

2021

Community Health Needs Assessment



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Early Childhood



Adolescents



Adults



Seniors

INTRODUCTION

Realizing a central location would be desirable to hospital patients, Dr. George T. Weber purchased the Arlington Hotel in Olney in 1898. He quickly converted the structure into the Olney Sanitarium. In the early years, the sanitarium was staffed and managed in large part by Weber family members, including three physicians and two nurses.

Successor to the Olney Sanitarium, Richland Memorial Hospital opened its doors on July 16, 1953. It began its relationship with Carle Foundation Hospital in 2014 as a clinical affiliate. In 2016, Carle and Richland Memorial began exploring full integration to increase access to healthcare services and providers in southeastern Illinois. The board of directors of both entities voted unanimously to approve the integration, which became official on April 1, 2017. The facility is now known as Carle Richland Memorial Hospital. Administration, management, and operations remain local, with resources and oversight provided by Carle, to remain aligned in its mission and vision. In 2018, a formal agreement was made to provide air ambulance services to the entire county.



EXECUTIVE SUMMARY

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs.

This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network.

ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Olney and the surrounding area.

The CHNA process was coordinated by the Manager of Organizational and Community Development.

Three focus groups met through facilitated virtual conferencing on May 20, 2021, to discuss the state of overall health and wellness in the Carle Richland Memorial Hospital service area. They were also tasked with identifying health concerns and needs in the delivery of healthcare and health services in order to improve wellness and reduce chronic illness for all residents. The focus groups included representation of healthcare providers, community leaders, community services providers, schools, faith-based organizations, local elected officials, public health, and others. Several members of the groups provided services to underserved and unserved persons as all or part of their roles.

The findings of the focus groups were presented along with secondary data analyzed by the consultant to a third group for identification and prioritization of the significant health needs facing the community through a virtual conference on June 28, 2021.

The group consisted of representatives of public health, community leaders, healthcare providers, and community services providers.

IDENTIFICATION AND PRIORITIZATION

At the conclusion of their review and discussion, the identification and prioritization group advanced the following needs:



Mental Health
Services



Flexible
Transportation



Improved
Access



Dental
Care

1. Mental health services for children, adolescents, and adults, including:

- Youth and adult inpatient care for treatment through recovery
- Improved access to counseling for youth, including services at schools
- Inpatient behavioral health and substance use crisis care
- Addiction medicine services, including Medication Assisted Treatment

2. **Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation at home**
3. **Improved opportunities to achieve wellness through:**
 - Access to healthy foods and nutrition education
 - Access to low cost or free opportunities for recreation and fitness
4. **Dental care for underinsured and uninsured**

The results of the assessment process were then presented to senior staff at Carle Richland Memorial Hospital through a facilitated discussion for development of a plan to address the identified and prioritized needs. This session was held at Carle Richland Hospital on August 20, 2021.

ADDRESSING THE NEED > CREATING THE PLAN

The group addressed the needs with the following strategies:

1. **Mental health services for children, adolescents, and adults, including:**
 - Youth and adult inpatient care for treatment through recovery
 - Improved access to counseling for youth, including services at schools
 - Inpatient behavioral health and substance use crisis care
 - Addiction medicine services, including Medication Assisted Treatment

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital will explore increasing access to Medication Assisted Treatment/recovery resources
- Carle Richland Memorial Hospital will explore increasing relationships with inpatient behavioral health and substance use disorder providers
- Carle Richland Memorial Hospital will provide reasonable and appropriate support to development of the crisis program at Lawrence County Health Department
- Carle Richland Memorial Hospital will explore developing tele-counseling
- Carle Richland Memorial Hospital will explore new avenues to increase access to counseling
- Carle Richland Memorial Hospital will continue and expand the Mental Health First Aid program

Anticipated impacts of these actions:

Carle Richland Memorial Hospital anticipates that the steps set out above will create increased access to counseling for youth and adults, medication assisted treatment, and inpatient and crisis care for behavioral health and substance use disorder.

Programs and resources the hospital plans to commit to address health need:

- Administrative team

Planned collaboration between hospital and other facilities or organizations:

- SIU School of Medicine
- Public Health
- Inpatient providers
- Law enforcement
- Carle Behavioral Health services

2. Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation at home

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital will explore expanding care coordination services to include transportation

Anticipated impacts of these actions:

Carle Richland Memorial Hospital anticipates the expanding care coordination services to include transportation will improve coordination of transportation with appointments and address patient needs related to transportation.

Programs and resources the hospital plans to commit to address health need:

- Administration

Planned collaboration between hospital and other facilities or organizations:

- RIDES Mass Transit District
- Embarras River Basin Area Agency (ERBA)

3. Improved opportunities to achieve wellness through:

- Access to healthy foods and nutrition education
- Access to low cost or free opportunities for recreation and fitness

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital will explore development of a community garden program
- Carle Richland Memorial Hospital will continue the demonstration garden for nutrition education
- Carle Richland Memorial Hospital will provide funding for lighting to enhance use of the community walking path in Olney
- Carle Richland Memorial Hospital will explore expanding services of Carle Health's Mobile Market
- Carle Richland Memorial Hospital will partner with Carle Health to provide the community with access to video with health and wellness content
- Carle Richland Memorial Hospital will continue to support local youth sports

Anticipated impacts of these actions:

Carle Richland Memorial Hospital anticipates that the addition of the programs and services to be undertaken will improve opportunities to achieve wellness through access to healthy foods and nutrition education, and access to low cost or free opportunities for recreation and fitness.

Programs and resources the hospital plans to commit to address health need:

- Administrative team
- Organizational and community development

Planned collaboration between hospital and other facilities or organizations:

- Volunteers
- Carle Health
- City of Olney
- University of Illinois Extension
- Carle Richland Auxiliary

4. Dental care for underinsured and uninsured

Actions the hospital intends to take to address the health need:

Carle Richland Memorial Hospital continues to recognize the importance of access to dental care and the impact of dental care on wellness but observes that dental care is not a function for which the hospital is well-suited. Carle Richland Memorial Hospital recognizes that the Federally Qualified Health Center (FQHC) may be better positioned to address this issue, and the hospital will promote partnerships between dentists, the FQHC, and any other potential partners as reasonably possible.

Anticipated impacts of these actions:

Any impacts from any developments on this issue are dependent on external partners and solutions they may offer.

Programs and resources the hospital plans to commit to address health need:

- Administration

Planned collaboration between hospital and other facilities or organizations:

- Federally Qualified Health Center
- Dentists
- Others that may be interested in the effort
- Public Health



BACKGROUND

The Community Health Needs Process is conducted every three years. In response to issues identified and prioritized and the implementation strategy developed to address them, Carle Richland Memorial Hospital has taken these steps since the last CHNA.

Mental Health

- Have implemented a full-time MHFA program for both adult and youth MHFA
- Continue recruitment of behavioral health providers
- Have hired an LCPC
- Support community initiatives to bring additional monies to this area for mental health services by providing a letter of support for grant money
- Entered into an agreement for telehealth services from Pavilion Behavioral Health for tele-mental health services to the hospital's ED patients

Dental Health

- CRMH stands ready to partner with the local FQHC to promote these services if needed. This was identified as a need that Carle Richland Memorial Hospital is not best suited to explore at this time.

Access to Care Managers

- Hired a social worker. This person will mainly take care of inpatients, but could also assist in ED.

Transportation:

- Added additional stops with RIDES Mass Transit and have an agreement with them to provide discharge patients a ride during service hours regardless of ability to pay.
- Richland County now has a LYFT service available on a limited basis.

Improved Access to Services for Addiction/Recovery/Prevention

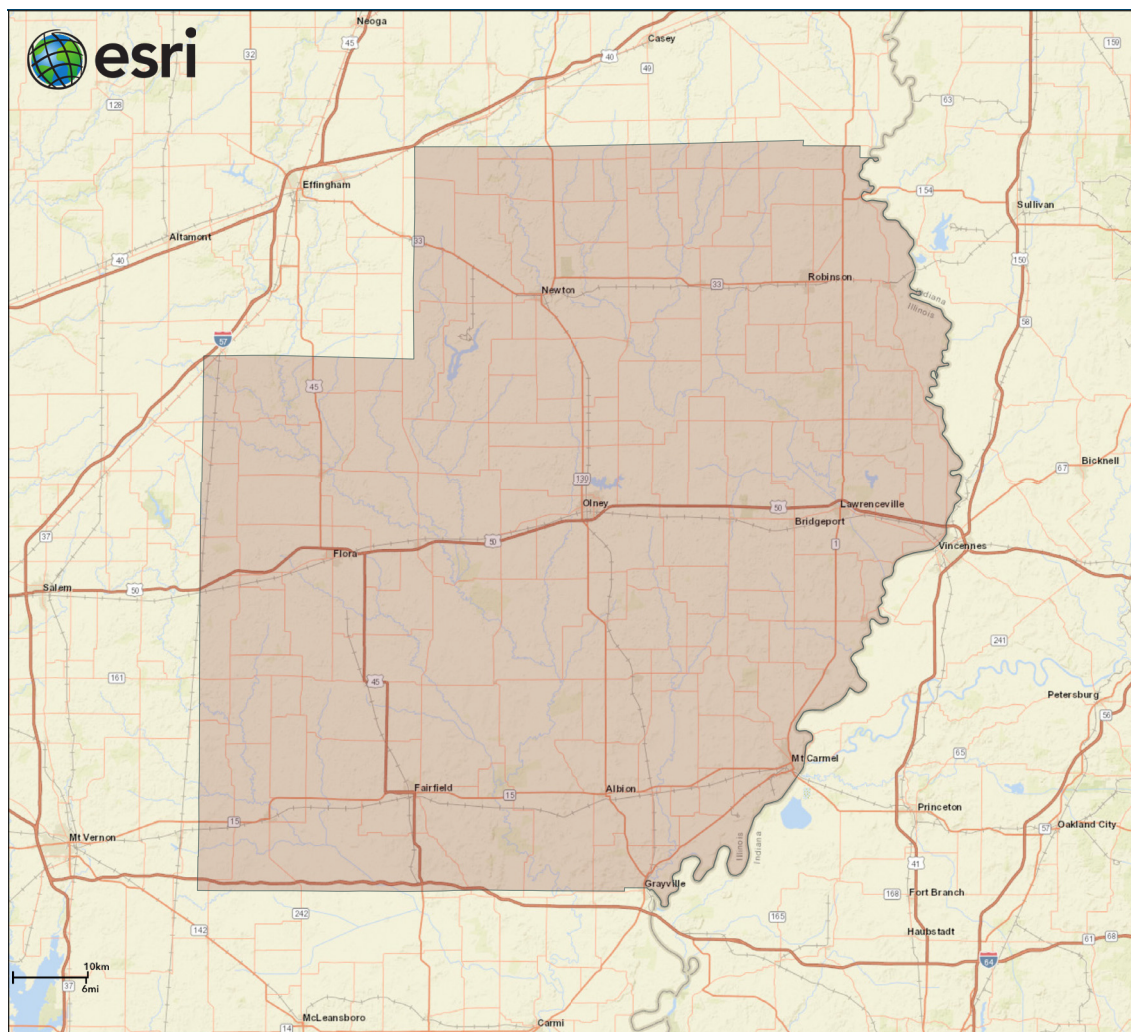
- A member of the CRMH Administrative team serves on the Richland County Addiction Prevention Coalition. This group was formed in the last few years to help bring awareness to the need for addiction prevention services.
- CRMH has added a "take back" box in the hospital's main lobby for the public to outdated prescription drugs for safe disposal at any time.

Access to Weekend and After-Hours Care

- Opened Convenient Care. Original hours at opening were 10 am – 8 pm, seven days a week. Convenient Care has since expanded those hours to 8 am -8 pm each day, closed holidays.



