

# Carle Richland Memorial Hospital

**2024** Community Health Needs Assessment



## Table of Contents

<b>Introduction</b>	<b>3</b>
Mission, Vision and Values	
Executive Summary	
<b>Background</b>	<b>10</b>
2021 CHNA results	
Definition of the Community/Service Area Key Facts	
Description of the Community Health Needs Identified	
Process Methods and Accountability	
<b>Board Approval</b>	<b>23</b>

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# Introduction

Successor to the Olney Sanitarium, opened by Dr. George T. Weber in 1898, 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 Health and Richland Memorial began exploring full integration to increase access to healthcare services and providers in southeastern Illinois.

The board of directors 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 Health, to remain aligned with our mission and vision. In 2018, a formal agreement was made to provide air ambulance services to the county.



# Mission, Vision and Values

## **Mission**

To be your trusted partner in all healthcare decisions.

## **Vision**

Improve health by providing highly accessible, world-class care and service.

## **Values**

### *-Excellence*

We're committed to being the very best in all we do.

### *-Integrity*

We're grateful for the trust placed in us by those we serve, and we always strive to do the right thing.

### *-Inclusivity*

We welcome, respect, and value every individual.

### *-Compassion*

We seek to understand and empathize with others.


### *-Accountability*

We take ownership of everything we do in a way people can count on.



Arthur and Maxine Helmen  
Women's Health Center and Front Entrance  
Dedicated March 2, 2008

This addition to Eastland Memorial Hospital is named  
in memory of  
Arthur and Maxine Helmen.  
Remembered for their philanthropic spirit,  
Mr. and Mrs. Helmen were described by friends and  
loved ones as honest, hardworking and intensely charming.



We remember them always, for they have remembered us.



CARLE COURIER  
PICKUP BOX

Help us provide safe  
care to our patients.



# Executive Summary

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). CHNA is a systematic process involving the community in identifying and analyzing community health needs, assets, and resources to plan and act on 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 to share resources and education, promote operational efficiencies, and improve healthcare services for member critical access and rural hospitals and their communities.

ICAHN, with 60 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 guide planning and implementing 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 Marketing and Communications Senior Account Executive.

Three focus groups met to discuss the state of overall health and wellness in the Richland Memorial Hospital service area and to identify health concerns and needs in the delivery of healthcare and health services 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 these groups provided services to underserved and unserved persons as all or part of their roles. A community survey was also conducted to assess the needs of the larger population of the CRMH service area.

The focus groups' findings, along with secondary data analyzed by the consultant, were presented to a focused group to identify and prioritize the community's significant health needs.



# Richland County, Illinois





## Executive Summary (cont.)

### Identification and Prioritization > Addressing the Need

After their review and discussion, the identification and prioritization group advanced the following goals:

- 1) Access to Care:** Everyone in the region has access to the resources and providers they need to improve their health. This includes primary and specialty care for physical and mental health needs.
- 2) Addressing Social Service Needs and Gaps:** In cooperation with community partners, a plan will be developed to address social needs more effectively for the community.
- 3) Improved Health Knowledge and Literacy:** This includes personal knowledge of the tools and tactics to living a healthier life as well as improved knowledge of the resources available within the community, internal to Carle Richland Memorial Hospital, and other community partners.

The results of the assessment process were then presented to senior staff at Richland Memorial Hospital during a facilitated discussion to develop a plan to address the identified and prioritized needs.

## Addressing the Need > Creating the Plan

The group plans to address the needs with the following strategies:

- Additional screening opportunities: specifically for breast and lung cancers.
- Provide targeted education for the community. This can include topics such as chronic diseases, cancer prevention and detection, and improving personal mental health. To effectively do this, Richland Community will explore partnerships with local and regional partners.
- Leverage 340B savings for patients struggling to pay for prescriptions.
- Continue to develop the scope of the Community Health Initiatives committee to ensure improved awareness and the provision of resources to the community.
- Continue to leverage the partnership with Carle Health for educational opportunities, mental health resources, specialty care resources, and philanthropy.
- Develop a partnership with local schools to educate students on personal, physical, and mental health improvement, as well as health careers.

# Background

The Community Health Needs Process is conducted every three years. Since the 2021 CHNA, Richland Memorial has taken the following steps in response to issues identified and prioritized and the implementation strategy developed to address them.

## Richland Memorial Hospital – CHNA 2021

Four prioritized needs were identified as significant health needs and prioritized:

### Priority #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, and addiction medicine services, including Medication Assisted Treatment.**

Actions Taken:

- A Medication Assisted Treatment program was established.
- Additional health treatment locations were made available through the Carle Health partnership.
- Supported the Crisis Program in cooperation with the local health department.
- Tele-counseling program offered through Carle Health partnership.
- Added Licensed Clinical Professional Counselor positions at hospital/clinic.
- Developed and trained over 1000 participants in the Mental Health First Aid program in area health departments, school systems, community members, and hospital staff.
- Trained second graders at Richland County Elementary and St. Joseph’s School in the “Little Spot of Emotion.”

### Priority #2

**Flexible transportation for local appointments and assistance when needed for people who have little or no transportation at home.**

Actions Taken:

Social workers developed a partnership with RIDES Mass Transit and local EMS to provide rides for inpatients in need. RIDES has also made the Carle Olney Clinic a regular route stop to assist with outpatient needs.



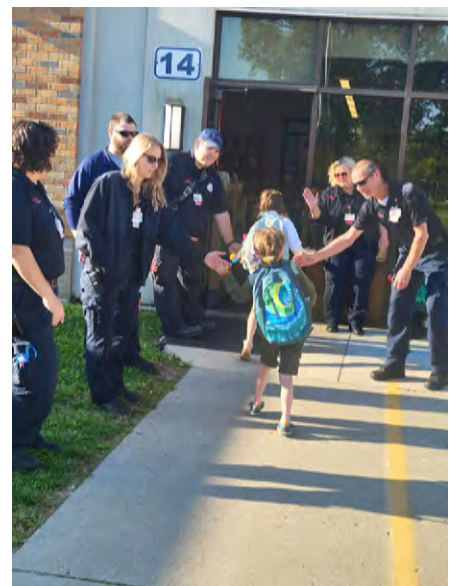
### Priority #3

**Improved opportunities to achieve wellness through access to healthy foods and nutrition education and access to low-cost or free opportunities for recreation and fitness.**

Actions Taken:

- In 2022, Carle Richland Memorial Hospital partnered with the local high school to raise a community garden. Unfortunately, due to the lack of volunteers to tend the garden, this only was done for one year.
- Volunteers planted a demonstration garden and used the produce for the hospital salad bar, and the dietician used this to show patients how to prepare healthy foods and seasoning food with alternatives to salt.
- Carle Richland Memorial Hospital provided lighting for the Carle Health Trail walking path in Olney. The community received this very well, and it was mentioned several times in the on-site meetings as a highlight of the past three years.
- An attempt was made to get the Carle Health Mobile Market to come to the community regularly, but this was not possible due to scheduling conflicts.
- Through a partnership with Elsevier, additional wellness and health content videos were made available to the community via social media channels.
- Carle Richland Memorial Hospital continued its support of local high schools, junior colleges, and community youth sports. The community mentioned this as a highlight of the past three years.
- Carle Richland Memorial Hospital assisted with the opening of new pickleball courts and a splash pad for community use in 2023.

*Carle Richland Memorial Hospital staff high-five local elementary school students.*



## Background (cont.)

### Priority #4

#### **Dental care for the underinsured and uninsured.**

##### Actions Taken:

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

## Evaluation of Prior Impact:

- Over 1000 participants were trained in the Mental Health First Aid program.
- All second-grade students at Richland County Elementary School and St. Joseph's School were trained using the "Little Spot of Emotion."
- RIDES now includes Carle Olney Clinic on their regularly scheduled routes.
- Lighting was added to the Carle Health Trail walking path in Olney.
- Healthy foods grown in their gardens are used for the hospital cafeteria for workers and visitors and are used by the dietician for demonstration purposes.
- New pickleball courts were opened in Olney.
- A splash pad was opened in Olney.





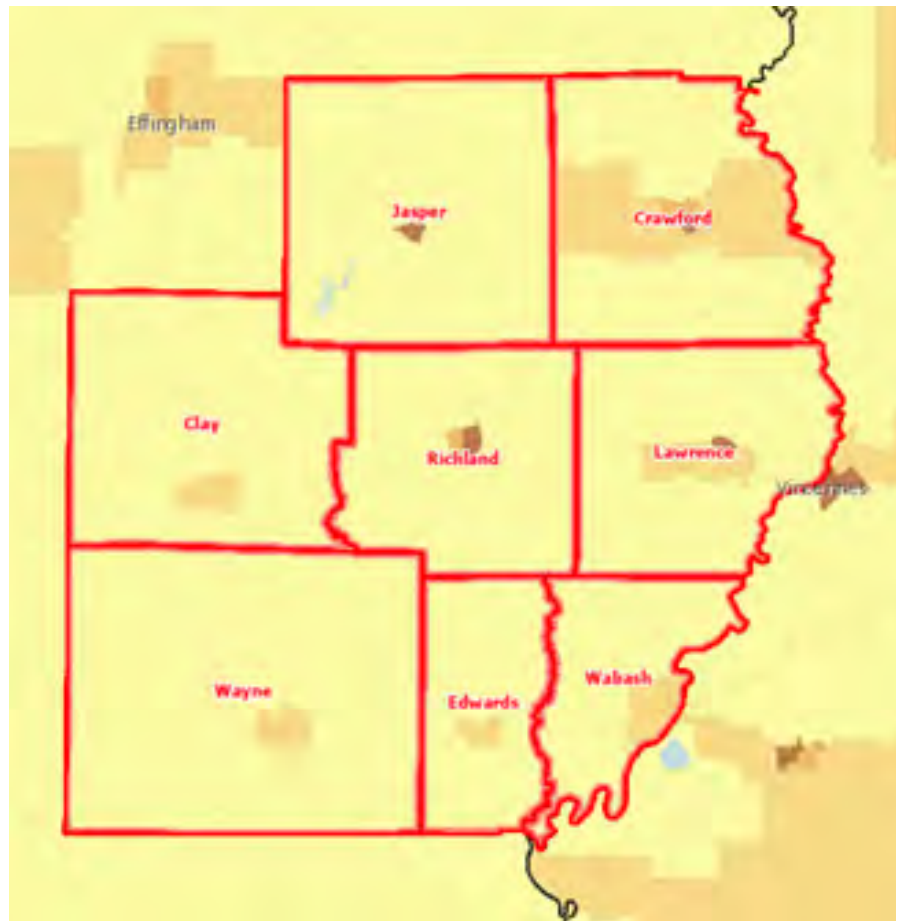
# Carle Richland Memorial Hospital Service Area

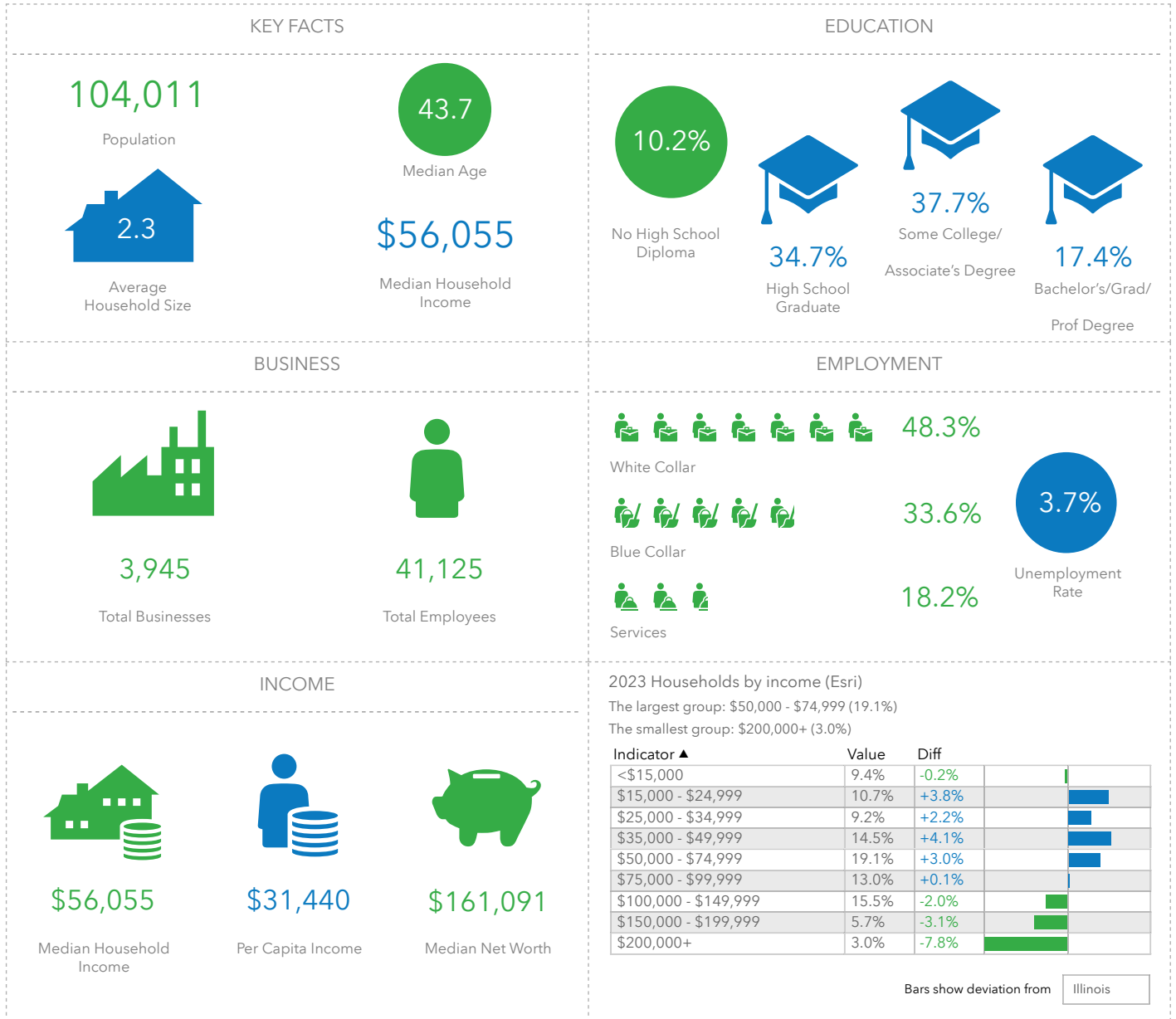
For this CHNA, Richland Memorial Hospital defined its primary service area and populations within the geographic area in and surrounding Olney, Illinois in Richland County defined below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility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

A total of 106,132 people live in the 3,298 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-20 10-year estimates. The population density for this area, estimated at 32 persons per square mile, is less than the national average population density of 92 persons per square mile.

*The Carle Richland Memorial Hospital service area is defined by the following rural communities.*

- Olney
- Flora
- Lawrenceville
- Albion
- Newton
- Robinson
- Mt. Carmel
- Fairfield





Source: This infographic contains data provided by Esri (2023, 2028), Esri-Data Axle (2023). © 2024 Esri

The average household size of the area, at 2.3, is lower than both Illinois and the U.S. The median age is 43.7 years, which is higher than Illinois and the U.S. median ages. The largest education segment is high school graduates followed by those with some college. 10.2% of the population has no high school diploma or GED and 34.7% of the community's population have only a high school degree. Unemployment at the time of writing was 3.7%, roughly equivalent to the averages of the unemployment rate in Illinois and the United States.

Employment in this community is 48.3% white collar, 33.6% blue collar, and 17.4% service sector.

As is the case in much of rural Illinois, the median household income in the service area, \$56,055, is lower than the statewide or national average.

# Social Determinants of Health (SDoH)

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:

## AT RISK POPULATION PROFILE CRMH

esri | THE ESRI COMPANY | Geopoint | Geography: County



**104,011** Population

**42,580** Households

**2.33** Avg Size

**43.7** Median Age

**14,830** Households With Disability

**2,795** Households Without Vehicle

**23,246** Population 65+

**AT RISK POPULATION**

Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	16,679	59,428	20,855	96,962
Spanish	208	1,719	96	2,023
Spanish & English Well	188	1,238	45	1,471
Spanish & English Not Well	17	442	51	510
Spanish & No English	3	39	0	42

Median Household Income	Median Home Value	Wealth Index	Housing Affordability	Diversity Index
<b>\$56,055</b>	<b>\$106,405</b>	<b>63</b>	<b>194</b>	<b>18</b>

### POVERTY AND LANGUAGE

**13%** Households Below the Poverty Level

**5,615** Households Below the Poverty Level

**0** Pop 65+ Speak Spanish & No English

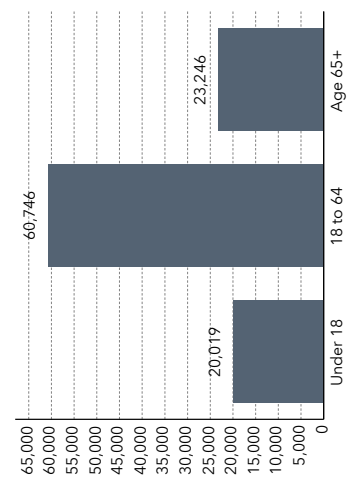
### POPULATION AND BUSINESSES

**96,879** Daytime Population

**3,945** Total Businesses

**41,125** Total Employees

### POPULATION BY AGE



Source: This infographic contains data provided by Esri (2023, 2028), ACS (2017-2021), Esri-Data Axle (2023).

# Five Key Areas of SDoH

**Healthcare Access and Quality** includes access to healthcare overall, primary care, health insurance coverage, health literacy, and compliance with recommended screenings and incidents of certain health-related conditions.

