

Community Health Needs Assessment 2025



We're here, for you.

FHN

December 2025

Table of Contents

- 3 Community Health Needs Assessment Definition and Requirements
- 4 Executive Summary
- 7 Methodology
- 8 Hospital and Community
- 9 Community Profile
 - 9 Demographics
 - 12 Socioeconomic Status and Education
 - 18 Accessing Providers and Transportation
 - 20 Access to Care for Low-Income Individuals and Families
- 21 Community Needs, Behaviors, and Risk Factors
 - 21 Community Needs Index
 - 23 Mortality Indicators
 - 26 Behavior Indicators
 - 30 Risk Factors
- 33 Behavioral Health in the Overall FHN Community
- 34 Community Health Resource Review

Appendices

- FHN Care Transitions Steering Committee
- CHNA Survey
- Community Health Resources
- Medically Underserved Area & Health Professional Shortage Area Scores
- 2022 State of Our Youth



Community Health Needs Assessment Definition and Requirements

As required by Internal Revenue Code (IRC), section 501(r), all non-profit hospital facilities must complete a Community Health Needs Assessment (CHNA) every three years to qualify for and maintain their tax-exempt status under IRC Section 501(c)(3). This requirement was added as part of the Patient Protection and Affordable Care Act (ACA) to ensure that hospital facilities – defined as a facility licensed as a hospital by a U.S. state but not including non-hospital entities like clinics – regularly assess and address health issues within their defined communities by collecting and analyzing primary and secondary data related to demographic information, health access, vulnerable populations, health status and disparity, and health behaviors of residents.

Each hospital facility must meet four main requirements as included in the Patient Protection and Affordable Care Act (ACA):

1. Conduct a Community Health Needs Assessment (CHNA) every three years and create an implementation strategy.
2. Maintain a Financial Assistance Policy (FAP) and an Emergency Medical Care Policy.
3. Limit charges for emergency or medically necessary care for FAP-eligible individuals to Amounts Generally Billed (AGB) to insured patients.
4. Make reasonable efforts to determine FAP eligibility before taking Extraordinary Collection Actions (ECAs).

To achieve this, a CHNA must include:

- A definition of the community served by the hospital facility;
- How data was obtained, who was consulted/interviewed;
- Demographics of the community;
- Consulting with community representatives;
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups;
- Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community;
- Information gaps that limit the hospital's ability to assess the community's health needs;
- Prioritized list of community health needs.

As it has in its previous CHNA documents, FHN has addressed all of these requirements in this 2025 CHNA document.

Thank you for being an
important part of our
community and keeping
healthcare local!

– 2025 FHN Survey Comment



Executive Summary

Process

FHN is a non-profit health system comprised of a hospital, specialty clinics, and a network of primary care clinics serving the greater Freeport region and northwestern Illinois. Per the IRS definition above, this CHNA is focused on FHN Memorial Hospital and FHN has completed both a 2025 Summary Report and Implementation Strategy based on results of the assessment.

FHN has defined its community for the CHNA as Stephenson, Jo Daviess, and Carroll Counties, Illinois since the overwhelming majority of inpatients and emergency department patients come from this area. To ensure appropriate representation of its demographics for these counties, both primary and secondary data were collected in identifying these communities' health needs. Primary data was collected from an online survey with nearly 400 responses, in-person conversations with over a dozen selected community leaders, and FHN input from members of the organization's Care Transitions Steering Committee which was tasked with oversight of the report and the responsibility of ensuring the implementation of the planned objectives resulting from the community input. The input sought from these sources reflected their perspectives on a range of issues that affect the community's health and wellbeing, including accessing healthcare services as well as barriers to related community resources adjacent to FHN's ability to deliver quality healthcare in the region.

FHN also collected secondary data on a broad array of health indicators and demographic information.

It should be noted that the 2022 Community Health Needs Assessment requested specific feedback about FHN's response to the COVID-19 pandemic; information on how that impacted FHN in 2022 can be found in that year's CHNA but is not referenced in the 2025 materials. The School of Public Health at Boston University has confirmed that in the years since the World Health Organization declared COVID-19 a pandemic, the virus has largely receded from public conversation and when it does arise, it's referenced in the past tense. This does not mean that lessons learned were not important or delegitimize the fact that from a healthcare perspective COVID-19 is now generally considered endemic by most epidemiologists and other public health experts, but it is not an area of pressing public concern in determining community healthcare objectives and strategies for the next three years (www.bu.edu/sph/news/articles/2025/covid-19-in-2025-a-constant-threat-but-a-manageable-one/).



Summary Findings

After reviewing the community input and secondary data in the previous CHNA, the FHN Care Transitions Steering Committee reached consensus on the following as priorities for 2022-2025:

1. Community Identified Needs
2. Community Health and Well Being
3. Chronic Disease Management

Based on the new community input and data obtained for the 2025 CHNA, the Committee kept these priorities for the next three years. Further explanation and details on all three appear below and updated strategies were developed for the Implementation Strategy document.

Additional details on each of these priorities appear below.

1. Community Identified Needs

The primary and secondary survey results used in developing the 2025 CHNA asked specific questions to determine how well the organization had done in addressing these priorities over the past three years as well as soliciting input for any significant changes in focus. The results showed that while the priorities remain the same, modified and/or new strategies were important to ensure and support continuous improvement in the next three years. The community input resulted in these two goals for the hospital for 2026-2029:

- Develop and implement targeted information and marketing (live and virtual) on wellness and disease specific topics.
- Establish Systems to enhance communication, connections, and care.

To ensure a comprehensive approach to addressing these two goals, both were examined in the context of all of the following healthcare areas of importance, and tactics were developed for each:

- Mortality
- Efficiency
- Safety
- Effectiveness
- Patient-centeredness
- Equity

The tactics for these elements of healthcare delivery – all of which play roles in effective, efficient, excellent healthcare – can be found, with measurable objectives for each, in the Implementation Strategy grid.

There should be more FHN representation in neighborhood settings – you need to go to people, not expect them to come to you.

– 2025 FHN Survey Comment



2. Community Health and Well Being

The availability of preventive care resources, nutritional status, physical inactivity, behavior indicators, and behavioral health and one's overall wellness all significantly influence the health of the hospital community. Understanding this, an important part of the ability of the Care Transitions Steering Committee to ensure that goals in the CHNA are achievable lie in the Committee's continued focus on Social Determinants of Health (SDOH) and maintaining and growing partnerships with a majority of relevant local businesses (such as transportation) and social service-type organizations to provide necessary support outside the hospital's purview. The Committee has developed tactics focused on both education and actual aid where needed, including activities such as widespread health screenings and education on healthy living and prevention of disease.

3. Chronic Disease Management

Chronic diseases and conditions – such as heart disease, stroke, cancer, type 2 diabetes, Chronic Obstructive Pulmonary Disease (COPD), obesity, and arthritis – are among the most common, costly, and preventable of all health problems. Half of American adults have at least one chronic condition and almost one of three have multiple chronic conditions. Transformation of healthcare is needed to change it from a system that is essentially reactive – becoming involved mostly when a person is sick – to one that is proactive and focused on keeping a person as healthy as possible. As noted above, FHN has taken a systematic approach to identifying, understanding, and addressing healthcare barriers through rigorous attention to SDOH. This has proved to be an effective framework to address challenges faced by people with chronic illnesses and conditions and tactics in the Implementation Strategy grid reflect that approach.

In addition, FHN has continued its chronic care management program called Complex Care Management and a palliative care program called Supportive Care to address the clinical aspects of chronic disease management as well as the need to partner with other community organizations and individuals

Previous Assessments and Sources

Previous assessments of health needs of Stephenson, Jo Daviess, and Carroll Counties were reviewed for FHN's 2025 CHNA.

These included:

- Stephenson County Health Department 2024-2029 IPLAN
- Stephenson County Health Department IPLAN 2019-2024
- Previous SG2 studies (FHN data consultant partner)

CHNA Approval

The CHNA was accepted and approved by the FHN Board of Directors on December 22, 2025.

Public Posting and Availability

The FHN 2025 Community Health Needs Assessment and Implementation Strategy is publicly posted on the FHN website at www.fhn.org. Hard copies are also available either by downloading from the website or submitting a request to wecare@fhn.org.

I think care at FHN is
generally dependable
and most of our
providers are excellent
and helpful.

– 2025 FHN Survey Comment

Methodology

Report Methodology

Information related to the highest priority health and demographic indicators is presented in the report document itself, with detailed supplemental secondary data and primary data transcripts available in the appendices.

Secondary Data Methodology

Secondary data was collected using databases created by other agencies or organizations. FHN collected secondary data for the assessment from a variety of sources and about a variety of different issues. Types of data collected included demographic information, data specific to key diseases and behaviors, health status indicators and health behaviors, and local, state, and national benchmarks. Due to the nature of secondary data available, data was collected on the level of zip code, city, or county for the defined hospital community. Most health indicator data was only available on a county-level basis, which still serves the purposes of the Implementation Strategy quite well. Secondary data measures were compared to US and Illinois measures in most cases.

Primary Data: Survey Methodology

FHN developed an online survey that was sent to a wide variety of community members both directly and through contacts at key organizations, public officials, and social service agencies. Nearly 400 responses were received, indicating a high degree of community interest in the topic of regional healthcare. Questions were asked about an array of community health indicators, assets, needs, and solution perspectives (survey questions appear in this document's appendices).

Community stakeholders surveyed represented healthcare and social service providers, economic organizations and political community officials, the elderly/senior population, the low-income population, school staff, the working class, and general population. In addition, FHN surveyed many of its own patients.

