a resident living in Livingston County. Low crime rate with great

### Attachment 3

parks and there are always family events going on.”

- “No complaints. Have all I need and then some.”
- “I feel safe. Things don’t cost too much money. There are enough places to go, things to do, and nature.”
- “Safe.”
- “I see people here that I know, and love and they know and love me!!!!”
- “My ability to enjoy life in Livingston County is because I have my own car for transportation. I do know that there is a lack of transportation in the county. People without cars cannot get around in town let alone get to other towns unless they have family and friends to help. Cabs in Pontiac don’t run at night. Show us doesn’t always wait for people who call them.”
- “Have a good life. Making it payday to payday. Able to pay bills and work. Doctors and dentists are available in the area. Love the stores that now have grocery pickup. I have been diagnosed with ms. I pick up groceries after work and couldn’t even begin to imagine if I had to walk around the store to grocery shop. This is definitely a blessing in my life. Most people in the area are friendly and good people.”
- “I’ve always had a connection because before I moved to the county, I had grandparents living in the county while I was growing up. This is where we chose to live and raise our children.”
- “Very good.”
- “I love small towns and friendly people.”
- “Spending almost my entire life in Livingston County I am happy with my quality of life. However, being a teacher in Livingston County has disappointed me. There is a strong need for supports and mental health and counseling supports needed for students in local districts. Many rea schools have a large population of low-income families and the students need help and supports since many of the students now are students that missed early intervention services because they were not available during covid.”
- “I like the peace and quiet of rural living.”
- “Admittedly, I’m a pretty basic person, but I couldn’t ask for any better place to live. I live in the country (and hope to stay in the country for the rest of my life), but there are several nice towns to pick from if I ever decide to move to town. Almost everything I need, and most of what I want is available in Livingston County (or online).
- “Small quiet community but not poor.”
- “When kids growing up there were things for them to do. Employment opportunities. Those have gone away in the last few years.”
- “Healthy, employed, educated, and able to make ends meet.”
- “My personal quality of life is great. I live in a quiet neighborhood, the city if very receptive to questions and concerns and I feel safe.”
- “Your experience is what you make it.”
- “We are very happy living here.”
- “Just a nice place to live, easy going. Schools are good.”
- “Livingston County is a safe place to live.”
- “Beautiful surroundings, but not enough opportunities for outdoor activities. Also, while I am not yet retired, nor do I have children, both positions in life are not ideal in Livingston County. There are simply not enough resources for older adults and families with children to stay healthy without being

### Attachment 3

a person/family of wealth.”

- “Livingston County has a great network of support for residents within the community. Many activities, restaurants, and reasonable living make it a positive place to live.”
- “Friendly.”
- “I like living in the country with plenty of shopping options in a reasonable distance. I like our small school. I like having the freedom to have the animals we do. I like our relatively low property taxes.”
- “We have a wonderful neighborhood, great friends here, and I work at a school where I love my job and co-workers.”
- “No issues.”
- “Good-no complaints.”
- “Very good.”
- “I feel this is a healthy and safe place to live with good quality resources.”
- “Never had any problems.”
- “I prefer small town living.”
- “I appreciate the small community benefits such as neighborhood safety and easy accessibility to shops and other resources.”
- “We are able to live in the country. While it requires some planning to make sure we have the life necessities/supplies in our home as needed, we have the means to make that happen. The majority of our family members are in Livingston County also which definitely impacts our quality of life.”
- “Farming community with lots of local choices and a large part of the population are church goers or at least raised in a church.”
- “My quality of life is good.”
- “I was born and raised in Livingston County. I have moved in and out over the years and just recently moved back this month. Livingston County is a great county to live in and will always be home to me.”
- “I have a nice home and feel safe. I have satisfying employment withing a few miles of my home.”
- “We have the best community.”
- “Very good.”
- “We live in the country, so quality of life is excellent. The only times we could possibly complain is during the winter but road conditions can’t be helped that much in rural areas. It is just the waiting process.”
- “I love it. We live in a quiet neighborhood. Dead end street with very good neighbors.”
- “Jobs are not plentiful, but my family has been blessed with good jobs. The city has its problems, like an y city of like size/demographics/characteristics, but the people are friendly and always willing to lend a helping hand. I’ve never been happier to have an alternative to Streator schools in educating my children.”
- “I am partial to small town living. I feel safe in my community. Livingston County is centrally located with larger communities 30-60 miles away.”
- “I’m happy with the goods and services offered.”
- “We have an amazing church. Cost of living is low. All of our needs are met with the selection of retail and medical services available.”
- “As is expected in rural area with small town opportunities.”
- “I feel safe and have what I need.”

## Attachment 3

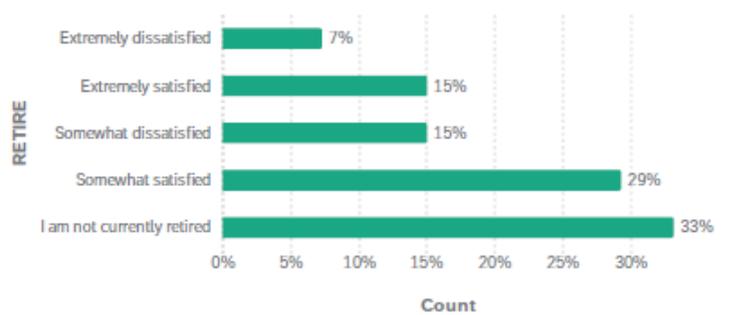
- “I am very satisfied to be living here.”
- “The area is nice. We have a good array of restaurants, shopping, and health services. The crime rate is low also.”
- “Great grocery store and great hardware store. Great churches and religious community. Nice parks.”
- “Quiet, safe place to live. Good Schools.”
- “Small community that offers basic services. Community supports needs. Some limitations such as transportation and food sources in small towns.”
- “Wife and I made a comfortable living working in Dwight.”

### Satisfaction with Livingston County

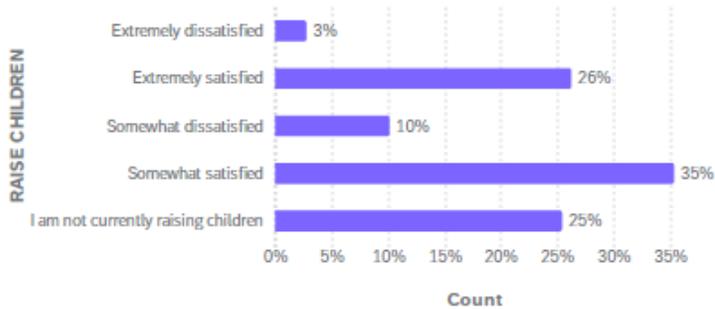
How satisfied are you to LIVE in Livingston County?



How satisfied are you with RETIRING in Livingston County? 464



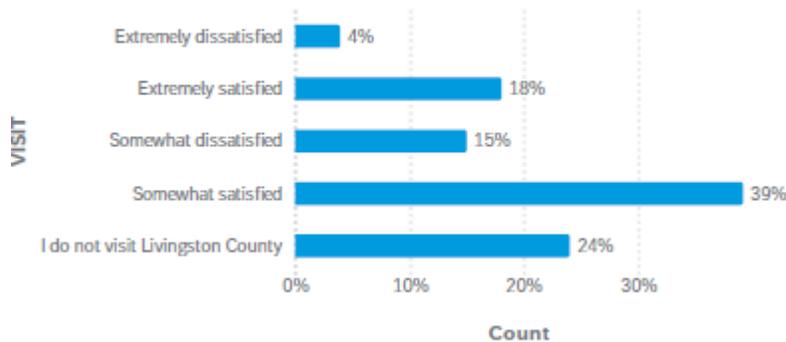
How satisfied are you to RAISE CHILDREN in Livingston County?



How satisfied are you to WORK in Livingston County? 466



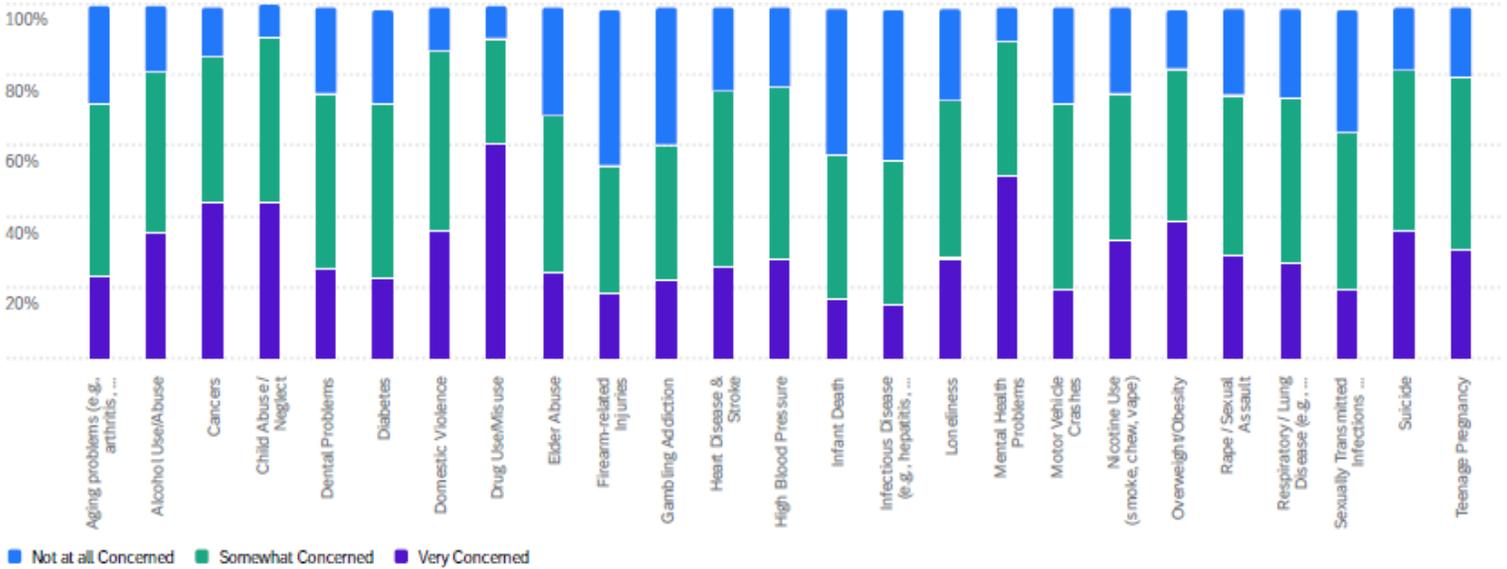
How satisfied are you with VISITING Livingston County?