**Education Access and Quality** which includes high school graduation rates, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

**Social and Community Context** includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.

**Economic Stability** includes average household income, rates of unemployment, cost of living, people living in poverty, employment, food security, and housing stability.

**Neighborhood and Built Environment** include the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and rates of crime and violence.

# Process

## ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

### Description of Data Sources – Quantitative/Secondary Data

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

Source	Description
Behavioral Risk Factor Surveillance System	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	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. 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.
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	A product of the U.S. Census Bureau which 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 state’s employment agency that collects and analyzes employment information.



Secondary data is initially collected through the SparkMap and ESRI systems and then reviewed.

Questions raised by the data reported from those sources are compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data.

Secondary data and detailed primary data for the Carle Richland Memorial Hospital CHNA is available in a separate document entitled “2024 Carle Richland Memorial Hospital Secondary Data.”

Source	Description
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	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	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 conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute)	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.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

# Primary Data

Three focused groups convened at Richland Memorial Hospital. The groups consisted of community members representing 23 organizations that operate in and around the service area. The full list of representatives can be found in the secondary data document.

Anecdotal data collected from the focused groups revealed the following:

## The top five (5) strengths:

- Access to Convenient Care
- The ability of community partners to work together
- Specialty services in the community
- Emergency department care and minimal wait times
- Continued support for wellness efforts in the community (walking path, pickleball courts, splash pad, youth and school sports)

## The top five (5) opportunities that need to be addressed:

- Mental health access and resources
- Health literacy and health education for the community
- Dental resources especially for the Medicaid population
- Networking opportunities for community partners
- Social concerns: adequate and affordable housing, transportation, access to healthy foods

## The top five (5) aspirations:

- Develop mental health resources and services that are easier to access.
- Improve overall knowledge and coordination of community resources.
- Develop ways for the community to address “big city needs in a small town”: homelessness, addiction, and mental health concerns.
- Develop tools to address housing issues.
- Build healthy families by improving skills in relationships, parenting, and understanding of the culture of poverty.

**“We have big city needs in a small town.”**

-Focus Group Participant

# Description of the Community Health Needs Identified

After their review and discussion, the identification and prioritization group advanced the following needs as being the significant community health needs facing the Carle Richland Memorial Hospital service area:

- 1. Access to Care:** Everyone in the region has access to the resources and providers they need to improve their health, including primary and specialty care for physical and mental health needs.
- 2. Addressing Social Service Needs and Gaps:** Everyone in the region will easily find help and access to agencies and providers to meet their social needs.
- 3. Improved Health Knowledge and Literacy:** The community members will have better personal knowledge about the tools and tactics for healthier living. They will also have an improved understanding of the resources available within the community, including those internal to Carle Richland and other community partners.

*Carle Richland Memorial Hospital staff supporting a local 5k race.*



# Resources Available to Meet Priority Health Needs

## **Hospital Resources**

- Executive Team
- Hospital Leadership
- Clinical Providers
- Mental Health Providers
- Marketing Team

## **Healthcare Partners or Other Resources**

- Carle Health
- Local Health Departments
- Illinois Department of Public Health
- Members of ICAHN

## **Community Resources**

- Schools
- Community Action Agencies
- Community Organizations
- Social Services Providers
- Faith-based Organizations
- Local Governments
- Law Enforcement

# Documenting and Communicating Results

This CHNA Report will be available to the community on the hospital's public website, Carle.org. 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.



*Carle Richland Memorial Hospital  
Plant Services staff grilling out.*

## Board Approval

The identified needs and implementation plan received unanimous approval from our local board on Dec. 11, 2024.

### *Notes:*

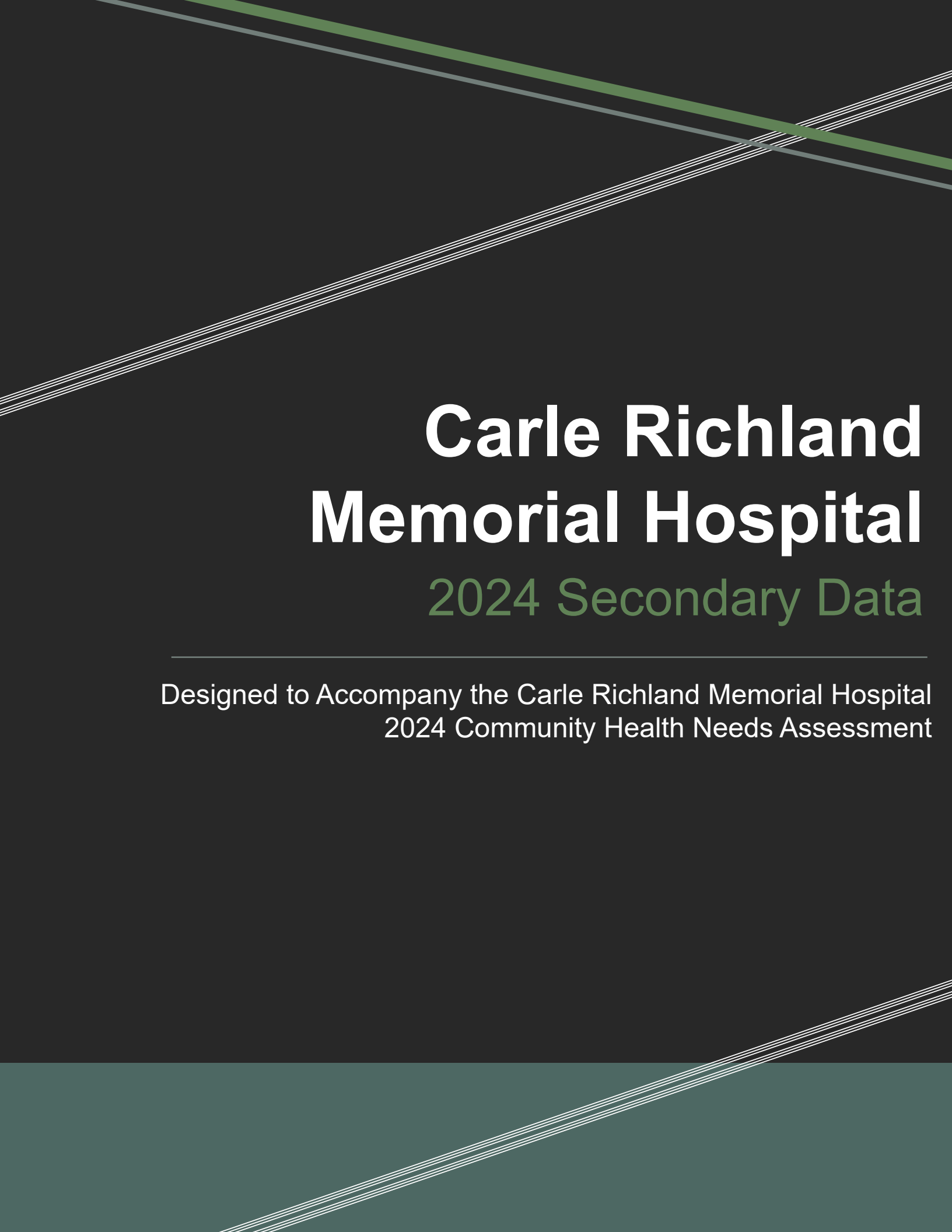
1. Statistics may vary slightly depending on the resource.





## Community Health Needs Assessment | 2024

Carle Richland Memorial Hospital | 800 E. Locust St. | Olney, IL 62450 | (618) 395-2131



# Carle Richland Memorial Hospital

## 2024 Secondary Data

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Designed to Accompany the Carle Richland Memorial Hospital  
2024 Community Health Needs Assessment

# Carle Richland Memorial Hospital

## 2024 Secondary Data

### Table of Contents

Demographic Data	4
Primary Data/Community Survey	10
Education Access and Quality	30
Economic Stability	32
Social and Community Context	38
Healthcare Access and Quality	42
Neighborhood and Physical Environment	62

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# Introduction

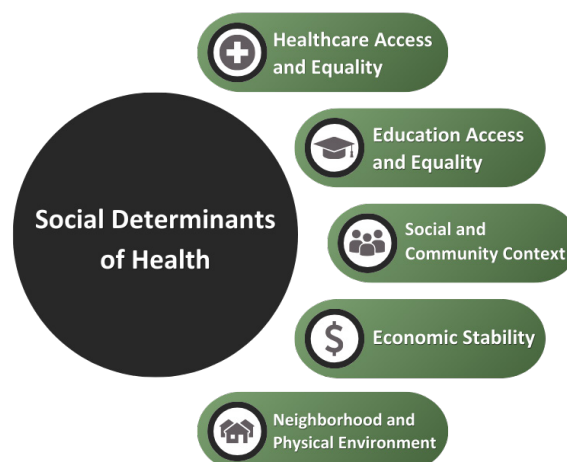
Secondary data is an essential part of the Community Health Needs Assessment (CHNA). It is used as an adjunct to the anecdotal data gathered within the community. It is used to benchmark community data against state and national benchmarks and allows the entity to review and confirm or refute their intuitions about their community.

Healthy People 2030 was developed by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion with the goal of creating initiatives for health improvement based on national data. They have defined the Social Determinants of Health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The areas of focus were developed to represent the broad categories/factors that can impact overall health.

Five areas of focus were defined as follows:

- **Education Access and Quality:** This includes access to educational opportunities, ranging from pre-school to post-secondary educational levels, vocational training, literacy levels, educational achievement, and language.
- **Economic Stability:** This includes employment levels, income, expenses/debt, and support.
- **Social and Community Context:** This includes homelessness, vehicle access, teen birth rates, juvenile and overall crime rates, and young people not in school and not working.
- **Healthcare Access and Quality:** Access to insurance, insurance types, access to primary and dental care, primary care utilization including prevention services, hospital and ED utilization, and healthy behaviors will be included in the dataset.
- **Neighborhood and Physical Environment:** This includes housing and transportation costs, environmental hazards, access to broadband and computers, access to fitness/exercise opportunities, and overall access to food.

Each community determines how to best extract their secondary data either by zip codes or counties defined as the entity primary/secondary service areas.

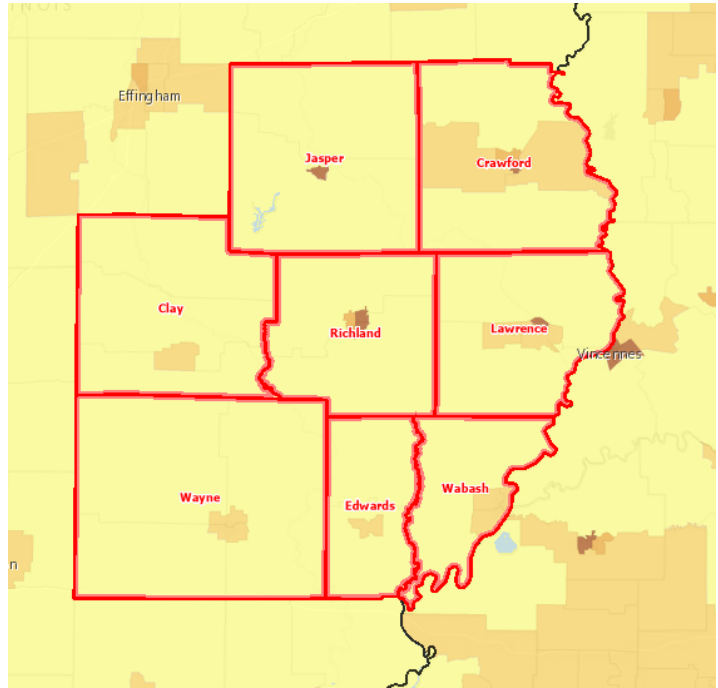
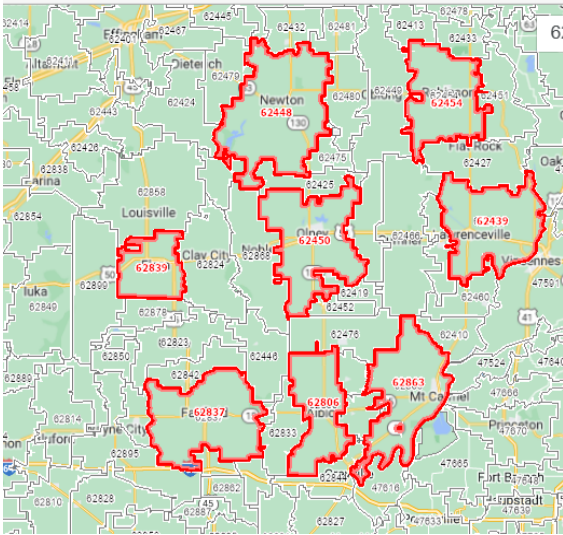




# DEMOGRAPHIC DATA



# SERVICE AREA DEFINITION



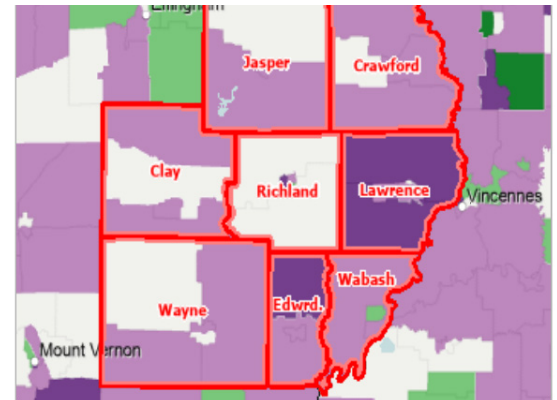
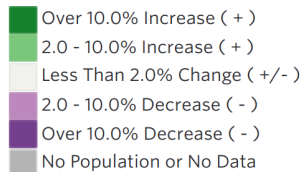
The service area, defined by zip code data include the following rural communities:

- |               |            |
|---------------|------------|
| Olney         | Newton     |
| Flora         | Robinson   |
| Lawrenceville | Fairfield  |
| Albion        | Mt. Carmel |

# DEMOGRAPHIC DATA

## TOTAL POPULATION CHANGE, 2010-2020

Report Area	Total Pop. 2010	Total Pop. 2020	Percentage change
CRMH	111,824	106,132	-5.09%
Illinois	1,283,063	1,281,250	-0.14%
United States	312,471,161	334,735,155	7.13%



## POPULATION BY GENDER

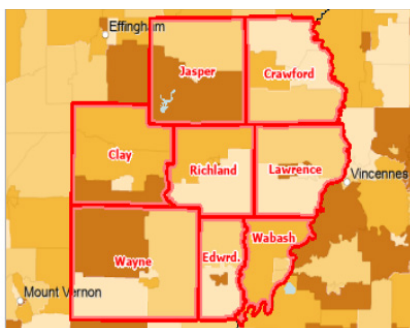
Report Area	Male	Male %	Female	Female %
CRMH	53,972	50.85%	52,160	49.15%
Illinois	6,332,176	49.39%	6,489,637	50.61%
United States	163,206,615	49.50%	166,518,866	50.50%

## POPULATION, UNDER AGE 18

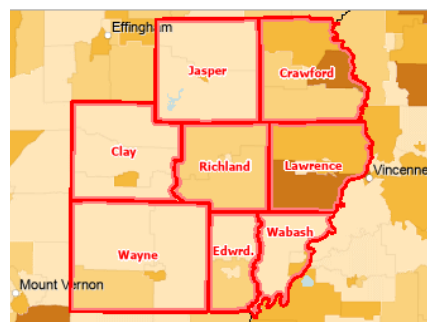
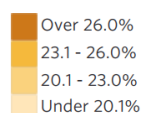
Report Area	Male	Male %	Female	Female %
CRMH	11,878	21.64%	11,402	22.01%
Illinois	6,332,176	49.39%	6,489,637	50.61%
United States	163,206,615	49.50%	166,518,866	50.50%

## PERCENTAGE OF POPULATION BY AGE GROUPS

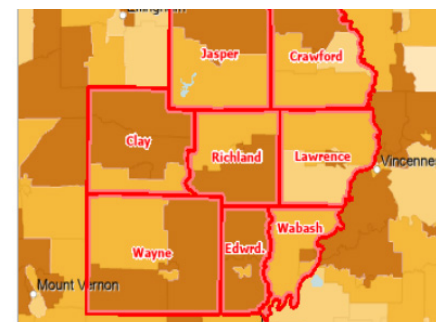
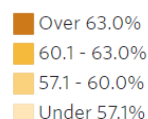
Report Area	<18	18-64	65+
CRMH	21.82%	58.37%	19.81%



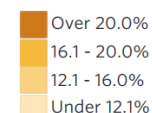
Population Age 0-17, Percent by Tract, ACS 2017-21



Population Age 18-64, Percent by Tract, ACS 2017-21



Population Age 65+, Percent by Tract, ACS 2017-21



## TOTAL POPULATION BY AGE, BY RACE

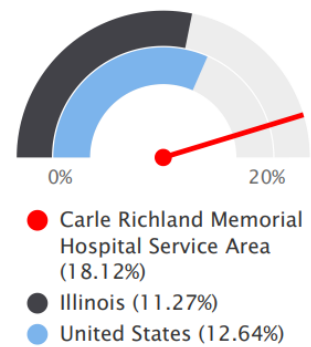
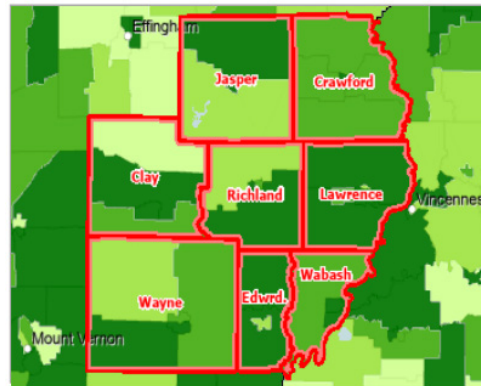
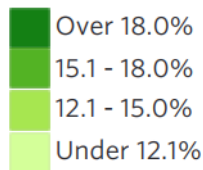
PERCENTAGE TOTALS MAYBE >100, DUE TO REPORTING METHODS