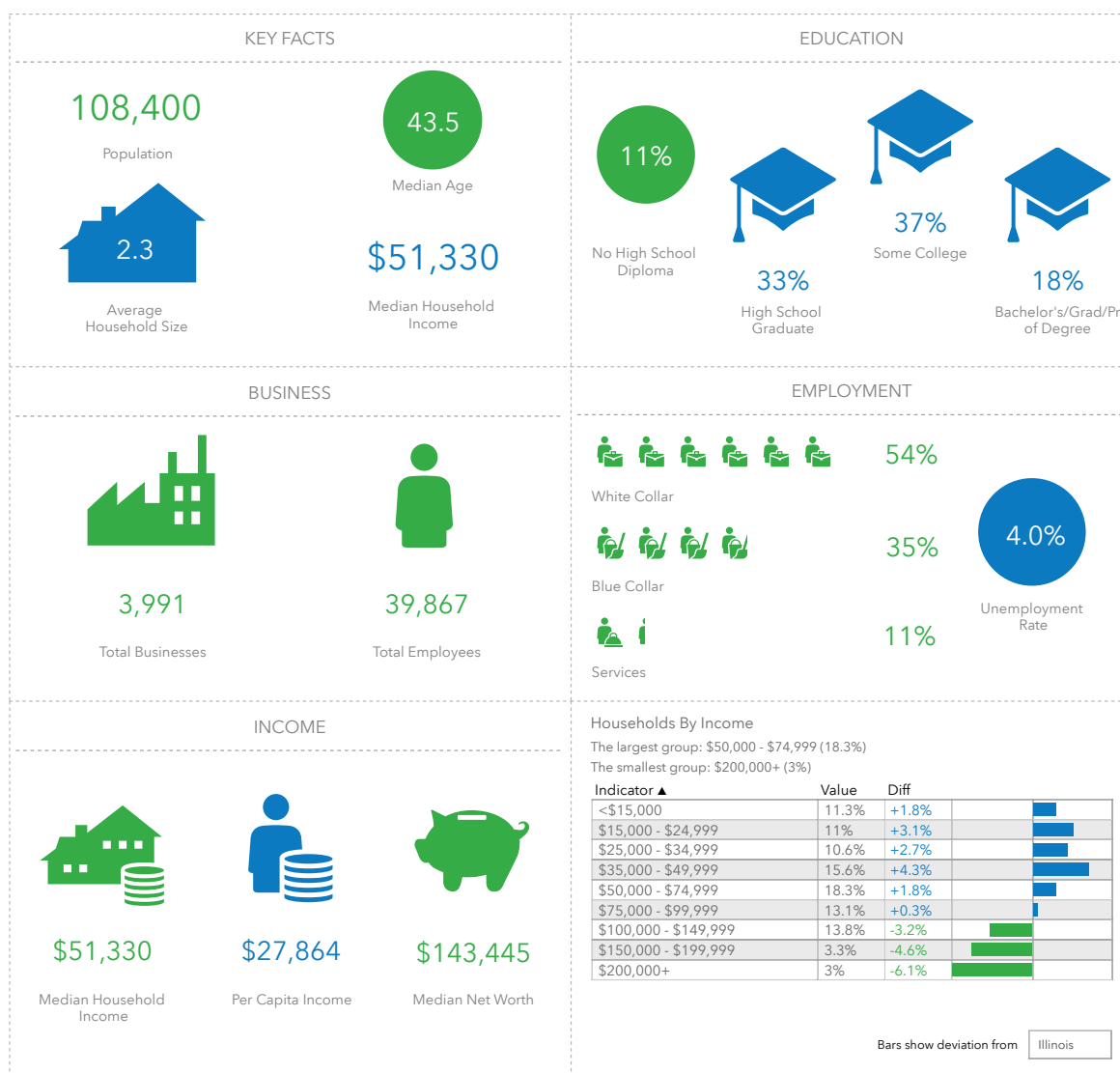
CARLE RICHLAND MEMORIAL HOSPITAL SERVICE AREA



For the purpose of this CHNA, Carle Richland Memorial Hospital has defined its primary service area and populations as the general population within the geographic area in and surrounding Richland County defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Carle Richland Memorial Hospital's service area is comprised of approximately 3,298.30 square miles, with a population of approximately 108,055 people and a population density of 33 people per square mile. The service area consists of the following rural Illinois counties:

**Richland • Lawrence • Edwards • Jasper
Clay • Crawford • Wabash • Wayne**



This infographic contains data provided by Esri, Esri and Data Axle. The vintage of the data is 2021, 2026.

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The data on the following pages will take a deep dive into the demographics of the Carle Richland Memorial Hospital service area and will offer insight to both the commonality and complexity of the Carle Richland audience. The infographic above highlights some of the key facts of that data and provides a snapshot of the population served by Carle Richland Memorial Hospital.

The average household size of the area, at 2.3, is lower than both Illinois (3) and the U.S. (2.5). Median age is over 43.5 years, which is higher than Illinois and the U.S. The largest education segment is reported as some college, followed by high school graduates. College graduates in the area exceed the number of residents that did not complete high school.

The unemployment rate is typical of surrounding counties and other rural counties in Illinois and is better than national and statewide numbers. Also, as is the case in much of rural Illinois, income by households in the service area is lower than statewide.

Of the 84,721 residents over the age of 18, 7014 are veterans. This represents 8.28% of the eligible population.

LOCAL IMPACT OF COVID

COVID-19 Confirmed Cases

The Covid-19 epidemic has overshadowed many local health functions during 2020 and 2021. It has dramatically impacted overall health of the communities and the delivery of healthcare and health-related services. The broad impact has been seen throughout the communities, changing the way people work, shop, learn and communicate. The mortality rate related to Covid-19 in the service area of Carle Richland Memorial Hospital has generally exceeded the rate of the state of Illinois.

| Report Area | Total Population | Total Confirmed Cases |
|---------------------|------------------|-----------------------|
| Carle Richland | 107,472 | 19,824 |
| Clay County, IL | 13,253 | 2,582 |
| Crawford County, IL | 18,807 | 3,313 |
| Edwards County, IL | 6,392 | 1,034 |
| Jasper County, IL | 9,611 | 1,610 |
| Lawrence County, IL | 15,765 | 3,308 |
| Richland County, IL | 15,763 | 2,790 |
| Wabash County, IL | 11,549 | 2,170 |
| Wayne County, IL | 16,332 | 3,017 |
| Illinois | 12,741,080 | 1,671,105 |
| United States | 326,262,499 | 44,370,839 |

Confirmed COVID-19 Cases

*Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University. Accessed via ESRI.
Additional data analysis by CARES. 2021. Source geography: County*

| Report Area | Total Population | Total Deaths |
|---------------------|------------------|--------------|
| Carle Richland | 107,472 | 294 |
| Clay County, IL | 13,253 | 54 |
| Crawford County, IL | 18,807 | 30 |
| Edwards County, IL | 6,392 | 18 |
| Jasper County, IL | 9,611 | 21 |
| Lawrence County, IL | 15,765 | 33 |
| Richland County, IL | 15,763 | 57 |
| Wabash County, IL | 11,549 | 19 |
| Wayne County, IL | 16,332 | 62 |
| Illinois | 12,741,080 | 25,470 |
| United States | 326,262,499 | 694,077 |

COVID-19 Mortalities

COVID-19 Fully Vaccinated Adults

This indicator reports the percent of adults fully vaccinated for COVID-19. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how challenging vaccine roll-out may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

| Report Area | Percent of Adults Fully Vaccinated | Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination | Vaccine Coverage Index | Last Update |
|---------------------|------------------------------------|---|------------------------|-------------|
| Carle Richland | No data | No data | No data | No data |
| Clay County, IL | 41.1% | 10.55% | 0.37 | 10/17/2021 |
| Crawford County, IL | 51.2% | 10.55% | 0.43 | 10/17/2021 |
| Edwards County, IL | 43.1% | 10.39% | 0.43 | 10/17/2021 |
| Jasper County, IL | 39.9% | 10.55% | 0.44 | 10/17/2021 |
| Lawrence County, IL | 36.0% | 10.55% | 0.66 | 10/17/2021 |
| Richland County, IL | 50.4% | 10.55% | 0.41 | 10/17/2021 |
| Wabash County, IL | 53.3% | 10.39% | 0.66 | 10/17/2021 |
| Wayne County, IL | 43.8% | 10.55% | 0.53 | 10/17/2021 |
| Illinois | 63.5% | 7.65% | 0.37 | 10/17/2021 |
| United States | 64.2% | 10.00% | 0.39 | 10/17/2021 |



ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

SECONDARY DATA

Description of Data Sources – Quantitative

Quantitative (secondary) data is collected from many resources including, but not restricted to, the following:

| Source | Description |
|--|---|
| Behavioral Risk Factor Surveillance System | The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. |
| SparkMap | SparkMap is an online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. |
| US Census | National census data is collected by the US Census Bureau every 10 years. |
| Centers for Disease Control | Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system. |

| Source | Description |
|--|---|
| County Health Rankings | Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. |
| American Communities Survey | The American Community Survey (ACS), a product of the U.S. Census Bureau, helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation. |
| Illinois Department of Employment Security | The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information. |
| National Cancer Institute | The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients, and the families of cancer patients. |
| Illinois Department of Public Health | The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation. |
| HRSA | The Health Resources and Services Administration of the US Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations. |
| Local IPLANS | The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. |
| ESRI | ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level. |
| Illinois State Board of Education | The Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school "report cards" which analyze the makeup, needs, and performance of local schools. |
| USDA | USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability. |

Secondary data is initially collected through the SparkMap and/or ESRI systems and then reviewed. Questions raised by the data reported from those sources are compared with other federal, state and local data sources in order to resolve or reconcile potential issues with reported data.

PRIMARY DATA

Three focus groups were convened virtually on May 20, 2021. The groups included representation of healthcare providers, community leaders, community services providers, schools, faith-based organizations, local elected officials, public health and others. Several members of the groups provided services to underserved and unserved persons as all or part of their roles. The organizations and persons that participated are detailed in the appendix.

In response to a request to identify positive developments in health and healthcare in the service area of Carle Richland Memorial Hospital the group put forward the following:

Focus Group One

- Communication among health departments, Carle Richland Memorial Hospital, and other providers has been very strong
- Local nurses are going back to school to pursue Psychiatric Nurse Practitioner education
- There is access to a psychiatrist
- Access to nurse practitioners is relieving burden on physicians
- The ability to get patients to appointments has improved
- There has been funding to address behavioral health issues, especially to the health departments
- RIDES Mass Transit has greatly improved transportation options and opportunities
- There has been good cooperation on many issues throughout the community during COVID-19
- Convenient Care expanded services and hours
- The faith-based community has stepped up to help with food access issues

Focus Group Two

- Community Care expansion has helped college students and faculty
- Since the association with Carle Health System, there has been better access to local primary care and specialists
- RIDES Mass Transit has become a big asset
- Renovation at Richland County High School has improved the ability to offer opportunities and accessibility to students in the community
- There are more mental health providers and services at Carle Richland Memorial Hospital
- Unit 20 schools in Lawrence County have strong relationships with their health department and local hospital
- Lawrence County Health Department provides additional counselor to the schools there
- Mental Health First Aid is being taught throughout the community

Focus Group Three

- There are good faith-based outreach ministries in the communities, including a strong disaster response program
- Progress has been made to address depression and isolation
- The waiting list at the Housing Authority in Richland County is short, and availability of public housing is expanding
- The community rallied to address COVID-19
- There is improved access to helicopter services at Carle Richland Memorial Hospital
- Carle Richland Memorial Hospital has a great system for COVID-19 vaccination

When asked to identify current needs in local healthcare and community health, the group identified the following:

Focus Group One

- Better access to family practice physicians
- Better local access to specialists
- Better access to mental health services to reduce wait time to services
- Address opioids
- Local detoxification
- Better access to medication-assisted treatment and related counseling
- Better access to senior assisted living opportunities for persons with limited ability to pay
- Better access to local home care and services for persons, especially seniors, that need help but who are not homebound
- Address substance use disorders based on stimulants, especially methamphetamine
- Better coordination and access for addiction medicine solutions
- Recruit more counselors
- Inpatient care for behavioral health and substance use disorders
- Consider a secure car or other option as an alternative to using ambulances for behavioral health and substance use disorder transport
- Parenting education on parenting
- Access to dental care for Medicaid patients, especially youth

Focus Group Two

- There are still needs for transportation to and from services despite the improvements RIDES Mass Transit has brought to the area
- Better and more timely access to mental health counseling
- Increased access to health services on the ground for students and faculty at schools
- Community education addressing stigma and socio-emotional issues
- Recruitment and retention of capable and qualified mental health providers
- Access to pre-trial services to jail inmates
- Services for relocated or transient children while paperwork catches up with them
- Crisis services for mental health
- Better explanation of helicopter services and options
- Address drug and alcohol abuse and use disorders among low income residents
- Expansion of public health services in Richland County

Focus Group Three

- Better understand and address needs of the elderly
- Better access to services for depression, stress, fear, and isolation
- Continue the process of addressing the tension resulting from a local killing of a 19-year-old in 2020
- Additional mental health providers
- Education about parenting skills, including household management
- Services for the homeless
- Coordination of mental health services, social services, and meeting basic needs
- Better and more timely access to mental health services across the board
- Local access to inpatient detoxification
- Inpatient substance use disorder services

Through these groups, Carle Richland Memorial Hospital sought and received input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial, or other barriers. Representatives of local public health agencies were actively involved in the process.





Age Group



Ethnicity



Race



Disability

DATA ANALYSIS

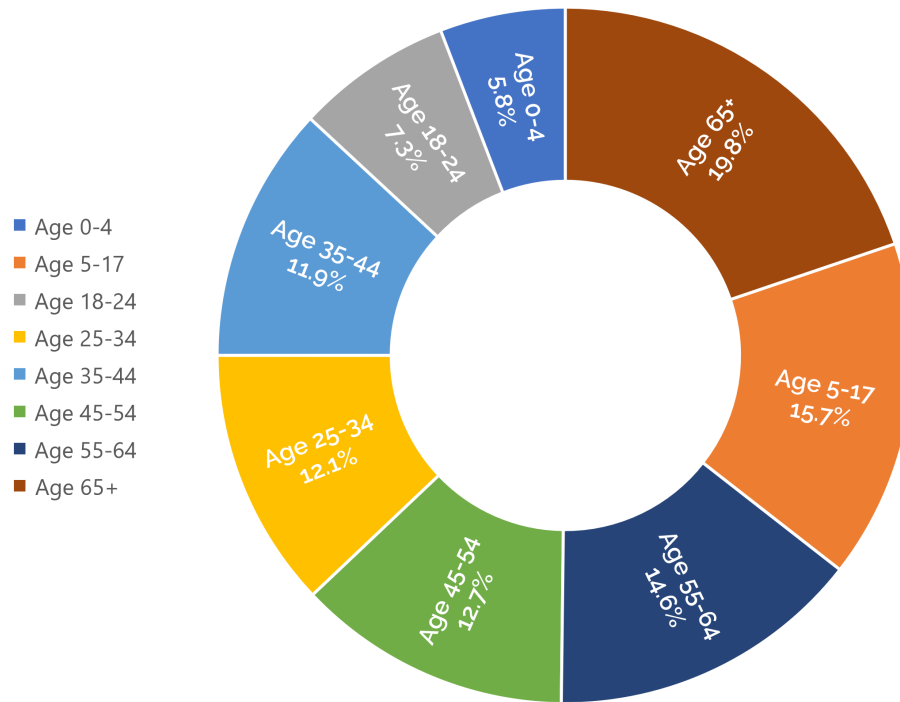
DEMOGRAPHICS

Total Population by Age Group

| Report Area | Age 0-4 | Age 5-17 | Age 18-24 | Age 25-34 | Age 35-44 | Age 45-54 | Age 55-64 | Age 65+ |
|---------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Carle Richland | 6,304 | 17,010 | 7,844 | 13,043 | 12,864 | 13,772 | 15,822 | 21,396 |
| Clay County, IL | 744 | 2,273 | 932 | 1,499 | 1,508 | 1,708 | 1,962 | 2,661 |
| Crawford County, IL | 1,017 | 2,746 | 1,433 | 2,577 | 2,421 | 2,502 | 2,718 | 3,558 |
| Edwards County, IL | 367 | 1,132 | 440 | 651 | 746 | 825 | 944 | 1,350 |
| Jasper County, IL | 597 | 1,629 | 651 | 1,020 | 1,101 | 1,270 | 1,499 | 1,827 |
| Lawrence County, IL | 783 | 2,111 | 1,283 | 2,317 | 2,170 | 2,101 | 2,263 | 3,005 |
| Richland County, IL | 1,051 | 2,575 | 1,145 | 1,797 | 1,796 | 1,934 | 2,302 | 3,166 |
| Wabash County, IL | 719 | 1,847 | 806 | 1,330 | 1,310 | 1,439 | 1,759 | 2,336 |
| Wayne County, IL | 1,026 | 2,697 | 1,154 | 1,852 | 1,812 | 1,993 | 2,375 | 3,493 |
| Illinois | 767,193 | 2,124,333 | 1,192,806 | 1,770,290 | 1,644,531 | 1,672,220 | 1,656,724 | 1,942,534 |
| United States | 19,767,670 | 53,661,722 | 30,646,327 | 45,030,415 | 40,978,831 | 42,072,620 | 41,756,414 | 50,783,796 |