# Attachment 3

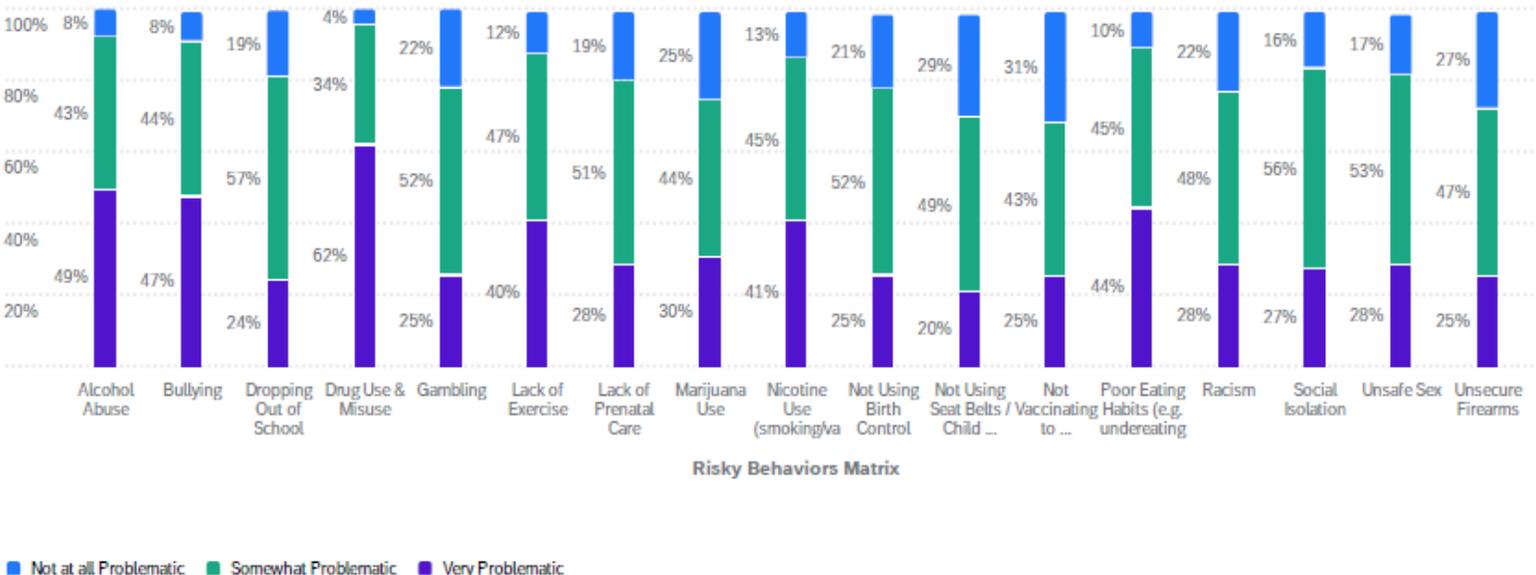
## Concern with “Health Problems” in Livingston County:

How concerned are you about the following "Health Problems" in Livingston County? 398



## How problematic are the “Risky Behaviors” in Livingston County:

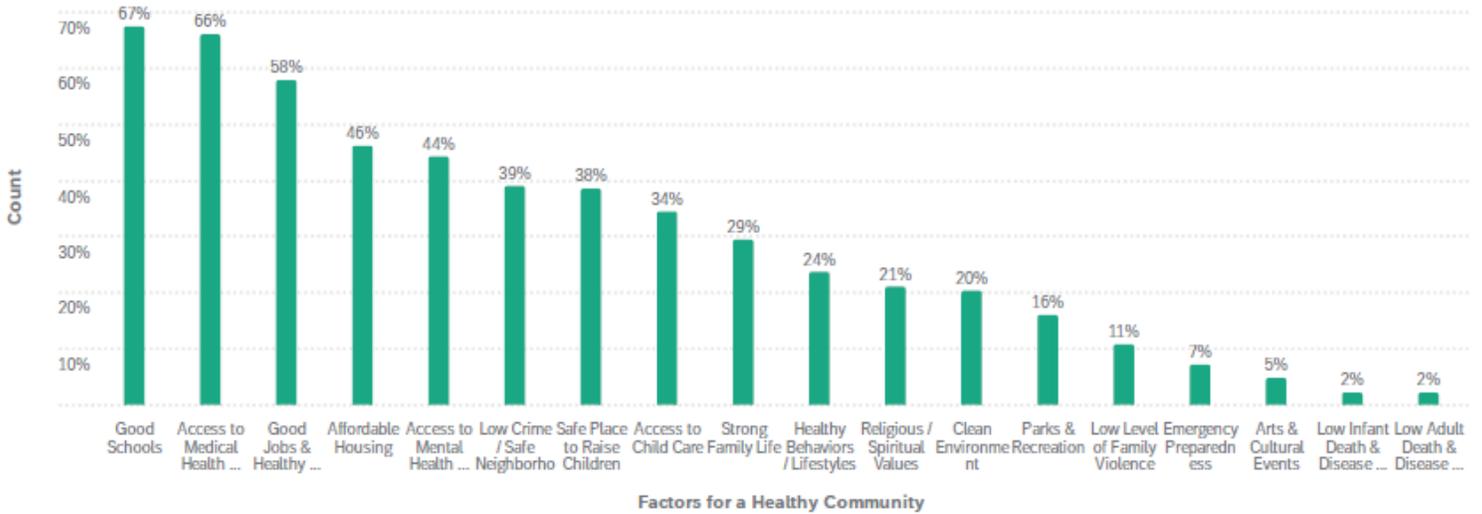
How problematic do you believe the following "Risky Behaviors" are in Livingston County?



# Attachment 3

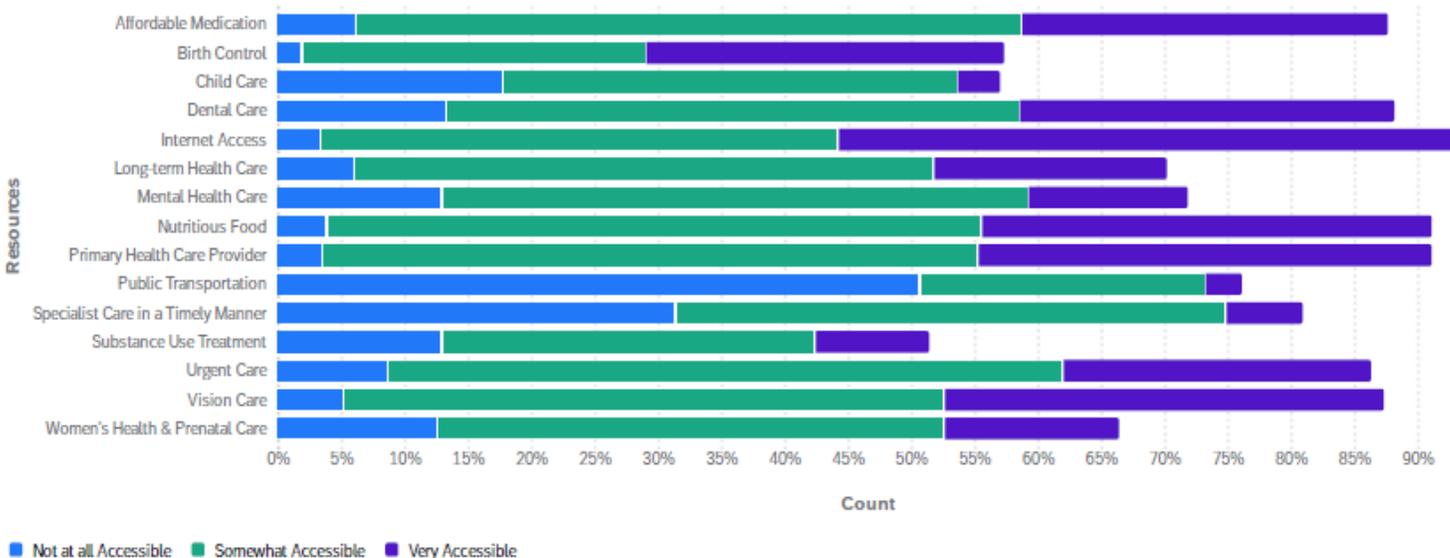
## Top 5 Most Important Factors for a Healthy Community:

Top 5 most important factors for a Health Community 382



## Accessibility of resources in Livingston County:

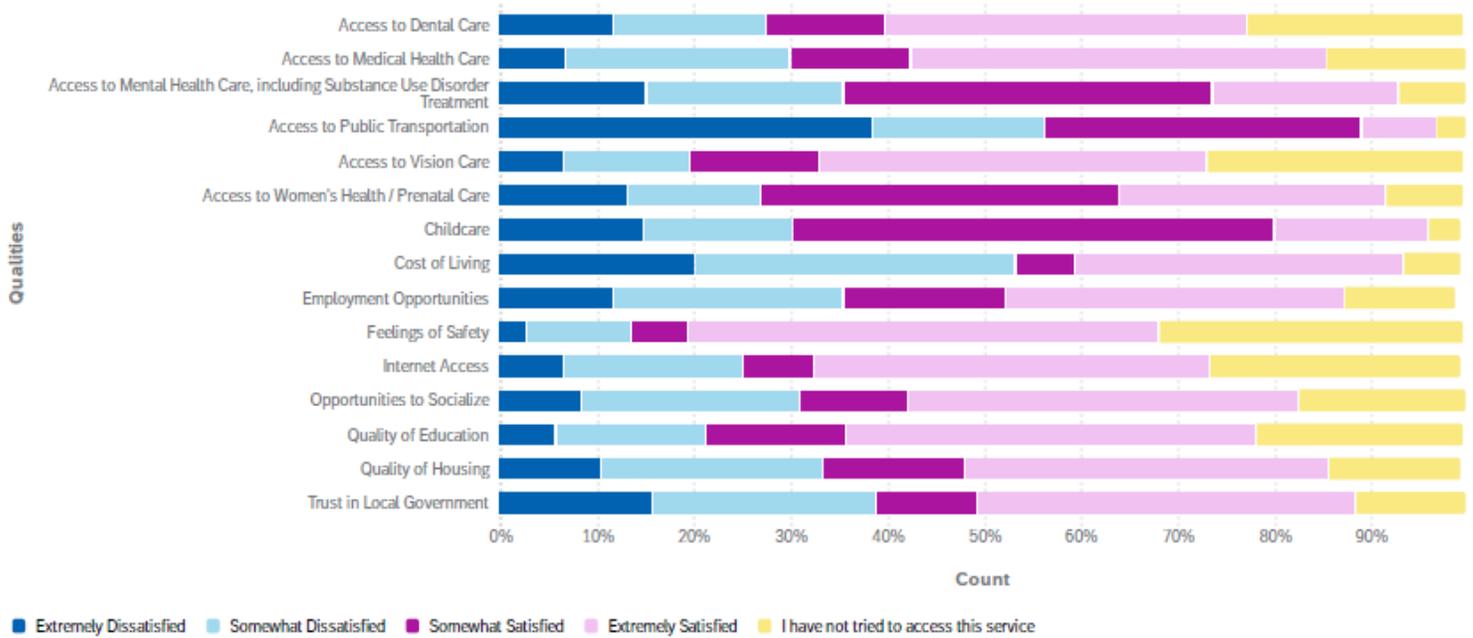
Accessibility of Resources in Livingston County 373



# Attachment 3

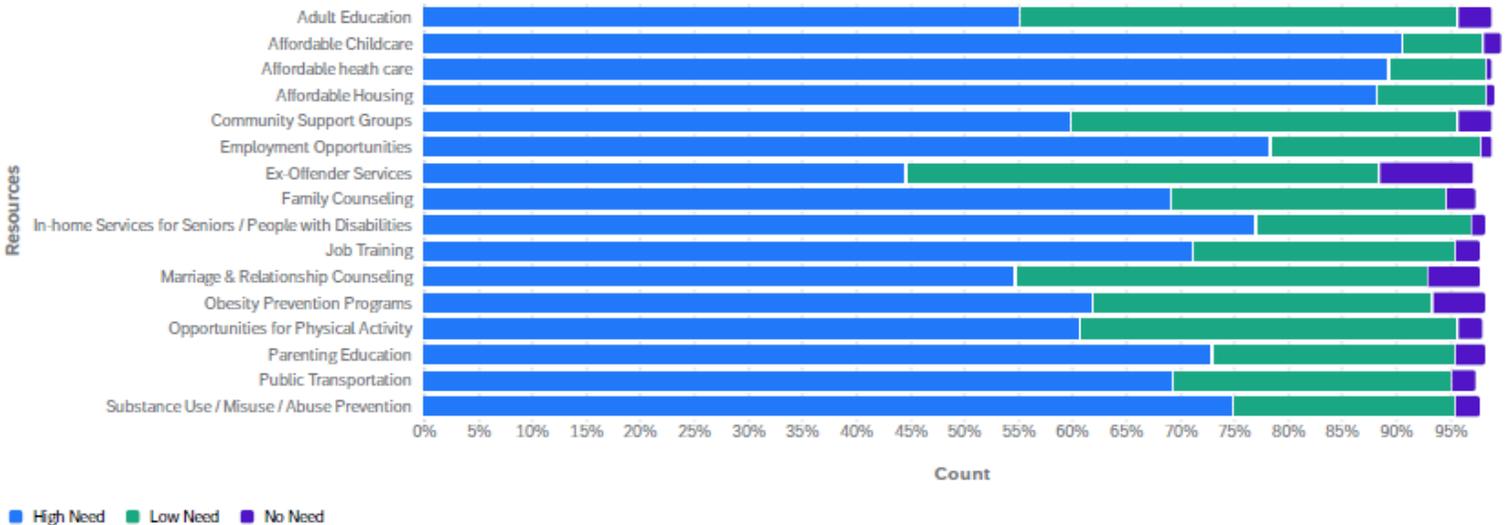
## Rate your satisfaction with Livingston County on each of the following qualities:

Rate your satisfaction with Livingston County on each of the following qualities. 359



## Need for specific resources in Livingston County:

Need for specific resources in Livingston County 346



## Attachment 3

### What is one thing that Livingston County can do to improve your experience as a resident?

- “Lower taxes”
- “Public transportation”
- “Public transportation”
- “Reduce property taxes as well as county board representation. Both are exorbitant.”
- “Find a way to help with rising deductibles that is not affordable in the average household. 4000 yearly out of pocket is like 2 to 3 months take home pay. A few years ago, it was \$6000 so people are only getting the very minimum amount of health care done. Example in my 50’s I will not do a colonoscopy because if they find polyps it’s no longer preventative and I can’t afford my deductible. So now I look at my insurance as help for medications and dr. visits and pray nothing goes wrong. Because it would take a load to pay for the bills and to tell you the truth, I can’t afford a loan. Yes, there is charity care but unfortunately, I am right above the limit. Sad to say, but I will get to use it next year after my husband retires. He had to take Medicare at 65 because the cost of it with deductible was \$2000 a year cheaper.”
- “Lower property taxes”
- “Provide better health care and public transportation. Mental health is a real issue in Livingston County. We need better resources in a timelier manner.”
- “Better internet services”
- “They need to keep the cabs open later get more help for that because not everybody has appointments when the cab hours are running. I have a problem like a lot of others in this city about the long trains that take their time what’s going to happen if it’s a die-hard emergency how are people going to get to the hospital?”
- “It’s had to find childcare”
- “Mental health care is lacking”
- “Support the family!”
- “Less church more social services for lower income. The upper middle class and republican virtues is oppressive to the lower class.”
- “Make more things for kids to do and to keep them busy. They must go to Bloomington to do anything anymore.”
- “Laws need to ADDRESS the needs of people living in abusive conditions. The abusers need to be fined more than \$200 (county). City Police need to HONOR and report a violation of an order of protection. I have worked and shopped outside of Livingston County to feel safe.”
- “Lower the cost of living”
- “There needs to be some childcare options or incentives to encourage people to start an affordable childcare business.”
- “There has to be either public transportation to rural community’s access care in Pontiac such as WIC, health department, IHR or services need to become mobile. Why can’t we have a traveling WIC mobile come to town center like Fairbury, Forrest and Chatsworth. The people that need these services don’t have transportation.”
- “Address the opioid epidemic & lack of mental health services.”
- “I think Livingston County is doing great.”
- “Enforce the tall weeds ordinance to help keep our neighborhoods looking nice and reduce rodent activity.”
- “Lower taxes”
- “Drug abuse is real problem, not just in Livingston County, but everywhere. It hurts our youth and most their parents don’t parent because the drugs come first, then the kids “self medicate” themselves and it is very vicious cycle. I would like to see more drug abuse resources.”
- “Public transport from smaller towns with bigger stores and jobs some people don’t have cars.”

### Attachment 3

- “As a lifelong resident of Liv. Co I am satisfied with all of the services and amenities that are available. Some of the options regarding services in the county (obesity, pregnancy, criminal reform). Although a necessity are often due to personal lifestyle choices. There are consequences to ones behaviors and accepting responsibility is the first step.”
- “More resources for children to learn.”
- “Make things overall affordable to low income families.”
- “Add more services back to the hospital or do a collaboration between OSF and the Health Department to add more services.”
- “Better Doctors out at the hospital, especially the Emergency Room.”
- “The costs of everything keeps rising while income with families is not keeping up. I work two jobs we have our house and cars paid off and we still struggle with making ends meet. We don’t go out to eat very often and we try very hard to spend our money wisely. We haven’t taken a vacation in over three years.”
- “Access to specialized healthcare and mental health services that are of good quality.”
- “We need more M.D.’s available in their offices to treat patients. It is hard to get into your primary care doctor when you are sick. They seem to always say go to “prompt care” which is not good.”
- “Improved dental care opportunities in the county for children and their parents.”
- “Improve our water and environment quality-Livingston County (and its residents) has become a expandable resource for Chicago. They send their garbage here to contaminate our water, they install solar fields, wind turbines and power lines for their convenience and use, and the health issues are ours to deal with.”
- “Possibly lower taxes and improve public transportation.”
- “Quit catering to the rich.”
- “Reinstatement the health program for those who are elderly/disabled.”
- “Provide more amenities.”
- “Everything is either Dwight or Pontiac. Livingston needs to remember they are smaller towns that need care as well not just the big 2.”
- “More things for kids and adults to do for fun. Places for men to shop for clothes.”
- “This does not affect me in anyway but I believe affordable and accessible daycare is a priority and right behind that is housing.”
- “Improved public transportation in my area.”
- “More programs and services available for seniors that live alone.”
- “People need to prove they are working to get things that are free.”
- “Better transportation services & low-income housing—working in healthcare this is the biggest problem when notice for our patients/clients.”
- “Public transportation”
- “More economic growth.”
- “I really don’t know the answer. There are so many things wrong. I have kids living with 12 people in a single trailer with none of the adults working. I have sisters being ripped apart because parents have mental issues that aren’t being treated. I have students who can’t get mental health treatment because it’s too far away or because the waitlist is so long. I have kids who go hungry, but their adults have cigarettes and beer. I have families who specifically forbade our counselor from speaking with their children. My administration won’t allow me to ask the older children what their preferred pronouns are. And so much more that I have seen and continue to see over the years. I don’t know how to fix it.”
- “Not sure”
- “Lower taxes”
- “Access to transportation”
- “I think its important for the county to listen to the needs of their citizens.”
- “Provide transportation in Dwight to Pontiac.”
- “More support for families with children/teens/adults with Autism.”