Age	White	Black	Asian	Hispanic/Latino	Mixed/Other
Under 18	94.3%	1.3%	0	1.8%	3.7%
18-64	92.3%	3.9%	0.6%	2.23%	2.9%
65+	97.9%	0.5%	0	3.9%	1.1%

## POPULATION WITH ANY DISABILITY

PERCENTAGE OF THE TOTAL CIVILIAN NON-INSTITUTIONALIZED POPULATION WITH A DISABILITY

Report Area	% with Any Disability
CRMH	18.12%
Illinois	11.27%
United States	12.64%





# AT RISK POPULATION PROFILE

CRMH



ESRI

Geography: County



104,011

Population

42,580

Households

2.33

Avg Size

43.7

Median Age

\$56,055

Median Household Income

63

Wealth Index

194

Housing Affordability

18

Diversity Index

## AT RISK POPULATION



14,830

Households With Disability



23,246

Population 65+



2,795

Households Without Vehicle

## POVERTY AND LANGUAGE



13%

Households Below the Poverty Level



5,615

Households Below the Poverty Level



0

Pop 65+ Speak Spanish & No English



96,879

Daytime Population



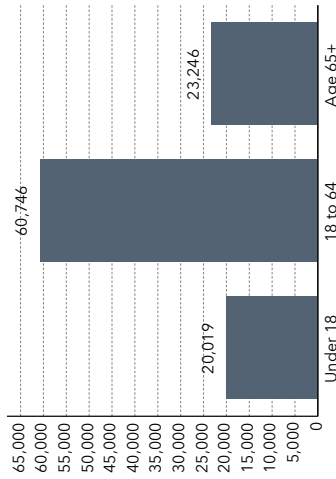
3,945

Total Businesses



41,125

Total Employees



Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	16,679	59,428	20,855	96,962
Spanish	208	1,719	96	2,023
Spanish & English Well	188	1,238	45	1,471
Spanish & English Not Well	17	442	51	510
Spanish & No English	3	39	0	42
Indo-European	289	822	158	1,269
Indo-European & English Well	283	685	84	1,052
Indo-European & English Not Well	0	127	62	189
Indo-European & No English	6	10	12	28
Asian-Pacific Island	26	270	22	318
Asian-Pacific Isl & English Well	26	221	19	266
Asian-Pacific Isl & English Not Well	0	37	0	37
Asian-Pacific Isl & No English	0	12	3	15
Other Language	0	47	3	50
Other Language & English Well	0	47	3	50
Other Language & English Not Well	0	0	0	0
Other Language & No English	0	0	0	0

Source: This infographic contains data provided by Esri (2023, 2028), ACS (2017-2021), Esri-Data Axle (2023).





# PRIMARY DATA

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## **A COMMUNITY SURVEY AND THREE FOCUSED GROUPS CONVENED AT CARLE RICHLAND MEMORIAL HOSPITAL TO COLLECT PRIMARY DATA.**

The focus groups consisted of community members representing 23 organizations that operate in and around the service area.

### **PARTICIPATING ORGANIZATIONS:**

- Red Hill CUSD #10
- The Unity Project
- Department of Human Services
- Giving Hope Olney Food Pantry
- Richland County Community Unit #1
- Olney Central College
- Illinois Easter Community Colleges
- Good Samaritan of Richland County
- Carle Health
- Richland County Health Office
- Carle Richland Memorial Hospital
- Lawrence County Health Office
- SIHF Healthcare
- Clay/Effingham Health Departments
- Edwards County Health Department
- Wayne County Health Department
- Jasper County Health Department
- Richland County Housing Authority
- Ministerial Alliance
- Richland County Sheriff's Office
- Olney Police Department
- City of Olney (online)
- Edwards County Schools (online)

**COMMUNITY SURVEY – 146 PARTICIPANTS**

**CLAY CO SURVEY 2023 – 105 PARTICIPANTS**

## COMMUNITY SURVEY

The community survey was conducted using Survey Monkey and was introduced to the community by using Carle Richland's social media channels. Participation was voluntary and anonymous. 146 people completed the survey over the course of a 14-day period in February/March 2024.

### DEMOGRAPHICS:

Counties: Richland 121 Clay 4 Cumberland 1 No Response 3  
Jasper 9 Lawrence, Edwards, Wabash and Wayne 2

Zip Codes: 62450 – 99; 62868 – 11; 62448 – 5; 62421, 62425, UNK – 4; 62419, 62452, 62466, 62475, 62480, 92863 – 2; 62468, 62540, 62833, 62842 – 1

Number of people in the household: 1 = 13; 2 = 60, 3 = 31, 4 = 23, 5 = 12, 6 = 6, NR = 1

Number of Children under 18: 0 = 85, 1 = 22, 2 = 27, 3 = 8, 4 = 4

Sex: Female = 125; Male = 21

Hispanic or Latino: Yes = 1; No = 145

Race: White = 143, Black, Latino and Asian = 1

Years of Birth: 1930-1939 = 2; 1940-1949 = 4; 1950-1959 = 23; 1960-1969 = 27; 1970-1979 = 23; 1980-1989 = 31; 1990-1999 = 25; After 2000 = 5; NR = 6

### PERSONAL HEALTH

Overall health of the community: Excellent 12  
Very good 58  
Good 60  
Fair 13  
Poor 3

Overall personal health:

Physical health: Excellent 6  
Very good 52  
Good 65  
Fair 18  
Poor 5

Mental Health: Excellent 18  
Very good 49  
Good 51

Social Wellbeing:	Fair	23
	Poor	4
	Excellent	24
	Very good	54
	Good	53
	Fair	11
	Poor	4

Do you have someone you consider your personal provider?

Yes	132
No	13
Unsure	1

How long since you have seen your healthcare provider?

Within 6 months	122
Within 1 year	17
Within 2 years	4
Within 5 years	2
Unsure	1

In the past 12 months have you received \_\_\_\_\_ care?

	Yes	No	Unsure
Dental	105	41	0
Mental	35	108	3
Drug/Alcohol	1	144	1
Tobacco	0	145	1
Script Meds	129	16	0
Vaccines	99	47	0
Birth control	22	123	1
Prenatal	14	130	1
WIC	8	137	1
SNAP	7	137	1
Chronic dx	43	102	1
Acute care	69	75	1
Checkup	116	29	1

In the past 12 months have you needed prescriptions but could not afford them?

Yes	22	15%
No	123	85%

## Things that help make us healthier:

	MAKES IT EASIER FOR ME TO BE HEALTHY	DOES NOT HAVE ANY INFLUENCE ON MY HEALTH	MAKES IT MORE DIFFICULT FOR ME TO BE HEALTHY	DOES NOT EXIST IN MY COMMUNITY
Access to health insurance coverage	70.14% 101	23.61% 34	5.56% 8	0.69% 1
Availability of transportation	53.52% 76	42.25% 60	0.70% 1	3.52% 5
Access to parks, trails or outdoor activities	64.38% 94	33.56% 49	0.68% 1	1.37% 2
Access to community recreational centers	40.69% 59	33.79% 49	1.38% 2	24.14% 35
Access to public libraries	27.40% 40	71.23% 104	0.00% 0	1.37% 2
Access to churches or faith based organizations	40.00% 58	58.62% 85	0.69% 1	0.69% 1
Access to providers (doctors, clinics, etc.) in my community	86.21% 125	7.59% 11	4.83% 7	1.38% 2
Availability of fresh fruits and vegetables at stores near me, community gardens or markets	76.55% 111	13.10% 19	6.90% 10	3.45% 5
Access to workplace or employee wellness	50.35% 72	35.66% 51	3.50% 5	10.49% 15
Availability of family support services, such as those related to domestic or relationship violence or family social services	28.47% 41	65.97% 95	1.39% 2	4.17% 6

## Healthy Behaviors:

	YES, WITHIN THE PAST 30 DAYS.	YES, WITHIN THE PAST 6 MONTHS.	YES, WITHIN THE PAST 12 MONTHS.	NO, NOT IN THE PAST 12 MONTHS.	DO NOT KNOW.
I tried to lose weight.	38.36% 56	17.81% 26	17.81% 26	26.03% 38	0.00% 0
I tried to maintain/keep a healthy weight.	39.73% 58	17.81% 26	25.34% 37	15.75% 23	1.37% 2
I smoked or used tobacco products daily or on most days of the week.	6.90% 10	0.69% 1	1.38% 2	88.97% 129	2.07% 3
I smoked vapor/e-cigarettes daily or most days of the week.	3.45% 5	2.76% 4	1.38% 2	89.66% 130	2.76% 4
I was physically active daily or most days of the week.	40.41% 59	10.96% 16	31.51% 46	15.75% 23	1.37% 2
I got an average of 7 or more hours of sleep most days of the week.	43.84% 64	13.70% 20	24.66% 36	17.81% 26	0.00% 0
I ate home cooked meals daily or on most days of the week.	46.21% 67	13.10% 19	31.72% 46	8.97% 13	0.00% 0
I ate fruits and vegetables with most of my meals daily or on most days of the week.	44.52% 65	15.75% 23	26.03% 38	13.70% 20	0.00% 0
I consumed sugar sweetened drinks daily or on most days of the week. (ex. regular soda, Kool-Aid, etc.)	30.34% 44	6.90% 10	10.34% 15	52.41% 76	0.00% 0



▼ I drank at least 2 or more alcoholic drinks daily or on most days of the week. (Includes beer, wine or any liquor).	8.22% 12	2.74% 4	6.85% 10	80.14% 117	2.05% 3
▼ I used medication at least once that was not my own.	1.37% 2	0.00% 0	2.05% 3	93.84% 137	2.74% 4
▼ I sought medical services in the emergency department.	6.16% 9	9.59% 14	6.85% 10	75.34% 110	2.05% 3
▼ I sought medical services in an urgent care clinic.	11.64% 17	21.92% 32	13.01% 19	51.37% 75	2.05% 3
▼ I participated in cancer screening. (Include any cancer screening: mammogram, occult blood, etc.)	8.90% 13	18.49% 27	26.71% 39	44.52% 65	1.37% 2
▼ I was injured from a fall.	1.37% 2	4.11% 6	4.79% 7	87.67% 128	2.05% 3
▼ I met with social groups or friends in my community.	50.00% 73	7.53% 11	12.33% 18	29.45% 43	0.68% 1
▼ I engaged in unprotected sex. (Do not include your mate.)	6.85% 10	0.68% 1	2.74% 4	87.67% 128	2.05% 3
▼ I shared needles with another person for medication or drugs.	0.68% 1	0.00% 0	0.00% 0	95.89% 140	3.42% 5
▼ I had sexual activity with another person (not my mate) while under the influence of alcohol.	0.68% 1	1.37% 2	0.68% 1	94.52% 138	2.74% 4
▼ I received the flu shot.	1.37% 2	57.53% 84	8.22% 12	31.51% 46	1.37% 2
▼ I received vaccines other than a flu shot.	4.11% 6	26.71% 39	9.59% 14	57.53% 84	2.05% 3

### In the past 12 months, I have experienced:

	OFTEN ▼	SOMETIMES ▼	SELDOM ▼	NEVER ▼
▼ I have been able to talk with a healthcare provider in the language that I am most comfortable with.	92.41% 134	5.52% 8	0.00% 0	2.07% 3
▼ I have felt discriminated against by healthcare providers because of my race, ethnicity or culture.	2.76% 4	2.76% 4	6.21% 9	88.28% 128
▼ Healthcare providers have communicated with me in a clear and respectful manner.	81.38% 118	16.55% 24	1.38% 2	0.69% 1
▼ I have felt discriminated against by a healthcare worker because of my age.	2.76% 4	6.21% 9	6.90% 10	84.14% 122

My personal use of social services:

	I DID NOT FEEL THE NEED FOR THIS TYPE OF SERVICE.	I FELT I NEEDED HELP IN THIS AREA BUT DID NOT LOOK OR ASK FOR HELP.	I TRIED TO FIND HELP IN THIS AREA, BUT DID NOT KNOW WHO/WHERE TO ASK OR COULD NOT FIND HELP.	I SOUGHT AND RECEIVED THIS KIND OF SERVICE.
▼ Food pantry	84.14% 122	5.52% 8	1.38% 2	8.97% 13
▼ Homeless shelter	98.63% 144	0.00% 0	0.68% 1	0.68% 1
▼ Free or emergency childcare help	92.47% 135	1.37% 2	4.11% 6	2.05% 3
▼ Domestic abuse services	96.58% 141	0.68% 1	1.37% 2	1.37% 2
▼ Employment services	94.52% 138	1.37% 2	2.05% 3	2.05% 3
▼ Prenatal programs or breast feeding support	93.15% 136	0.68% 1	2.74% 4	3.42% 5
▼ Mental/behavioral health programs	64.14% 93	13.10% 19	10.34% 15	12.41% 18
▼ Rural transit or city bus services	93.79% 136	2.07% 3	3.45% 5	0.69% 1
▼ Walk in clinic	46.58% 68	3.42% 5	3.42% 5	46.58% 68
▼ Financial help with bills (utility bills, etc.)	81.51% 119	7.53% 11	8.22% 12	2.74% 4
▼ Legal help	84.25% 123	4.11% 6	6.16% 9	5.48% 8
▼ STI/STD testing, treatment or prevention	97.92% 141	0.69% 1	0.69% 1	0.69% 1
▼ Help with my health insurance (regardless of how it is provided)	76.22% 109	7.69% 11	5.59% 8	10.49% 15
▼ Substance abuse services	97.22% 140	0.00% 0	2.08% 3	0.69% 1

My personal income level:

Under \$15,000	4.29%
\$15,000 - \$29,999	4.29%
\$30,000 – \$49,999	15.0%
\$50,000 - \$74,999	18.57%
\$75,000 - \$99,999	25.0%
\$100,000 - \$150,000	25.0%
Over \$150,000	7.86%

My current employment status:

Full time	55.17%
Part time	13.10%
Self-employed	6.21%
Homemaker	2.76%
Student	2.76%
Retired	24.14%
Unable to work	2.76%

Highest level of education:

▼ Some high school	0.00%
▼ High school diploma or GED	10.34%
▼ Some college	19.31%
▼ Associate's degree	25.52%
▼ Bachelor's degree	24.14%
▼ Graduate or professional degree or beyond	20.00%
▼ Trade school certification (mechanic, hairdresser, plumber, etc.)	0.69%

COMMUNITY HEALTH

How would you rate the overall health of the community?

Excellent	1.37%
Very good	8.90%
Good	39.04%
Fair	41.10%
Poor	9.59%

What do you consider the community's most important health issues?

- Mental/behavioral health: depression, stress, anxiety 79.45%
- Substance abuse: tobacco, alcohol, meth, prescription drugs 79.45%
- Chronic disease management: diabetes, heart disease, etc. 71.92%
- Obesity: eating unhealthy foods or lack of healthy foods 69.18%
- Basic needs: food, clothing, transportation, access to care 59.59%
- Lack of exercise: physical inactivity, poor access 47.26%
- Child abuse: child abuse or neglect 32.88%
- Well baby care: prenatal care, postnatal for mom & baby, etc. 27.40%
- Injuries: gun related, care accidents, falls, etc. 12.33%
- Infectious diseases: HIV, chlamydia, other STDs 3.42%

## The importance of community resources:

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT
▼ Clean outdoor air	54.79% 80	33.56% 49	9.59% 14	2.05% 3
▼ Clean indoor air	62.50% 90	34.03% 49	2.08% 3	1.39% 2
▼ Clean recreational water	76.22% 109	21.68% 31	0.70% 1	1.40% 2
▼ Recycling programs	48.63% 71	41.78% 61	8.90% 13	0.68% 1
▼ Access to healthy or fresh foods	83.45% 121	15.17% 22	0.69% 1	0.69% 1
▼ Available and accessible mental health services	80.00% 116	17.24% 25	2.07% 3	0.69% 1
▼ Teen pregnancy interventions	58.90% 86	35.62% 52	4.11% 6	1.37% 2
▼ Domestic violence prevention	73.10% 106	22.76% 33	2.76% 4	1.38% 2
▼ Child abuse prevention	83.56% 122	13.01% 19	2.05% 3	1.37% 2
▼ Youth violence prevention	74.66% 109	21.92% 32	2.05% 3	1.37% 2
▼ Illegal prescription drug use prevention	69.18% 101	24.66% 36	4.79% 7	1.37% 2
▼ Tobacco use prevention	44.52% 65	45.89% 67	6.85% 10	2.74% 4
▼ Drug use or addiction services	73.29% 107	23.29% 34	2.05% 3	1.37% 2
▼ Meth and heroin use prevention programs	76.03% 111	19.86% 29	2.74% 4	1.37% 2
▼ Impaired driving prevention	67.12% 98	27.40% 40	4.79% 7	0.68% 1
▼ Access to healthcare	86.21% 125	13.10% 19	0.00% 0	0.69% 1
▼ Access to birth control	73.79% 107	21.38% 31	2.76% 4	2.07% 3
▼ Access to safe recreational opportunities	63.01% 92	34.25% 50	2.05% 3	0.68% 1

▼ Pest management	41.10% 60	47.26% 69	10.27% 15	1.37% 2
▼ Access to trails and walking paths	47.59% 69	44.14% 64	6.90% 10	1.38% 2
▼ Affordable housing	79.45% 116	17.81% 26	1.37% 2	1.37% 2
▼ Food availability	84.14% 122	13.79% 20	1.38% 2	0.69% 1
▼ Food safety	73.97% 108	19.86% 29	4.11% 6	2.05% 3
▼ Bike lanes or paths	30.34% 44	48.97% 71	17.24% 25	3.45% 5
▼ Services for aging	76.55% 111	21.38% 31	1.38% 2	0.69% 1
▼ Services for homeless	65.07% 95	28.08% 41	5.48% 8	1.37% 2
▼ Disaster/emergency preparedness or response	56.85% 83	39.04% 57	3.42% 5	0.68% 1
▼ Access to good internet services	57.93% 84	28.97% 42	9.66% 14	3.45% 5

## INSURANCE COVERAGE

Medicaid	12.33%
Medicare	19.86%
Private	69.17%
Public	12.33%

## Community Health Needs Assessment Survey 2024

**We ask that the adult (18 years of age or older) in your household who has the most recent birthday complete this questionnaire.**

**These questions help assess the health needs and available services of the community. Your information and the opinions you provide are very important in helping us determine where resources and services are needed.**

1. In what county do you live?

2. What is the zip code of your residence?

3. How many people live in your household? Include everyone who has lived there for at least 2 months including yourself. Include anyone who is staying at your residence for less than 2 months, that has no other place to stay. DO NOT include anyone who is living another place for more than 2 months - like a college student living at school or a person in the Armed Forces on deployment.