Data Source: US Census Bureau, American Community Survey, 2015-19. Source Geography: Tract

Total Population by Age Groups, Carle Richland Memorial Hospital Service Area



Total Population by Ethnicity

| Report Area | Total Population | Hispanic or Latino Population | Hispanic or Latino Population, Percent | Non-Hispanic Population | Non-Hispanic Population, Percent |
|---------------------|------------------|-------------------------------|--|-------------------------|----------------------------------|
| Carle Richland | 108,055 | 2,056 | 1.90% | 105,999 | 98.10% |
| Clay County, IL | 13,287 | 17 | 0.13% | 13,270 | 99.87% |
| Crawford County, IL | 18,972 | 621 | 3.27% | 18,351 | 96.73% |
| Edwards County, IL | 6,455 | 89 | 1.38% | 6,366 | 98.62% |
| Jasper County, IL | 9,594 | 34 | 0.35% | 9,560 | 99.65% |
| Lawrence County, IL | 16,033 | 615 | 3.84% | 15,418 | 96.16% |
| Richland County, IL | 15,766 | 270 | 1.71% | 15,496 | 98.29% |
| Wabash County, IL | 11,546 | 308 | 2.67% | 11,238 | 97.33% |
| Wayne County, IL | 16,402 | 102 | 0.62% | 16,300 | 99.38% |
| Illinois | 12,770,631 | 2,186,387 | 17.12% | 10,584,244 | 82.88% |
| United States | 324,697,795 | 58,479,370 | 18.01% | 266,218,425 | 81.99% |

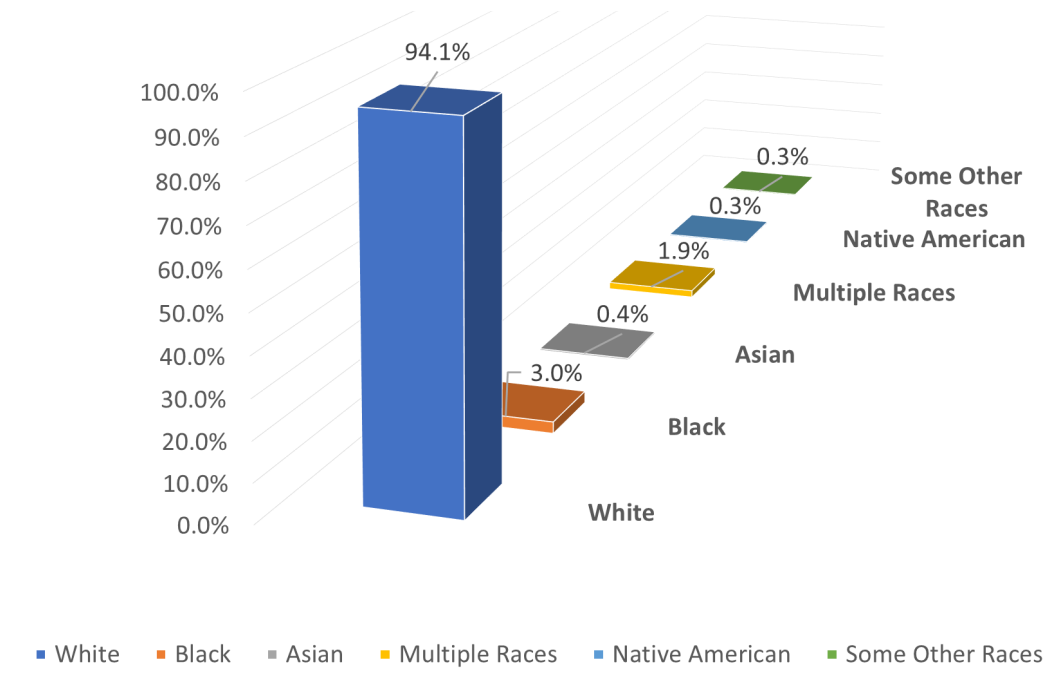
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

Total Population by Race Alone

| Report Area | White | Black | Asian | Native American / Alaska Native | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Races |
|---------------------|-------------|------------|------------|---------------------------------|------------------------------------|-----------------|----------------|
| Carle Richland | 101,646 | 3,222 | 451 | 355 | 14 | 315 | 2,052 |
| Clay County, IL | 12,782 | 107 | 42 | 32 | 0 | 1 | 323 |
| Crawford County, IL | 17,119 | 1,231 | 61 | 15 | 14 | 75 | 457 |
| Edwards County, IL | 6,250 | 57 | 18 | 39 | 0 | 0 | 91 |
| Jasper County, IL | 9,333 | 47 | 9 | 3 | 0 | 8 | 194 |
| Lawrence County, IL | 14,073 | 1,331 | 87 | 163 | 0 | 71 | 308 |
| Richland County, IL | 15,178 | 125 | 80 | 71 | 0 | 92 | 220 |
| Wabash County, IL | 11,062 | 76 | 112 | 2 | 0 | 39 | 255 |
| Wayne County, IL | 15,849 | 248 | 42 | 30 | 0 | 29 | 204 |
| Illinois | 9,134,903 | 1,813,590 | 698,524 | 33,460 | 4,477 | 757,231 | 328,446 |
| United States | 235,377,662 | 41,234,642 | 17,924,209 | 2,750,143 | 599,868 | 16,047,369 | 10,763,902 |

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Total Population by Race Alone, Carle Richland Memorial Hospital Service Area



Population with any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 102,805 for whom disability status has been determined, of which 19,045 or 18.53% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

| Report Area | Total Population (For Whom Disability Status Is Determined) | Population with a Disability | Population with a Disability, Percent |
|------------------------|---|---------------------------------|--|
| Carle Richland | 102,805 | 19,045 | 18.53% |
| Clay County, IL | 13,119 | 2,576 | 19.64% |
| Crawford County, IL | 16,659 | 2,970 | 17.83% |
| Edwards County, IL | 6,428 | 1,038 | 16.15% |
| Jasper County, IL | 9,532 | 1,951 | 20.47% |
| Lawrence County, IL | 13,675 | 2,902 | 21.22% |
| Richland County, IL | 15,571 | 2,709 | 17.40% |
| Wabash County, IL | 11,466 | 2,041 | 17.80% |
| Wayne County, IL | 16,355 | 2,858 | 17.47% |
| Illinois | 12,591,483 | 1,388,097 | 11.02% |
| United States | 319,706,872 | 40,335,099 | 12.62% |

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 201519. Source geography: Tract*

SOCIAL DETERMINANTS OF HEALTH

The data and discussion on the following pages will take a look into the social determinants in the Carle Richland Memorial Hospital service area and will offer insight into the complexity of circumstances that impact physical and mental wellness for the Carle Richland audience. The infograph on the following page provides a snapshot of the at-risk population served by Carle Richland Memorial Hospital.

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. Healthy People 2030 uses a place-based framework that outlines five key areas of SDOH:

- Healthcare access and quality, including:
 - Access to healthcare
 - Access to primary care
 - Health insurance coverage
 - Health literacy
- Education access and quality, including:
 - High school graduation
 - Enrollment in higher education
 - Educational attainment in general
 - Language and literacy
 - Early childhood education and development
- Social and community context – within which people live, learn work and play, including:
 - Civic participation
 - Civic cohesiveness
 - Discrimination
 - Conditions within the workplace
- Economic stability, including:
 - Income
 - Cost of living
 - Socioeconomic status
 - Poverty

- Employment
- Food security
- Housing stability
- Neighborhood and built environment, including:
 - Quality of housing
 - Access to transportation
 - Availability of healthy food
 - Air and water quality
 - Crime and violence
 - Housing stability

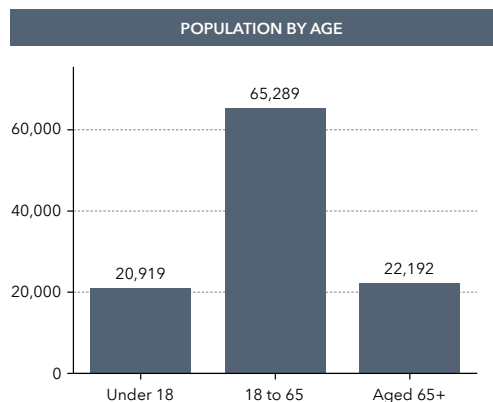
Some of the social determinant indicators reflected in the data include:

- 15,327 households with disability
- 6,294 households below the poverty level (14%)
- 2,727 households with no vehicle
- A population over age 65 that is larger than the population under 18

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

AT RISK POPULATION PROFILE

Geography: County



Source: Esri forecasts for 2021, U.S. Census Bureau, 2015-2019 American Community Survey (ACS) Data.

108,400

Population

44,529

Households

2.33

Avg Size Household

43.5

Median Age

\$51,330

Median Household Income

\$98,775

Median Home Value

66

Wealth Index

251

Housing Affordability

17

Diversity Index

AT RISK POPULATION



15,327

Households With Disability



23,682

Population 65+



2,727

Households Without Vehicle

POVERTY AND LANGUAGE



14%

Households Below the Poverty Level



6,294

Households Below the Poverty Level



9

Pop 65+ Speak Spanish & No English

POPULATION AND BUSINESSES



101,939

Daytime Population



3,991

Total Businesses



39,867

Total Employees

| Language Spoken (ACS) | Age 5-17 | 18-64 | Age 65+ | Total |
|--------------------------------------|----------|--------|---------|--------|
| English Only | 16,623 | 60,492 | 20,983 | 98,098 |
| Spanish | 153 | 1,690 | 181 | 2,024 |
| Spanish & English Well | 113 | 1,169 | 107 | 1,389 |
| Spanish & English Not Well | 39 | 481 | 65 | 585 |
| Spanish & No English | 1 | 40 | 9 | 50 |
| Indo-European | 211 | 776 | 178 | 1,165 |
| Indo-European & English Well | 172 | 697 | 144 | 1,013 |
| Indo-European & English Not Well | 0 | 77 | 29 | 106 |
| Indo-European & No English | 39 | 2 | 5 | 46 |
| Asian-Pacific Island | 23 | 257 | 51 | 331 |
| Asian-Pacific Isl & English Well | 23 | 231 | 50 | 304 |
| Asian-Pacific Isl & English Not Well | 0 | 26 | 0 | 26 |
| Asian-Pacific Isl & No English | 0 | 0 | 1 | 1 |
| Other Language | 0 | 130 | 3 | 133 |
| Other Language & English Well | 0 | 130 | 3 | 133 |
| Other Language & English Not Well | 0 | 0 | 0 | 0 |
| Other Language & No English | 0 | 0 | 0 | 0 |