Responses to the questions were aggregated according to how frequently the responses appeared; high importance was given to issues mentioned by a majority of community stakeholders, and lower importance was given to responses given by a small number of community stakeholders.

Information Gaps

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in the FHN community. The online survey ended up representing a more finite demographic set so the in-person conversations which followed were directed more towards groups that were not as well represented in the online survey data. No significant demographic gaps were identified once the input from both the online survey and in-person conversations was compiled.



Hospital and Community

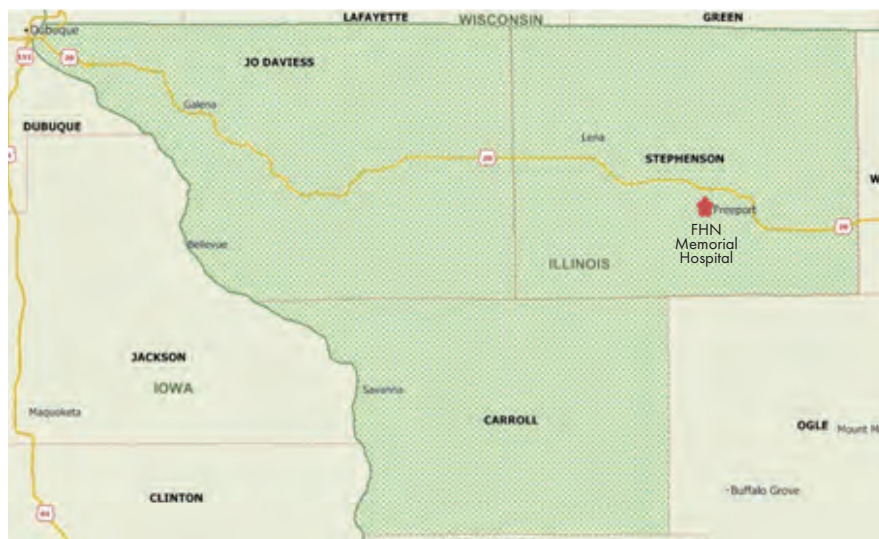
FHN Memorial Hospital Description

FHN Memorial Hospital is a 100-licensed bed hospital located in Freeport, Illinois. The original location that later came to be renamed as FHN Memorial Hospital was opened in 1902.



Through its extensive community involvement and well-developed system for monitoring quality of care, FHN strives to improve the health of its community and to provide superior, quality healthcare services.

FHN Memorial Hospital defined its community for the purposes of the CHNA geographically as Stephenson, Jo Daviess, and Carroll Counties. The community was defined based upon internal patient origin information by zip code for FHN's emergency room visits and inpatient discharges. A clear majority of the patients drew from these three counties.



Community Profile

Demographics

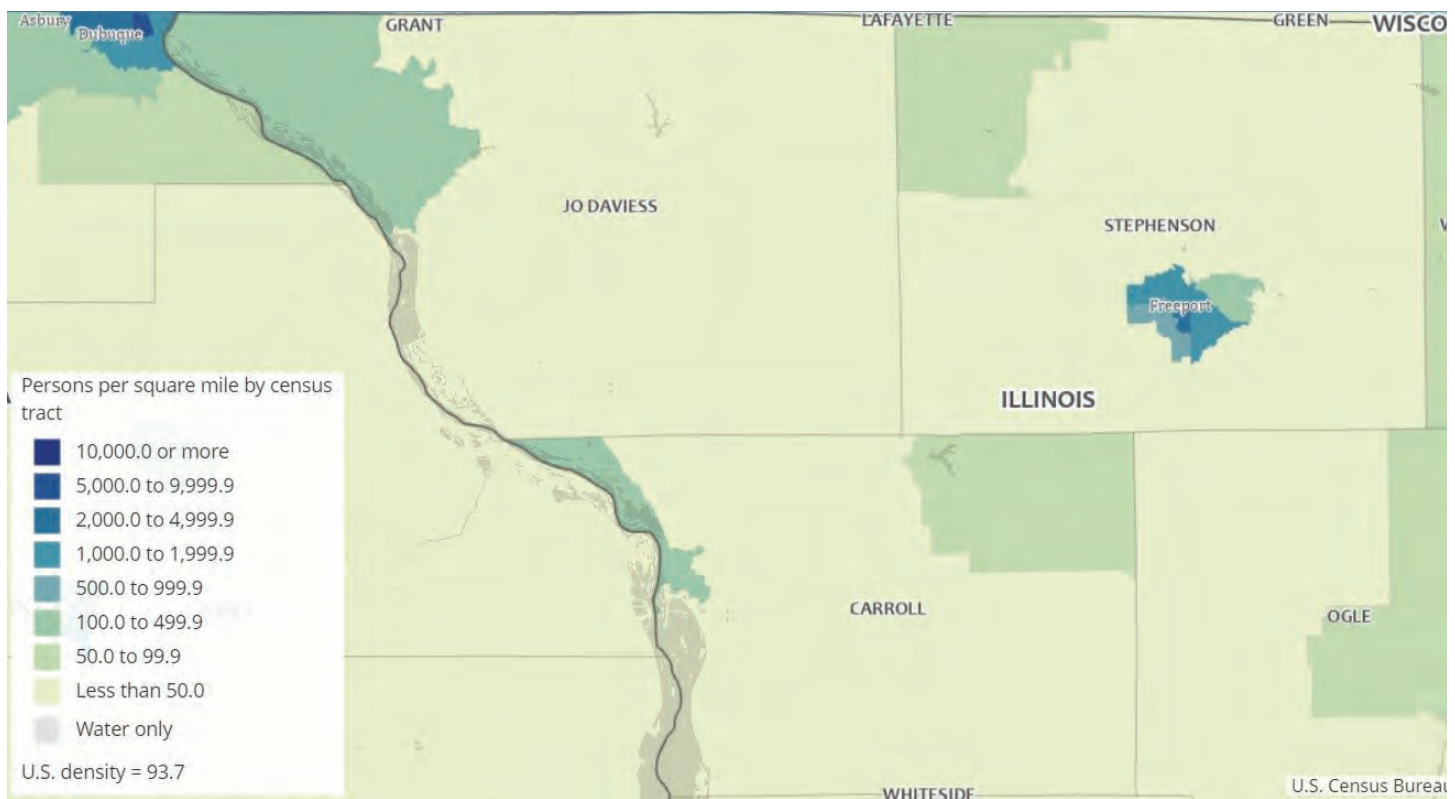
Data from the 2020 National Census, first available and included in the 2022 FHN CHNA, has been included again in this CHNA as it is the most comprehensive data set available; it will not be updated until the next complete census in 2030.

However, updates to the County data from other sources for the three counties that represent FHN’s service area are provided here , with the more recent data sourced variously from sources widely considered reputable and accurate, including the FRED (Federal Reserve Economic Data) database from the Federal Reserve Bank of St. Louis (population data); the American Community Survey (ACS), a continuous survey conducted by the Census Bureau for demographic and economic data; and data aggregators such as the Rural Health Information Hub, Data Commons, Data USA, and University of Illinois Research Data.

Where there were significant differences in some data due to varying reports from different sources, a range has been provided. Year(s) for the newer information – which again vary depending on the source reporting cycles and methodologies – have also been noted. Most of the more recent data are ultimately based upon official U.S. government data collection efforts, usually on a national basis and made available by county, and often using the 10-year national census as a foundational reference point. Accordingly, please refer to the 2020 Census data for comparison purposes and when more recent data in some categories has not been included.

With rising costs
overall, preventive
care is more
important than ever.
I don’t think enough
people understand
the relationship
between the two.

– 2025 FHN Survey Comment



Population density per 2020 Census Demographic Data Map Viewer

Population

Stephenson County is the most populous area of FHN’s defined community with the largest part of its population clustered in the Freeport area. The population saw a decrease of approximately 3.5% since the 2020 Census, continuing a long-term downward trend for the county since its peak in the 1980s.

	Stephenson County	Jo Daviess County	Carroll County
2020	44,630	22,035	15,702
2024	43,088	21,528	15,444

Population History (2020 Census)

	Stephenson County	Jo Daviess County	Carroll County	Illinois
Total 2010 Census	47,711	22,678	15,387	12,830,632
Total 2020 Census	44,630	22,035	15,702	12,716,164
Total Population Change 2010-2020	-3,081	-643	315	-114,468
Percent Change 2010-2020	-6.5%	-2.8%	2.0%	-0.9%

US Census Bureau 2020

Population Projections (2020)

	2020	2025	2030	% Change from 2020 to 2030
Stephenson County	44,630	43,876	42,696	-4.0%
Jo Daviess County	22,035	21,564	21,221	-3.0%
Carroll County	15,702	12,991	12,255	-22%
Illinois	12,716,164	12,800,00	12,790,000	0.6%

IDPH

Stats indicate that Stephenson, Jo Daviess, and Carroll Counties all have a historical trend of net migration out of the area, a trend that is projected to continue based on current data and projections.

U.S. Citizenship

In 2023, 98.8% of Stephenson County residents were U.S. citizens. The percentage of Jo Daviess County residents estimated to be U.S. citizens in 2024 was 99.5%. U.S. citizenship of Carroll County residents increased to 99.6% in 2023 from 99.2% in 2022.



Spanish-speaking populations will make connections to FHN through other organizations in the community, like the Salvation Army, not organizations connected to any governmental agency.

– 2025 FHN Survey Comment

Median Age

Median Age

	Stephenson County	Jo Daviess County	Carroll County	Illinois
2020	45.5	50.4	48	39.3
2023	45.2	50.9	44.9	39.5

Projected 65 and Older Population (2020 Census)

The population aged 65 and older was the fastest-growing age group between 2010 and 2022 with each county experiencing significant increases - Stephenson County 19%, Jo Daviess County 36%, and Carroll County 18%.