4. How many children younger than 18 years of age live in your household?

5. What is your sex?

Male

Female

6. What is your year of birth?

7. Are you of Hispanic, Latino or Spanish origin?

Yes

No



8. What is your race?

- White
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race

9. Would you say your overall general health is

- Excellent
- Very good
- Good
- Fair
- Poor

10. Regarding your personal health, would you say that in general...

	Excellent	Very Good	Good	Fair	Poor
Your physical health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your social well-being is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you currently have any of the following types of healthcare coverage? Please make a selection for EACH row.

	Yes	No	Do not know
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private (employer based, self-insured)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public (Marketplace, Obamacare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How long has it been since you visited a healthcare provider (such as a doctor, nurse practitioner, etc.) Select only one.

- Within the past 6 months
- Within the past year
- Within the past 2 years
- Within the past 5 years
- Don't know/Unsure

13. Do you have a person you think of as your personal doctor or healthcare provider?

- Yes
- No
- Do not know

14. Within the past 12 months, have you received any of the following health-related services? Select one answer for EACH row.)

	Yes	No	Do not know
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug or alcohol treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco/smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting prescription medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting immunizations, such as a flu shot or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care related to birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal or well-baby care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women, Infants & Children (WIC) supported services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Stamps or SNAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease care, such as for diabetes or heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute care, such as for an ear infection, cough, injury or fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual routine physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. During the past 12 months, were there any times you needed prescription medicine but did not get it because you could not afford it?

- Yes
- No
- Do not know

16. There are some things in life that make it easier for us to be healthy and other things that make it harder for us to be healthy. How would you rate the following in terms of if they impact your ability to be healthy?

	Makes it easier for me to be healthy	Does not have any influence on my health	Makes it more difficult for me to be healthy	Does not exist in my community
Access to health insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to parks, trails or outdoor activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to community recreational centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to churches or faith based organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to providers (doctors, clinics, etc.) in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of fresh fruits and vegetables at stores near me, community gardens or markets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to workplace or employee wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of family support services, such as those related to domestic or relationship violence or family social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please indicate whether you have engaged in any of the following behaviors in the past 12 months. Please select one answer for EACH row.

	Yes, within the past 30 days.	Yes, within the past 6 months.	Yes, within the past 12 months.	No, not in the past 12 months.	Do not know.
I tried to lose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

weight.

I tried to maintain/keep a healthy weight.

I smoked or used tobacco products daily or on most days of the week.

I smoked vapor/e-cigarettes daily or most days of the week.

I was physically active daily or most days of the week.

I got an average of 7 or more hours of sleep most days of the week.

I ate home cooked meals daily or on most days of the week.

I ate fruits and vegetables with most of my meals daily or on most days of the week.

I consumed sugar sweetened drinks daily or on most days of the week. (ex. regular soda, Kool-Aid, etc.)

I drank at least 2 or more alcoholic drinks daily or on most days of the week. (Includes beer, wine or any liquor).

I used medication at least once that was not my own.

I sought medical services in the emergency department.

I sought medical services in an urgent care clinic.

I participated in cancer screening. (Include any cancer screening: mammogram, occult

blood, etc.)

I was injured from a fall.

I met with social groups or friends in my community.

I engaged in unprotected sex. (Do not include your mate.)

I shared needles with another person for medication or drugs.

I had sexual activity with another person (not my mate) while under the influence of alcohol.

I received the flu shot.

I received vaccines other than a flu shot.

18. In your opinion, how would you rate the overall health of your community?

- Excellent
- Very good
- Good
- Fair
- Poor

19. What do you think are the FIVE most important health issues in your community.

- Basic needs:** food, shelter, safety, transportation, access to medical care
- Injuries:** gun related, car accidents, 4-wheeler accidents, falls
- Substance abuse:** tobacco, alcohol, meth, heroin, prescription drugs
- Child abuse/Safety:** child abuse or neglect
- Chronic diseases:** diabetes, cancer, heart disease, stroke, high blood pressure, high cholesterol
- Infectious diseases:** HIV, chlamydia or other STDs, Hepatitis, food poisoning
- Well-baby:** prenatal care, after care for mother and newborns, teen pregnancy, unintended or unplanned pregnancy
- Obesity:** eating unhealthy foods, lack of healthy foods
- Lack of exercise:** physical inactivity, poor access to walking paths, sidewalks, parks, recreational activities
- Mental/behavioral health:** depression, stress, anxiety

20. When you think of how your county, city or town allocates resources (both staff and

programming), how important is it to you that resources are spent on each item below?

	Very important	Somewhat important	Not very important	Not at all important
Clean outdoor air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean indoor air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean recreational water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recycling programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthy or fresh foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available and accessible mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen pregnancy interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal prescription drug use prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use or addiction services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth and heroin use prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impaired driving prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to safe recreational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pest management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to trails and walking paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike lanes or paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for aging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



homeless

Disaster/emergency  
preparedness or  
response

Access to good  
internet services

21. During the past 12 months, to what extent have you personally experienced the following.  
(Select one answer for EACH row.)

Often

Sometimes

Seldom

Never

I have been able to  
talk with a  
healthcare provider  
in the language that  
I am most  
comfortable with.

I have felt  
discriminated  
against by  
healthcare providers  
because of my race,  
ethnicity or culture.

Healthcare providers  
have communicated  
with me in a clear  
and respectful  
manner.

I have felt  
discriminated  
against by a  
healthcare worker  
because of my age.

22. Which of the following best describes your personal/family use of social services within the community in the past 12 months?

	I did not feel the need for this type of service.	I felt I needed help in this area but did not look or ask for help.	I tried to find help in this area, but did not know who/where to ask or could not find help.	I sought and received this kind of service.
Food pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free or emergency childcare help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal programs or breast feeding support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/behavioral health programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural transit or city bus services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk in clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial help with bills (utility bills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STI/STD testing, treatment or prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with my health insurance (regardless of how it is provided)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Considering all sources of income, what would you estimate your total household income to be - before taxes in the most recent year?

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000

24. Which of the following best describes your current employment status?

- Employed for wages - full time
- Employed for wages - part time
- Self employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- Homemaker
- Student
- Retired
- Unable to work

25. Which best describes your highest level of education completed?

- Some high school
- High school diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Graduate or professional degree or beyond
- Trade school certification (mechanic, hairdresser, plumber, etc.)

26. How frequently have you used websites to help you find medical information?

	Often	Sometimes	Seldom	Never	N/A - I do not have access to websites via my cell phone or on a computer.
Google, Bing, Yahoo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook or other social media platforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical sites (WebMD, Amercian Cancer Society, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local hospital website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

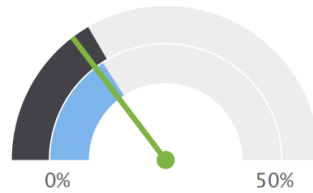
# EDUCATION ACCESS AND QUALITY



## CHRONIC ABSENTEEISM

STUDENTS WHO WERE REPORTED ABSENT 15 OR MORE DAYS DURING THE SCHOOL YEAR

Report Area	Chronic Absence
CRMH	14.65%
Illinois	16.61%
United States	15.87%



- Carle Richland Memorial Hospital Service Area (14.65%)
- Illinois (16.61%)
- United States (15.87%)

## PROFICIENCY

THIS INDICATOR SHOWS 4TH GRADE STUDENT PERFORMANCE ON STANDARDIZED TESTS IN MATH AND LANGUAGE ARTS.

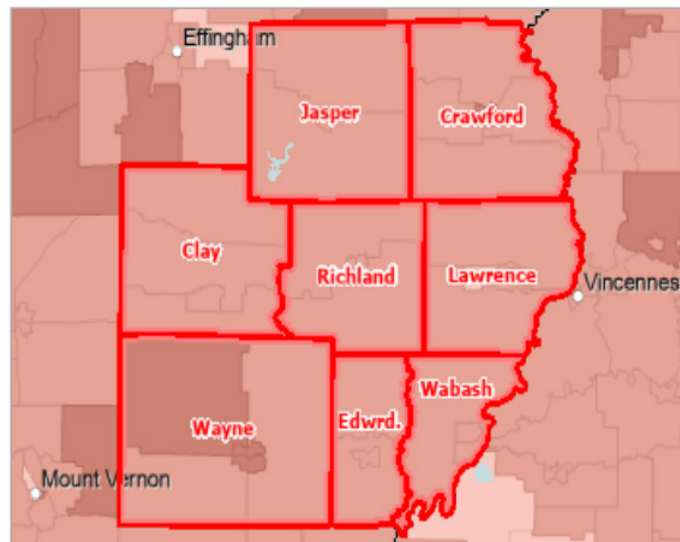
Report Area	Students scoring "not proficient" or worse in MATH	Students scoring "not proficient" or worse in LANGUAGE ARTS
CRMH	80.8%	67.8%
Illinois	81.9%	77.7%
United States	63.9%	60.1%

## HOUSEHOLDS WITH NO COMPUTER

THIS INDICATES THE PERCENTAGE OF HOUSEHOLDS WHO DON'T OWN OR USE ANY TYPE OF COMPUTER INCLUDING DESKTOP OR LAPTOP, SMARTPHONE, TABLET OR OTHER PORTABLE WIRELESS COMPUTER.

Report Area	% of Households with No Computer
CRMH	11.39%
Illinois	7.35%
United States	6.95%

- Over 35.0%
- 25.1 - 35.0%
- 15.1 - 25.0%
- 5.1 - 15.0%
- Under 5.0%



# ECONOMIC STABILITY

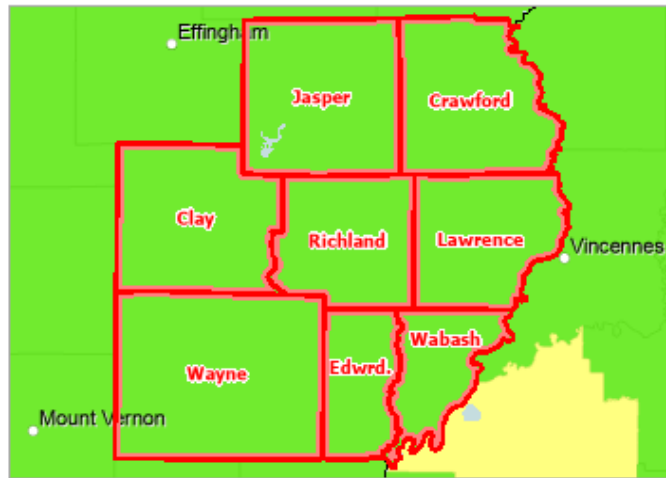
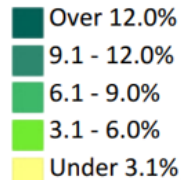
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## EMPLOYMENT – UNEMPLOYMENT RATE

AVERAGE MONTHLY UNEMPLOYMENT RATE, APRIL 2023 – APRIL 2024

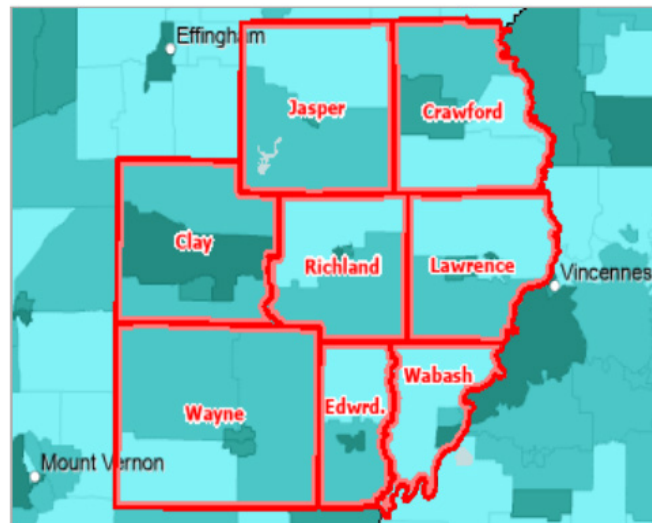
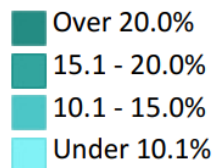
Report Area	Unemployment Rate
CRMH	4.2%
Illinois	4.4%
United States	3.5%



## POVERTY: TOTAL POPULATION BELOW 100% FPL

POVERTY IS CONSIDERED A KEY DRIVER OF HEALTH STATUS.

Report Area	Population in Poverty
CRMH	13.37%
Illinois	11.84%
United States	12.63%



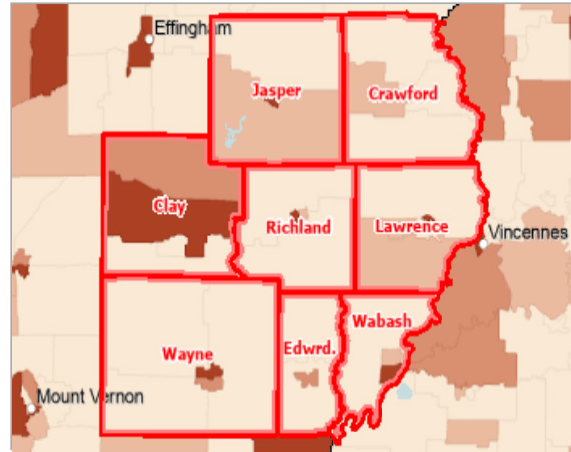
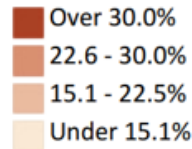
## POVERTY: POPULATION IN POVERTY BY RACE/ETHNICITY ALONE

Report Area	Hispanic/Latino	White	Black	Multiple Races
CRMH	32.58%	12.89%	58.93%	14.34%
Illinois	14.16%	8.93%	24.69%	13.0%
United States	17.71%	10.29%	21.71%	17.89%

## POVERTY: CHILDREN BELOW 100% FPL

CHILDREN AGED 0-17 LIVING IN HOUSEHOLDS WITH INCOME BELOW THE FEDERAL POVERTY LEVEL. THIS IS RELEVANT BECAUSE POVERTY CREATES BARRIERS TO ACCESS INCLUDING HEALTH SERVICES, HEALTHY FOODS, AND OTHER NECESSITIES THAT CONTRIBUTE TO POOR HEALTH STATUS.

Report Area	Pop. <18 living in poverty
CRMH	17.12%
Illinois	15.83%
United States	17.05%



## POVERTY: CHILDREN IN POVERTY BY RACE/ETHNICITY ALONE

TOTAL MAY BE >100% DUE TO MULTIPLE RACE/ETHNICITY REPORTED

Report Area	Hispanic/Latino	White	Black	Multiple Races
CRMH	38.78%	89.9%	6.0%	4.0%
Illinois	19.2%	9.1%	35.5%	15.6%
United States	23.8%	10.4%	31.2%	17.7%

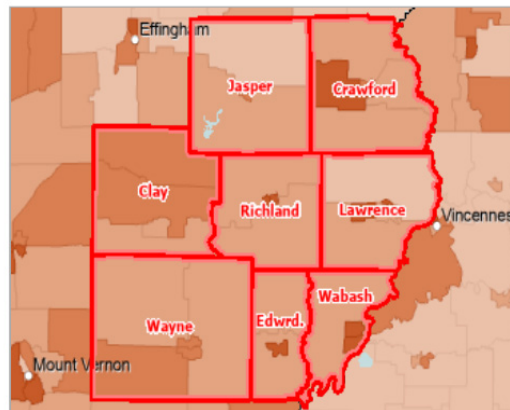
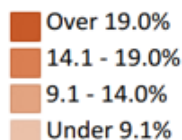
## CHILDREN ELIGIBLE FOR FREE OR REDUCED LUNCH

Report Area	2012-2013	2015-2016	2017-2018	2019-2020
CRMH	48.3%	48.1%	48.3%	47.8%
Illinois	50.6%	49.9%	50.2%	48.7%
United States	51.8%	52.7%	52.1%	52.1%

## SNAP BENEFITS

HOUSEHOLDS RECEIVING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS.