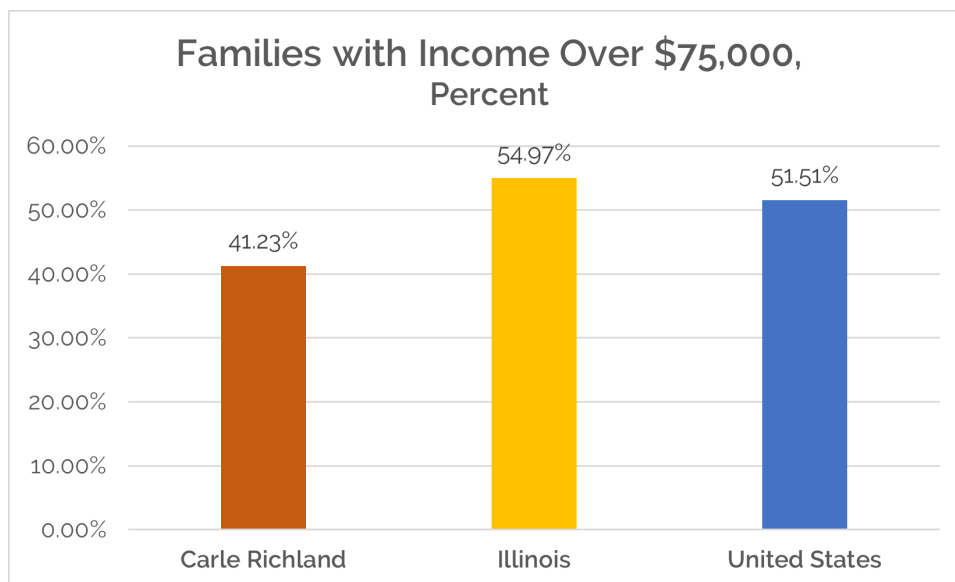
Version 1.8 © 2021 Esri

Income - Families Earning Over \$75,000

In the report area, 41.23%, or 11,937 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from selfemployment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

| Report Area | Total Families | Families with Income Over \$75,000 | Percent Families with Income Over \$75,000 |
|---------------------|----------------|------------------------------------|--|
| Carle Richland | 28,951 | 11,937 | 41.23% |
| Clay County, IL | 3,818 | 1,446 | 37.87% |
| Crawford County, IL | 4,974 | 2,152 | 43.26% |
| Edwards County, IL | 1,803 | 824 | 45.70% |
| Jasper County, IL | 2,423 | 1,069 | 44.12% |
| Lawrence County, IL | 4,106 | 1,616 | 39.36% |
| Richland County, IL | 4,073 | 1,730 | 42.47% |
| Wabash County, IL | 3,225 | 1,432 | 44.40% |
| Wayne County, IL | 4,529 | 1,668 | 36.83% |
| Illinois | 3,109,762 | 1,709,528 | 54.97% |
| United States | 79,114,031 | 40,753,622 | 51.51% |

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract*

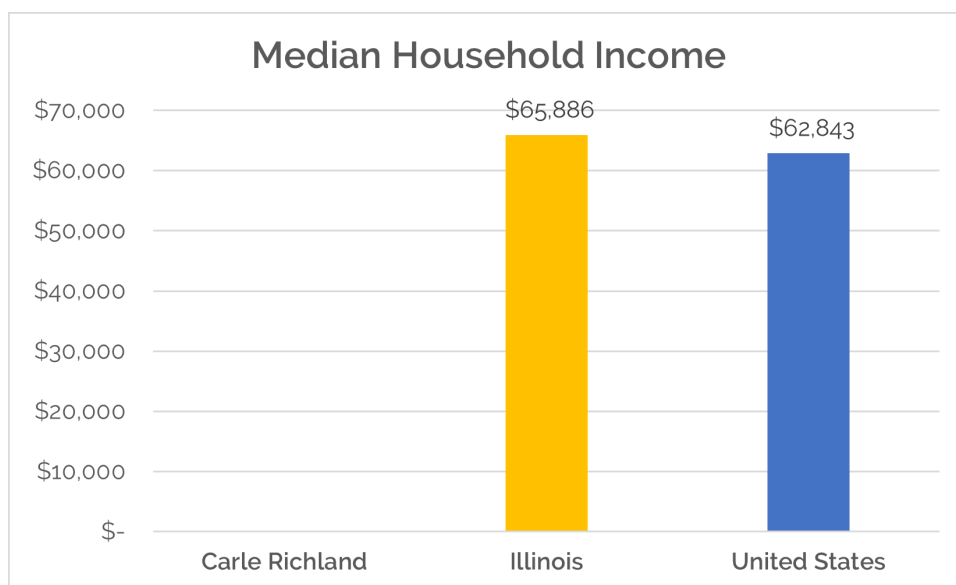


Income – Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

| Report Area | Total Households | Average Household Income | Median Household Income |
|---------------------|------------------|--------------------------|-------------------------|
| Carle Richland | 44,494 | \$63,964 | No data |
| Clay County, IL | 5,696 | \$62,922 | \$48,500 |
| Crawford County, IL | 7,666 | \$68,410 | \$49,779 |
| Edwards County, IL | 2,773 | \$65,280 | \$51,080 |
| Jasper County, IL | 3,711 | \$64,186 | \$54,256 |
| Lawrence County, IL | 6,306 | \$62,206 | \$46,636 |
| Richland County, IL | 6,452 | \$63,252 | \$48,894 |
| Wabash County, IL | 4,839 | \$65,575 | \$50,770 |
| Wayne County, IL | 7,051 | \$60,461 | \$50,251 |
| Illinois | 4,846,134 | \$92,395 | \$65,886 |
| United States | 120,756,048 | \$88,607 | \$62,843 |

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County*

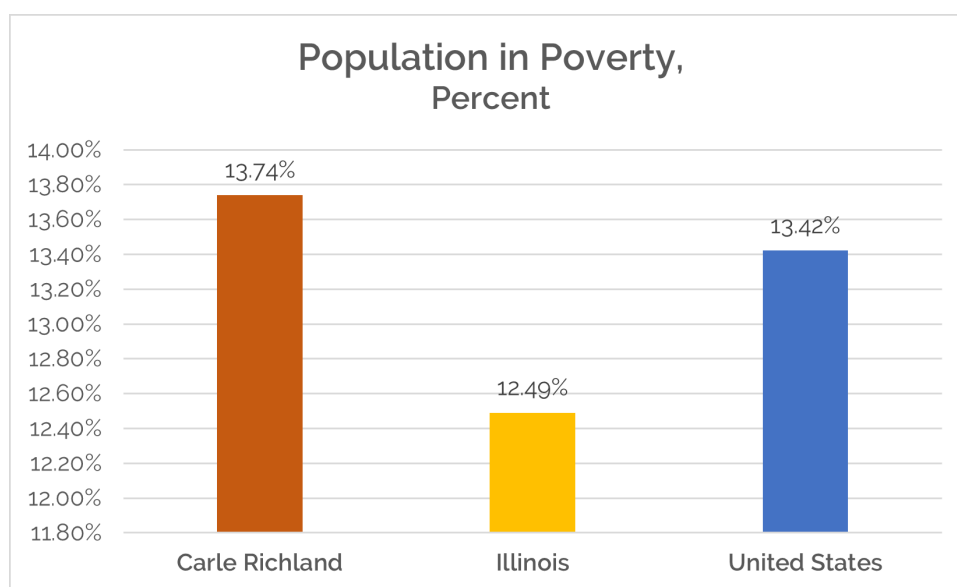


Poverty – Populations Below 100% FPL

Poverty is considered a key driver of health status. Within the report area 13.74% or 14,051 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, health food, and other necessities that contribute to poor health status.

| Report Area | Total Population | Population in Poverty | Population in Poverty, Percent |
|---------------------|------------------|-----------------------|--------------------------------|
| Carle Richland | 102,253 | 14,051 | 13.74% |
| Clay County, IL | 13,049 | 2,153 | 16.50% |
| Crawford County, IL | 16,618 | 1,934 | 11.64% |
| Edwards County, IL | 6,363 | 649 | 10.20% |
| Jasper County, IL | 9,408 | 1,288 | 13.69% |
| Lawrence County, IL | 13,618 | 2,212 | 16.24% |
| Richland County, IL | 15,464 | 2,278 | 14.73% |
| Wabash County, IL | 11,429 | 1,373 | 12.01% |
| Wayne County, IL | 16,304 | 2,164 | 13.27% |
| Illinois | 12,474,842 | 1,557,873 | 12.49% |
| United States | 316,715,051 | 42,510,843 | 13.42% |

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County*

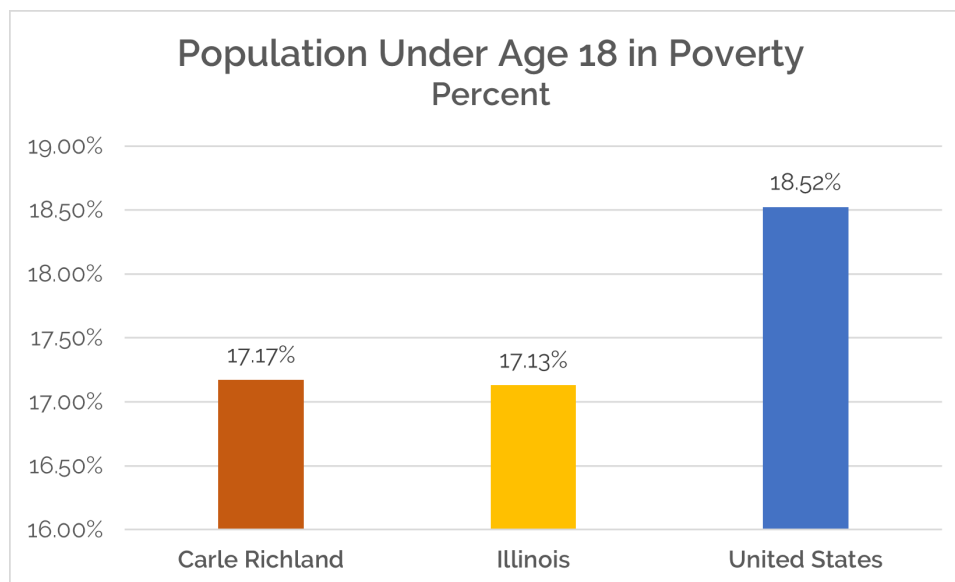


Poverty – Children Below 100% FPL

In the report area, 17.17% or 3,897 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

| Report Area | Total Population | Population Under Age 18 | Population Under Age 18 in Poverty | Percent Population Under Age 18 in Poverty |
|---------------------|------------------|-------------------------|------------------------------------|--|
| Carle Richland | 102,253 | 22,692 | 3,897 | 17.17% |
| Clay County, IL | 13,049 | 2,947 | 654 | 22.19% |
| Crawford County, IL | 16,618 | 3,672 | 396 | 10.78% |
| Edwards County, IL | 6,363 | 1,434 | 164 | 11.44% |
| Jasper County, IL | 9,408 | 2,096 | 339 | 16.17% |
| Lawrence County, IL | 13,618 | 2,837 | 691 | 24.36% |
| Richland County, IL | 15,464 | 3,519 | 552 | 15.69% |
| Wabash County, IL | 11,429 | 2,529 | 300 | 11.86% |
| Wayne County, IL | 16,304 | 3,658 | 801 | 21.90% |
| Illinois | 12,474,842 | 2,852,051 | 488,516 | 17.13% |
| United States | 316,715,051 | 72,235,700 | 13,377,778 | 18.52% |

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County*

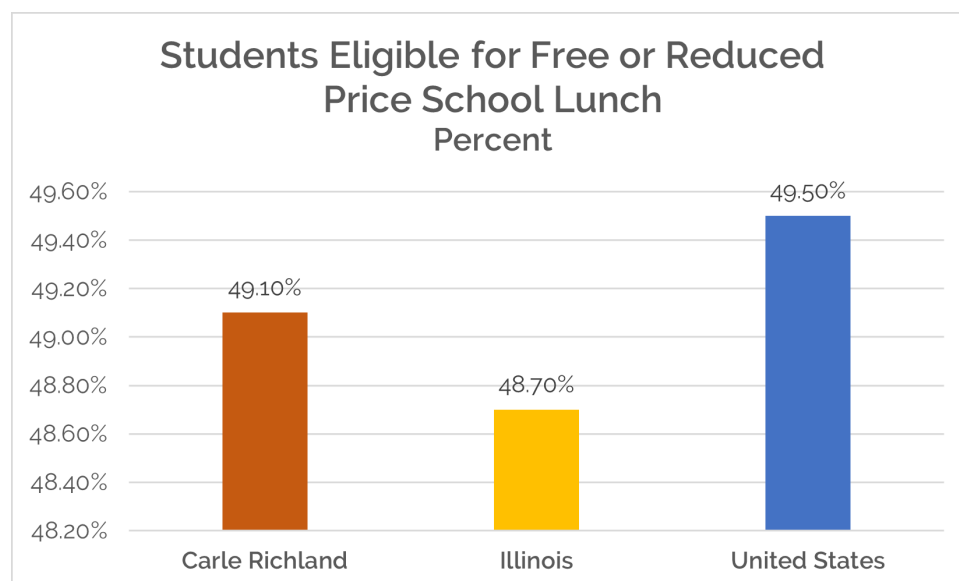


Poverty – Children Eligible for Free/Reduced Price Lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold s part of the federal National School Lunch Program (NSLP). Out of 15,899 total public school students in the report area, 7,805 were eligible for the free or reduce price lunch program in the latest report year. This represents 49.1% of public school students, which is higher than the state average of 48.7%.

| Report Area | Total Students | Students Eligible for Free or Reduced Price Lunch | Students Eligible for Free or Reduced Price Lunch, Percent |
|---------------------|----------------|---|--|
| Carle Richland | 15,899 | 7,805 | 49.1% |
| Clay County, IL | 2,345 | 1,265 | 53.9% |
| Crawford County, IL | 2,837 | 1,259 | 44.4% |
| Edwards County, IL | 896 | 342 | 38.2% |
| Jasper County, IL | 1,310 | 514 | 39.2% |
| Lawrence County, IL | 2,101 | 1,186 | 56.4% |
| Richland County, IL | 2,346 | 1,214 | 51.7% |
| Wabash County, IL | 1,634 | 868 | 53.1% |
| Wayne County, IL | 2,430 | 1,157 | 47.6% |
| Illinois | 1,966,209 | 958,291 | 48.7% |
| United States | 50,744,629 | 25,124,175 | 49.5% |

*Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES Common Core of Data. 201819. Source geography: Address*