Because this population segment is expected to continue growing more quickly than the overall population, the vulnerable population of seniors in the FHN community will become a larger proportion of residents in the coming years. In this sense, health issues for seniors are likely to continue to be more prominent in the future. (The decrease in this population for Illinois overall can be traced to projected mortality figures as well as retirement of many of these individuals to other regions of the country in addition to a more pronounced exodus from the state in general, as compared to other states, based on a variety of economic parameters.)

	2020	2025	2030	% Change from 2020 to 2030
Stephenson County	11,525	11,855	12,340	7.1%
Jo Daviess County	6,628	6,956	7,340	10%
Carroll County	3,648	3,920	3,958	8.5%
Illinois	1,990,426	1,351,912	1,492,103	-25%

IDPH, US Census Bureau 2020

Overall, the fastest declining age group between 2010 and 2022 was age 35 to 49, with Stephenson County experiencing a decrease of over 24% and Jo Daviess nearly 20%. Interestingly, the age group that showed the greatest decline in Carroll County was 50 to 64, where the decrease was over 14% during the same timeframe.

Current 17 and Younger Population (2020 Census)

	Stephenson County	Jo Daviess County	Carroll County	Illinois
Total Population	44,630	22,035	15,702	12,716,164
Population 0-17	9,600	4,065	2,721	2,855,433
Percent Population 0-17	22%	18%	17%	20.35%

US Census Bureau 2020

Socioeconomic Status and Education

Household Income

Average household income is essentially the same as 2020. Not surprisingly, the income level in Stephenson and Carroll Counties is significantly lower than that of Jo Daviess County, as there is a statistically significant proportion of Jo Daviess' population that has moved into the county from the Chicago area.

	Stephenson County	Jo Daviess County	Carroll County
2020	\$61,943	\$74,630	\$65,151
2023	\$61,926	\$74,954	\$60,871

Median Household Income (2020 Census)

	Stephenson County	Jo Daviess County	Carroll County	Illinois
Total Households	19,739	9,970	6,508	4,846,134
Median Household Income	\$48,805	\$57,946	\$52,410	\$65,886

US Census Bureau 2020

Unemployment Rate

While the area overall has recently achieved record low levels of unemployment, FHN's understanding of the social determinants of health, which often disproportionately impact lower-income individuals and families, still mandates a focus on reducing poverty through support of job programs and other skill development opportunities. An additional challenge exists in terms of behavioral health issues and lack of "soft" job skills such as on-time attendance, interpersonal behaviors, etc.

	Stephenson County	Jo Daviess County	Carroll County
2020	7%*	2.4%	5.8%
2025	4.5%	3.6%	4.8%

* may be slightly higher when seasonally adjusted

Unemployment Rate (2020 Census)

	Stephenson County	Jo Daviess County	Carroll County	Illinois
Labor Force	36,461	17,855	12,019	10,193,604
Number Employed	22,569	10,945	6,839	6,646,230
Number Unemployed	2,552	429	697	611,616
Unemployment Rate	7.0%	2.4%	5.8%	6.0%

US Census Bureau 2020

The most trusted messengers for healthcare information are familiar, credible voices like local healthcare providers, FHN representatives, and community-based leaders who maintain direct relationships with residents like teachers, pastors, and other community organization representatives.

– 2025 FHN Survey Comment

Poverty Rates, Population Below 125% of Federal Poverty Level

Stephenson County’s poverty rate was between 13.3% and 14.9% in 2024 compared to 20% in 2020. This is higher than the state average of 12% and the national average of 14.4%. Jo Daviess County was approximately 8% in 2022, compared to 12.7% in 2020. Carroll County saw minimal change averaging 12.9% in 2023 compared to 12.5% in 2020.

Poverty Rates, Population Below 125% of Federal Poverty Level (2020 Census)

	Stephenson County	Jo Daviess County	Carroll County	Illinois
Total Population	44,630	22,035	15,702	12,716,164
Population in Poverty	8,946	2,804	1,956	2,050,937
Percent Population in Poverty	20.0%	12.7%	12.5%	16.1%

US Census Bureau 2020

Children Below 125% of Federal Poverty Level

Stephenson County’s poverty rate for children under age 18 saw a decrease to 17.5% in 2023 compared to 19.8% in 2020. Jo Daviess County was essentially unchanged at 10-11% in 2024 compared to 10.9% in 2020. Carroll County saw an increase, ranging from 16% to 18% in 2023 compared to 13% in 2020.

Children Below 125% of Federal Poverty Level (2020 Census)

	Stephenson County	Jo Daviess County	Carroll County	Illinois
Total Population	44,630	22,035	15,702	12,716,164
Population Under Age 18	9,559	4,068	2,717	2,852,051
Population Under Age 18 in Poverty	1,899	445	353	488,516
Percent Population Under Age 18 in Poverty	19.8%	10.9%	13.0%	17.1%

US Census Bureau 2020

FHN’s ability to refer patients to social services is really important.

– 2025 FHN Survey Comment



Rate of Child Abuse and Neglect

The data for maltreatment of children is shown for each county and compared to the State of Illinois overall in three categories:

1. Children with intact family cases
2. Recurrences for children in families receiving no services
3. Maltreatment per 100,000 days of care for children in substitute care

Children in Intact Families

	Stephenson County	Jo Daviess County	Carroll County	Illinois
2020	225	53	26	16,255
2021	146	39	22	15,273
2022	128	33	10	14,770
2023	154	24	19	14,765
2024	144	32	35	14,880

Children in Families Receiving No Services

	Stephenson County	Jo Daviess County	Carroll County	Illinois
2020	133	28	38	21,690
2021	203	38	33	24,216
2022	140	63	15	21,295
2023	171	37	22	20,620
2024	183	36	16	20,786

Children in Substitute Care

	Stephenson County	Jo Daviess County	Carroll County	Illinois
2020	98	29	23	23,376
2021	123	35	27	25,434
2022	93	21	37	24,119
2023	68	30	29	24,362
2024	90	29	33	23,777

University of Illinois School of Social Work Children and Family Research Center

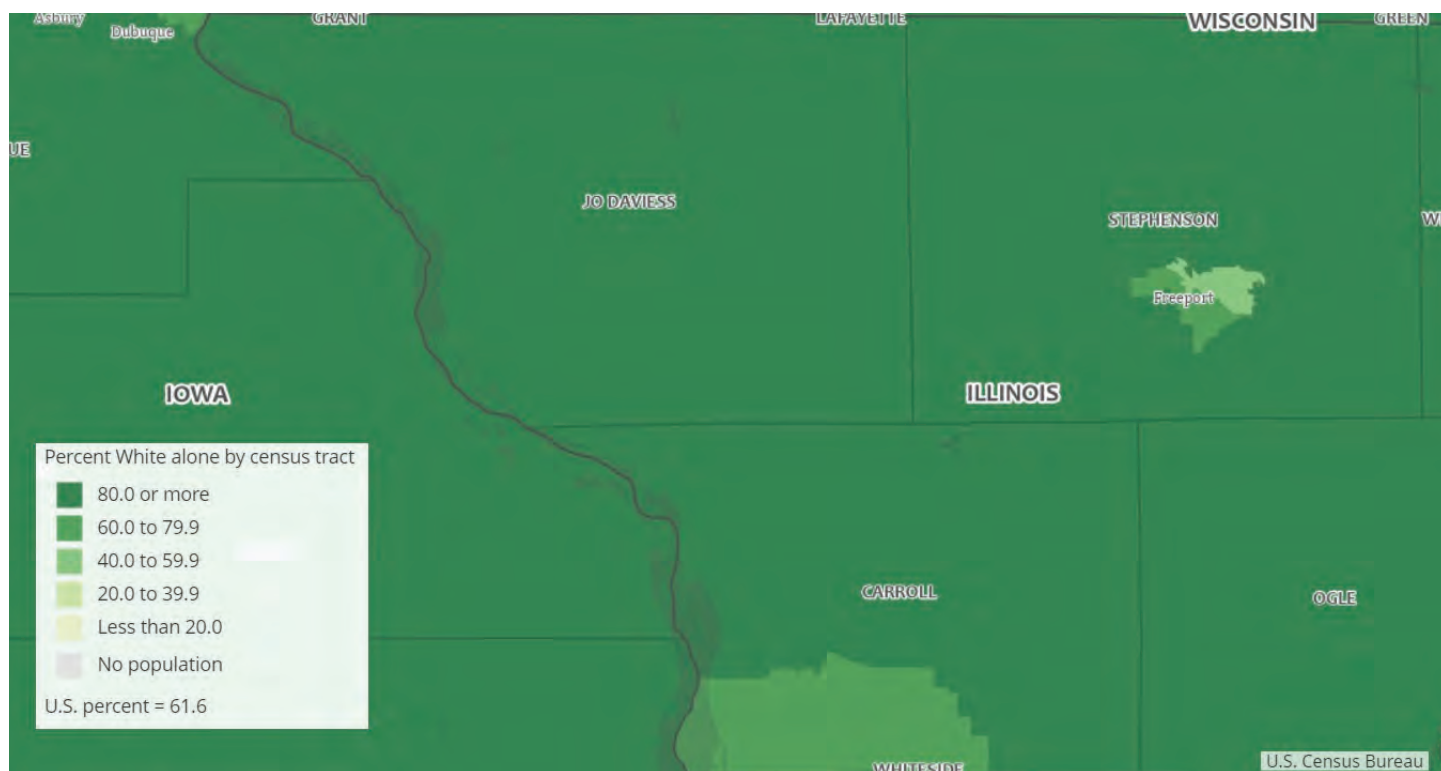


I have received good care from FHN and most employees are kind, caring, and competent.