Report Area	Percentage Receiving SNAP
CRMH	15.28%
Illinois	12.59%
United States	11.37%





## SNAP BENEFITS BY RACE/ETHNICITY

OF RACE/ETHNICITY X/Y % RECEIVE SNAP

Report Area	Latino/ Hispanic	White	Black	Multiple Races
CRMH	23.89%	14.88%	88.73%	30.19%
Illinois	17.75%	7.27%	31.82%	18.39%
United States	18.31%	6.92%	24.36%	16.69%

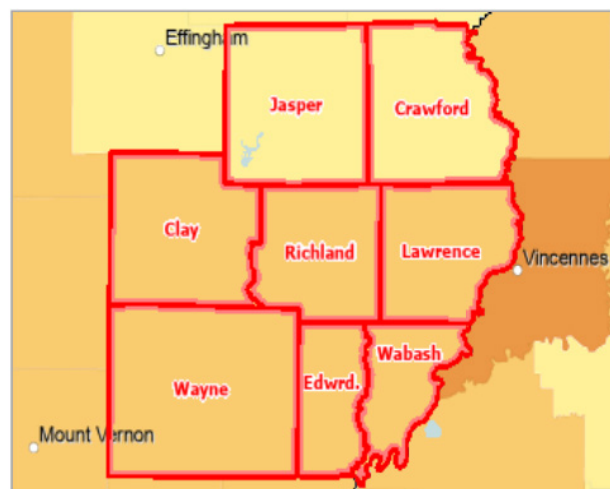
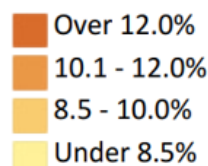
## MEDIAN INCOME OF HOUSEHOLDS RECEIVING SNAP BENEFITS

Report Area	Median Income of Households Receiving SNAP Benefits
Clay County, IL	\$19,219
Crawford County, IL	\$24,750
Edwards County, IL	\$19,036
Jasper County, IL	\$16,915
Lawrence County, IL	\$33,676
Richland County, IL	\$26,250
Wabash County, IL	\$18,834
Wayne County, IL	\$21,825
Illinois	\$25,550
United States	\$25,445

## FOOD INSECURITY RATE

THE ESTIMATED PERCENTAGE OF THE POPULATION THAT EXPERIENCED FOOD INSECURITY AT SOME POINT DURING THE REPORTING YEAR. FOOD INSECURITY IS THE HOUSEHOLD-LEVEL ECONOMIC AND SOCIAL CONDITION OF LIMITED OR UNCERTAIN ACCESS TO ADEQUATE FOOD.

Report Area	Food Insecurity Rate
CRMH	10.71%
Illinois	8.62%
United States	10.28%



## FOOD INSECURE CHILDREN

THE ESTIMATES PERCENTAGE OF THE POPULATION UNDER AGE 18 THAT EXPERIENCED FOOD INSECURITY AT SOME POINT DURING THE REPORTING YEAR.

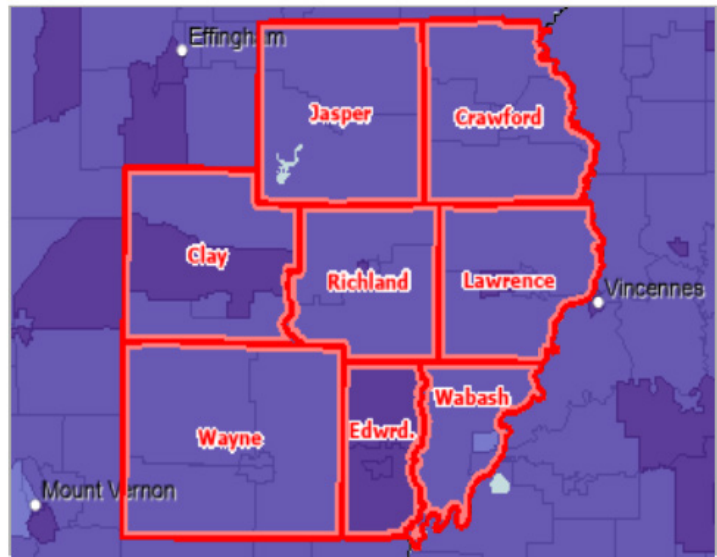
Report Area	Child Food Insecurity
CRMH	11.11%
Illinois	10.76%
United States	13.30%

## SODA EXPENDITURES

SOFT DRINK CONSUMPTION BY CENSUS TRACT BY ESTIMATING EXPENDITURES FOR CARBONATED BEVERAGES, AS A PERCENTAGE OF TOTAL FOOD-AT-HOME EXPENDITURES.

Report Area	Soda Expenditure %
CRMH	4.46%
Illinois	4.13%
United States	4.02%

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)

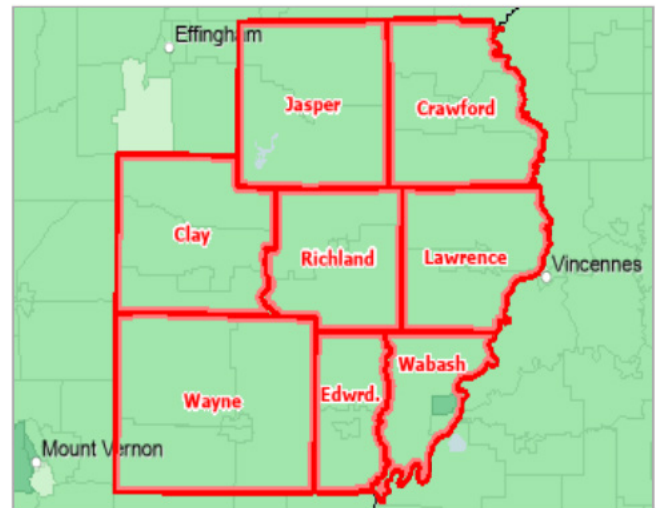


## FRUIT/VEGETABLE EXPENDITURES

ESTIMATED EXPENDITURE FOR FRUITS AND VEGETABLES PURCHASED FOR IN-HOME CONSUMPTION, AS A PERCENTAGE OF TOTAL FOOD-AT-HOME EXPENDITURE.

Report Area	Average \$	Percent of Food Expenses
CRMH	\$670.92	11.95%
Illinois	\$738.75	12.52%
United States	\$744.71	12.68%

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)





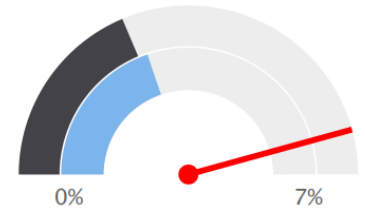
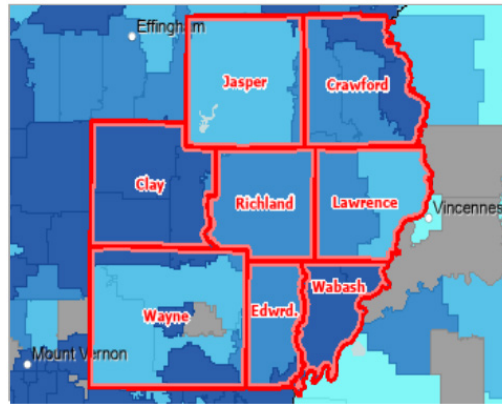
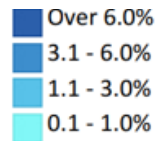
# COMMUNITY AND SOCIAL CONTEXT



## HOMELESS CHILDREN & YOUTH

INDICATES THE NUMBER OF HOMELESS CHILDREN AND YOUTH ENROLLED IN THE PUBLIC SCHOOL SYSTEM IN 2019-20. HOMELESS MAY BE SHARING THE HOUSEHOLD OF OTHER PERSONS, LIVING IN MOTELS/HOTELS/CAMPGROUNDS, IN SHELTERS OR MAY BE UNSHELTERED.

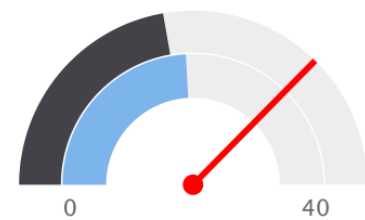
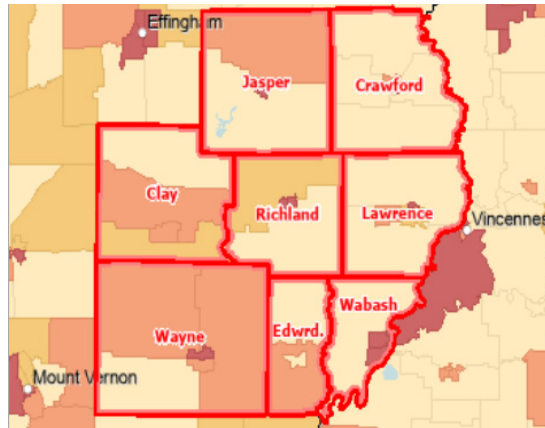
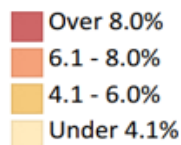
Report Area	Homeless Students
CRMH	6.40%
Illinois	2.61%
United States	2.77%



- Carle Richland Memorial Hospital Service Area (6.40%)
- Illinois (2.61%)
- United States (2.77%)

## HOUSEHOLDS WITH NO MOTOR VEHICLE

Report Area	Households with No Motor Vehicle
CRMH	6.54%
Illinois	10.67%
United States	8.35%

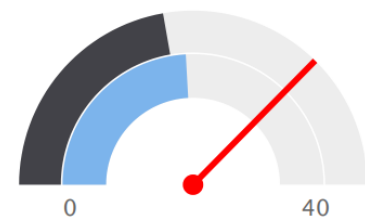
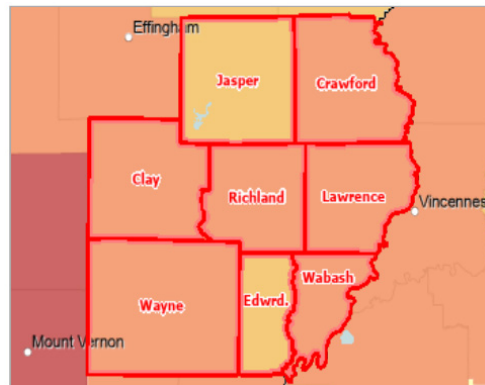
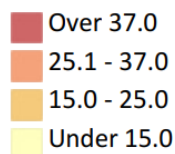


- Carle Richland Memorial Hospital Service Area (6.54%)
- Illinois (10.67%)
- United States (8.35%)

## TEEN BIRTHS

THIS REPORTS THE SEVEN-YEAR AVERAGE NUMBER OF BIRTHS PER 1000 FEMALE POPULATION AGE 15-19.

Report Area	Teen Birth/1000 Females
CRMH	29.9
Illinois	17.8
United States	19.3



- Carle Richland Memorial Hospital Service Area (29.9)
- Illinois (17.8)
- United States (19.3)

## SEXUALLY TRANSMITTED DISEASES (STI)

RATE PRESENTED PER 100,000 POPULATION.

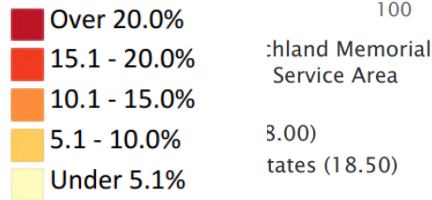
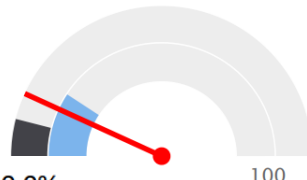
Report Area	Chlamydia	Gonorrhea	HIV
CRMH	255.74	133.10	0
Illinois	566.91	240.3	11.1
United States	495.5	214.0	12.70

## JUVENILE ARREST RATE

RATE OF DELINQUENCY CASES PER 1000 JUVENILES

Report Area	Juvenile Arrests
CRMH	13.68
Illinois	8.00
United States	18.50

Delinquency Cases  
Rate per 1,000 Juveniles



## VIOLENT CRIME – TOTAL

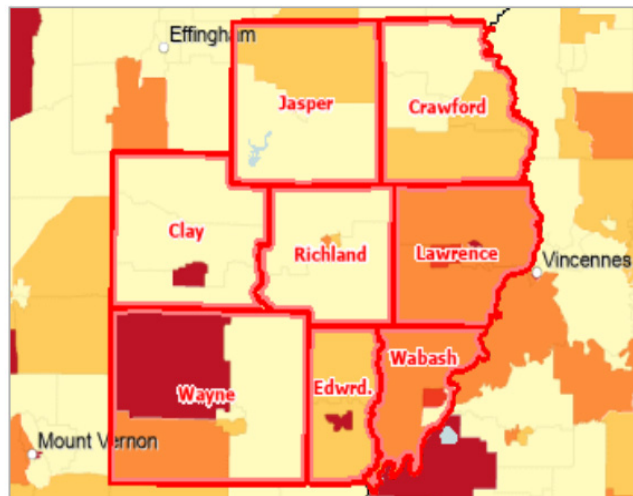
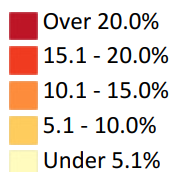
INCLUDES HOMICIDE, RAPE, ROBBERY AND AGGRAVATED ASSAULT. REPORTED AS RATE/100,000

Report Area	Violent Crimes	Violent Crimes Rate
CRMH	713	220.10
Illinois	162,592	420.90
United States	4,579,031	416.00

## YOUNG PEOPLE NOT IN SCHOOL AND NOT WORKING

THE PERCENTAGE OF YOUTH BETWEEN AGE 16-19 WHO ARE NOT CURRENTLY ENROLLED IN SCHOOL AND WHO ARE NOT EMPLOYED.

Report Area	Pop. Not in School/Not Working
CRMH	9.47%
Illinois	6.32%
United States	6.85%







# HEALTHCARE ACCESS AND QUALITY

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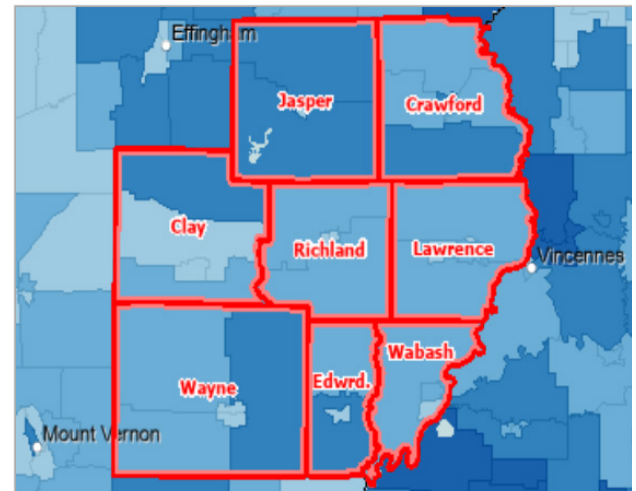
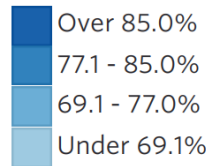




## INSURED POPULATION AND PROVIDER TYPE

HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY DRIVER OF HEALTH STATUS.

Report Area	Private Health Ins	Public Health Ins
CRMH	70.92%	46.79%
Illinois	75.61%	36.21%
United States	74.32%	38.83%



## POPULATION WITH INSURANCE BY PROVIDER TYPE

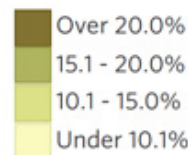
PERCENTAGES MAY EXCEED 100% AS INDIVIDUALS MAY HAVE MORE THAN ONE FORM OF COVERAGE.

Report Area	Employer Provided	Direct Purchase	Tricare or Military	Medicare	Medicaid	VA Health
CRMH	54.75%	18.56%	1.68%	24.37%	25.69%	2.82%
Illinois	64.08%	13.71%	1.29%	17.90%	20.37%	1.77%
United States	60.78%	14.77%	2.97%	19.26%	22.19%	2.45%

## UNINSURED POPULATION

THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIVER OF HEALTH STATUS.

Report Area	Uninsured Total Pop	Under Age 18	Age 18 – 64	Age 65+
CRMH	6.98%	4.68%	10.31%	0.36%
Illinois	7.00%	3.26%	10.06%	0.91%
United States	8.77%	5.30%	12.29%	0.80%



## UNINSURED POPULATION BY ETHNICITY/RACE

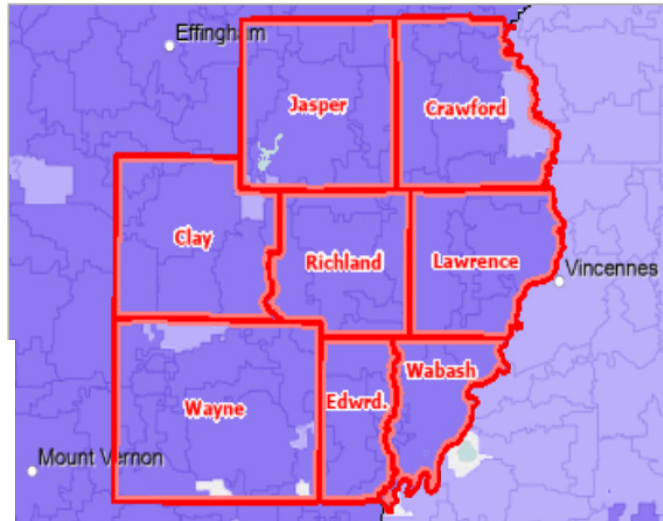
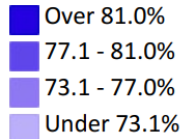
Report Area	Hispanic/Latino	White	Black	Multiple Races
CRMH	20.92%	6.71%	3.57%	11.33%
Illinois	15.51%	4.37%	8.14%	10.47%
United States	17.65%	5.97%	9.95%	11.99%

## CLINICAL CARE AND PREVENTION: CANCER SCREENING MAMMOGRAM

WOMEN AGED 50-74 WITH A SCREENING MAMMOGRAM WITHIN THE PAST TWO YEARS.