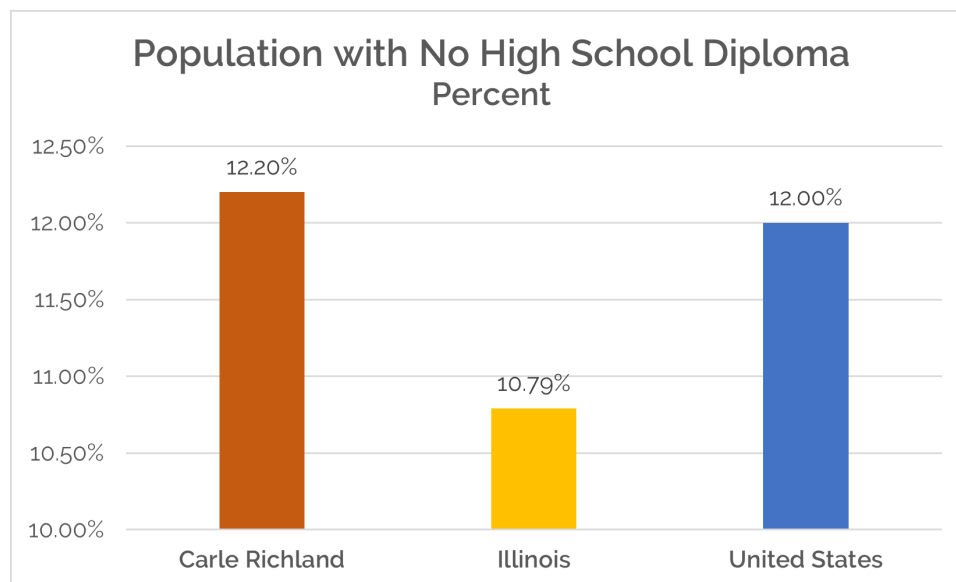


Education – Attainment

Educational attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25, and is an estimated average for the period from 2014 to 2019. For the selected area 11.5% have at least a college bachelor's degree, while 33.4% stopped their formal educational attainment after high school.

| Report Area | No High School Diploma | High School Only | Some College | Associates Degree | Bachelors Degree | Graduate or Professional Degree |
|---------------------|------------------------|------------------|--------------|-------------------|------------------|---------------------------------|
| Carle Richland | 12.2% | 33.4% | 22.2% | 15.5% | 11.5% | 5.2% |
| Clay County, IL | 12.03% | 38.6% | 22.6% | 11.8% | 10.1% | 4.8% |
| Crawford County, IL | 15.00% | 28.6% | 22.5% | 16.9% | 11.6% | 5.5% |
| Edwards County, IL | 8.02% | 34.5% | 25.6% | 17.9% | 10.2% | 3.7% |
| Jasper County, IL | 10.23% | 39.1% | 19.0% | 15.1% | 11.8% | 4.8% |
| Lawrence County, IL | 15.12% | 34.7% | 21.1% | 14.2% | 9.6% | 5.3% |
| Richland County, IL | 10.89% | 29.9% | 22.1% | 16.1% | 14.4% | 6.6% |
| Wabash County, IL | 9.42% | 30.7% | 24.2% | 17.5% | 12.0% | 6.2% |
| Wayne County, IL | 12.06% | 34.9% | 22.1% | 15.6% | 11.4% | 4.0% |
| Illinois | 10.79% | 26.0% | 20.5% | 8.1% | 21.1% | 13.6% |
| United States | 12.00% | 27.0% | 20.4% | 8.5% | 19.8% | 12.4% |

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County*

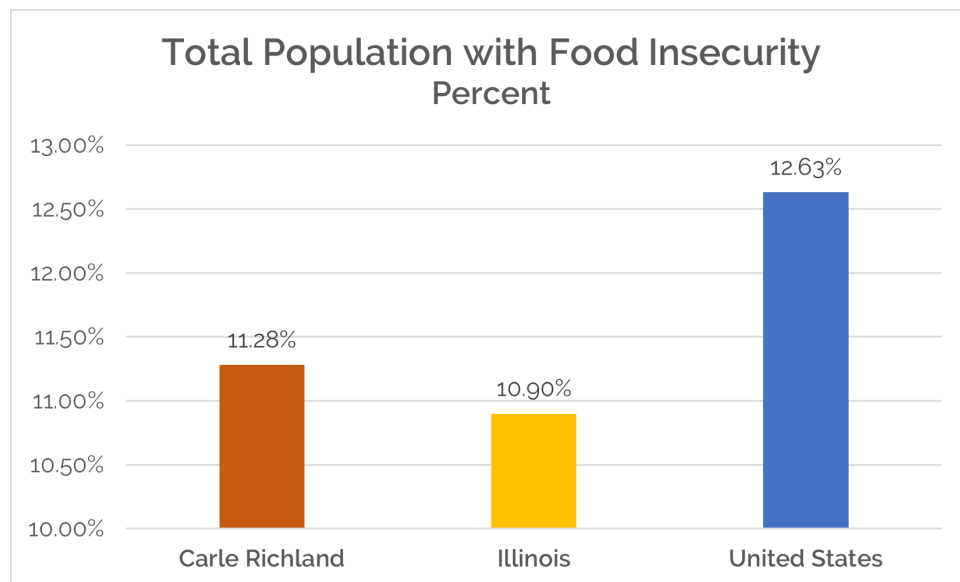


Food Insecurity Rate

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

| Report Area | Total Population | Food Insecure Population, Total | Food Insecurity Rate |
|---------------------|------------------|---------------------------------|----------------------|
| Carle Richland | 109,222 | 12,320 | 11.28% |
| Clay County, IL | 13,394 | 1,460 | 10.90% |
| Crawford County, IL | 19,159 | 2,050 | 10.70% |
| Edwards County, IL | 6,526 | 620 | 9.50% |
| Jasper County, IL | 9,592 | 940 | 9.80% |
| Lawrence County, IL | 16,466 | 2,190 | 13.30% |
| Richland County, IL | 15,913 | 1,830 | 11.50% |
| Wabash County, IL | 11,589 | 1,240 | 10.70% |
| Wayne County, IL | 16,583 | 1,990 | 12.00% |
| Illinois | 12,807,064 | 1,395,970 | 10.90% |
| United States | 325,717,422 | 41,133,950 | 12.63% |

*Note: This indicator is compared to the state average.
Data Source: Feeding America. 2017. Source geography: County*



Physical Inactivity

This indicator reports the percentage of adults aged 20 and older who self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

| Report Area | Population Age 20+ | Adults with No Leisure Time Physical Activity | Adults with No Leisure Time Physical Activity, Percent |
|---------------------|--------------------|---|--|
| Carle Richland | 82,524 | 21,407 | 24.2% |
| Clay County, IL | 10,023 | 3,518 | 32.6% |
| Crawford County, IL | 14,787 | 4,658 | 30.6% |
| Edwards County, IL | 4,889 | 1,237 | 23.2% |
| Jasper County, IL | 7,160 | 1,432 | 18.3% |
| Lawrence County, IL | 12,659 | 3,342 | 25.5% |
| Richland County, IL | 11,890 | 2,378 | 18.1% |
| Wabash County, IL | 8,720 | 1,805 | 18.8% |
| Wayne County, IL | 12,396 | 3,037 | 22.3% |
| Illinois | 9,562,472 | 2,064,938 | 20.9% |
| United States | 243,068,284 | 55,261,407 | 22.1% |

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County

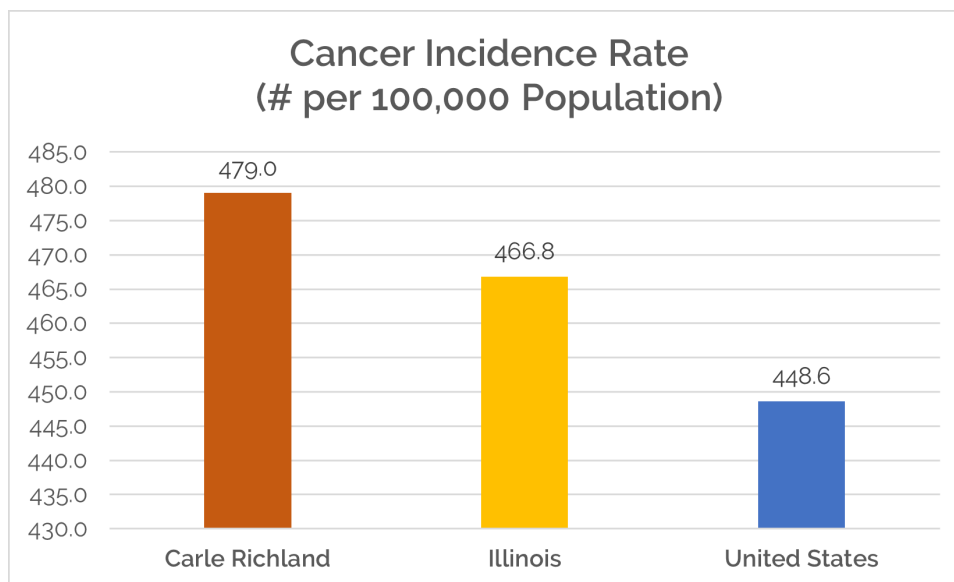
CHRONIC ILLNESS

Cancer Incidence – All Sites

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites), adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 731 new cases of cancer reported. This means there is a rate of 479.0 for every 100,000 total population.

| Report Area | Estimated Total Population | New Cases (Annual Average) | Cancer Incidence Rate (Per 100,000 Population) |
|---------------------|----------------------------|----------------------------|---|
| Carle Richland | 152,598 | 731 | 479.0 |
| Clay County, IL | 18,881 | 106 | 561.4 |
| Crawford County, IL | 26,759 | 127 | 474.6 |
| Edwards County, IL | 9,459 | 38 | 401.7 |
| Jasper County, IL | 13,350 | 63 | 471.9 |
| Lawrence County, IL | 20,992 | 99 | 471.6 |
| Richland County, IL | 22,132 | 110 | 497.0 |
| Wabash County, IL | 16,505 | 75 | 454.4 |
| Wayne County, IL | 24,517 | 113 | 460.9 |
| Illinois | 14,903,598 | 69,570 | 466.8 |
| United States | 379,681,007 | 1,703,249 | 448.6 |

*Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2014-18. Source geography: County*



Mortality – Cancer

This indicator reports the 2015-2019 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States. Within the report area, there are a total of 1,380 deaths due to cancer. This represents an age-adjusted death rate of 172 people per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

This indicator reports the 2015-2019 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Within the report area, there are a total of 1,380 deaths due to cancer. This represents an age-adjusted death rate of 172.3 per every 100,000 total population.

| Report Area | Total Population, 2015-2019 Average | Five Year Total Deaths, 2015-2019 Total | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|---------------------|--|--|--|---|
| Carle Richland | 108,186 | 1,380 | 255.1 | 172.3 |
| Clay County, IL | 13,287 | 190 | 286.0 | 193.7 |
| Crawford County, IL | 19,031 | 242 | 254.3 | 173.8 |
| Edwards County, IL | 6,466 | 70 | 216.5 | 138.4 |
| Jasper County, IL | 9,588 | 101 | 210.7 | 137.3 |
| Lawrence County, IL | 16,096 | 222 | 275.9 | 207.0 |
| Richland County, IL | 15,827 | 194 | 245.2 | 158.6 |
| Wabash County, IL | 11,518 | 141 | 244.8 | 160.4 |
| Wayne County, IL | 16,372 | 220 | 268.8 | 174.8 |
| Illinois | 12,775,292 | 121,039 | 189.5 | 158.7 |
| United States | 325,134,494 | 2,991,951 | 184.0 | 152.3 |

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County →

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County

Chronic Conditions – Adult

This table presents the percentage of adults ever diagnosed with Chronic Lower Respiratory Disease, Diabetes, Coronary Heart Disease and High Blood Pressure. The data is reflected by county and the entire service area and provides comparisons within the service area. The range of persons diagnosed with diabetes, from 6.1% in Edwards County to 18.6% Wayne County, is an example of information that may warrant further exploration.

| Report Area | Total Population (2010) | Percentage of Adults Ever Diagnosed with Chronic Lower Respiratory Disease | Adults with Diagnosed Diabetes, Age-Adjusted Rate | Percentage of Adults Ever Diagnosed with Coronary Heart Disease | Percentage of Adults with High Blood Pressure |
|-----------------|-------------------------|--|---|---|---|
| Carle Richland | 107,472 | 9.5% | 11.5% | 8.4% | 37.0% |
| Clay County | 13,253 | 9.9% | 13.0% | 8.7% | 37.0% |
| Crawford County | 18,807 | 9.0% | 9.0% | 7.8% | 36.2% |
| Edwards County | 6,392 | 9.2% | 6.1% | 8.2% | 37.4% |
| Jasper County | 9,611 | 9.3% | 7.4% | 8.2% | 36.4% |
| Lawrence County | 15,765 | 9.5% | 17.5% | 7.9% | 36.7% |
| Richland County | 15,763 | 9.8% | 8.9% | 8.9% | 37.7% |
| Wabash County | 11,549 | 9.3% | 8.7% | 8.4% | 36.9% |
| Wayne County | 16,332 | 10.1% | 18.6% | 9.0% | 38.0% |
| Illinois | 12,741,080 | 7.0% | 9.0% | 6.4% | 32.7% |

*Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
Accessed via the 500 Cities Data Portal. 2018.*