### Attachment 3

- “Dental and vision places that actually accept insurance for low-income families. Vision specialist for low-income families. Behavioral/developmental doctors for low-income families.”
- “More resources available to smaller towns. We have lost a lot of services not only in our small town, but the towns around us as well. We are traveling a lot more for the services we used to have in our town or within 15-30 minutes from us.”
- “Lower taxes! The cost of living is ridiculous.”
- “Help with making healthcare more affordable.”
- “More social events throughout the year, not just in the summer. Especially for those of us in the 40 + age range.”
- “Transportation for people who live in town, not only for the tourists. For example, the amtrack people, the disabled, the elderly, people stuck on the highway and people trying to get back and forth from home and work or to the stores. Also filling the pothole in the streets. Plus options for the community to do something fun for all ages.”
- “Lower taxes”
- “Be considerate of everyone.”
- “Clear out the child molesters, hard substance abuse users.”
- “Open a senior action/center in Dwight. So older folks can meet with others and not sit at home alone.”
- “Improve all services to seniors. Better grocery stores, events for seniors rather than children, bring Gailey Eye Clinic to Livingston Co. Better MD’s/specialists.”
- “More transparency from our elected officials.”
- “More industry”
- “Transportation-allow uber or lyft, Showbus can only do so much and there is only one taxi service.”
- “Create more funding to either help existing mental health and substance use organizations expand services into rural areas or use the same funding to bring in more mental health providers (or to pay them competitive wages so they don’t leave when they obtain state licensure for bigger and better pictures around the state.)”
- “I often hear about the struggles for adequate childcare. An official childcare center would be nice for working mothers.”
- “Stop creating “needs” that aren’t there.”
- “Connection and communication and better more diverse health care options.”
- “Lower real estate taxes.”
- “Better public transportation. Uber/Lyft. There is nothing for nights or weekends for those who are disabled, elderly, those without driver’s license, those stranded with vehicle break down on highways, Amtrak passengers.”
- “Get the hospital in Pontiac to have doctors available for various problems. We used to have a variety of doctors, now we have to drive to Bloomington for pregnancies, orthopedics and other medical services.”
- “Lower my property taxes and stop giving me the runaround when I try to do something about it.”
- “Provide transportation and activities for the elderly. Clubs for the youth.”
- “The property taxes are ridiculous.”
- “We need a bowling alley and places to dance.”
- “More access to primary care and prompt care providers.”
- “More affordable housing”
- “Resources for teenagers”
- “Reduce taxes on housing and land. Attract good paying businesses to increase income. Provide health and aid for seniors. Provide WIC services for other areas of the county.”
- “Affordable house”
- “Provide more biking and hiking trails.”
- “Access to affordable housing, jobs and affordable and available childcare and extremely important. Fixed income individuals and families are struggling with access to and the cost of housing leaves them with few

### **Attachment 3**

- resources to address basic needs and stay economically stable.”
- “The property taxes are out of reach for many income situations.”
- “Provide more public transportation for people who don’t have cars, but who need it to get to work and to appointments.”
- “Employ more specialty doctors.”
- “Do something about not letting Organic Farming be 600 feet from my back door. I live in Cullom on the south side. Belltown bought acreage from Village of Cullom. That should not have been allowed. The Organic Manure is making residence ill.”
- “Work to attract business to the county and provide good, generational jobs so people will have an opportunity to move in and stay.”
- “Hard to say I’m in Streator so it’s hard to know what I qualify for as far as services since mostly hear about LaSalle County stuff so probably to be more informed about health services and festivities and what’s going on.”
- “Have places for kids/teens/young adults to gather for activities, games.”
- “Bring more jobs, lower taxes, better schools.”
- “Provide more free programs for senior citizens.”
- “Low cost/free medications, free public transport for all ages.”
- “Difficult to make appointments and not have to take a day off of work.”
- “Make a sidewalk available from Rt. 66 all the way to Walmart and Aldi. So many times, I have seen people in wheelchairs in the highway going to Aldi or Walmart. That is really a shame”
- “See previous mental health and counseling services for children.”
- “Have more affordable healthcare.”
- “High speed fiber optic internet instead of low-speed broadband.”
- “Lower taxes”
- “Supply daily and extended hours of services of transportation needs to outlying towns.”
- “Affordable daycare and transportation services and fun activities for teenagers.”
- “We need to have more things available in Livingston County. I have to travel for all my healthcare needs.”
- “Walking paths in small towns.”
- “The housing is affordable, but the quality is not up to par. There needs to be better upkeep to the housing. Also, the need for public transportation and daycare facilities.”
- “Transportation”
- “We need more access to mental health counseling for all residents.”
- “More transportation options”
- “Do not reside in Livingston County.”
- “More counseling and in patient services for mental health needs for adults and youth. Youth should not be waiting months for a placement if they are needs in patient care for a mental health concern. They also should not have to go hours away to get these services.”
- “Not sure”
- “Affordable and TIMELY counseling.”
- “Lower taxes”
- “Lower real estate taxes would be helpful. Stop the spread of wind turbines and solar in the rural communities.”
- “Lower taxes”
- “The need for safe physical activity zones. Not enough safe playgrounds.”
- “Keep looking for industry in the county and lower tax rates.”
- “Lower the taxes”
- “More, reliable childcare facilities that aren’t in home daycares.”
- “Increase resources, including socialization opportunities, for older adults. We do not have proper resources to care for our aging population.”

### Attachment 3

- “Please make it more widely known that LCHD provides family planning, the related services and STI Screenings. Education at the earliest levels can preempt many of our existing issues. Pour the resources into education at every level.”
- “More access to things to do.”
- “Create fun things for kids and seniors to do.”
- “Bring more family activities to each town so we do not have to travel (to Bloomington) for this.”
- “Be more proactive and less reactive. The if it is not broken, do not fix it model is not sustainable over time.”
- “There are no transportation services if you need a ride and internet, and phone service is spotty.”
- “Better housing, affordable daycare, transporting.”
- “High speed internet”
- “I would like to see drug testing brought back to the schools.”
- “Lower taxes”
- “Offer specialized medical care locally. Offer free social support groups for healthy lifestyles, weight loss, grief groups.”
- “If we had more employers providing a living wage a lot of the other problems would be mitigated.”
- “Improve the roads. I’d prefer parenting education but if people wont attend, it wont make an improvement.”
- “Provide more services for people with disabilities.”
- “Lower taxes so we have money left for other needs.”
- “Keep all aspects of health care easily accessible.”
- “Provide immediate solutions for mental health crisis. My nephew has been on a waiting list for a residential home for almost two years now do to being removed from all available schools. The police and hospital on harassed my sister instead of helping provide a solution. My nephew has threatened to kill her on multiple occasions and yet the hospitals still send him home. He is mentally unstable enough that my sister couldn’t press charges, yet they can’t provide a residential placement for him. I am disgusted by the lack of support my sister has received over the last two years. Also, perhaps the law enforcement could actually prosecute all drug related crimes, abuse and crimes instead of being involved in the drug issues happening. When I see police officers at a known drug dealers house and no arrests are made, there’s an issue”
- “All is good-nothing to change.”
- “More activities for kids.”
- “More diversity, more education, more services for people in need, more opportunities for kids/teens recreation.”
- “No opinion”
- “Listen to the voices of the community, Have an open mind on the needs of the community. Not to spend money unnecessarily.”
- “CHILDCARE! We need somewhere safe and reliable for our children to be while parents’ work. So many my self-included have worried about losing our jobs due to not being able to afford it or there being no childcare openings at licensed daycare providers.”
- “Fun community classes.”
- “idk”
- “Educate parents to be on how to properly raise children.”
- “Be more interested in what people have to say. TERM LIMITS ON COUNTY BOARD.”
- “Address public transportation for those that need it. Perhaps consider increased delivery possibilities for food or meds for those who have difficulty accessing. Cleaning up the trashed houses in all of our small towns would be nice but perhaps not the top priority.”
- “Get rid of all the damn gaming places in the county since Pontiac is the biggest spot for gaming, and listen to the people instead of raising taxes.”
- “Do not give permits to wind farms and large solar farms (a county/state issue) and lower our property taxes

### Attachment 3

(state/school issue). These are two things with WILL cause me to move once my kids are on their own. I don't want to move, but I don't want to be in swirling mass of windmills and once I retire I cant afford these property taxes."