Report Area	Females 50-74 with Recent Mammogram
CRMH	71.6%
Illinois	75.1%
United States	78.2%

CDC BRSS PLACES Project 2020



## CLINICAL CARE AND PREVENTION: CANCER SCREENING MAMMOGRAM (MEDICARE)

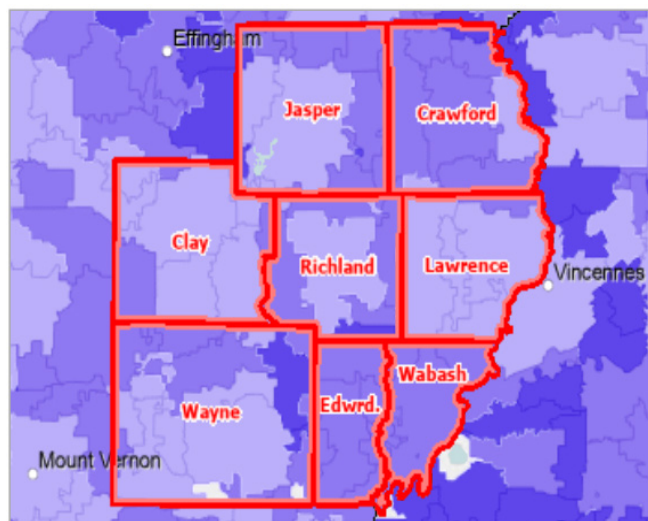
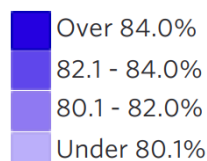
FEMALE BENEFICIARIES AGE >35 WHO HAD A MAMMOGRAM IN THE MOST RECENT REPORTING YEAR

Report Area	% Female Beneficiaries with Recent Mamm
CRMH	34%
Illinois	35%
United States	33%

## CLINICAL CARE AND PREVENTION: CANCER SCREENING CERVICAL CANCER SCREENING

FEMALE AGE 21-65 WHO REPORT HAVING HAD RECOMMENDED CERVICAL CANCER SCREENING IN THE MOST RECENT REPORTING YEAR

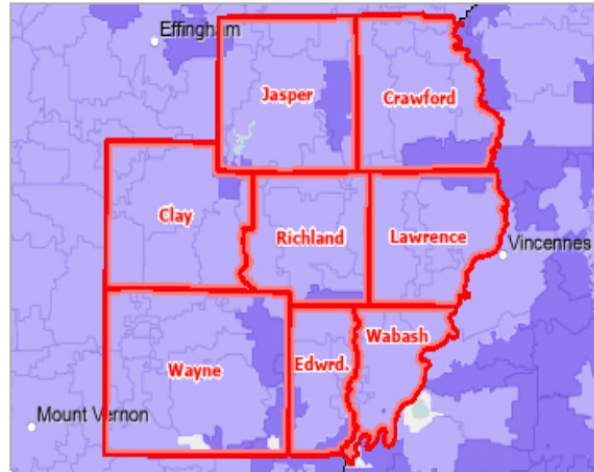
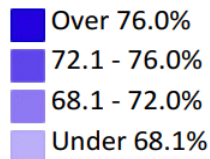
Report Area	Females 21-65 with recent PAP
CRMH	80.0%
Illinois	81%
United States	83.7%



## CLINICAL CARE AND PREVENTION: CANCER SCREENING – SIGMOIDOSCOPY OR COLONOSCOPY

THE PERCENTAGE OF POPULATION AGE 50-75 WHO REPORT HAVING HAD 1) FECAL OCCULT BLOOD TESTS WITHIN THE PAST YEAR, 2) SIGMOIDOSCOPY WITHIN THE PAST 5 YEARS AND FOBT WITHIN THE PAST 3 YEARS, OR 3) COLONOSCOPY WITHIN THE PAST 10 YEARS.

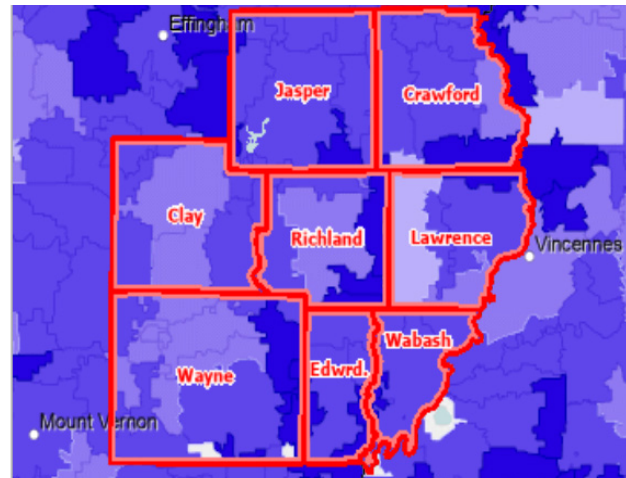
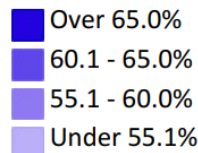
Report Area	GI Cancer Screening
CRMH	68.4%
Illinois	69.1%
United States	72.4%



## CLINICAL CARE AND PREVENTION: DENTAL CARE UTILIZATION

THE PERCENTAGE OF ADULTS AGE > 18 WHO REPORT HAVING BEEN TO THE DENTIST OR DENTAL CLINIC IN THE PREVIOUS YEAR.

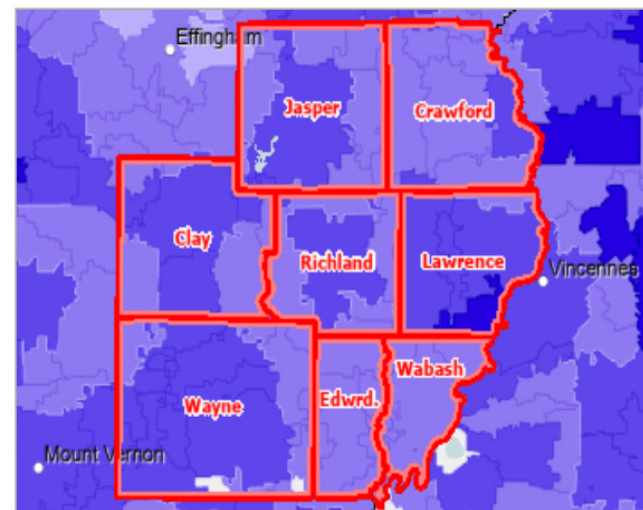
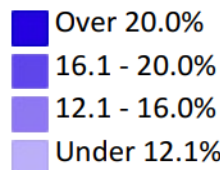
Report Area	Dental Care
CRMH	61.6%
Illinois	64.8%
United States	64.8%



## POOR DENTAL HEALTH – TEETH LOSS

THE PERCENTAGE OF ADULTS > 18 WHO HAVE LOST ALL THEIR NATURAL TEETH DUE TO TOOTH DECAY OR GUM DISEASE.

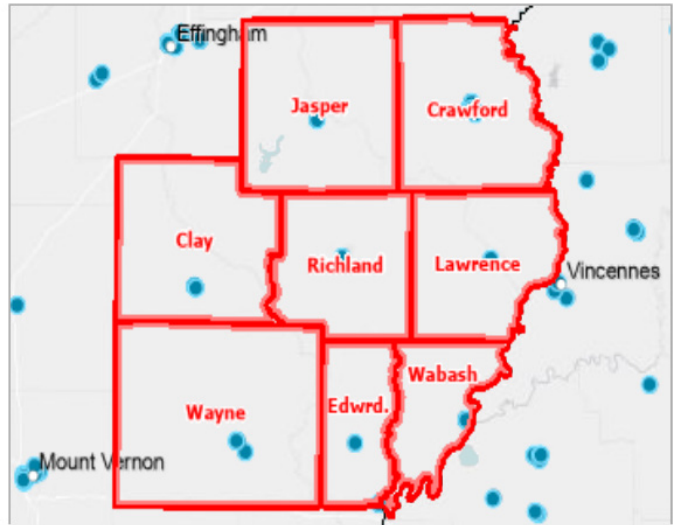
Report Area	Tooth Loss
CRMH	12.6%
Illinois	10.1%
United States	13.4%



## ACCESS TO CARE – DENTAL HEALTH PROVIDER

THE NUMBER OF ORAL HEALTH CARE PROVIDERS WITH A CMS NPI NUMBER; RATE/100,000 POPULATION.

Report Area	Providers/ 100,000 Pop
CRMH	27.8
Illinois	41.69
United States	37.32

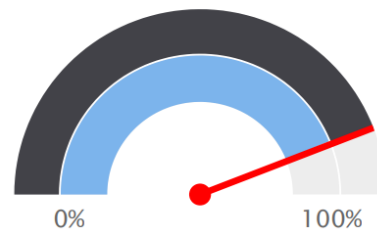


● Dental Health Care Providers, CMS NPPES July 2023

## CLINICAL CARE AND PREVENTION: DIABETES MANAGEMENT – HEMOGLOBIN A1C (HA1C) TEST

THE PERCENTAGE OF DIABETIC MEDICARE PATIENTS WHO HAVE HAD A HA1C TEST ADMINISTERED BY A HEALTH CARE PROFESSIONAL IN THE PAST YEAR.

Report Area	HA1c Completed
CRMH	88.27%
Illinois	88.48%
United States	87.53%

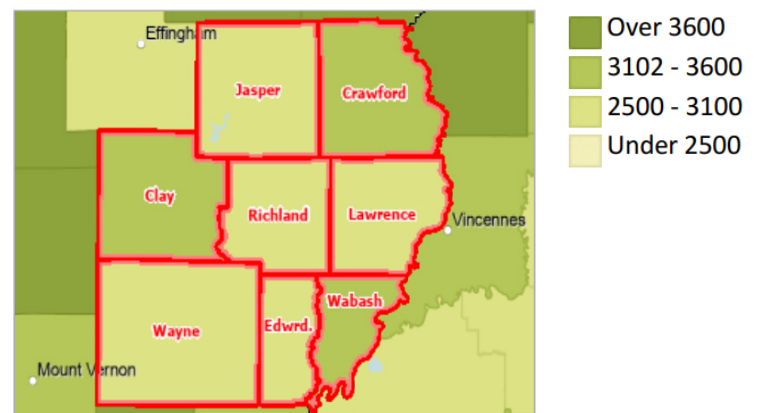


- Carle Richland Memorial Hospital Service Area (88.27%)
- Illinois (88.48%)
- United States (87.53%)

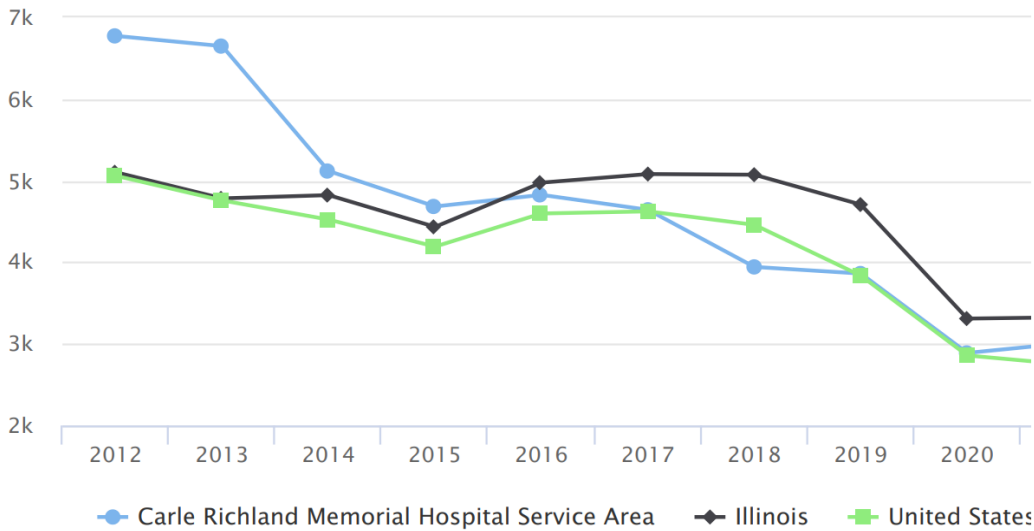
## HOSPITALIZATIONS – PREVENTABLE CONDITIONS

THIS INDICATOR REPORTS THE PREVENTABLE HOSPITALIZATION RATE AMONG MEDICARE BENEFICIARIES FOR THE LATEST REPORTING PERIOD. THIS INCLUDES ADMISSION FOR DIABETES WITH SHORT TERM COMPLICATIONS, DIABETES WITH LONG TERM COMPLICATIONS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASTHMA, HYPERTENSION, HEART FAILURE, BACTERIAL PNEUMONIA OR URINARY TRACT INFECTION. RATE ARE PRESENTED PER 100,000 BENEFICIARIES.

Report Area	Preventable Hospitalizations
CRMH	3079
Illinois	3283
United States	2752



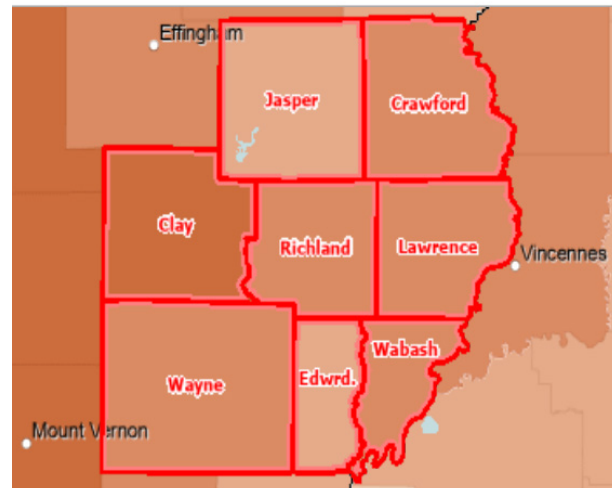
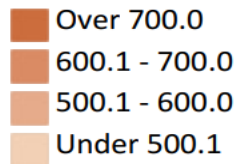
## PREVENTABLE HOSPITALIZATIONS RATES BY YEAR



## HOSPITALIZATIONS – EMERGENCY ROOM VISITS

THIS REPORTS THE RATE OF ER VISITS AMONG MEDICARE BENEFICIARIES AGED 65 OR OLDER. RATE IS CALCULATED PER 1000 BENEFICIARIES.

Report Area	ER Visits
CRMH	657.4
Illinois	553.0
United States	535.0



## HOSPITALIZATIONS – IP STAYS

REPORTS THE NUMBER AND RATE OF HOSPITAL IP STAYS PER/1000 MEDICARE BENEFICIARIES

Report Area	Beneficiaries with IP Stays %	Total IP Stays Rate/1000
CRMH	15.9%	240.1
Illinois	15.6%	248.0
United States	14.4%	223.0



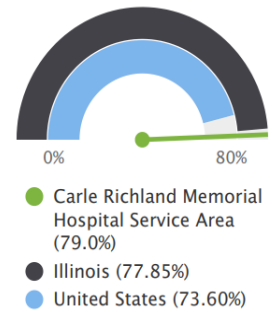
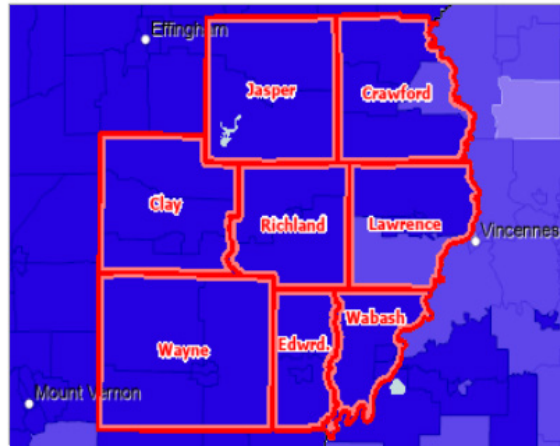
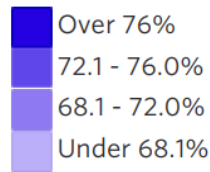
## HOSPITALIZATIONS – BY CHRONIC CONDITIONS (2018-2020), MEDICARE BENEFICIARIES/1000

Location	IP Stays Total	Heart Disease	Stroke
CRMH	240.1	14.3	8.3
Illinois	248.0	11.6	8.8
United States	223.0	10.4	8.0

## PREVENTION: RECENT PRIMARY CARE VISIT – ADULTS

THE PERCENTAGE OF ADULTS >18 YEARS WITH ONE OR MORE VISITS TO A DOCTOR FOR ROUTINE CHECKUP IN THE PAST YEAR.