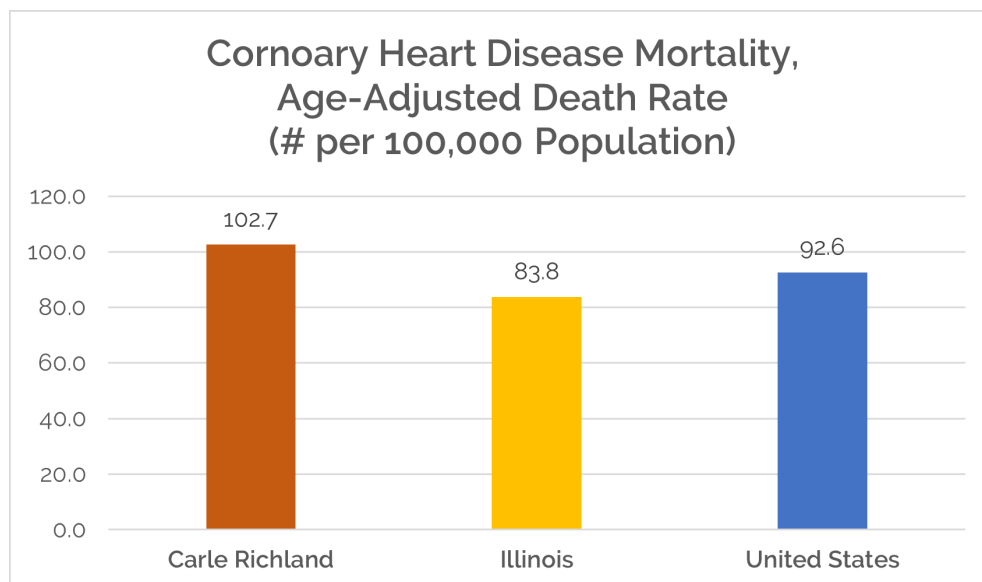


Mortality – Coronary Heart Disease

This indicator reports the 2015-2019 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States. Within the report area, there are a total of 858 deaths due to coronary heart disease. This represents an age-adjusted death rate of 103 people per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

| Report Area | Total Population, 2015-2019 Average | Five Year Total Deaths, 2015-2019 Total | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|---------------------|-------------------------------------|---|---|--|
| Carle Richland | 108,186 | 858 | 158.6 | 102.7 |
| Clay County, IL | 13,287 | 82 | 123.4 | 79.0 |
| Crawford County, IL | 19,031 | 156 | 163.9 | 110.0 |
| Edwards County, IL | 6,466 | 66 | 204.1 | 135.1 |
| Jasper County, IL | 9,588 | 85 | 177.3 | 112.8 |
| Lawrence County, IL | 16,096 | 129 | 160.3 | 117.8 |
| Richland County, IL | 15,827 | 149 | 188.3 | 110.7 |
| Wabash County, IL | 11,518 | 70 | 121.5 | 74.5 |
| Wayne County, IL | 16,372 | 121 | 147.8 | 91.9 |
| Illinois | 12,775,292 | 64,722 | 101.3 | 83.8 |
| United States | 325,134,494 | 1,822,811 | 112.1 | 92.6 |

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County

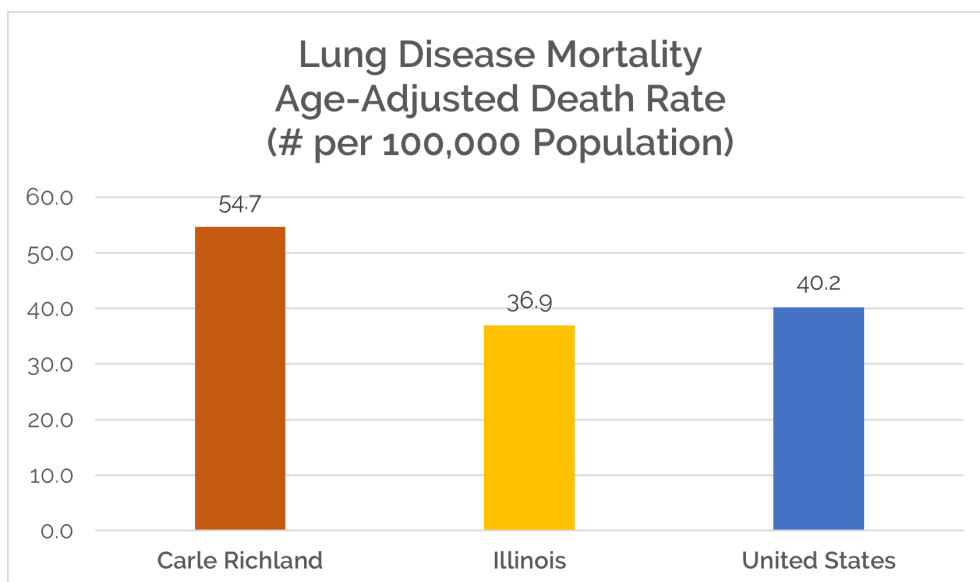


Mortality – Lung Disease

This indicator reports the 2015-2019 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States. Within the report area, there are a total of 462 deaths due to lung disease. This represents an age-adjusted death rate of 55 people per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

| Report Area | Total Population, 2015-2019 Average | Five Year Total Deaths, 2015-2019 Total | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|---------------------|-------------------------------------|---|---|--|
| Carle Richland | 108,186 | 462 | 85.4 | 54.7 |
| Clay County, IL | 13,287 | 62 | 93.3 | 59.2 |
| Crawford County, IL | 19,031 | 68 | 71.5 | 48.9 |
| Edwards County, IL | 6,466 | 26 | 80.4 | 48.0 |
| Jasper County, IL | 9,588 | 36 | 75.1 | 47.1 |
| Lawrence County, IL | 16,096 | 64 | 79.5 | 58.0 |
| Richland County, IL | 15,827 | 74 | 93.5 | 57.2 |
| Wabash County, IL | 11,518 | 51 | 88.5 | 54.2 |
| Wayne County, IL | 16,372 | 81 | 99.0 | 59.7 |
| Illinois | 12,775,292 | 28,086 | 44.0 | 36.9 |
| United States | 325,134,494 | 786,303 | 48.4 | 40.2 |

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



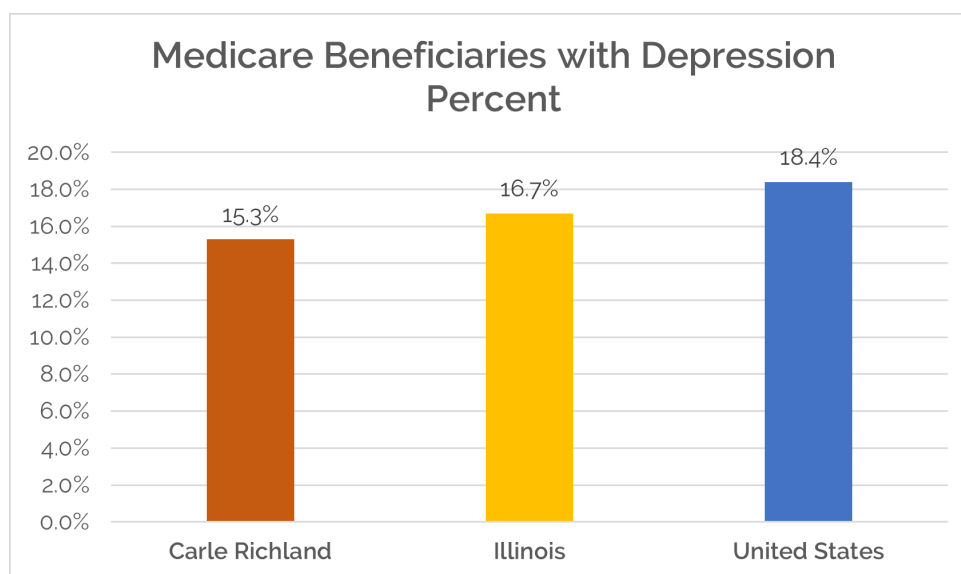
MENTAL HEALTH

Chronic Conditions – Depression (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with depression. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 3,331 beneficiaries with depression based on administrative claims data in the latest report year. This represents 15.3% of the total Medicare fee-for-service beneficiaries.

| Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Depression | Beneficiaries with Depression, Percent |
|---------------------|--|-------------------------------|--|
| Carle Richland | 21,704 | 3,331 | 15.3% |
| Clay County, IL | 2,868 | 562 | 19.6% |
| Crawford County, IL | 3,845 | 534 | 13.9% |
| Edwards County, IL | 1,368 | 164 | 12.0% |
| Jasper County, IL | 1,903 | 309 | 16.2% |
| Lawrence County, IL | 2,806 | 461 | 16.4% |
| Richland County, IL | 3,181 | 479 | 15.1% |
| Wabash County, IL | 2,321 | 314 | 13.5% |
| Wayne County, IL | 3,412 | 508 | 14.9% |
| Illinois | 1,443,297 | 240,827 | 16.7% |
| United States | 33,499,472 | 6,163,735 | 18.4% |

Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2018: Source geography: County.



Access to Care – Mental Health

This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers include psychiatrists, psychologist, clinical social workers, and counselors that specialize in mental healthcare. Data from the 2020 Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file are used in the 2021 County Healthy Rankings. Within the report area, there were 257 mental health providers with a CMS National Provider Identifier (NPI). This represents 241 providers per 100,000 total population. *Note: Data are suppressed for counties with population greater than 1,000 and 0 mental health providers.*

| Report Area | Estimated Population | Number of Mental Health Providers | Ratio of Mental Health Providers to Population (1 Provider per x Persons) | Mental Health Care Provider Rate (Per 100,000 Population) |
|---------------------|----------------------|-----------------------------------|---|---|
| Carle Richland | 106,782 | 257 | 415.5 | 240.7 |
| Clay County, IL | 13,184 | 17 | 775.5 | 128.9 |
| Crawford County, IL | 18,667 | 38 | 491.2 | 203.6 |
| Edwards County, IL | 6,395 | 4 | 1,598.7 | 62.5 |
| Jasper County, IL | 9,610 | 37 | 259.7 | 385 |
| Lawrence County, IL | 15,678 | 37 | 423.7 | 236 |
| Richland County, IL | 15,513 | 72 | 215.5 | 464.1 |
| Wabash County, IL | 11,520 | 34 | 338.8 | 295.1 |
| Wayne County, IL | 16,215 | 18 | 900.8 | 111 |
| Illinois | 25,293,636 | 62,162 | 406.9 | 245.8 |
| United States | 655,362,202 | 1,714,472 | 382.3 | 261.6 |

Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings.

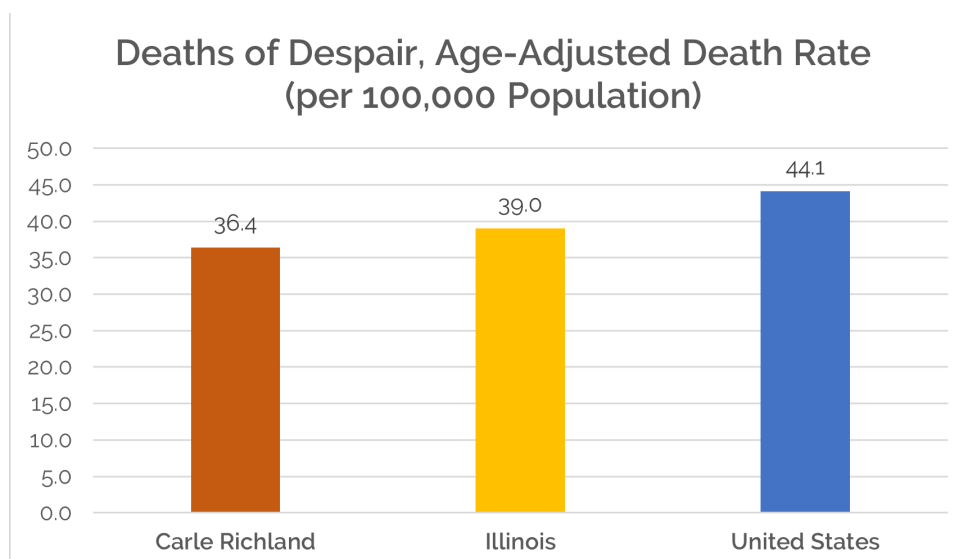
BEHAVIORAL HEALTH

Deaths of Despair – Suicide + Drug/Alcohol Poisoning

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as “deaths of despair”, per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health. Within the report area, there were 206 deaths of despair. This represents an age-adjusted death rate of 36 people per every 100,000 total population.

| Report Area | Total Population, 2015-2019 Average | Five Year Total Deaths, 2015-2019 Total | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|---------------------|-------------------------------------|---|---|--|
| Carle Richland | 108,186 | 206 | 38.1 | 36.4 |
| Clay County, IL | 13,287 | 21 | 31.6 | 30.8 |
| Crawford County, IL | 19,031 | 27 | 28.4 | 26.5 |
| Edwards County, IL | 6,466 | 13 | 40.2 | No data |
| Jasper County, IL | 9,588 | 14 | 29.2 | No data |
| Lawrence County, IL | 16,096 | 34 | 42.3 | 39.5 |
| Richland County, IL | 15,827 | 30 | 37.9 | 35.1 |
| Wabash County, IL | 11,518 | 26 | 45.1 | 41.8 |
| Wayne County, IL | 16,372 | 41 | 50.1 | 47.0 |
| Illinois | 12,775,292 | 26,161 | 41.0 | 39.0 |
| United States | 325,134,494 | 754,015 | 46.4 | 44.1 |

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County.