– 2025 FHN Survey Comment

Racial Composition

As seen below, the racial makeup of the hospital community is predominantly Caucasian with African American as a distant second. The maps also identify that both races have separated geographically, which is especially pronounced in Stephenson County. This is likely due to Freeport being the largest city in any of the counties. All three counties have very small other populations segments as well. As a result, the FHN community is significantly less racially diverse than the State of Illinois overall.



2020 Census Demographic Data Map Viewer

Stephenson County: Racial composition in Stephenson County was 80.8% white (non-Hispanic) in 2022 compared to 86% in 2020 and 8.4% Black/African American compared to 11% in 2020. The Hispanic population grew to over 5% in 2020. Other ethnicities are statistically insignificant.

Jo Daviess County: Racial composition was 94.2% white (non-Hispanic) in 2022 compared to 97% in 2020; the Hispanic population is estimated at 4% and other ethnicity percentages are not statistically significant compared to Stephenson and Carroll counties and the largest other non-white percentage identifying as mixed race rather than one specific race.

Carroll County: Racial composition was 88-90% white (non-Hispanic) in 2025 compared to 94% in 2020 and just under 4% Black/African American compared to 5% in 2020. The Hispanic population is estimated at 2.8-3.8% with the next largest other non-white percentage identifying as mixed race rather than one specific race.

Projected African American Population (2020 Census)

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Stephenson	3,761	3,844	4,016	4,297	4,682	5,131	5,590	49%
Jo Daviess	44	58	73	84	97	115	130	195%
Carroll	91	95	103	111	113	119	129	42%
Illinois	1,880,101	1,932,802	1,981,006	2,035,723	2,094,687	2,132,678	2,150,187	14%

Stephenson County has the largest African American population in the FHN community. Relative to their current numbers, the African American population in the FHN community is growing although representation in the overall demographic picture is still a pronounced minority by comparison.

Projected Asian Population (2020 Census)

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Stephenson	334	334	356	373	405	445	485	45%
Jo Daviess	36	40	44	45	48	49	48	33%
Carroll	68	87	105	135	171	206	243	257%
Illinois	424,291	525,866	628,663	742,266	872,341	989,467	1,094,499	158%

The Asian population in the FHN community is growing at a more rapid rate than overall population although overall representation is quite small. The growth rate is particularly strong in Carroll County, where the Asian population is expected to grow by more than 80% between 2013 and 2030 (although relative numbers are again, still quite small).

Projected Hispanic Population (2020 Census)

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Stephenson	747	826	912	998	1,095	1,202	1,301	74%
Jo Daviess	342	370	400	428	445	461	483	41%
Carroll	340	367	407	444	485	526	561	65%
Illinois	1,532,791	1,709,072	1,877,681	2,041,127	2,206,816	2,380,472	2,562,430	67%

www.ildceo.net

Note: Information does not include undocumented individuals

At between 2 and 3 percent of the total population in the hospital community, the Hispanic population is small, relative to 15% in Illinois. However, as with other smaller demographic groups in the area, this ethnic group is growing at a larger rate than overall population and it will likely become more central to this community in the future. Long-term population projections through 2060 for counties have yet to be updated by the state; the only long-term projections available at this time are national.

Educational Attainment

Population Ages 25+, All Races (includes Hispanic/Latino), Both Sexes, 2019-2023

	Stephenson County	Jo Daviess County	Carroll County	Illinois
Less than 9th grade	2.4%	2.5%	4.2%	4.5%
Less than high school	8.5%	6.6%	12.3%	9.7%
Bachelor's degree or higher	21.7%	28.8%	18.2%	37.2%

National Institutes of Health (NIH)

Violent Crimes

The violent crime rate in Jo Daviess County is the highest of the three counties in the FHN service area at 131 crimes per 100,000 population, compared to Stephenson and Carroll Counties at 128 and 47, respectively. The entirety of the FHN community has a much lower violent crime rate than the rate in Illinois and the USA overall.

Violent crime rate per 100,000 for the entire county is not available beyond 2019, but information from September 2025 indicates the violent crime rate for the region is lower than the national average, with Freeport, the county's main city, being 14.5% below average.

	Violent Crime Rate per 100,000
Stephenson County	128
Jo Daviess County	131
Carroll County	47
Illinois	403
USA	367

FBI Uniform Crime Reports 2019*, County Health Rankings



Transportation is a critical issue, especially for Medicaid populations.

– 2025 FHN Survey Comment

Accessing Providers and Transportation

MUA and HPSA Summary

MUA/MUP

Stephenson County's Winslow Service Area and both Carroll and Jo Daviess Counties include census tracts (MUAs 796 and 809, respectively) designated medically underserved areas (MUAs) by the Health Resources and Services Administration (HRSA). Additionally, the low-income population of the North Freeport Service Area is considered to be a medically underserved population (MUP). This MUP applies to census tracts CT 0007.00, 0008.00, 0009.00, and 0012.00. The MUA or MUP designation is developed by HRSA and indicates that a combination of four components exists in the area or population, respectively:

- A low ratio of primary medical care physicians per 1,000 population
- A high infant mortality rate
- A high percentage of the population with incomes below the poverty level
- A high percentage of the population age 65 or over.

The resulting Index of Medical Underservice (IMU) of these components must be equal or less than 62.0 in order to be designated as an MUA and/or MUP.

HPSA

Carroll, Jo Daviess, and Stephenson Counties have health professional shortage areas (HPSAs) for primary care providers, dental providers, and/or mental health providers. The HPSA designation is developed by HRSA, and indicates that an area or population either:

- Has a population to full-time-equivalent primary care physician ratio of at least 3,500:1
- Has a population to full-time equivalent primary care physician ratio of less than 3,500:1, but greater than 3,000:1 with unusually high needs for primary care services or insufficient capacity of existing primary care providers

Additional criteria include the percentage of the population below 100% of the Federal Poverty Level (FPL) and travel time to the nearest source of care (NSC) outside the HPSA designation.

To be considered an HPSA for primary care providers, the designated area is scored between 0 and 25, with higher numbers indicating greater need. Dental need HPSAs are scored between 0 and 26, and mental health HPSAs are scored between 0 and 25.

www.hhs.gov/guidance/document/hpsa-and-muap-hpsa-scoring-criteria

HPSAs for primary care providers include:

- The entirety of Carroll County including correctional facility in Thomson
- The low-income population of Stephenson County

HPSAs for dental providers include:

- The entirety of Carroll County including correctional facility in Thomson
- The low-income population of Stephenson County

HPSAs for mental health providers include

- The entirety of Carroll County including correctional facility in Thomson
- The entirety of Jo Daviess County
- The low-income population of Stephenson County

For more detail, please see Appendices.

With FHN being a rural hospital, most of us seniors worry about possible closings.

– 2025 FHN Survey Comment

Preventable Hospitalizations

Hospital Stays for Ambulatory-care Sensitive Conditions Per 100,000 Medicare Enrollees

	2019	2021
Stephenson County	3,492	2,582
Jo Daviess County	4,618	4,094
Carroll County	3,357	2,636
Illinois	4,447	2,682

Preventable hospitalizations of Medicare enrollees (the most accurate demographic measurement available for national comparison) due to ambulatory care sensitive conditions (ACSCs) in the FHN community are somewhat lower than the rate in Illinois overall. An ambulatory-care sensitive condition diagnoses usually represents a condition that could potentially be treated in an outpatient setting rather than in the hospital.

Primary Care Population to Physician Per 100,000

	2019	2025
Stephenson County	2,400	2,300
Jo Daviess County	2,420	2,180
Carroll County	2,910	5,180
Illinois	1,230	1,220

As seen above, there is a significant gap in the community population to primary care providers in the FHN community.

I believe the greatest
challenges to be are
healthcare cost, an aging
population, and mental health.