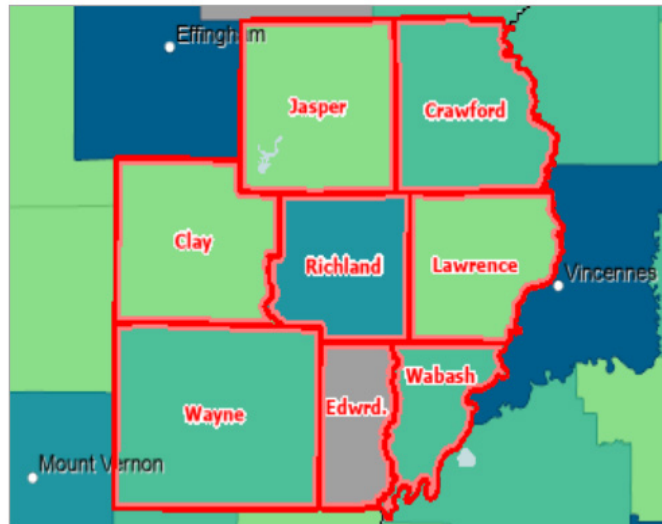
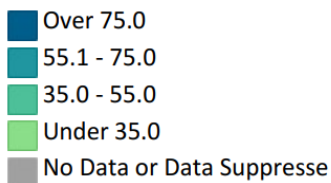
Report Area	% with >1 PCP Visit
CRMH	79.0%
Illinois	77.85%
United States	73.60%



## ACCESS TO CARE – PRIMARY CARE

THE NUMBER OF PRIMARY CARE PHYSICIANS/100,000 POPULATION

Report Area	Primary Care Physicians
CRMH	34.09
Illinois	81.15
United States	76.38

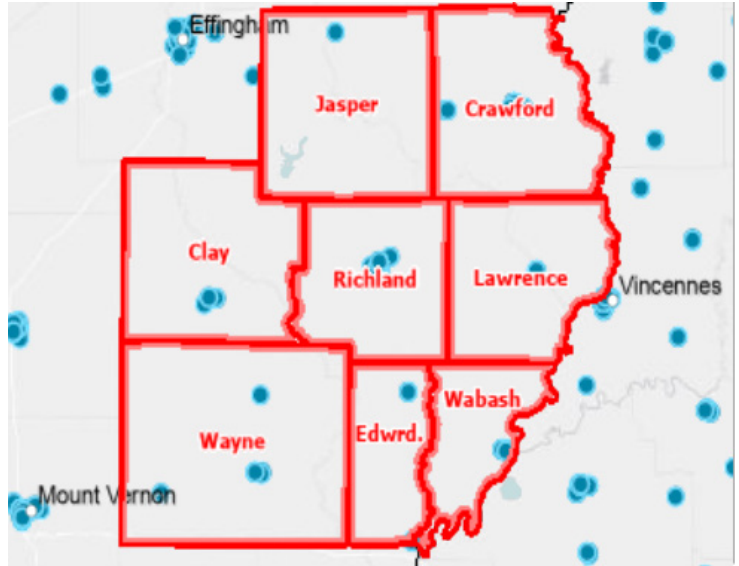


## ACCESS TO CARE – PRIMARY CARE PROVIDERS

REPORTS THE NUMBER OF CMS NPIS REPORTED WITH GENERAL MEDICAL, FAMILY, INTERNAL MEDICINE AND PEDIATRICS/100,000 POP

Report Area	Providers/ 100,000 Pop.
CRMH	51.82
Illinois	126.62
United States	111.28

Primary Care Physicians, All, CMS NPPEs  
December 2023

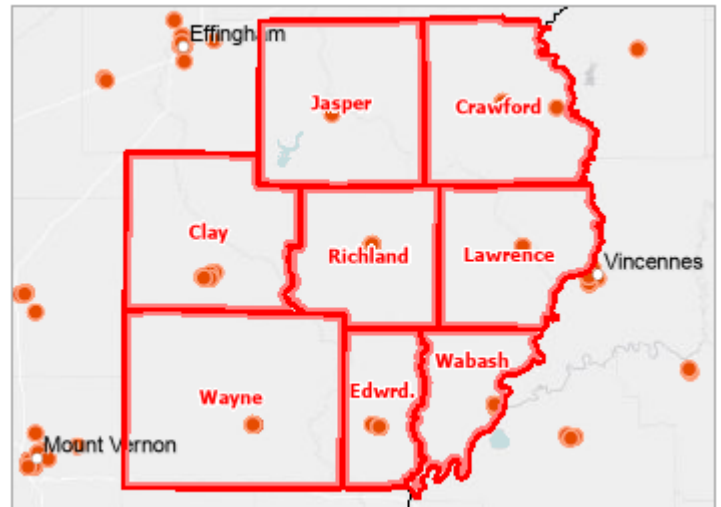


## ACCESS TO CARE – PRIMARY CARE

THE NUMBER OF ADVANCED PRACTICE PROVIDERS/100,000 POPULATION.

Report Area	APP/100,000 Pop.
CRMH	87.63
Illinois	81.15
United States	76.38

● Nurse Practitioners, CMS NPPEs January 2024

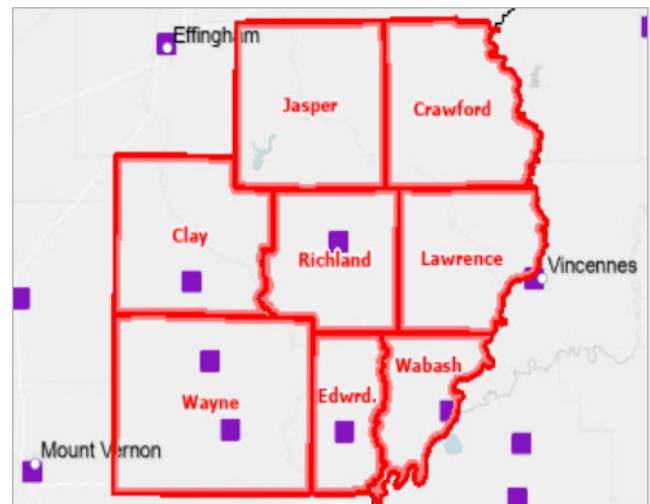


## ACCESS TO CARE – PRIMARY CARE

THE NUMBER OF ADVANCED PRACTICE PROVIDERS/100,000 POPULATION.

Report Area	FQHCs/100,000 Population
CRMH	5.65
Illinois	3.14
United States	3.10

■ Federally Qualified Health Centers,  
POS September 2020





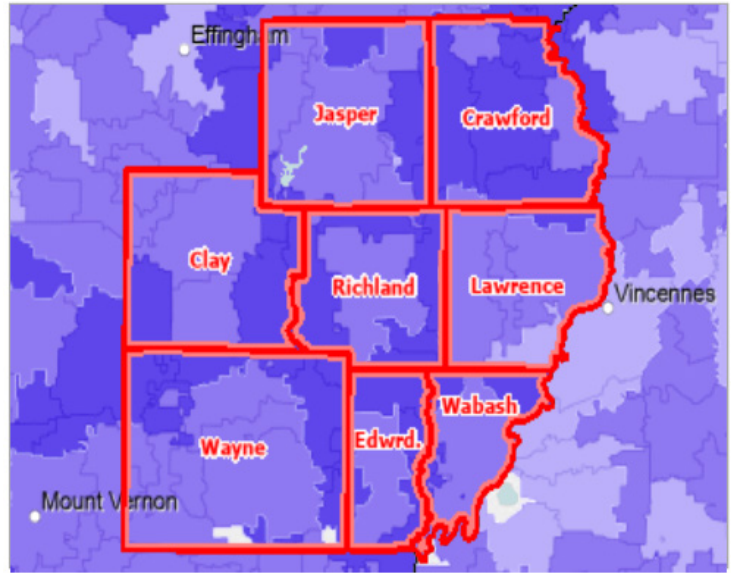
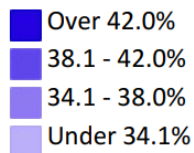


## PREVENTION: CORE PREVENTATIVE SERVICES FOR WOMEN

THE PERCENTAGE OF FEMALES AGED 65 AND OLDER WHO REPORT THEY ARE UP TO DATE ON PREVENTATIVE SERVICES INCLUDING: INFLUENZA VACCINE WITHIN THE PAST YEAR, A PNEUMOCOCCAL VACCINE EVER, AND EITHER A FECAL OCCULT BLOOD TESTS WITHIN THE PAST YEAR, A SIGMOIDOSCOPY WITHIN THE PAST 5 YEARS AND FOBT WITHIN THE PAST 3 YEARS, OR COLONOSCOPY WITHIN THE PAST 10 YEARS; AND A MAMMOGRAM IN THE PAST 2 YEARS.

Report Area	Prevention Services Women
CRMH	37.7%
Illinois	38.18%
United States	37.90%

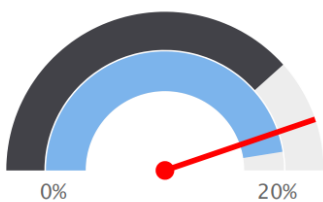
BRFSS PLACES Project 2020



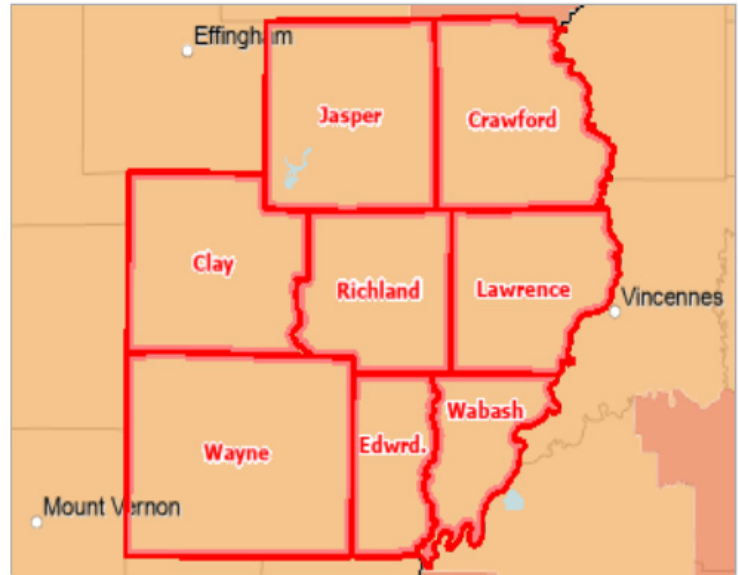
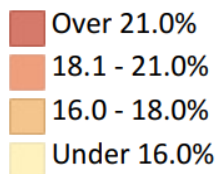
## HEALTHY BEHAVIORS - HEAVY ALCOHOL CONSUMPTION

THE PERCENTAGE OF ADULTS WHO SELF-REPORT EXCESSIVE DRINKING IN THE LAST 30 DAYS DEFINED AS ONE BINGE DRINKING EPISODE INVOLVING FIVE OR MORE DRINKS FOR MEN AND FOUR OR MORE FOR WOMEN OVER THE PAST 30 DAYS, OR HEAVY DRINKING INVOLVING MORE THAN TWO DRINKS PER DAY FOR MEN AND ONE PER DAY FOR WOMEN.

Report Area	Heavy Alcohol
CRMH	17.91%
Illinois	15.36%
United States	19.00%



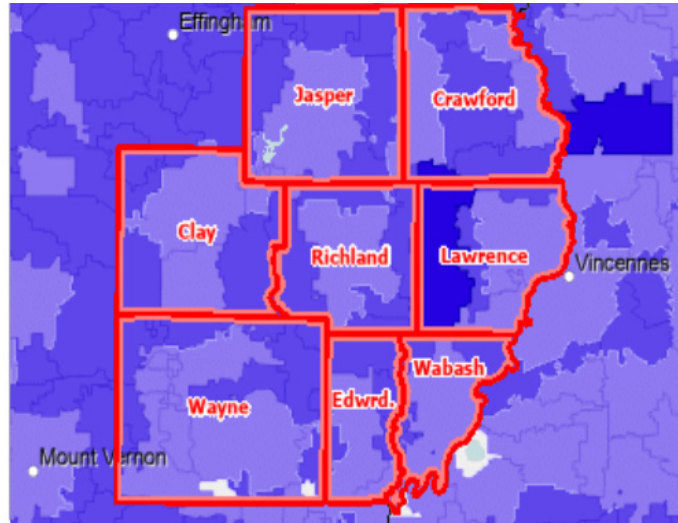
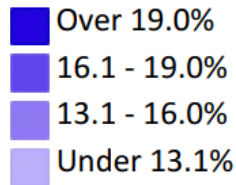
- Carle Richland Memorial Hospital Service Area (17.91%)
- Illinois (15.36%)
- United States (19.00%)



## HEALTHY BEHAVIORS - BINGE DRINKING

THE PERCENTAGE OF ADULTS WHO SELF-REPORT HAVING FIVE OR MORE DRINKS FOR MEN AND FOUR OR MORE FOR WOMEN ON AN OCCASION IN THE PAST 30 DAYS.

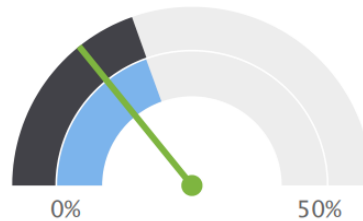
Report Area	Binge Drinking
CRMH	15.60%
Illinois	16.10%
United States	15.50%



## PHYSICAL INACTIVITY

ADULTS AGED 20 OR OLDER THAT 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 AND EXERCISES SUCH AS RUNNING, CALISTHENICS, GOLF, GARDENING, OR WALKING FOR EXERCISE?"

Report Area	Physical Inactivity
CRMH	14.2%
Illinois	20.8%
United States	22.0%



## OBESITY

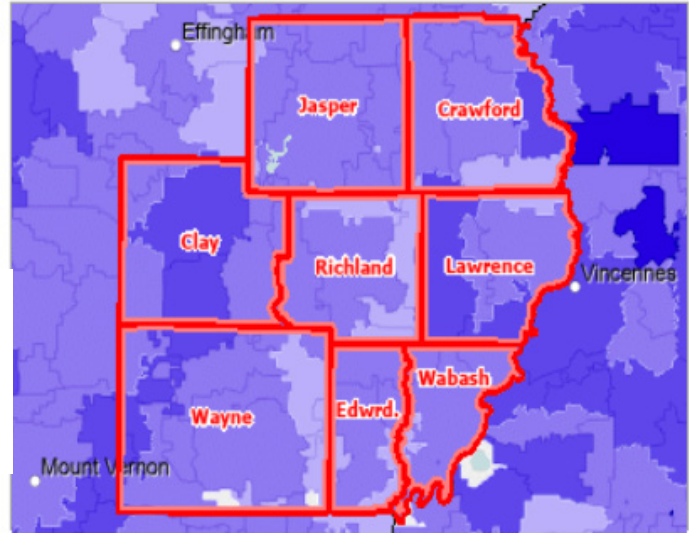
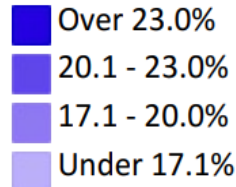
PERCENTAGE OF ADULTS AGED 18 OR OLDER THAT REPORT A BODY MASS INDEX OF GREATER THAN OR EQUAL TO 30 KG/M2 (AGE-ADJUSTED).

Report Area	Obesity
CRMH	37%
Illinois	34%
United States	34%

## TOBACCO USAGE – CURRENT SMOKERS

THE PERCENTAGE OF ADULTS AGED 18 OR OLDER WHO REPORT HAVING SMOKED AT LEAST 100 CIGARETTES IN THEIR LIFETIME AND CURRENTLY SMOKE EVERY DAY OR SOME DAYS.

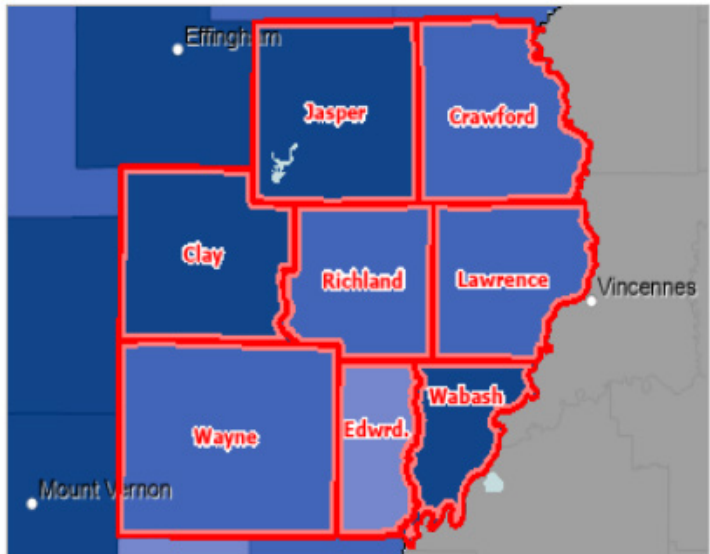
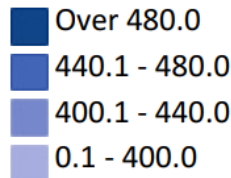
Report Area	Tobacco Use
CRMH	18.5%
Illinois	14.00%
United States	13.50%



## CANCER INCIDENCE – ALL SITES

AGE ADJUSTED INCIDENCE RATE (CASES/100,000 POPULATION PER YEAR) OF CANCER ALL SITES.