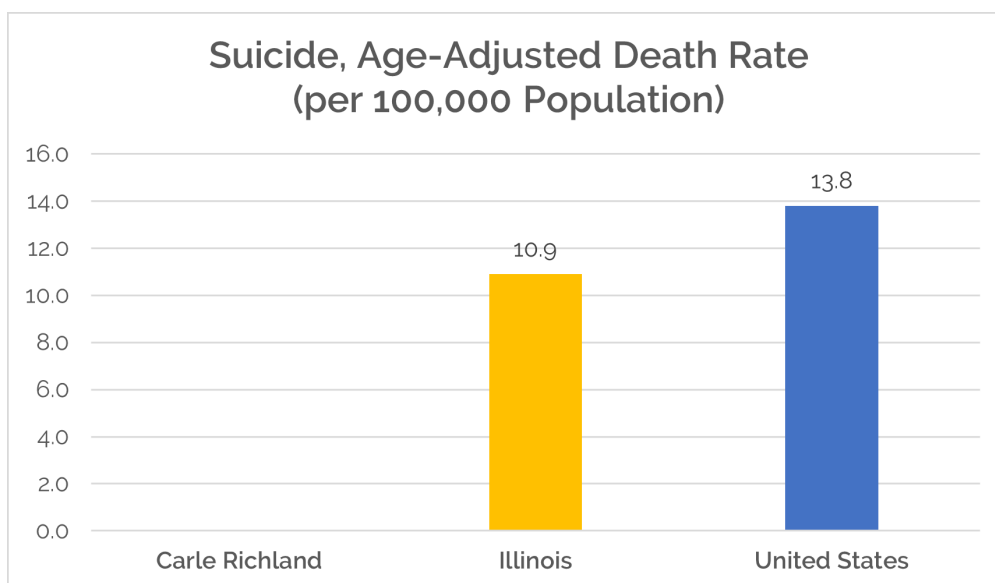
Mortality – Suicide

This indicator reports the 2015-2019 five-year average rate of death due to intentional self-harm (suicide) per 100,000 populations. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant, because suicide is an indicator of poor mental health.

Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.

| Report Area | Total Population, 2015-2019 Average | Five Year Total Deaths, 2015-2019 Total | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|---------------------|--|--|--|---|
| Carle Richland | 108,186 | 64 | 15.9 | No data |
| Clay County, IL | 13,287 | 10 | 15.1 | No data |
| Crawford County, IL | 19,031 | 13 | 13.7 | No data |
| Edwards County, IL | 6,466 | No data | No data | No data |
| Jasper County, IL | 9,588 | No data | No data | No data |
| Lawrence County, IL | 16,096 | 13 | 16.1 | No data |
| Richland County, IL | 15,827 | 12 | 15.2 | No data |
| Wabash County, IL | 11,518 | No data | No data | No data |
| Wayne County, IL | 16,372 | 16 | 19.6 | No data |
| Illinois | 12,775,292 | 7,179 | 11.2 | 10.9 |
| United States | 325,134,494 | 232,186 | 14.3 | 13.8 |

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County.



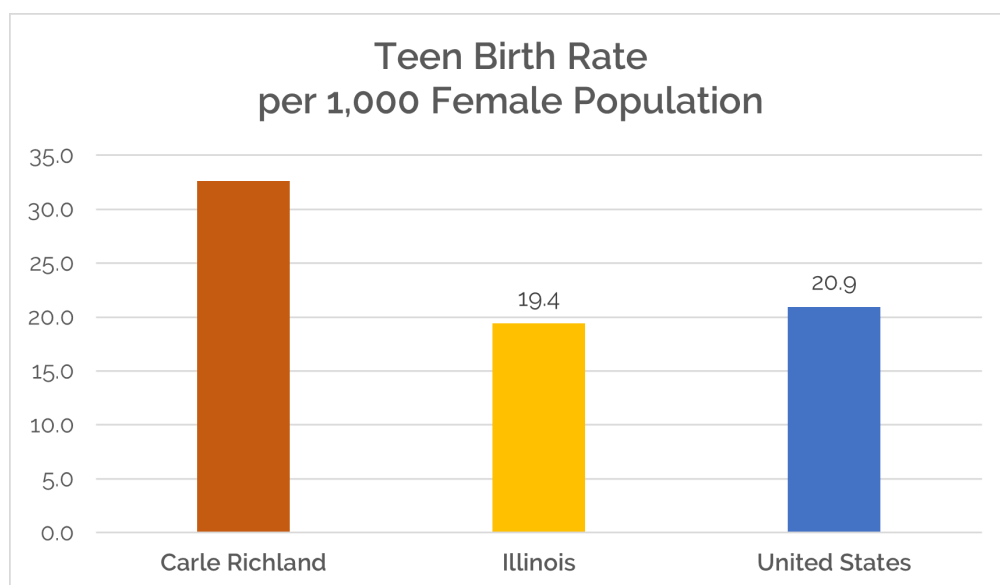
Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2013-2019) and are used for the 2021 County Health Rankings. In the report area, of the 20,437 total female population age 15-19, the teen birth rate is 33 per 1,000, which is greater than the state's teen birth rate of 19.

Note: Data are suppressed for counties with fewer than 10 teen births in the timeframe.

| Report Area | Female Population Age 15-19 | Teen Births, Rate per 1,000 Female Population Age 15-19 |
|---------------------|-----------------------------|--|
| Carle Richland | 20,437 | 32.6 |
| Clay County, IL | 2,656 | 37.7 |
| Crawford County, IL | 3,548 | 27.6 |
| Edwards County, IL | 1,289 | 29.5 |
| Jasper County, IL | 2,033 | 17.2 |
| Lawrence County, IL | 2,504 | 42.7 |
| Richland County, IL | 2,926 | 33.2 |
| Wabash County, IL | 2,189 | 32.4 |
| Wayne County, IL | 3,292 | 36.5 |
| Illinois | 5,783,508 | 19.4 |
| United States | 144,319,360 | 20.9 |

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County.



SUBSTANCE USE

Alcohol – Heavy Alcohol Consumption

In the report area, 23,452 or 21.82% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 21.54%. Data for this indicator were based on survey responses to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey are used for the 2021 County Health Rankings. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more drinks for women per day, over the past 30 days. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking: examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse.

| Report Area | Total Population (2018) | Adults Reporting Excessive Drinking | Percentage of Adults Reporting Excessive Drinking |
|---------------------|-------------------------|-------------------------------------|---|
| Carle Richland | 107,472 | 23,452 | 21.82% |
| Clay County, IL | 13,253 | 2,815 | 21.24% |
| Crawford County, IL | 18,807 | 4,268 | 22.70% |
| Edwards County, IL | 6,392 | 1,443 | 22.58% |
| Jasper County, IL | 9,611 | 2,156 | 22.44% |
| Lawrence County, IL | 15,765 | 3,365 | 21.35% |
| Richland County, IL | 15,763 | 3,386 | 21.48% |
| Wabash County, IL | 11,549 | 2,540 | 21.99% |
| Wayne County, IL | 16,332 | 3,476 | 21.29% |
| Illinois | 12,741,080 | 2,743,995 | 21.54% |
| United States | 327,167,434 | 62,733,046 | 19.17% |

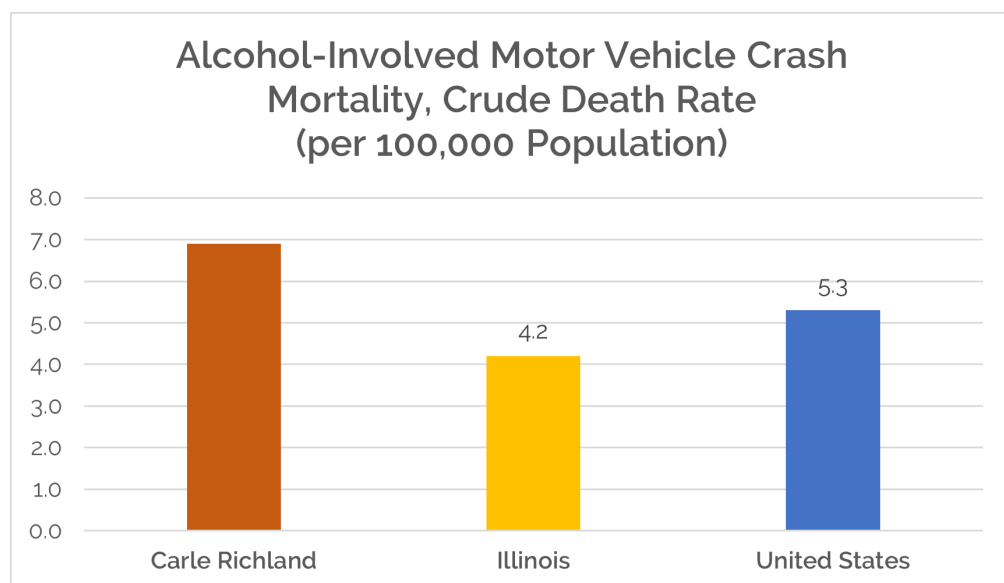
Note: This indicator is compared to the state average. Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2018. Source geography: County.

Mortality – Motor Vehicle Crash, Alcohol Involved

Motor vehicle crash deaths are preventable and are a leading cause of death among your persons. This indicator reports the crude rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. Within the report area, there are a total of 23 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 7 people per every 100,000 total population.

| Report Area | Total Population (2010) | Alcohol-Involved Crash Deaths (2015-2019) | Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population |
|---------------------|-------------------------|---|---|
| Carle Richland | 111,824 | 23 | 6.9 |
| Clay County, IL | 13,815 | 3 | 7.2 |
| Crawford County, IL | 19,817 | 3 | 5.0 |
| Edwards County, IL | 6,721 | 0 | 0.0 |
| Jasper County, IL | 9,698 | 4 | 13.7 |
| Lawrence County, IL | 16,833 | 6 | 11.9 |
| Richland County, IL | 16,233 | 1 | 2.1 |
| Wabash County, IL | 11,947 | 2 | 5.6 |
| Wayne County, IL | 16,760 | 4 | 8.0 |
| Illinois | 12,830,632 | 1,618 | 4.2 |
| United States | 312,443,997 | 49,522 | 5.3 |

Note: This indicator is compared to the state average. Data Source: U.S. Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2015-2019. Source geography: Address.



DIVERSITY AND MINORITY HEALTH STATUS

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The ADI ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (education; income and employment; housing; and household characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

| Report Area | Total Population | State Percentile | National Percentile |
|---------------------|------------------|------------------|---------------------|
| Carle Richland | 102,521 | 84 | 79 |
| Clay County, IL | 13,287 | 85 | 82 |
| Crawford County, IL | 16,197 | 83 | 79 |
| Edwards County, IL | 6,455 | 88 | 82 |
| Jasper County, IL | 9,594 | 75 | 71 |
| Lawrence County, IL | 13,274 | 88 | 83 |
| Richland County, IL | 15,766 | 81 | 77 |
| Wabash County, IL | 11,546 | 84 | 79 |
| Wayne County, IL | 16,402 | 85 | 81 |
| Illinois | 12,550,547 | No data | 49 |
| United States | 320,934,417 | No data | No data |

*Data Source: US Census Bureau, American Community Survey. 2015-2019.
Source geography: County*

Uninsured Population

In the report area, 6.58% of the total civilian, non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 6.83%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

| Report Area | Total Population | | Uninsured Population | Uninsured Population, Percent |
|---------------------|---|--|----------------------|-------------------------------|
| | (For Whom Insurance Status is Determined) | | | |
| Carle Richland | 102,805 | | 6,768 | 6.58% |
| Clay County, IL | 13,119 | | 837 | 6.38% |
| Crawford County, IL | 16,659 | | 1,020 | 6.12% |
| Edwards County, IL | 6,428 | | 401 | 6.24% |
| Jasper County, IL | 9,532 | | 630 | 6.61% |
| Lawrence County, IL | 13,675 | | 1,033 | 7.55% |
| Richland County, IL | 15,571 | | 674 | 4.33% |
| Wabash County, IL | 11,466 | | 815 | 7.11% |
| Wayne County, IL | 16,355 | | 1,358 | 8.30% |

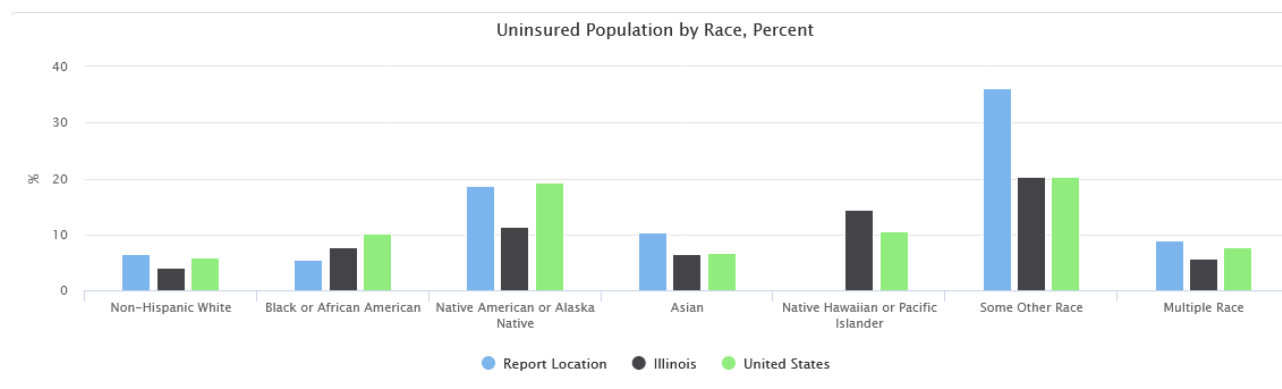
Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey, 2015-2019. Source geography: Tract.

Uninsured Population by Ethnicity Alone

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The ADI ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (education; income and employment; housing; and household characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

| Report Area | Hispanic or Latino | Not Hispanic or Latino | Hispanic or Latino, Percent | Not Hispanic or Latino, Percent |
|---------------------|--------------------|------------------------|-----------------------------|---------------------------------|
| Report Location | 201 | 6,567 | 15.52% | 6.47% |
| Clay County, IL | 0 | 837 | 0.00% | 6.39% |
| Crawford County, IL | 33 | 987 | 12.50% | 6.02% |
| Edwards County, IL | 35 | 366 | 39.33% | 5.77% |
| Jasper County, IL | 0 | 630 | 0.00% | 6.63% |
| Lawrence County, IL | 47 | 986 | 21.17% | 7.33% |
| Richland County, IL | 6 | 668 | 2.30% | 4.36% |
| Wabash County, IL | 70 | 745 | 22.73% | 6.68% |
| Wayne County, IL | 10 | 1,348 | 9.80% | 8.29% |
| Illinois | 347,506 | 512,106 | 16.03% | 4.91% |
| United States | 10,515,589 | 17,733,024 | 18.22% | 6.77% |

Data Source: US Census Bureau, American Community Survey, 2015-2019. Source geography: County.