- "Provide more low cost childcare"
- "I'm not sure"
- "Try to help us middle class families. Change the age of senior citizens to get a reduction on property taxes to 55. Offer senior citizens discounts in the community to keep the money in the county."
- "Make Livingston County more attractive to young families so people want to move here. Higher paying jobs, childcare, transportation, housing, recreation, shopping etc."
- "It seems as though OSF and the county board are a little out of touch with the true needs of our communities and what services are here."
- "Make sure every town has local access to fresh foods and restaurants."
- "More places to shop, no more museums or offices downtown. Better internet services with lower costs. Mediacom is outrageous."
- "Provide a list of people who would help in your own home for things like helping in your day to day living. Running errands, cleaning and cooking."
- "I no longer have access to women's healthcare within the county. I have to travel to Morris."
- "Bring more jobs to the community."
- "Education of the parents of school age children on healthy exercising, and counseling help."
- "Urgent care with accessible hours. Driving to Bloomington Normal happens to so many people and families due to need. Mental health is a large issue for adults, families, and youth. Providing the schools with the assistance they need is a high priority."
- "None at this time."
- "The county is big. Have services outside of Pontiac."
- "Time is up. You said it would take 10 minutes. Geez! Lying with these kinds of things does not set a good example."
- "Do people know of the resources the county DOES provide?"
- "Build places for activities for teenagers and people in their 20's. Bowling, paintball, dirt bike track, etc."
- "Do people know the resources the county DOES provide?"
- "Updated infrastructure"
- "Nothing"
- "I wish the property taxes were not so high. Dental care is non-existent for children on the medical card. Access to outside recreation usually comes at a cost which is difficult for low-income families. (My 11- and 12-year-old grandchildren do not find the splash pad enjoyable. The parks are designed for younger children.)"
- "Obtain more reliable options for childcare."
- "Get rid of alcohol. It's everywhere and everything. Now we have gambling at every corner."
- "Lower house taxes."
- "Build a recreation center in Fairbury Prairie Central area."
- "The internet is awful (in Fairbury & Chenoa). This impacts abilities to residents and students to work from home."
- "Cleaner communities. More code enforcement as far as junk vehicles and kept yards."
- "Stop fixing the roads from Mill St. to OSF and fix some residential roads east of Water St."
- "Partner with state government to seek funding for childcare or provide community incentive to open childcare centers across the county."
- "Improve work ethic and help people keep jobs which leads to more people being part of a society, and that society will then raise children in a healthier environment."
- "Offer quality healthcare"
- "Expand/provide access to free internet. The new internet added to the city is a joke. Even at the lowest rate,

### Attachment 3

\$45, the cost is around \$60 when taxes and fees are added, which many cannot afford.”

- “Probably many of the things I see as not positive are more within city purview than county. I have known some people from outlying small communities that have very little access to anything. How does someone in Cornell without transportation make healthy food choices? Maybe covid helped set up telehealth systems that weren’t there before and they could get counseling or other services that way, I don’t know. I have access to many things just being in Pontiac that more rural folks just don’t. I do see on social media people in town being a bit stranded from being able to access resources because of transportation but also there are probably some barriers due to lack of understanding/comprehension and maybe mental health issues. Some people just seem lost and sometimes its over and over again. I do think there are some disconnects with community being a different thing in the age of social media. People don’t have those connections to then hear about resources. Maybe the county could have groups or use social media to help pull things together? Then the next step would be to get these things in the hands of people that cant get to them (and in ways that address the different ways they cant seem to get to them)?”
- “lower taxes”
- “Improve the job market”
- “Lower taxes, spend more wisely.”
- “Abolish the health department to lower our taxes.”
- “lower taxes”
- “In-home healthcare and conservative”
- “Not be so Republican and conservative”
- “I don’t live in Livingston”
- “Create more opportunities for teenagers, better road conditions, better higher education accessibility.”
- “Create more opportunities and experiences for low-income families.”
- “Improve the overall economic environment.”
- “Lower taxes”
- “Fix the roads 😊”
- “LOWER THE TAXES!!!!”
- “Lower the cost of living.”
- “Have public transportation available outside of the Show Bus, also to have a dentist who accepts Medicaid patients.”
- “More things for our children to do.”
- “Have all Amtrak trains stop in Dwight.”
- “We could use more activities in the area to keep individuals engaged.”
- “I think there needs to be more quality control in the rental properties around here. Some landlords are charging ridiculous prices for less than stellar living conditions. I have personally lived in an apartment building (into the Spring of 2024) that does not meet ADA compliance standards and people were still allowed to smoke indoors (with central air throughout the building and smells traveling between units.)”
- “Improve transportation.”
- “I am an older citizen and feel that I am extremely fortunate to live in Livingston County. Most of the ratings I gave were thinking of younger citizens and their needs. I believe it would be nice if there was a satisfactory box to mark on many questions.”
- “Improved hospital and urgent care services.”
- “Services are available some waiting times are long. Your staff is limited but it could be beneficial to educate even at fast food staff meeting they are young and may not use it, but educating the public of what benefits Livingston County has would be helpful.”
- “Lower property taxes”
- “I lived our of state for many years had my own home was able to work at the time because I was younger, I moved here to help with my family when I did live around Pontiac things weren’t like they used to be I saw a total difference in the way people behaved a lot of crime lots of drugs etc.”

### Attachment 3

- “Quit raising taxes!”
- “Homeowner without proper police, law, court protections.”
- “Dental care, if not insured it’s not a priority.”
- “I like Livingston County.”
- “I love this county.”
- “Need more things or adults to do for fun and people in recovery from addiction to do and more places for men to shop for clothes.”
- “We no longer live in a rural farm town; we live in a more diverse community, and we need to reflect that.”
- “Its very small. I don’t mean the size I mean the minds. The people have always been super nice to me. They’ve helped me through a complicated pregnancy and a battle with breast cancer and I love them all for that but I’m a while American. Durning covid, I brought my Mexican American child to my school, and she was not given the same courtesies by the children of the people who had been so kind to me. Such unkind treatment, in fact. That eventually led to self-harm and my transferring her back to the Streator school district.”
- “Lower taxes”
- “Need local county services and recycling statin in several places, not just Pontiac.”
- “Transportation for seniors.”
- “More primary care doctors that are not OSF.”
- “Childcare is hard to find and when you do find it the cost is outrageous. Taxes are ridiculous. Our roads are poor what happens to the tax dollars.”
- “No that would be all.”
- “More senior activity available.”
- “I love this county, and I try everything to stay here.”
- “I want to move, husband does not.”
- “A place for teenagers to live is a high need when they are in an unsafe environment, sending them to Bloomington is not always the best for them.”
- “Family Health insurance is lacking in organizations around the country. I’m insured; my kids are on Medicaid for now.”
- “Citizens in the county are not heard by elected officials, and they spend to much money on things not needed in the county. They need to be more fugal and stand up for what their consistency wants not what they think they themselves want and quite trying to decide what’s best in their minds.”
- “Fell like this survey has some bend. For instance, the insurance question was not worded correctly and the questions on teenage pregnancy being a concern have me wondering what the agenda is. Also why were there no questions about LGTBQIA + concerns?”
- “Listen to community. We need options for those of us that live here and not always everything for tourism.”
- “More services in Dwight.”
- “I thought the health department did an excellent job during the Covid nightmare.”
- “I would like to see more community involvement in smaller villages.”
- “There are so many good people here and structure for there to be good things for many people. There is still a long way to go.”
- “Excellent quality of life for individuals and families if they can afford housing and have access to economic opportunities for those who require employment. Elderly on fixed income need supportive services, access to medical and transportation.”
- “I love it here.”
- “Do not like Organic Farms. Please contact Jason Bunting in regard to Belltown Farms, Cullom, IL”
- “We need to provide more employment opportunities for individual who may not have a professional degree.”
- “There needs to be more high paying jobs.”

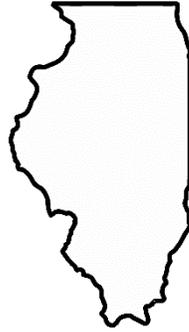
### Attachment 3

- “Need more activities for seniors.”
- “Free, clean fresh drinking water offered at food pantries and health center, events would be so helpful for low income, senior, disabled residents who have not great water in their town wells, please. It’s hard to spend low \$ just for daily water to drink.”
- “Poverty is a real thing in Livingston County. Housing, food and transportation are a special need for anyone living even remotely close to the poverty line. My husband and I both have good jobs. But if we didn’t, we would struggle day to day like many residents.”
- “Lot of good things with potential of great things.”
- “Overall good. I do worry about people with low level incomes and their ability or inability to meet their basic needs.”
- “Please do the job you were hired for. If you don’t like American Go home!”
- “We desperately need public transportation, prenatal care, childcare. Medicaid dental/vision providers, and services to care for older adults. Unless you are a person of means Livingston County is currently a very scary place to raise a family or age into retirement.”
- “I would like to see mental health treatment more accessible both monetarily and geographically.”
- “Great people who are caring and friendly.”
- “It’s what you make it! Make good choices.”
- “Court system needs overhauled.”
- “CHILDCARE”
- “Thank you for asking for feedback!”
- “Overall, a good place to live and raise a family, but obviously there are always issues that could be improved upon.”
- “You have good staff in the Health Department form our limited experience.”
- “I love living in this county. I just wish we had more to offer our residents. To give them the tools and resources to succeed in life.”
- “Pontiac and Fairbury are the only viable towns. Something has to be done to help those in other towns quite being food deserts.”
- “It could be better.”
- “Too much time and energy focused on visitors and not on residents basically Pontiac.”
- “None at this time”
- “Low-income individuals/families have limited resources to better their lives. Genertaional poverty seems to never break its reputation here.”
- “Theres room for improvements.”
- “None exists.”
- “I plan on retiring in Livingston County.”
- “Develop more family related activities/events in the area, support/fund a daycare, many parents do not have safe/reliable people to keep their children so they can work. This can open the door to child abuse/neglect if children are not properly cared for.”
- “The government and services are outstanding. We have a good Walmart and must not allow it to succumb to retail theft. We are fortunate to have retail options.”
- “Lower house taxes and make things affordable.”
- “Recreation center for PC community would be the best money we could ever spend. These kids and adults need a place to go year around!”
- “The extremists are running away anyone with different ideas or cultures. That intolerance, along with poverty is going to kill the area, or make it non-attractive to new residents. The school student population drops consistently, which seems to correlate with these issues. Kids grow up & leave, unless they are a farmer or AC.”
- “Life in the country is great. I would not want to live in town. Not too many nice neighbors that I would feel safe allowing our child to walk freely.”