– 2025 FHN Survey Comment

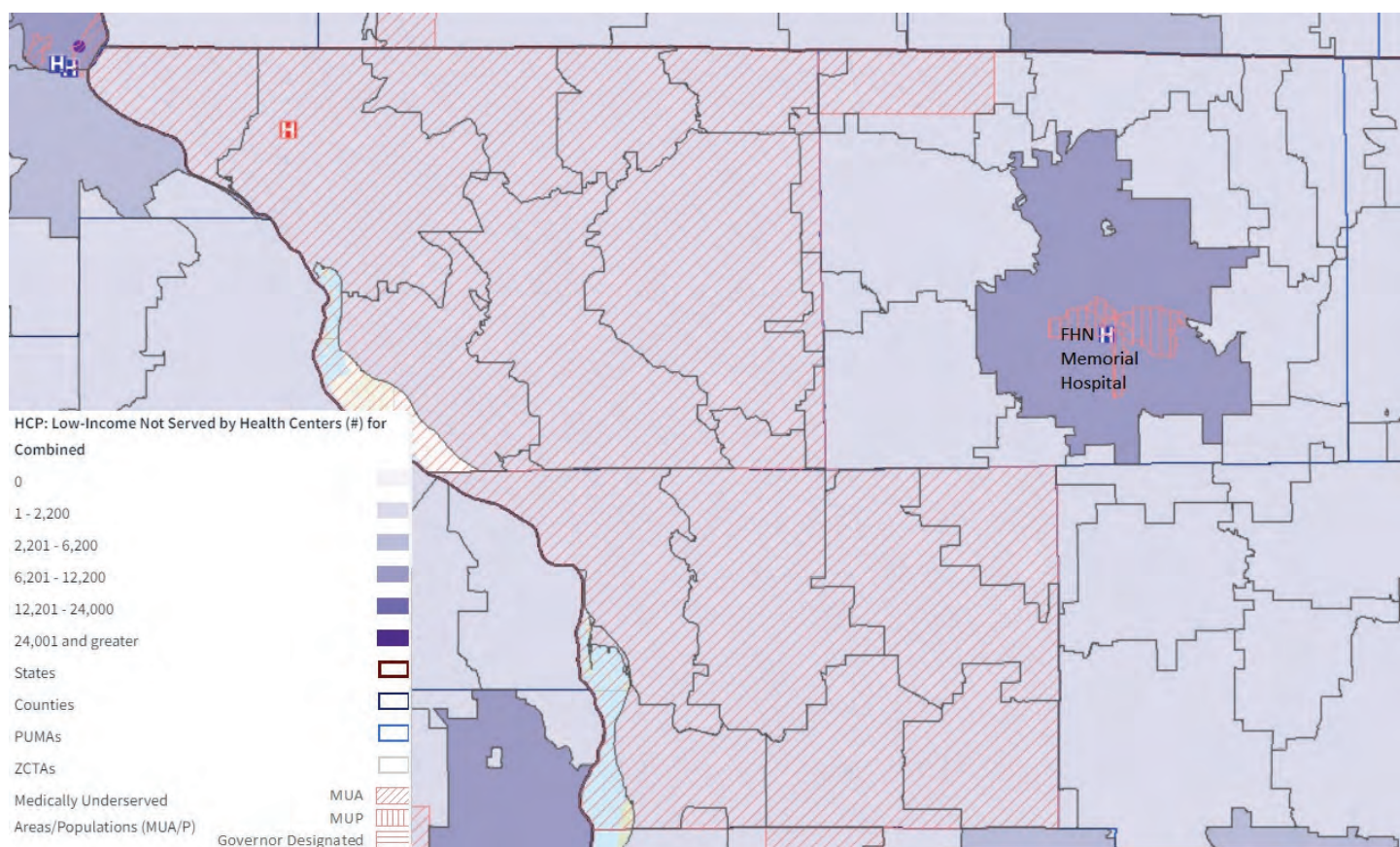


Access to Care for Low-Income Individuals and Families

Transportation in general within the community was also noted as an obstacle to residents seeking medical care. A lack of affordable, convenient transportation – including wheelchair transportation or other options for disabled individuals – was also recognized as a barrier. This affects vulnerable populations such as low-income individuals and seniors within the community more heavily. Respondents noted that public transportation in Freeport was particularly challenging due to the logistics and cost to use the system.

There are no Federally Qualified Health Centers (FQHCs) in the Freeport area to serve low-income individuals. There is only one Rural Health Center, and there are no FQHCs or Health Center Program (HCP) Grantees. An HCP Grantee is an organization that receives grant funding under section 330 of the Public Health Service Act. The majority of HCP Grantees are funded to serve a general underserved community or population.

Low-Income Population Not Served by HCP Grantees, 2020



Overall, financial barriers to care are a frequently mentioned health concern within the FHN Memorial Hospital community. Respondents recounted financial and health insurance barriers as one of the most significant access issues in the hospital community, in part based on media coverage of uncertainty at a national level related to potential changes to the Affordable Care Act, including Medicaid coverage. Inadequate health insurance coverage was cited as one reason individuals may avoid preventive care and skip wellness visits. More local/regional education is needed to clarify for the community what services are available at the hospital versus other care locations to help mitigate; for example, the fact that some low-income families seek primary care in the Emergency Room at FHN Memorial Hospital needs to be addressed in order to ensure the right care is delivered at the right time and right place.

Community Needs, Behaviors, and Risk Factors

Community Need Index

For the 2022 FHN CHNA, a Community Need Index score was generated by zip code for communities in the three northwest Illinois counties defined as FHN's service area for its CHNA. This info was pulled from Dignity Health and is a scoring mechanism that is proprietary to that organization, rendering it not readily available for the CHNA this year.

A very similar scoring structure which was more readily accessible was found for this year's CHNA. Developed by the Economic Innovation Group (EIG) and according to its own description, its Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The DCI has earned wide recognition and trust and has been used in academic research across disciplines, from economics and political science to public health and urban planning. A wealth of data sortable by zip codes, counties, cities, voting districts, and states can be correlated from its interactive tools.

The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: prosperous, comfortable, mid-tier, at risk, and distressed. The seven components of the resulting DCI are:

1. No high school diploma: Share of the 25 and older population without a high school diploma or equivalent.
2. Housing vacancy rate: Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
3. Adults not working: Share of the prime-age (25-54) population that is not currently employed.
4. Poverty rate: Share of the population below the poverty line.
5. Median income ratio: Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
6. Changes in employment: Percent change in the number of jobs over the past five years.
7. Changes in establishments: Percent change in the number of business establishments over the past five years.

The primary data source for the DCI is the U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates which was mentioned earlier as a credible source updated more frequently than the national U.S. census but grounded to that data. These ACS estimates are multiyear averages that provide the most statistically reliable data for smaller geographic units, such as zip codes and less populated counties. Census Business Patterns data is used to calculate employment and establishment growth.

For this CHNA, the index is shown below for each of the zip codes that were included in the 2022 CHNA. Scores are used to describe zip codes as Distressed, At Risk, Mid-tier, Comfortable, or Prosperous (some do not have enough data to make this calculation, noted as "ID" in the chart); the lower the number the better the economic well-being of the residents in that zip code is determined to be. In addition, each zip code is rated as to its position within the 1111 zip codes in Illinois – the higher the number, the less distressed that zip code has been determined to be. For broad reference, Illinois has 21.3% percent of its population living in a distressed zip code and 23.3% percent living in a prosperous zip code.

Access to services beyond
primary care within our
community can take
a lot of coordinating.

– 2025 FHN Survey Comment



Stephenson County

Zip Code	Community	DCI Score	Position within 1111 Zip Codes	Distress Level
61089	Winslow/Nora	31.2	380	Comfortable
61050	McConnell	ID		
61048	Lena	6.6	65	Prosperous
61062	Pearl City/Lake Carroll	5.2	47	Prosperous
61044	Kent	ID		
61032	Freeport	83.8	958	Distressed
61039	German Valley	26.7	322	Comfortable
61067	Ridott	ID		
61018	Dakota/Afolkey	48.1	572	Mid-tier
61018	Lake Summerset	18.7	105	Prosperous
61060	Orangeville	45.6	544	Mid-tier
61070	Rock City/Davis	46.3	557	Mid-tier

Jo Daviess County

Zip Code	Community	DCI Score	Position within 1111 Zip Codes	Distress Level
61025	East Dubuque	16.2	172	Prosperous
61036	Galena	20.5	235	Comfortable
61041	Hanover	97.5	1091	Distressed
61028	Elizabeth/Massbach	52.6	620	Mid-tier
61085	Stockton	58.7	680	Mid-tier
61001	Apple River	78.5	890	At Risk
61087	Warren	60.5	696	At Risk
61059	Nora	ID		
61075	Scales Mound	3.8	35	Prosperous

Carroll County

Zip Code	Community	DCI Score	Position within 1111 Zip Codes	Distress Level
61053	Mount Carroll	66.7	770	At Risk
61074	Savanna	94.2	1069	Distressed
61285	Thomson	92.5	1049	Distressed
61014	Chadwick	66.6	763	At Risk
61051	Milledgeville	34.4	421	Comfortable
61046	Lanark/Lake Carroll	50.2	591	Mid-tier
61078	Shannon/Lake Carroll	53.1	623	Mid-tier

ID = Insufficient Data

Mortality Indicators

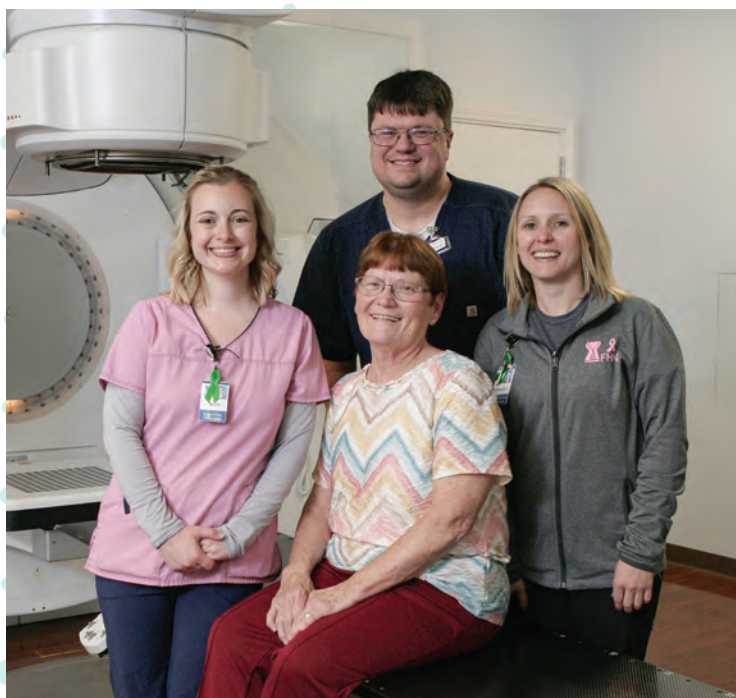
As was the case in 2022, the leading causes of death in the FHN community per 100,000 population include cancer, heart disease, and accidents or injuries. Lung disease is also significantly higher in all three counties than the state overall, as was suicide in both Jo Daviess and Stephenson Counties than the state, reflecting the need for more behavioral health services.