Social Vulnerability Index

The degree to which a community exhibits certain social conditions including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.45, which is which is less than the state average of 0.49.

| Report Area | Total Population | Socioeconomic Theme Score | Household Composition Theme Score | Minority Status Theme Score | Housing & Transportation Theme Score | Social Vulnerability Index Score |
|---------------------|------------------|---------------------------|-----------------------------------|-----------------------------|--------------------------------------|----------------------------------|
| Report Location | 108,661 | 0.48 | 0.61 | 0.32 | 0.45 | 0.45 |
| Clay County, IL | 13,338 | 0.50 | 0.97 | 0.33 | 0.51 | 0.61 |
| Crawford County, IL | 19,088 | 0.45 | 0.31 | 0.48 | 0.39 | 0.38 |
| Edwards County, IL | 6,507 | 0.35 | 0.70 | 0.14 | 0.19 | 0.24 |
| Jasper County, IL | 9,598 | 0.39 | 0.57 | 0.20 | 0.16 | 0.24 |
| Lawrence County, IL | 16,189 | 0.73 | 0.57 | 0.48 | 0.88 | 0.78 |
| Richland County, IL | 15,881 | 0.54 | 0.64 | 0.21 | 0.35 | 0.41 |
| Wabash County, IL | 11,573 | 0.40 | 0.49 | 0.28 | 0.32 | 0.32 |
| Wayne County, IL | 16,487 | 0.38 | 0.77 | 0.27 | 0.53 | 0.43 |
| Illinois | 12,821,497 | 0.39 | 0.22 | 0.77 | 0.60 | 0.49 |
| United States | 322,903,030 | 0.30 | 0.32 | 0.76 | 0.62 | 0.40 |

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018. Source geography: Tract.

EMERGENCY PREPAREDNESS

The Carle Richland Memorial Hospital works with the United States Health and Human Services Office of the Assistant Secretary for Preparedness and Response (US-HHS ASPR), the Illinois Department of Public Health, county health departments, the Illinois Emergency Management Agency, and other state, regional, and local partners to plan, exercise, and equip for emergency preparedness and to ensure the ability to address a wide range of potential emergencies, ranging from disasters of all causes to pandemics and terrorism.





Mental Health
Services



Flexible
Transportation



Improved
Access



Dental
Care

IDENTIFICATION AND PRIORITIZATION OF NEEDS

PROCESS

The findings of the focus groups were presented, along with secondary data, analyzed by the consultant, to a third group for identification and prioritization of the significant health needs facing the community. The group consisted of representatives of public health, community leaders, healthcare providers, and community services providers. The meeting was convened on June 26, 2021, utilizing virtual conferencing.

The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included SparkMap, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources.

DESCRIPTION OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Following the review, the group identified and then prioritized the following as being the significant health needs facing the Carle Richland Memorial Hospital service area:

1. Mental health services for children, adolescents, and adults, including:
 - a. Youth and adult inpatient care for treatment through recovery
 - b. Improved access to counseling for youth, including services at schools
 - c. Inpatient behavioral health and substance use crisis care
 - d. Addiction medicine services, including Medication Assisted Treatment
2. Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation opportunities at home
3. Improved opportunities to achieve wellness through:
 - a. Access to healthy foods and nutrition education
 - b. Access to low cost or free opportunities for recreation and fitness
4. Dental care for underinsured and uninsured





Resources



Partners



Volunteers



Government

RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

HOSPITAL RESOURCES

- Organization and community development
- Administration
- Departments

HEALTHCARE PARTNERS OR OTHER RESOURCES, INCLUDING TELEMEDICINE

- SIU School of Medicine
- Public Health
- Inpatient providers
- Carle Behavioral Health services
- Carle Health

COMMUNITY RESOURCES

- Schools
- Faith-based organizations
- Local governments
- Public transportation
- County health departments
- Community service agencies
- Law enforcement
- RIDES Mass Transit District
- Embarras River Basin Area Agency (ERBA)
- Volunteers
- City of Olney
- University of Illinois Extension
- Carle Richland Memorial Hospital Auxiliary
- Federally Qualified Health Center
- Dentists
- Others that may be interested in these efforts





Documentation



Online Presence



Comments

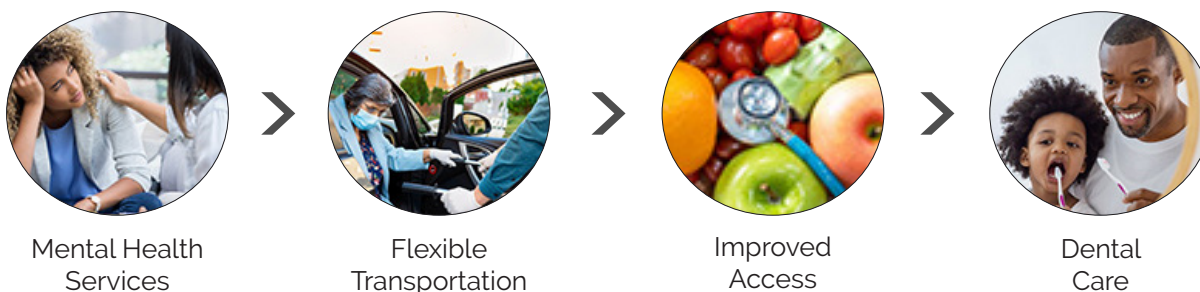


Implementation

DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website, <https://carle.org/about-us/community-health-needs-assessments>. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted Implementation Strategy. A method for retaining written public comments and responses exists, but none were received.



IMPLEMENTATION STRATEGY

PLANNING PROCESS

The results of the assessment process were presented to senior staff through a facilitated discussion for development of a plan to address the identified and prioritized needs. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They recounted some of the steps taken to address previous Community Health Needs Assessments. They also considered internal and external resources potentially available to address the current prioritized needs. The group then considered each of the prioritized needs.

For each of the four prioritized needs, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

IMPLEMENTATION STRATEGY

The group addressed the needs with the following strategies:

1. Mental health services for children, adolescents, and adults, including:

- a. Youth and adult inpatient care for treatment through recovery
- b. Improved access to counseling for youth, including services at schools
- c. Inpatient behavioral health and substance use crisis care
- d. Addiction medicine services, including Medication Assisted Treatment

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital will explore increasing access to Medication Assisted Treatment/recovery resources
- Carle Richland Memorial Hospital will explore increasing relationships with inpatient behavioral health and substance use disorder providers
- Carle Richland Memorial Hospital will provide reasonable and appropriate support to development of the crisis program at Lawrence County Health Department
- Carle Richland Memorial Hospital will explore developing tele-counseling
- Carle Richland Memorial Hospital will explore new avenues to increase access to counseling
- Carle Richland Memorial Hospital will continue and expand the Mental Health First Aid program

Anticipated impacts of these actions:

Carle Richland Memorial Hospital anticipates that the steps set out above will create increased access to counseling for youth and adults, medication assisted treatment, and inpatient and crisis care for behavioral health and substance use disorder.

Programs and resources the hospital plans to commit to address the health need:

- Administrative team

Planned collaboration between the hospital and other facilities or organizations:

- SIU School of Medicine
- Public Health
- Inpatient providers
- Law enforcement
- Carle Behavioral Health services

2. Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation opportunities at home

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital will explore expanding care coordination services to include transportation.

Anticipated impacts of these actions:

Carle Richland Memorial Hospital anticipates the expanding care coordination services to include improved coordination of transportation with appointments and also addressing patient needs related to transportation.

Programs and resources the hospital plans to commit to address the health need:

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- RIDES Mass Transit District
- Embarras River Basin Area Agency (ERBA)

3. Improved opportunities to achieve wellness through:

- a. Access to healthy foods and nutrition education
- b. Access to low cost or free opportunities for recreation and fitness

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital will explore development of a community garden program.
- Carle Richland Memorial Hospital will continue the demonstration garden for nutrition education.
- Carle Richland Memorial Hospital will provide funding for lighting to enhance use of the community walking path in Olney.
- Carle Richland Memorial Hospital will explore expanding services of Carle Health's Mobile Market.
- Carle Richland Memorial Hospital will partner with Carle Health to provide the community with access to video with health and wellness content.
- Carle Richland Memorial Hospital will continue to support local youth sports.

Anticipated impacts of these actions:

Carle Richland Memorial Hospital anticipates that the addition of the programs and services to be undertaken will improve opportunities to achieve wellness through access to healthy foods and nutrition education, and access to low cost or free opportunities for recreation and fitness.

Programs and resources the hospital plans to commit to address the health need:

- Administrative team
- Organizational and community development

Planned collaboration between the hospital and other facilities or organizations:

- Volunteers
- Carle Health
- City of Olney
- University of Illinois Extension
- Carle Richland Auxiliary

4. Dental care for underinsured and uninsured

Actions the hospital intends to take to address the health need:

Carle Richland Hospital continues to recognize the importance of access to dental care and the impact of dental care on wellness but observes that dental care is not a function for which the hospital is well-suited. Carle Richland Hospital recognizes that the Federally Qualified Health Center may be better positioned to address this issue and the hospital will promote partnerships between dentists, the FQHC, and any other potential partners as reasonably possible.

Anticipated impacts of these actions:

Any impacts from any developments on this issue are dependent on external partners and solutions they may offer.

Programs and resources the hospital plans to commit to address the health need:

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Federally Qualified Health Center
- Dentists
- Others that may be interested in this effort
- Public Health

Addressing Equity and Social Determinants of Health

Carle Health is committed to providing world-class care and services to the communities they serve through empathy and inclusion. The Diversity, Equity, and Inclusion Steering Committee provides advisory support to the Board of Trustees and Executive Leadership Team to help instill a culture of acceptance by establishing a clear strategy for improving the cultural awareness of the organization and those Carle Richland Memorial Hospital serves. Committee members aim to celebrate and promote the unique characteristics and individual capabilities of their providers, team members, and customers.

Carle Richland Memorial Hospital, in partnership with Carle Health, launched a new portal on the system's internal web browser – offering critical training opportunities for Carle Health staff in areas such as unconscious bias, learning to be more culturally respectful and effective, and more. Additionally, all Carle Richland Memorial Hospital leaders attended a three-part virtual series on “Cultivating A Culture of Inclusion.” and a required unconscious bias training module was also implemented for all team members to complete.

Additionally in 2020, Carle Richland Memorial Hospital staff attended the Illinois Health and Hospital Association's first annual Health Equity Action Day, where staff learned from leaders in the field how hospitals can take concrete actions to advance health equity. In support of the event, Governor J.B. Pritzker signed a proclamation declaring June 18 as the Illinois Health and Hospital Association's Health Equity Action Day.

The Diversity, Equity, and Inclusion Steering Committee will continue to support Carle Richland Memorial Hospital and the rest of the Carle Health System in advising on ways the organization can recruit and promote a racially and culturally diverse workforce, procure goods and services locally from historically under-represented communities, offer training that addresses cultural competency and implicit bias, and forge partnerships and investments that address social needs such as food, housing, and community safety.



Focus Groups



Administration



Organizations



Business

REFERENCES AND APPENDIX

Focus Group Participants

Pastor Jeff Bealmear, Richland County Ministerial Alliance

Teresa Dallmier, The Master's Hands

Deanna Mitchell, Richland County Housing Authority (RCHA)

Linda Warner, Stopping Woman Abuse Now (SWAN)

Lisa Totten, Department of Human Services

Chris Simpson, Richland County Community Unit 1 Schools

Sara Buehnerkemper, Richland County Addiction Prevention Coalition

Jennifer Foster, Community Unit School District 20

Rodney Ranes, Olney Central College

Chris Thilker, Caseworker, Carle Richland Memorial Hospital

Micah Drummond, Richland County TB and Public Health Office

Jeff Johnson, Arrow Ambulance

Taja Wheeler, SIHF

Jeannie Johnson, Jasper County Health Department (Behavioral Health)
Amelia Pauley, PMHNP, Carle Richland Memorial Hospital
Sandy Zumbahlen, Jasper County Health Department (DON)
Melissa Kuentler, NP, Convenient Care, Carle Richland Memorial Hospital
Nicole Schoenborn, Wayne County Health Department
Amelia Pauley, PMHNP, Carle Richland Memorial Hospital
Christine Thilker, Caseworker, Carle Richland Memorial Hospital
John Walsh, External Affairs, Carle Health
Kylie Garbe, NP, SIHF
Lindsey Schmucker

Identification and Prioritization Group

Deanna Mitchell, Richland County Housing Authority (RCHA)
Micah Drummond, Richland County TB and Public Health Office
Jeannie Johnson, Jasper County Health Department (Behavioral Health)
Holly O'Brien, Social Worker, RCCU 1
Lisa Totten, Case Manager, Department of Human Services

Administrative Team

Sara Buehnerkemper, Director of Ancillary Services, CRMH

Gina Thomas, President, Carle Richland Memorial Hospital

Christina Bare, Director of Physician Practices, CRMH

Tynan O'Neil, Director of Business Development and Operations, CRMH

Sarah Fehrenbacher, Director of Quality, CRMH

Dusty Jacobsen, Director of Nursing, CRMH

Dates Adopted/Approved

Carle Richland Memorial Hospital's Community Health Needs Assessment was adopted and approved by the Carle Richland Memorial Hospital Board on 10/26/2021. The Community Benefit Implementation Plan was adopted and approved by the Board of Trustees on 10/26/2021.



Richland Memorial Hospital

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