### **Attachment 3**

- “More things to do besides car shows.”
- “The public transportation is non-existent here. Additionally, many people have to walk to Walmart and there should be safe sidewalks and a crossing signal for pedestrians at Route 66 at 116 before someone has to die.”
- “I think it’s a fairly decent place for many of us and not so great place for quite few of us.”  
“We don’t need a drive thru vaccine building.”
- “We desperately need public transportation, affordable housing, childcare, and care for our seniors in Livingston County, improving any of these would make such a difference in the quality of life for everyone.”
- “The county needs access to affordable dental care for people who are insured through Medicaid.”
- “No”
- “We need to do better to remove barriers.”
- “Housing teen activities.”
- “Based on my current job my view of the county may be skewed differently than if I worked elsewhere.”
- “Good place to raise a family. Close drive to larger cities for services. Concerns for low-income families.”
- “Its not perfect, but I’m happy to live here and call Livingston County home.”

**End of Survey**



**Illinois County  
Behavioral Risk Factor Surveys  
Round 7 (2020-2023)**

**Livingston County**

Prepared by:



Illinois Department of Public Health  
Office of Policy Planning & Statistics

## Attachment 4

ICBRFS - Livingston County		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
<b>DEMOGRAPHICS</b>					
TOTAL	Livingston County Adults	27,840			398
AGE	18-24	2,936	10.7%	6.7%-16.8%	22
	25-44	8,616	31.5%	22.3%-42.5%	78
	45-64	8,914	32.6%	24.3%-42.2%	134
	65+	6,858	25.1%	19.7%-31.5%	159
GENDER	Male	14,007	50.4%	41.1%-59.6%	186
	Female	13,795	49.6%	40.4%-58.9%	211
RACE/ETHNICITY	White Non-Hispanic	25,449	92.1%	78.8%-97.4%	377
	Black Non-Hispanic	139	0.5%	0.2%-1.5%	4
	Other Non-Hispanic	1,588	5.7%	1.3%-22.2%	4
	Hispanic	450	1.6%	0.7%-3.5%	8
SEXUAL ORIENTATION	Straight	26,254	95.7%	91.4%-97.9%	376
	Lesbian/Gay/Bisexual	1,191	4.3%	2.1%-8.6%	15
MARITAL STATUS	Married	15,132	54.4%	45.1%-63.5%	229
	Widowed	2,322	8.4%	5.7%-12.0%	49
	Divorced/Separated	3,783	13.6%	7.4%-23.6%	53
	Never Married	5,907	21.2%	14.9%-29.4%	57
	Unmarried Couple	658	2.4%	1.1%-4.8%	9
EDUCATION	Less than High School	1,045	3.8%	1.8%-7.7%	14
	High School Grad/GED	10,176	36.6%	28.9%-45.1%	156
	Some Post High School	8,505	30.6%	21.7%-41.3%	110
	College Graduate	8,075	29.0%	21.3%-38.2%	117
INCOME	Less than \$35,000	5,426	20.4%	14.2%-28.3%	79
	\$35,000 - \$75,000	8,878	33.3%	25.1%-42.8%	145
	\$75,000 or More	12,326	46.3%	36.7%-56.1%	151
EMPLOYMENT	Employed	16,921	60.8%	52.2%-68.7%	205
	Out of Work	777	2.8%	1.4%-5.5%	11
	Homemaker/Student	1,332	4.8%	2.6%-8.8%	16
	Retired	6,840	24.6%	19.2%-30.9%	142
	Unable to Work	1,969	7.1%	3.3%-14.5%	24
HOME	Own Home	21,358	76.8%	66.2%-84.9%	342
	Rent Home	3,623	13.0%	6.7%-23.9%	38
	Other Arrangement	2,820	10.1%	5.5%-18.1%	17
<b>HEALTH STATUS</b>					
GENERAL HEALTH STATUS	Excellent	4,630	16.6%	10.0%-26.3%	60
	Very Good	*	*	*	*
	Good	9,269	33.3%	26.2%-41.2%	146
	Fair	2,326	8.4%	5.9%-11.8%	48
	Poor	1,505	5.4%	2.1%-13.4%	18
GENERAL HEALTH	Good or Better	24,009	86.2%	79.5%-91.0%	332
	Fair or Poor	3,831	13.8%	9.0%-20.5%	66
NUMBER OF DAYS PHYSICAL	None	17,861	64.3%	55.9%-71.9%	243

## Attachment 4

HEALTH NOT GOOD	1-7 Days	6,056	21.8%	16.4%-28.4%	90
	8+ Days	3,860	13.9%	9.0%-20.8%	63
NUMBER OF DAYS MENTAL HEALTH NOT GOOD	None	17,912	64.4%	55.9%-72.1%	262
	1-7 Days	4,783	17.2%	12.9%-22.6%	75
	8+ Days	5,111	18.4%	12.5%-26.3%	60
NUMBER OF DAYS PHYSICAL/MENTAL HEALTH AFFECTED ACTIVITIES <sup>1</sup>	None	22,420	80.6%	73.5%-86.2%	312
	1-7 Days	2,001	7.2%	4.9%-10.5%	37
	8+ Days	3,386	12.2%	7.4%-19.3%	48
NUMBER OF DAYS PAIN AFFECTED ACTIVITIES	None	19,943	71.7%	63.9%-78.4%	266
	1-7 Days	3,680	13.2%	9.6%-17.9%	68
	8+ Days	4,184	15.0%	9.9%-22.3%	63
NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	0-14 Days	24,727	89.0%	82.0%-93.5%	350
	14+ Days	3,049	11.0%	6.5%-18.0%	46
NUMBER OF DAYS MENTAL HEALTH NOT GOOD	0-14 Days	24,464	88.0%	80.5%-92.8%	358
	14+ Days	3,342	12.0%	7.2%-19.5%	39
NUMBER OF DAYS PHYSICAL/MENTAL HEALTH AFFECTED ACTIVITIES <sup>1</sup>	0-14 Days	25,169	90.5%	83.4%-94.8%	361
	14+ Days	2,637	9.5%	5.2%-16.6%	36
NUMBER OF DAYS PAIN AFFECTED ACTIVITIES	0-14 Days	24,865	89.4%	82.5%-93.8%	351
	14+ Days	2,941	10.6%	6.2%-17.5%	46
<b>HEALTH CARE</b>					
HAVE HEALTH CARE COVERAGE	No	1,764	6.6%	4.2%-10.2%	29
	Yes	24,881	93.4%	89.8%-95.8%	368
HEALTH CARE COVERAGE TYPE	Private Non-Governmental Plan	14,754	56.3%	47.8%-64.5%	198
	Medicare	6,735	25.7%	20.1%-32.2%	138
	Other Plan	2,944	11.2%	6.3%-19.2%	28
	No Coverage	1,764	6.7%	4.3%-10.3%	29
HAVE PERSONAL DOCTOR	No	3,747	13.5%	9.4%-19.0%	53
	Yes	24,093	86.5%	81.0%-90.6%	345
UNABLE TO VISIT DOCTOR DUE TO COST	No	25,961	93.3%	85.6%-97.0%	377
	Yes	1,879	6.7%	3.0%-14.4%	21
DELAYED GETTING NEEDED MEDICAL CARE IN PAST 12 MONTHS	Yes	6,465	23.2%	17.1%-30.7%	99
	No	21,375	76.8%	69.3%-82.9%	299
LAST ROUTINE CHECKUP	Past Year	22,664	81.4%	75.6%-86.1%	315
	Past 2 Years (>1yr, <2yrs)	1,875	6.7%	4.4%-10.1%	34
	More than 2 Years	3,301	11.9%	8.2%-16.8%	49
ANY TIME IN PAST 12 MONTHS DID NOT HAVE HEALTH INSURANCE	Yes	2,517	9.5%	6.5%-13.7%	38
	No	24,074	90.5%	86.3%-93.5%	358
TIMES BEEN TO HEALTH PROFESSIONAL IN PAST 12 MONTHS	None	2,462	8.9%	5.7%-13.5%	36
	Once	5,251	19.0%	12.0%-28.6%	66
	2-3 times	*	*	*	*
	4 to 6 times	5,114	18.5%	13.6%-24.5%	87
	7 to 12 times	2,616	9.4%	6.5%-13.5%	51