County	Age-Adjusted Death Rate per 100K (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-year Trend in Death Rates (95% Confidence Interval)
All Causes of Death				
Illinois	786.4	120,696	Stable	-1.2
Stephenson	853.5	632	Rising	3.0
Jo Daviess	650.4	273	Stable	-0.5
Carroll	828.1	220	Rising	2.5
Cancer (see by type in next chart)				
Illinois	149.7	23,691	Falling	-1.9
Stephenson	161.1	118	Falling	-0.6
Jo Daviess	143.2	62	Falling	-1.4
Carroll	177.8	48	Falling	-1.1
Cerebrovascular Disease (Stroke)				
Illinois	42.7	6,660	Rising	1.8
Stephenson	36.1	30	Falling	-2.4
Jo Daviess	27.7	13	Falling	-4.0
Carroll	35.4	10	NA	NA
Diabetes				
Illinois	20.6	3,215	Stable	0.9
Stephenson	28.1	22	Stable	1.0
Jo Daviess	12.3	5	NA	NA
Carroll	19.2	5	NA	NA
Heart Disease				
Illinois	167.6	26,368	Stable	-0.4
Stephenson	147.5	116	Stable	0.7
Jo Daviess	147.4	66	Stable	0.3
Carroll	196.5	53	Stable	1.8
Injury/Accidents				
Illinois	52.7	7,154	Stable	2.6
Stephenson	42.3	34	Falling	-1.5
Jo Daviess	27.4	12	NA	NA
Carroll	37.8	11	NA	NA
Lung Disease (Chronic Lower Respiratory Disease)				
Illinois	33.1	5,209	Falling	-4.2
Stephenson	74.4	41	Rising	11.1
Jo Daviess	55.0	16	NA	NA
Carroll	52.4	10	NA	NA

County	Age-Adjusted Death Rate per 100K (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-year Trend in Death Rates (95% Confidence Interval)
Suicide				
Illinois	11.1	1,471	Rising	1.9
Stephenson	15.6	7	NA	NA
Jo Daviess	16.2	3	NA	NA
Carroll	NA	NA	NA	NA
Additional categories not included in 2022 CHNA*				
Alzheimer's Disease				
Illinois	26.6	4,116	Falling	-3.2
Stephenson	21.5	20	Rising	2.6
Jo Daviess	30.6	14	Stable	-0.4
Carroll	11.4	3	NA	NA
Kidney Disease				
Illinois	17.4	2,709	Stable	0.4
Stephenson	20.8	16	Rising	8.2
Jo Daviess	8.9	4	NA	NA
Carroll	NA	NA	NA	NA
Infant Mortality – last updated by IDPH for Illinois in 2019: at that time were three infant deaths recorded for Stephenson County, one for Jo Daviess County, and none for Carroll County.				

*Added for reference in 2025 due to Stephenson County incidents rising when Illinois is stable overall

Source: NIH, death data provided by the National Vital Statistics System.



We are deeply impressed with the cancer center, it is a huge blessing to this community. The care from everyone there is exceptional.

– 2025 FHN Survey Comment

Cancer

Although frequently a cause for concern in many communities, the incidence of cancer per 100,000 throughout the FHN Community is mostly lower both in forms of cancer and rates found within our communities than the numbers seen for the State of Illinois overall. While we do not have comparative data to prove this assertion, we believe that much of this can be attributed in no small part to the presence of the Leonard C. Ferguson Cancer Center at FHN Memorial Hospital.

2018-2022 Cancer Incidence Counts and Rates per 100,000 (age-adjusted, all races, 95% confidence interval)

Type	Illinois		Stephenson County		Jo Daviess County		Carroll County	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Breast (female, invasive)	53,608	135.5	194	112.15	122	146.2	60	113.8
Colon/rectum								
Male	15,884	45.1	67	45.8	34	33.7	19	33.0
Female	13,842	33.8	56	31.5	32	33.5	30	30.9
Lung								
Male	22,940	53.8	88	49.2	46	43.6	38	56.1
Female	23,531	63.3	110	57.6	48	43.1	29	47.0
Prostate	47,855	122	188	103.3	123	106.4	88	122.5

Age-Adjusted Incidence Rate per 100,000 Population 2015-2019 (2020 Census)

	Illinois	Stephenson County	Jo Daviess County	Carroll County	FHN Community
Breast (female)	132.8-135.2	114.2	107.1	123.4	114.9
Colon/rectum	40.8-41.8	35.9	32.8	37.7	35.5
Lung	60.7-61.8	54.4	55.5	47.9	52.6
Prostate	112.21-114.4	76.7	104.9	110.1	97.2

State Cancer Profiles and CDC.gov



Behavior Indicators

Physical Inactivity, Diabetes, and Obesity

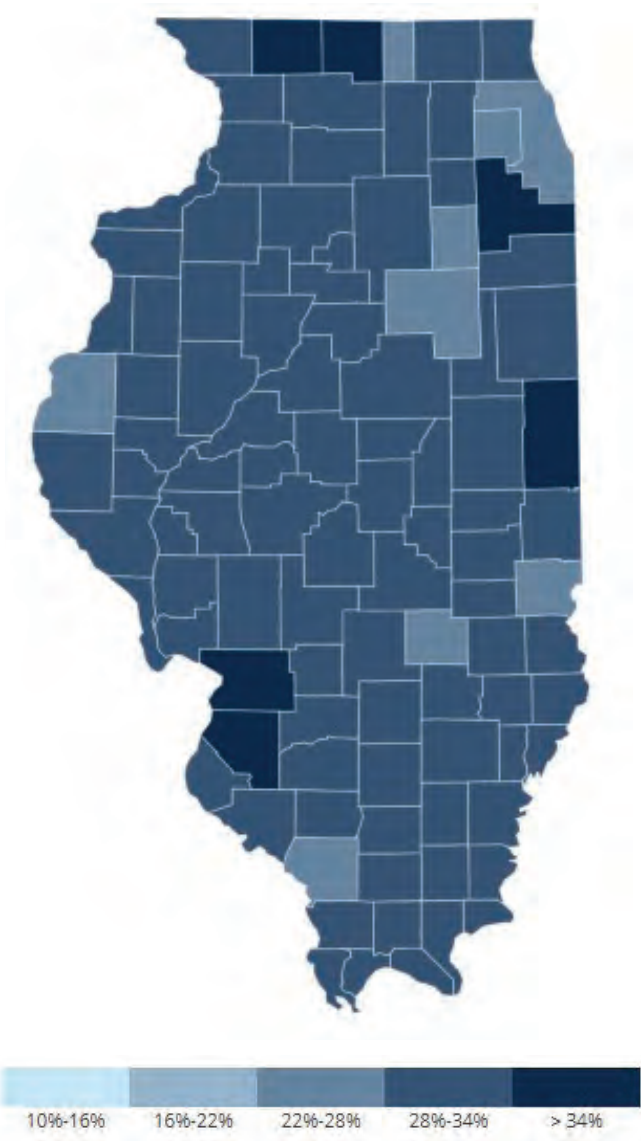
When it comes to healthy behaviors, lack of education, disinterest, and challenging access to opportunities to learn more or engage in activities all contribute to poorer related health outcomes. Splintered sources of news and data as well as the booming rise of social media make it more difficult to provide information that is readily accessible to all, and while reaching all members of the FHN community has been a priority for FHN for the last three years, data from this year’s surveys show that it will need to continue to be a priority for the foreseeable future. Data below indicate areas where education may be focused, although general health and wellness education have also been shown to be important.

More easily understood information needs to be available on topics such as nutrition and physical activity and how they affect weight and susceptibility to diseases like diabetes. Poverty and lower levels of education and general interest in health topics are also social determinants that need more focus. The FHN service area is not alone in this regard: the clinical obesity rate for the entire nation in 1999 was 30.5% as compared to 42.4% in 2024 and while it has shown signs of decline with the arrival of new obesity drugs like GLP-1 receptor agonists (such as semaglutide and liraglutide) and dual GIP/GLP-1 agonists (like tirzepatide), obesity in general continues to be an area of national health concern.

Obesity Prevalence Rates per 100,000 (2023)

Illinois/non-metro	30.3%
Stephenson County	35.9%
Jo Daviess County	30.6%
Carroll County	30.5%