## **Attachment 4**

	> 12 times	2,280	8.2%	4.2%-15.4%	33
COULD NOT FILL PRESCRIPTION DUE TO COST	No	27,001	97.2%	95.2%-98.4%	381
	Yes	768	2.8%	1.6%-4.8%	16
CURRENTLY PAYING OFF ANY MEDICAL BILLS OVER TIME	Yes	3,681	13.3%	9.7%-17.8%	66
	No	24,083	86.7%	82.2%-90.3%	330
DIFFICULTY UNDERSTANDING INFORMATION FROM HEALTH PROFESSIONALS	Very/Somewhat Easy	25,326	91.3%	87.2%-94.1%	361
	Very/Somewhat Difficult	2,425	8.7%	5.9%-12.8%	36
<b>DENTAL CARE</b>					
LAST DENTAL VISIT	Past Year	*	*	*	*
	Past 2 Years (>1yr, <2yrs)	*	*	*	*
	More than 2 Years	*	*	*	*
HAVE DENTAL INSURANCE COVERAGE	No	*	*	*	*
	Yes	*	*	*	*
LAST TIME HAD TEETH CLEANED	Past Year	*	*	*	*
	Past 2 Years (>1yr, <2yrs)	*	*	*	*
	More than 2 Years	*	*	*	*
NUMBER OF PERMANENT TEETH REMOVED	1 to 5	7,635	27.6%	21.6%-34.5%	143
	6+, But Not All	2,237	8.1%	5.5%-11.7%	44
	All Teeth	1,011	3.7%	2.0%-6.6%	20
	None	16,781	60.7%	52.4%-68.4%	186
<b>FOOD INSECURITY</b>					
FOOD BOUGHT JUST DIDN'T LAST	At Least Some Food Insecurity	3,214	11.6%	7.8%-16.8%	44
	Never Had Food Insecurity	24,585	88.4%	83.2%-92.2%	353
COULDN'T AFFORD TO EAT BALANCED MEALS	At Least Some Food Insecurity	4,374	15.7%	10.4%-23.1%	55
	Never Had Food Insecurity	23,427	84.3%	76.9%-89.6%	342
COMBINED FOOD INSECURITY VARIABLE	At Least Some Food Insecurity	5,604	20.1%	14.1%-27.8%	69
	Never Had Food Insecurity	22,236	79.9%	72.2%-85.9%	329
<b>INADEQUATE SLEEP</b>					
INADEQUATE SLEEP	Short Sleep Duration (<7 hrs)	8,252	29.8%	22.7%-38.0%	120
	Optimal Sleep (7-9 hrs)	19,044	68.8%	60.5%-76.0%	266
	Long Sleep Duration (>9 hrs)	389	1.4%	0.7%-2.9%	9
TROUBLE FALLING/STAYING ASLEEP OR TOO MUCH SLEEP IN PAST 2 WEEKS	None	13,693	49.2%	39.9%-58.6%	186
	Several Days (1-6 Days)	7,603	27.3%	21.3%-34.4%	125
	Half of the Time or More (7-13 Days)	3,021	10.9%	7.0%-16.5%	39
	Every day (14 Days)	3,486	12.5%	7.7%-19.8%	47
<b>EXERCISE</b>					
ANY PHYSICAL ACTIVITY PAST 30 DAYS	Yes	21,704	78.0%	70.5%-83.9%	297
	No	6,136	22.0%	16.1%-29.5%	101
PHYSICAL ACTIVITY LEVEL	Highly Active (301+ Minutes)	*	*	*	*

## **Attachment 4**

	Active (150-300 Minutes)	3,423	15.8%	10.5%-23.1%	48
	Insufficiently Active (1-149 Minutes)	*	*	*	*
	Inactive (0 Minutes)	6,136	28.4%	20.4%-38.0%	101
MEETS AEROBIC RECOMMENATIONS	Yes	*	*	*	*
	No	*	*	*	*
MEETS STRENGTH RECOMMENDATIONS	Yes	11,162	42.1%	33.1%-51.7%	138
	No	15,345	57.9%	48.3%-66.9%	255
MEETS AEROBIC/STRENGTH RECOMMENDATIONS	Met Both	*	*	*	*
	Met Aerobic	5,638	26.0%	19.6%-33.6%	100
	Met Strengthening	*	*	*	*
	Met Neither	5,694	26.3%	19.0%-35.2%	89
MEETS BOTH AEROBIC/STRENGTH RECOMMENDATIONS	Yes	*	*	*	*
	No	*	*	*	*
<b>HYPERTENSION</b>					
EVER TOLD HAVE HIGH BLOOD PRESSURE <sup>2</sup>	No	16,644	59.8%	50.5%-68.5%	215
	Yes	11,166	40.2%	31.5%-49.5%	182
<b>CHOLESTEROL</b>					
EVER HAD CHOLESTEROL CHECKED	Yes	*	*	*	*
	No	*	*	*	*
LAST CHOLESTEROL TEST <sup>3</sup>	Past Year	17,656	66.0%	56.4%-74.5%	272
	Past 5 Years (>1 yr, <5 yrs)	4,554	17.0%	12.4%-23.0%	68
	5+ Years Ago	785	2.9%	1.7%-5.1%	15
	Never	*	*	*	*
TOLD CHOLESTEROL WAS HIGH <sup>4</sup>	No	12,574	55.6%	45.7%-65.0%	192
	Yes	10,048	44.4%	35.0%-54.3%	161
<b>CARDIOVASCULAR DISEASE</b>					
EVER TOLD HAVE CORONARY HEART DISEASE	No	25,524	91.7%	84.6%-95.7%	367
	Yes	2,316	8.3%	4.3%-15.4%	31
EVER TOLD HAD HEART ATTACK	No	25,968	93.3%	89.0%-96.0%	367
	Yes	1,872	6.7%	4.0%-11.0%	31
EVER TOLD HAD STROKE	No	26,818	96.3%	93.5%-98.0%	380
	Yes	1,022	3.7%	2.0%-6.5%	18
REPORT CORONARY HEART DISEASE (CHD) OR MYOCARDIAL INFRACTION (MI)	No	24,507	88.0%	80.8%-92.8%	352
	Yes	3,333	12.0%	7.2%-19.2%	46
HISTORY OF CVD <sup>5</sup>	No	24,047	86.4%	79.3%-91.3%	342
	Yes	3,793	13.6%	8.7%-20.7%	56
<b>CHRONIC HEALTH CONDITIONS</b>					
HAS ASTHMA NOW	Yes	2,414	8.7%	5.9%-12.6%	43
	No	25,373	91.3%	87.4%-94.1%	354
EVER TOLD HAD SKIN CANCER	Yes	2,600	9.3%	4.2%-9.8%	49
	No	25,240	90.7%	90.2%-95.8%	349
EVER TOLD HAD OTHER	Yes	2,266	8.2%	6.3%-13.7%	49

## Attachment 4

TYPE OF CANCER	No	25,492	91.8%	86.3%-93.7%	347
EVER TOLD COPD	Yes	1,803	6.5%	5.6%-11.7%	36
	No	25,966	93.5%	88.3%-94.4%	361
EVER TOLD ARTHRITIS	Yes	8,540	30.7%	23.7%-38.7%	155
	No	19,300	69.3%	61.3%-76.3%	243
EVER TOLD HAVE KIDNEY DISEASE	Yes	715	2.6%	1.5%-4.3%	17
	No	27,125	97.4%	95.7%-98.5%	381
EVER TOLD DEPRESSIVE DISORDER	Yes	5,908	21.2%	15.2%-28.9%	85
	No	21,902	78.8%	71.1%-84.8%	312
EVER TOLD HAVE DIABETES	No	*	*	*	*
	Yes	*	*	*	*
CHRONIC HEALTH CONDITIONS <sup>6</sup>	No Chronic Disease	11,855	42.9%	33.7%-52.7%	137
	Chronic Disease	15,749	57.1%	47.3%-66.3%	256
CHRONIC HEALTH CONDITIONS <sup>6</sup>	No Chronic Disease	11,855	42.9%	33.7%-52.7%	137
	1 Chronic Disease	7,639	27.7%	20.0%-36.9%	119
	2+ Chronic Diseases	8,110	29.4%	22.4%-37.4%	137
<b>MENTAL HEALTH</b>					
FELT DOWN, DEPRESSED, OR HOPELESS PAST 2 WEEKS	Never	17,744	64.2%	55.6%-71.9%	254
	One Day/Several Days	7,465	27.0%	20.8%-34.2%	115
	More than Half or Nearly Every Day	2,443	8.8%	4.6%-16.3%	26
FELT NERVOUS, ANXIOUS, OR ON EDGE PAST 2 WEEKS	Never	14,761	53.1%	44.0%-62.0%	212
	One Day/Several Days	10,852	39.1%	31.0%-47.8%	153
	More than Half or Nearly Every Day	2,176	7.8%	5.0%-12.1%	32
CONFUSION OR MEMORY LOSS WORSENING	Yes	954	5.9%	3.7%-9.2%	23
	No	15,262	94.1%	90.8%-96.3%	273
<b>DIABETES</b>					
EVER TOLD HAVE DIABETES <sup>7</sup>	No	*	*	*	*
	Yes	*	*	*	*
PAST THREE YEARS HAD A HIGH BLOOD SUGAR/DIABETES TEST <sup>8</sup>	Yes	13,363	57.2%	48.2%-65.7%	191
	No	10,009	42.8%	34.3%-51.8%	149
EVER TOLD YOU HAVE BORDERLINE/PRE-DIABETES <sup>9</sup>	Yes	1,619	7.0%	4.5%-10.8%	31
	No	21,486	93.0%	89.2%-95.5%	304
<b>OBESITY</b>					
BODY MASS INDEX <sup>10</sup>	Normal or Underweight	5,089	18.8%	14.0%-24.9%	84
	Overweight	9,481	35.1%	27.7%-43.3%	137
	Obese	*	*	*	*
OVERWEIGHT OR OBESE	No	5,089	18.8%	14.0%-24.9%	84
	Yes	21,947	81.2%	75.1%-86.0%	300
<b>DISABILITY STATUS</b>					
FUNCTIONAL DISABILITY	No Disability	20,048	72.2%	64.3%-78.9%	275
	Disability	7,721	27.8%	21.1%-35.7%	121
<b>ALCOHOL CONSUMPTION</b>					
DRANK ALCOHOL PAST 30 DAYS	Yes	23,148	84.0%	74.0%-90.6%	342
	No	4,423	16.0%	9.4%-26.0%	49

## Attachment 4

BINGE DRINKING (CALCULATED) <sup>11</sup>	Not At Risk	26,122	94.9%	92.0%-96.8%	366
	At Risk	1,408	5.1%	3.2%-8.0%	24
HEAVY DRINKING (CALCULATED) <sup>12</sup>	Not At Risk	14,273	51.7%	42.4%-60.9%	182
	At Risk	13,328	48.3%	39.1%-57.6%	210
ALCOHOL RELATED RISK (BINGE OR HEAVY DRINKER)	Not At Risk	22,855	83.0%	73.2%-89.7%	336
	At Risk	4,676	17.0%	10.3%-26.8%	54
<b>TOBACCO &amp; E-CIGARETTES</b>					
CALCULATED SMOKING STATUS <sup>13</sup>	Smoker	3,040	11.2%	7.6%-16.3%	49
	Former Smoker	*	*	*	*
	Never Smoked	17,596	64.9%	55.3%-73.4%	252
QUIT SMOKING (FORMER SMOKERS) <sup>14</sup>	Past Year	*	*	*	*
	More than 1 Year Ago	*	*	*	*
USE SMOKELESS TOBACCO <sup>15</sup>	No	26,848	98.8%	96.7%-99.6%	385
	Yes	*	*	*	*
CALCULATED E-CIGARETTES STATUS <sup>16</sup>	Current User	*	*	*	*
	Not Currently Using	4,511	16.6%	11.9%-22.7%	59
	Never Used	*	*	*	*
<b>MARIJUANA</b>					
PAST 30 DAYS - ANY MARIJUANA/CANNABIS USE	No	23,854	87.9%	80.6%-92.7%	350
	Yes	3,273	12.1%	7.3%-19.4%	39
PAST 30 DAYS - REASON USING MARIJUANA	Medical Reasons	*	*	*	*
	Non-Medical Reasons	*	*	*	*
	Both Medical And Non- Medical Reasons	*	*	*	*
PAST 30 DAYS - MOST COMMON WAY USE MARIJUANA	Smoke It (In A Joint, Bong, Pipe, Or Blunt)	*	*	*	*
	Other	*	*	*	*
<b>IMMUNIZATION</b>					
HAD INFLUENZA VACCINATION PAST 12 MONTHS	Yes	10,815	39.1%	30.8%-48.2%	197
	No	16,819	60.9%	51.8%-69.2%	196
ADULTS AGED 65+ HAD INFLUENZA VACCINATION PAST 12 MONTHS	Yes	*	*	*	*
	No	*	*	*	*
EVER HAD PNEUMONIA VACCINATION	Yes	9,255	34.7%	27.1%-43.2%	169
	No	17,401	65.3%	56.8%-72.9%	211
ADULTS AGED 65+ EVER HAD PNEUMONIA VACCINATION	Yes	*	*	*	*
	No	*	*	*	*
EVER HAD HPV VACCINATION	Yes	*	*	*	*
	No	*	*	*	*
NUMBER OF HPV SHOTS RECEIVED	None	*	*	*	*
	1-2 Shots	*	*	*	*
	All Shots	860	8.7%	4.1%-17.6%	10
EVER HAD SHINGLES/ZOSTER VACCINATION	Yes	5,311	34.6%	26.4%-43.9%	109
	No	10,033	65.4%	56.1%-73.6%	167
<b>INJURY</b>					
HAD A FALL PAST 12	Yes	4,135	25.7%	19.3%-33.4%	90

## Attachment 4

MONTHS	No	11,939	74.3%	66.6%-80.7%	203
TIMES FALLEN IN PAST 12 MONTHS	1 Fall	1,813	11.3%	7.8%-16.1%	42
	2 or More Falls	2,322	14.4%	9.8%-20.7%	48
	None	11,939	74.3%	66.6%-80.7%	203
HAD INJURY FROM FALL	Yes	*	*	*	*
	No	*	*	*	*
DRIVEN AFTER DRINKING TOO MUCH IN THE PAST MONTH <sup>17</sup>	Yes	434	3.0%	1.3%-7.2%	6
	No	13,839	97.0%	92.8%-98.7%	176
<b>HIV/STD/SEXUAL BEHAVIOR</b>					
EVER HAD HIV TEST	Yes	3,768	14.0%	10.4%-18.7%	67
	No	23,102	86.0%	81.3%-89.6%	317
DO ANY HIGH RISK SITUATIONS APPLY	Yes	*	*	*	*
	No	*	*	*	*
<b>BREAST AND CERVICAL CANCER SCREENING</b>					
HAD MAMMOGRAM PAST 2 YEARS (WOMEN AGE 40+) <sup>18</sup>	Yes	7,603	81.5%	74.1%-87.1%	130
	No	1,728	18.5%	12.9%-25.9%	41
HAD MAMMOGRAM PAST 2 YEARS (WOMEN AGE 50-74) <sup>18</sup>	Yes	5,297	88.0%	80.4%-92.9%	94
	No	721	12.0%	7.1%-19.6%	19
HAD PAP IN PAST 3 YEARS (WOMEN AGE 21-65) <sup>19</sup>	Yes	*	*	*	*
	No	*	*	*	*
LAST HPV TEST	Within Past 5 Years	2,626	25.6%	17.7%-35.5%	38
	5+ Years Ago	794	7.7%	4.7%-12.5%	19
	Never	6,823	66.6%	56.8%-75.2%	119
HAD HYSTERECTOMY	Yes	2,860	21.1%	14.8%-29.0%	63
	No	10,719	78.9%	71.0%-85.2%	143
<b>PROSTATE CANCER SCREENING</b>					
EVER HAD PSA TEST (MALES AGE 40+)	Yes	*	*	*	*
	No	*	*	*	*
MEN 40+ WHO HAVE HAD PSA TEST IN PAST 2 YEARS <sup>20</sup>	Yes	*	*	*	*
	No	*	*	*	*
<b>COLORECTAL CANCER SCREENING</b>					
HAD BLOOD STOOL TEST IN PAST YEAR (AGED 50-75) <sup>21</sup>	Yes	598	4.8%	2.6%-8.9%	12
	No	11,803	95.2%	91.1%-97.4%	204
HAD COLONOSCOPY PAST 10 YEARS (AGED 50-75) <sup>21</sup>	Yes	8,565	71.6%	61.7%-79.7%	141
	No	3,405	28.4%	20.3%-38.3%	72
HAD SIGMOIDOSCOPY PAST 5 YEARS (AGED 50-75) <sup>21</sup>	Yes	*	*	*	*
	No	*	*	*	*
FULLY MET 2016 USPSTF CRC SCREENING RECOMMENDATION	Yes	8,993	75.4%	17.3%-33.8%	149
	No	2,936	24.6%	14.7%	63

## **Attachment 4**

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

\*Indicates data does not meet standards of reliability and has been suppressed.

1. Respondents reporting 0 days with mental and physical health problems in the past month were not asked this question, but are included as 0 days.
2. Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.
3. Asked only of those who report ever having cholesterol checked, respondents reporting No to having cholesterol checked included as Never.
4. Asked only of those who report ever having cholesterol checked.
5. History of CVD calculated when respondent answers yes to any cardiovascular disease history questions.
6. Chronic Health Conditions calculated from heart disease (heart attack/stroke/angina), current asthma, cancer, COPD, arthritis, depression and diabetes questions.
7. Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.
8. Asked only of respondents who did not report ever being told they have diabetes.
9. Asked only of respondents who did not report ever being told they have diabetes or borderline/pre-diabetes.
10. BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal >=18.5 and <30, Overweight >=30 and <70, Obese >=70.
11. Calculated at risk for men having 5+ drinks on one occasion and women having 4+ drinks on one occasion.
12. Calculated at risk for men having >2 drinks per day and women having >1 drink per day.
13. Calculated smoking status from tobacco questions.
14. Asked only if respondent reported smoking 100+ cigarettes and reported frequency is not at all.
15. Smokeless tobacco includes cigarettes, chewing tobacco, snuff, or snus.
16. Calculated e-cigarette status from e-cigarette questions.
17. Respondents who answered one or more days included in Yes. Respondents who answered No to drinking any alcohol in the past 30 days are not asked this question.
18. Asked only if reporting Yes to having mammogram, includes those responding as No as Never.
19. Asked only if reporting Yes to having pap smear, includes those responding as No as Never.
20. Respondents that reported never having a PSA test are included as No.
21. Type of exam and when was the last exam only asked if respondent reported they had ever had an exam.

## Attachment 5

# Livingston County Health Department

310 E. \_\_\_\_\_ Torrance Ave., Pontiac, IL 61764  
\_\_\_\_\_ Ph. 815-844-7174 \* TDD 1-800-526-0844 \* FAX 815-842-2408 \* www.lchd.us



**Public Health**  
Prevent. Promote. Protect.

March 18, 2025

IPLAN Administrator  
IDPH Office of Policy, Planning, and Statistics  
525 W. Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Dear IPLAN Administrator,

At the March 17, 2025, Livingston County Board of Health meeting, Erin Fogarty, Livingston County Health Department Administrator, reviewed the IPLAN process for health department certification. The self-assessment for evaluating capabilities to effectively conduct public health functions was reviewed by the Board of Health at the March 17, 2025, meeting. The Community Needs Assessment Survey 2024 was reviewed including the findings of the Health Equity Coalition to identify the top three priorities for the next strategic health plan.

The health problems identified as priorities are as follows: Healthy Behaviors, defined as active living, healthy eating, wellness screenings, social wellness, and other factors that impact communicable and chronic disease in all populations; Behavioral Health and Substance use, including mental health and wellness and substance use, misuse, and addiction; and Maternal and Child Health, defined as prenatal to postpartum and children ages 0-18 years. These issues and their associated risk factors will continue to challenge the county in improving the health of the residents and will be addressed in the Community Health Plan 2025-2030 for Livingston County. The Board of Health is in agreement and recognizes that this assessment builds on the success of previous plans and partnerships/collaboration of the agencies in the county.

The Livingston County Board of Health accepted the organizational capacity self-assessment, the community needs assessment and the county health plan. This letter acknowledges the review of the entire assessment process to meet the health department certification requirements. The Community Health Plan 2025-2030 was presented for adoption at the March Board of Health meeting.

Sincerely,

MaLinda Hillman  
President  
Livingston County Board of Health