CDC Diabetes County Data Indicators



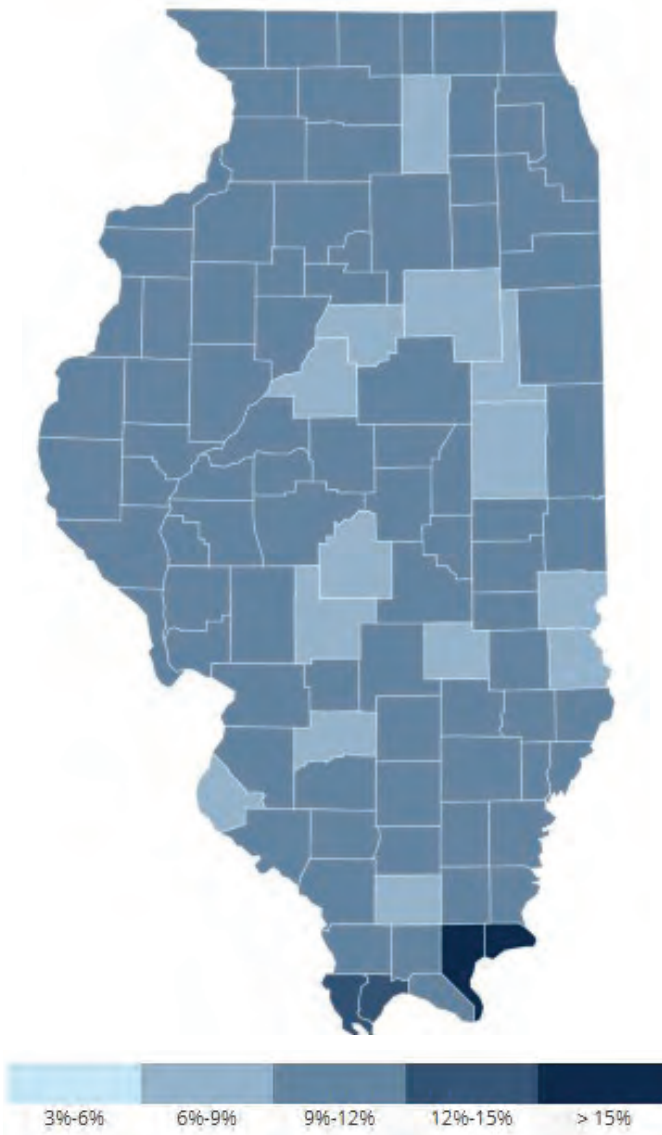
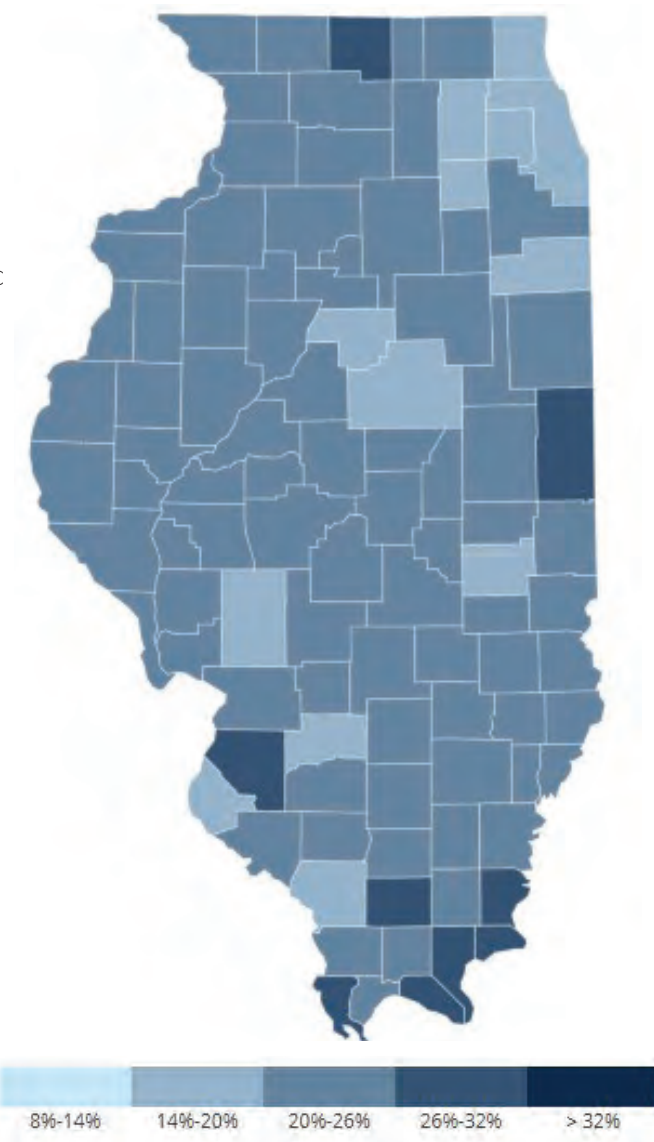
Please continue with your diabetes education classes. I switched to FHN because of your education resources.

– 2025 FHN Survey Comment

**Leisure-Time Physical Inactivity
Rates per 100,000 (2023)**

Illinois/non-metro	22.5%
Stephenson County	25.4%
Jo Daviess County	21.8%
Carroll County	23.7%

County Health Rankings and CDC



**Diagnosed Diabetes Prevalence
Rates per 100,000 (2023)**

Illinois/non-metro	9.9%
Stephenson County	11.3%
Jo Daviess County	10.3%
Carroll County	9.4%

County Health Rankings and CDC

Low Birth Rate and Teen Births

While there is some state data, the birth data included in the 2022 FHN CHNA is the most recent available by county for Illinois. In 2024, the provisional teen birth rate nationally for ages 15–19 was a record low of 12.7 per 1,000 females following a record low of 13.1 in 2023. This national trend reflects a continuing decline in teen births with a 78+% decrease since 2007 in the “first child” teen birth rate. For county-level data, the Illinois Department of Public Health provides an example for 2022 showing zero births in some counties and over 800 in others, with variations also seen in teen births for the 18-19 age group. It is expected that county-level birth rates will likely remain similar in general to the patterns seen in the state in 2022.

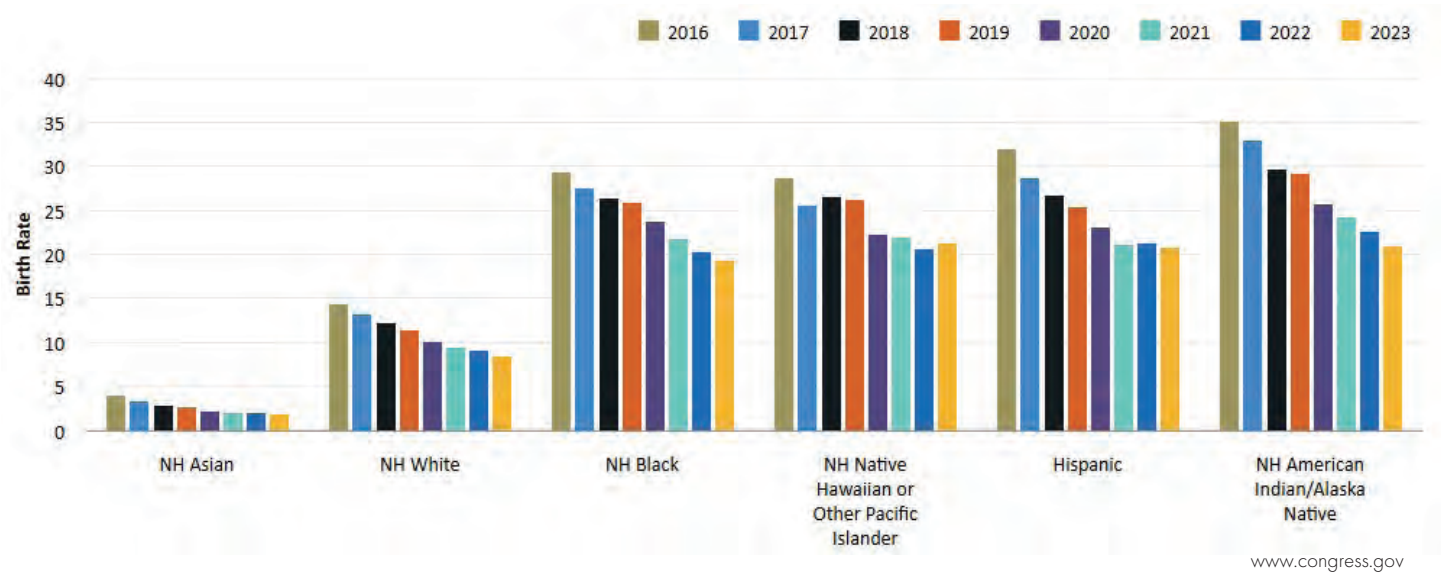
Teen Births (Mothers <= 19 years of age)

	2010	2020	2022
Stephenson County	74	30	36
Jo Daviess County	8	6	5
Carroll County	16	3	6
Illinois	14,955	5,424	4,481
United States	367,752	158,043	-

County Health Rankings and CDC

Nationwide, southern states show higher teen birth rates than north states. CDC data demonstrate an ongoing decline of births to mothers up to the age of 34. The teen rate across the country by ethnicity is expected to remain similar to the ongoing trend as shown below.

The data for teens is part of a decline in birth rates for the United States in general, including a decline in the fertility rate for all women aged 15–44 in the U.S., which declined by 3% in 2023 to reach its lowest point in over a century.



Risks in Infants and Toddlers

According to the CDC. As identified in 2020, the five leading causes for infant mortality in the USA are:

- 1. Birth Defects
- 2. Preterm births and low birth weight
- 3. Sudden Infant Death Syndrome (SIDS)
- 4. Injuries (e.g. suffocation)
- 5. Maternal pregnancy complications

Low Birth Weight Percentage (2020 Census)

Stephenson County	9%
Jo Daviess County	7%
Carroll County	6%
Illinois	8%
United States	8.24%

County Health Rankings and CDC

In Illinois in 2023...

- 1 in 9 babies (10.8% of live births) was born preterm.
- 1 in 11 babies (8.9% of live births) was low birth weight.
- 31.0% of live births were Cesarean deliveries.
- 78.1% of infants were born to women receiving adequate/adequate-plus prenatal care.
- About 1 in 13 women of childbearing age (7.6%) was uninsured.
- 738 infants died before their first birthday, an infant mortality rate of 5.9 per 1,000 live births.

March of Dimes (2023 data)

Preterm and Low Birth Weight

County-specific low-birth-weight data is also unchanged from what appeared in the 2022 CHNA, which appears below, and the measurement continued to be live births of babies under 5 pounds, 8 ounces.

About every 1 in 10 infants is born preterm in the United States; according to the CDC, the preterm birth rate rose 4% in 2021, from 10.1% in 2020 to 10.5% in 2021. That means on average 10% of babies have a higher chance of death or disability in their life due to being born too early (before 37 weeks). These disabilities could include breathing problems, feeding difficulties, developmental delay, cerebral palsy, and vision or hearing problems. This risk changes with different demographics: as has been well documented through many sources, the African American community seems to have the highest prevalence of preterm births. In 2021, the rate of preterm birth among African-American women (14.8%) was about 50 percent higher than the rate of preterm birth among white or Hispanic women (9.5% and 10.2% respectively). Accordingly, FHN is incorporating this information within the tactics of its Implementation Strategy.

Pre-Term and Low Birth Weights (2020)

	Total Births	Pre-term	Percentage	Low Birth Weight	Percentage
Stephenson County	462	49	10.6%	43	9.3%
Jo Daviess County	149	16	10.7%	10	6.7%
Carroll County	135	7	5.2%	8	5.9%
Illinois	133,298	13,733	10.3%	11,057	8.3%

FHN Birth Statistics (2022)

	Total Births	Pre-term	%	Low Birth Weight	%	Cesarean	%	Adequate Prenatal Care	%
Stephenson County	465	51	11%	43	9%	139	30%	369	79%
Jo Daviess County	162	10	6%	9	6%	70	43%	135	83%
Carroll County	121	19	16%	3	3%	43	36%	95	78%
Illinois	128,493	13,587	11%	11,158	9%	39,771	31%	98,878	77%

Risk Factors in FHN Community

Risks in Adults

The information presented in the 2022 CHNA is the most recent available and shows an increase in both tobacco use and excessive drinking from 2019 to 2021 in county-specific data. The national percentages for drinking are variable depending on definition (binge drinking v. heavy regular drinking, for example) but as seen below, they are beginning to show the first decline in decades.

The decrease in alcohol consumption seems to be accurate: Gallup has tracked Americans’ drinking behavior since 1939 and their views of the health implications of moderate drinking since 2001. In their July 2025 survey, the percentage of U.S. adults who say they consume alcohol fell to 54%, the lowest by one percentage point in Gallup’s nearly 90-year trend. This coincides with a growing belief that moderate alcohol consumption is bad for one’s health which was the majority view in the Gallup study for the first time. Declines in alcohol consumption do not appear to be caused by people shifting to other mood-altering substances such as recreational marijuana, which is now legal in about half of U.S. states. Although marijuana use is higher today than a decade ago, it has been fairly steady over the past four years and does not appear to be a factor in people choosing not to drink alcohol.

I think FHN does
a wonderful job
being present in the
community with health
fairs, speaker series,
and representation
at festivals.

– 2025 FHN Survey Comment

Tobacco Use, Traditional and smokeless

	2019	2021
Stephenson County	17%	21%
Jo Daviess County	13%	19%
Carroll County	15%	21%
Illinois	16%	14.5%
United States	14.5%	18.7%

County Health Rankings and CDC

Excessive Drinking

	2019	2021
Stephenson County	19%	21%
Jo Daviess County	20%	23%
Carroll County	20%	23%
Illinois	21%	22%
United States	19%	17%

County Health Rankings and CDC

Recent Trend in Percentage of U.S. Adults Who Report They Drink Alcohol, by Subgroup

	2023	2024	2025	Since 2023 (pct. pts.)
	%	%	%	
U.S. adults	62	58	54	-8
Gender				
Men	62	61	57	-5
Women	62	56	51	-11
Race/Ethnicity				
White adults	67	64	56	-11
People of color	54	48	52	-2
Age				
18 to 34	59	50	50	-9
35 to 54	66	70	56	-10
55 and older	61	54	56	-5
Annual household income				
Less than \$40,000	53	43	39	-14
\$40,000 to \$99,999	58	61	54	-4
\$100,000 or more	79	71	66	-13
Party ID				
Republicans	65	57	46	-19
Independents	61	58	55	-6
Democrats	64	61	61	-3

July 7-21, 2025

GALLUP

Top 10 Reasons for Hospitalization for Patients in Carroll, Jo Daviess, and Stephenson Counties
January - October 2025

Another way to look at risk factors is to examine the most common reasons people are hospitalized at FHN Memorial Hospital. For 2025, the reasons below were the most common reasons for residents of Carroll, Jo Daviess, and Stephenson Counties.

Rank	Medicare Severity Diagnosis Related Groups (MS-DRGs) *	Number of Patients
1	Simple Pneumonia & Pleurisy	238
2	Septicemia or Severe Sepsis w/o Mechanical Ventilation	230
3	Heart Failure and Shock	127
4	Miscellaneous Disorders of Nutrition, Metabolism, Fluids and Electrolytes	101
5	Normal Newborns	96
6	Vaginal Delivery w/o Sterilization/D&C	91
7	Renal Failure	75
8	Respiratory Infections and Inflammation	74
9	Kidney & Urinary Tract Infections	72
10	Cellulitis	67

*These MS-DRGs are defined by sets of patient attributes including principal diagnosis, specific secondary diagnoses, procedures, sex and discharge status.

FHN is uniquely positioned to be a bridge between healthcare and community resources such as food pantries, housing assistance, and transportation services.

Strengthening these linkages can reduce health disparities and support a more holistic approach to community well-being.

– 2025 FHN Survey Comment



Risks in Adolescents

Today's adolescents will be tomorrow's adults, and FHN has always worked to provide the services they will need to be successful. While FHN no longer provides the counseling that was offered in 2022, the data that was collected for the 2022 CHNA is still useful in looking at general healthcare needs for this young population. The data collected for both Stephenson and Jo Daviess counties relative to adolescent risks appears in charts in the 2022 Data section of this CHNA.

Stephenson County

	8 th Grade		10 th Grade		12 th Grade	
	2020	2022	2020	2022	2020	2022
Physical Inactivity (4-5 hours or more/day)	54%	49%	50%	57%	54%	54%
Alcohol Use	8%	25%	25%	31%	33%	44%
Tobacco and Vaping Use	-	13%	-	18%	54%	27%
Marijuana Use	0%	8%	11%	17%	23%	23%
Other Substance Abuse*	-	3%	-	5%	23%	5%
Depression**	28%	33%	36%	48%	40%	30%
Seriously considered suicide in the last 12 months	-	-	-	20%	-	12%
Bullying	42%	44%	43%	35%	31%	26%

Jo Daviess County

	8 th Grade		10 th Grade		12 th Grade	
	2020	2022	2020	2022	2020	2022
Physical Inactivity (4-5 hours or more/day)	35%	33%	51%	36%	43%	34%
Alcohol Use	11%	13%	37%	11%	30%	30%
Tobacco and Vaping Use	Total for 8 th , 10 th and 12 th graders: there was an overall decrease of 28% less for tobacco and vaping products from 2020 (there was a 9% decrease from 2020 for cigarettes specifically)					
Marijuana Use	3%	2%	15%	3%	23%	13%
Other Substance Abuse*	Total for 8 th , 10 th and 12 th graders: overall, 7% of students said that they had used prescription drugs not prescribed for them					
Depression**	Total for 8 th , 10 th and 12 th graders: overall, 12% of students said that they seriously considered suicide in the last 12 months					
Seriously considered suicide in the last 12 months	Total for 8 th , 10 th and 12 th graders: overall, 12% of students said that they seriously considered suicide in the last 12 months					

University of Illinois Research Data

* Prescription drugs NOT prescribed to you

** Felt so sad or hopeless every day for two weeks or more in a row that they stopped doing usual activities

Behavioral Health in the Overall FHN Community

Following the closure of many mental health treatment centers in Illinois in recent years, the importance of addressing behavioral health services in a more robust fashion arose from a number of sources, including FHN’s emergency department statistics, and the Stephenson County Health Department County Analysis 2019. The need for mental/behavioral health care was also a major priority in responses from the community in the survey completed for this report.

For example, in the Medicare population alone....

Depression Percentage in the Medicare Population (2020)

Stephenson County	17%
Jo Daviess County	13%
Carroll County	14%
Illinois	16%
United States	13%

CMS

As a rural healthcare organization, FHN took note of a 2020 study by the CDC that reinforces the increase in behavioral health problems in the farming community. The study uses suicide data from 32 states – including Illinois – that showed a significant increase in the suicides rates for five industry groups:

- Mining, quarrying, and oil and gas extraction (males)
- Construction (males)
- Other related services (e.g., automotive repair – males)
- Agriculture, forestry, fishing, and hunting (males)
- Transportation and warehousing (males and females)

In the past two decades, suicide deaths have been consistently higher in rural America than in urban America. Between 2000-2020, suicides increased 46% in non-metro areas compared to 27.3% in metro areas. This increase was observed in working age individuals (16-64) and it has been reported that farmers die from suicide at a higher rate than the general population, likely due to job uncertainty and reluctance to seek help. These statistics are very concerning for a rural and agriculturally dominant community such as FHN’s service area and FHN will continue to partner with community agencies and other resources going forward to address them.

www.cdc.gov/ruralhealth/Suicide.htm

I would say mental health in general is the top priority with drug abuse being the next most challenging.

– 2025 FHN Survey Comment



Community Health Resource Review

There are many different providers and medical resources available within the FHN community, although FHN Memorial Hospital is the only facility within the community available to address inpatient care needs. Financial discounts or financial assistance are available for uninsured, underinsured and economically disadvantaged patients.

FHN has 10 primary care offices, including a Community Care Clinic at the Stephenson County Health Department, and multiple outpatient facilities for specialized care. All offices offer medical care regardless of ability to pay, financial assistance to those in financial need, or discounts to uninsured patients. An FHN-affiliated urgent care facility is located in Freeport. FHN offers telehealth provider visits for physical healthcare (via phone or video).

For more detailed information, please see Community Health Resources in the Appendices.



I think our top concerns for the next three years are not enough specialty providers locally, difficulty scheduling appointments in a timely manner, and very limited public transportation, and I also think these are more extreme since we are in a rural area.

– 2025 FHN Survey Comment