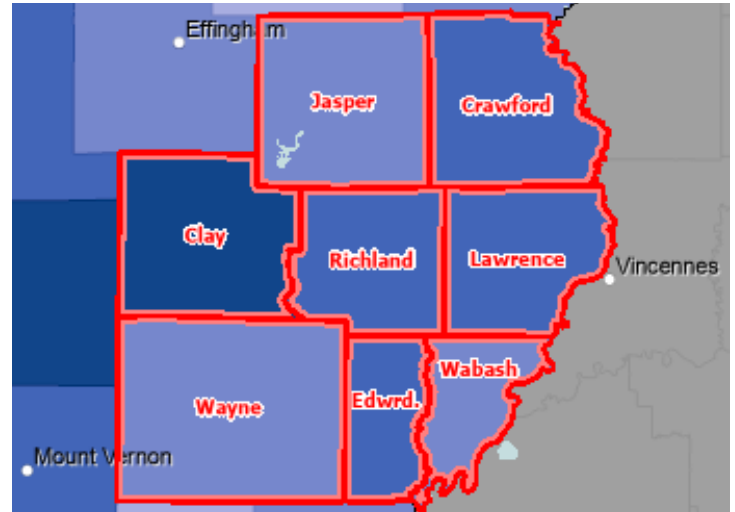
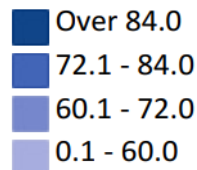
Report Area	Cancer Incidence
CRMH	476.3
Illinois	459.7
United States	442.3



## CANCER INCIDENCE – LUNG

INCIDENTS OF LUNG CANCER CASES/100,000 POPULATION PER YEAR

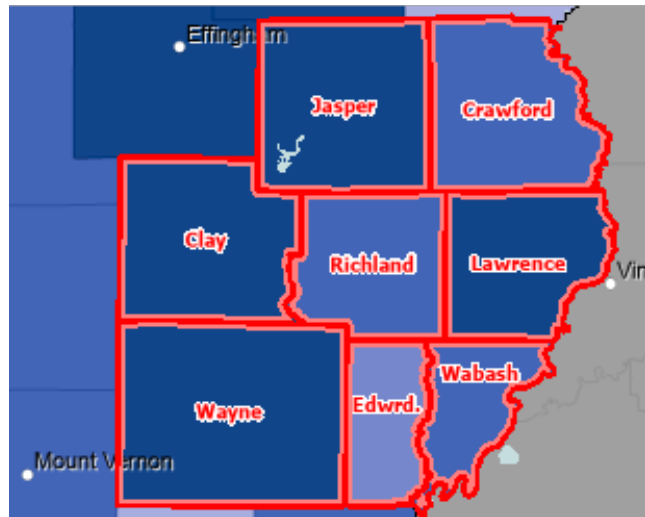
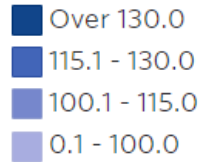
Report Area	Cancer Lung
CRMH	74.3
Illinois	59.3
United States	54.0



## CANCER INCIDENCE – BREAST

INCIDENTS OF BREAST CANCER CASES/100,000 POPULATION PER YEAR

Report Area	Cancer Breast
CRMH	127.0
Illinois	132.6
United States	127.0



## CANCER INCIDENCE – COLON RECTUM

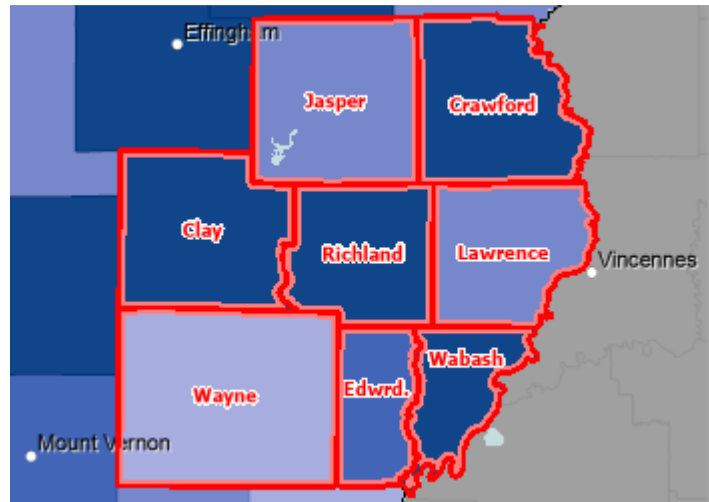
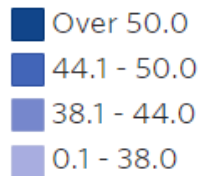
INCIDENTS OF COLORECTAL CANCER CASES/100,000 POPULATION PER YEAR

Report Area	Cancer - GI
CRMH	47.7
Illinois	39.8
United States	36.5

Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)



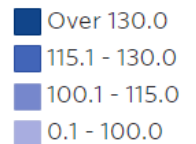
- Carle Richland Memorial Hospital Service Area (47.7)
- Illinois (39.8)
- United States (36.5)



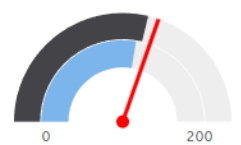
## CANCER INCIDENCE – PROSTATE

INCIDENTS OF PROSTATE CANCER CASES/100,000 POPULATION PER YEAR

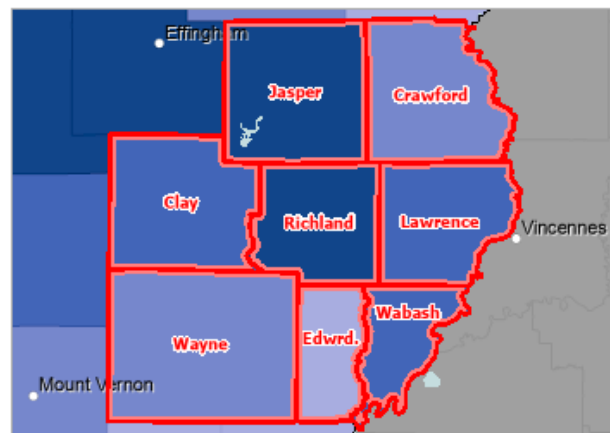
Report Area	Cancer Prostate
CRMH	121.4
Illinois	115.1
United States	110.5



Prostate Cancer Incidence Rate (Per 100,000 Males)



- Carle Richland Memorial Hospital Service Area (121.4)
- Illinois (115.1)
- United States (110.5)

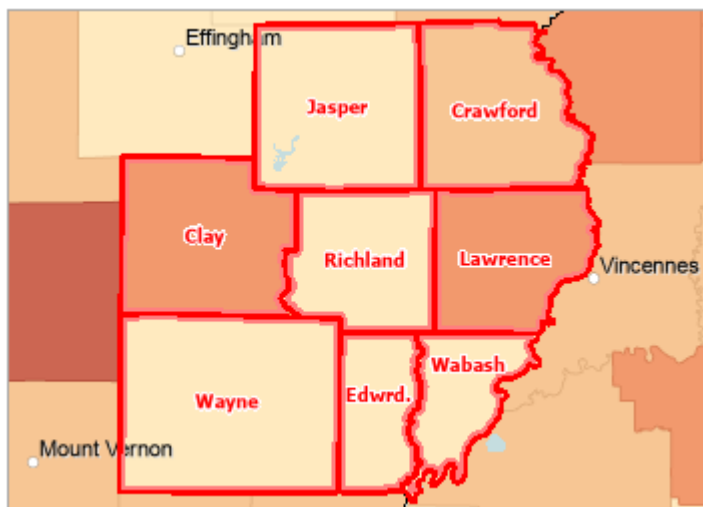


Cervical Cancer rates were not available.

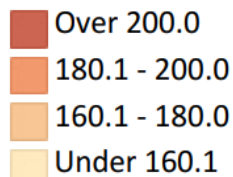
## MORTALITY – CANCER

THIS CALCULATES THE FIVE YEAR (2016-2020) AVERAGE RATE IF DEATH DUE TO MALIGNANT NEOPLASM/100,000 POPULATION.

Report Area	Mortality Cancer
CRMH	167.7
Illinois	155.4
United States	149.4

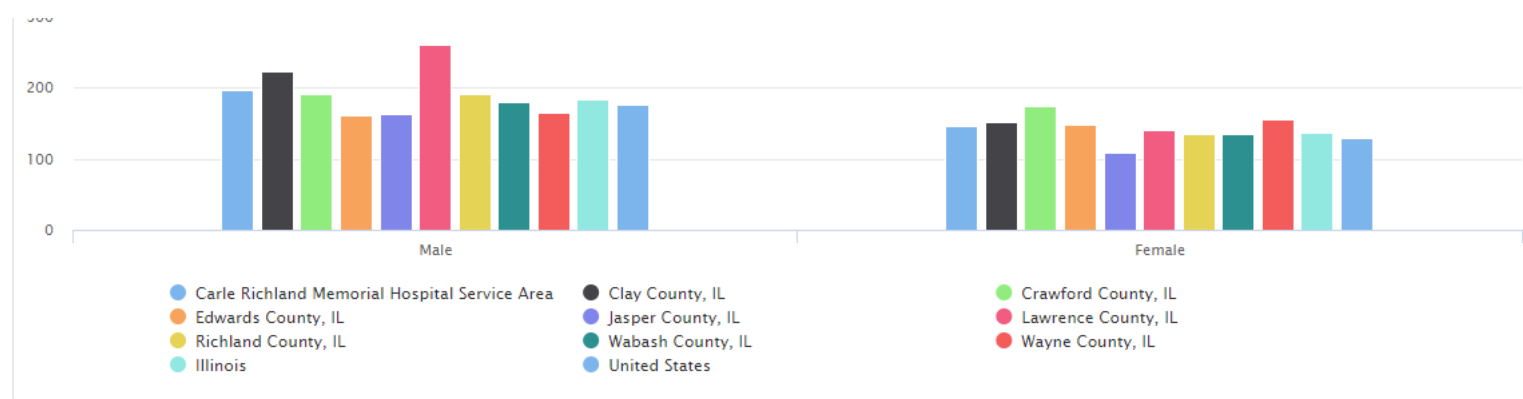


Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



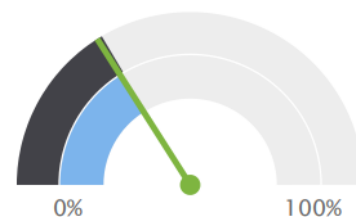
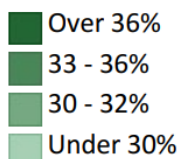
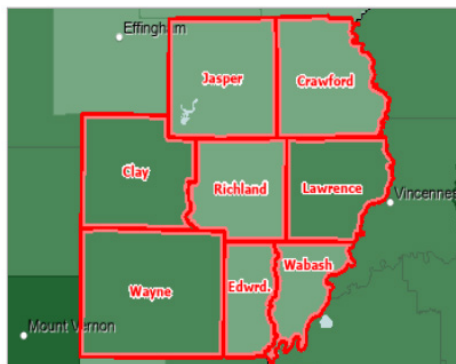
- Carle Richland Memorial Hospital Service Area (167.7)
- Illinois (155.4)
- United States (149.4)

## CANCER MORTALITY, AGE ADJUSTED RATE (PER/100,000) BY GENDER



## CHRONIC CONDITIONS – MENTAL HEALTH AND SUBSTANCE USE CONDITIONS

Report Area	Mental Health & Substance Abuse
CRMH	32%
Illinois	33%
United States	32%

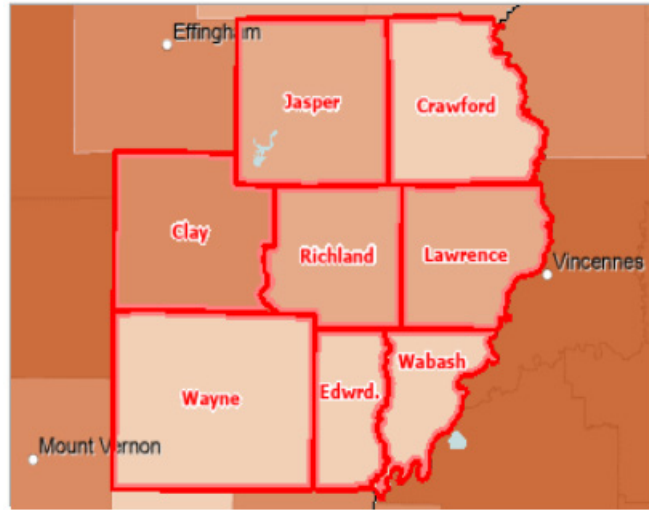
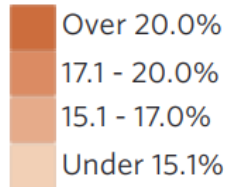


- Carle Richland Memorial Hospital Service Area (32%)
- Illinois (33%)
- United States (32%)



## CHRONIC CONDITIONS – DEPRESSION (MEDICARE POPULATION)

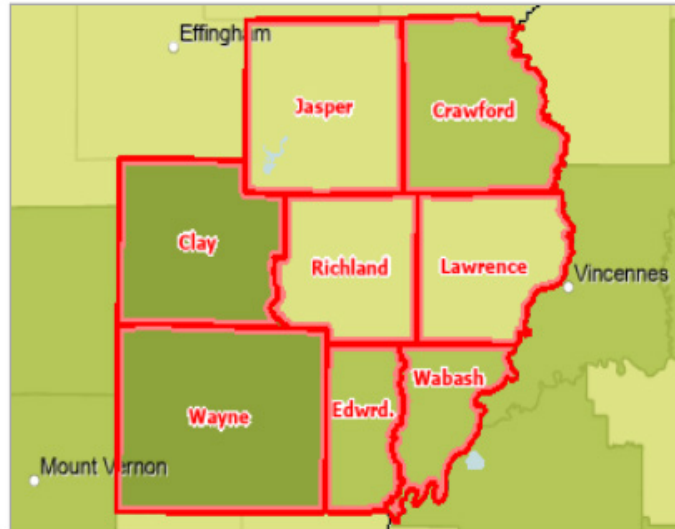
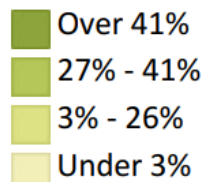
Report Area	Beneficiaries with Depression
CRMH	15.3%
Illinois	16.7%
United States	18.4%



## CHRONIC CONDITIONS – OPIOID USE DISORDERS

THE RATE OF EMERGENCY DEPARTMENT UTILIZATION FOR OPIOID USE AND OPIOID USE DISORDER AMONG THE MEDICARE POPULATION/100,000 BENEFICIARIES

Report Area	Opioid Use Disorder ER Use
CRMH	33
Illinois	32
United States	41



## CHRONIC CONDITIONS – OPIOID DRUG CLAIMS

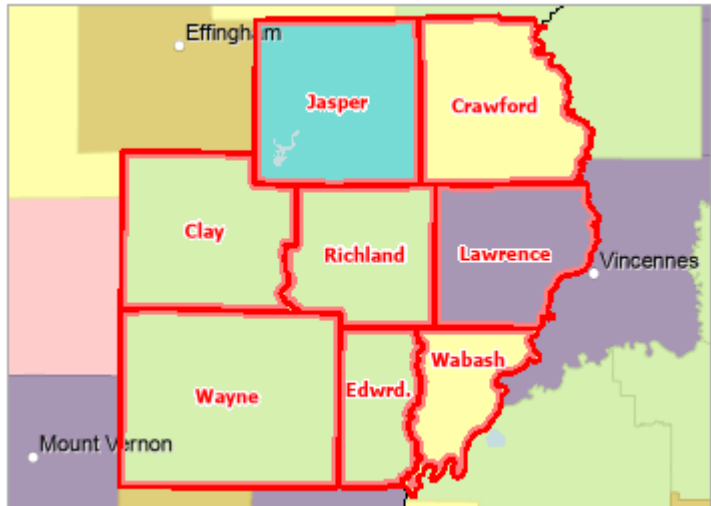
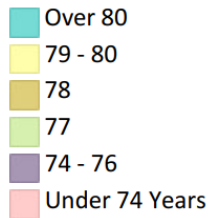
MEDICARE PART D OPIOID DRUG CLAIMS AS A PERCENTAGE OF OVERALL DRUG CLAIMS

Report Area	% of Opioid Part D Claims
CRMH	3.6%
Illinois	3.7%
United States	4.1%

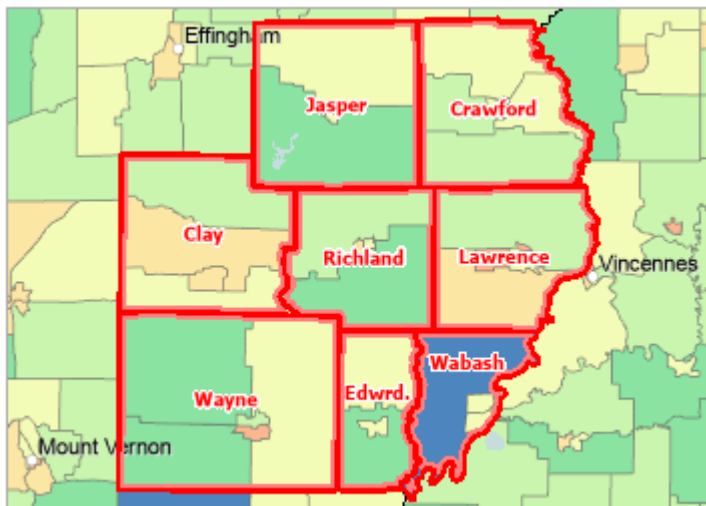
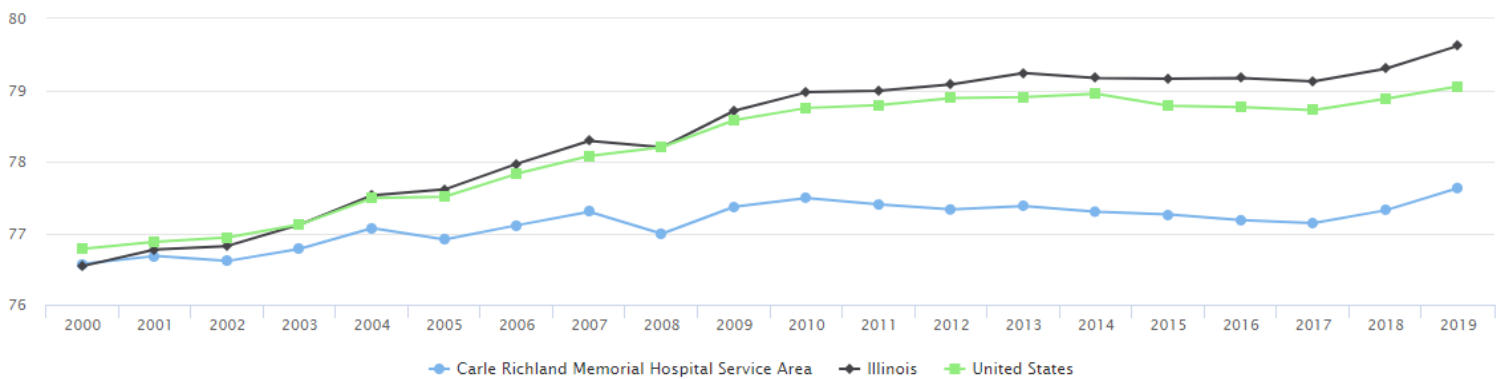
# MORTALITY – LIFE EXPECTANCY

REPORTS THE AVERAGE LIFE EXPECTANCY AT BIRTH.

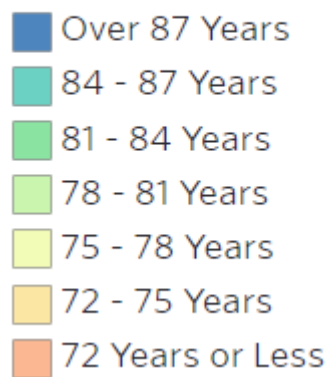
Report Area	Life Expectancy
CRMH	77.4
Illinois	78.6
United States	78.6



Life Expectancy by Time Period, 2000 through 2019



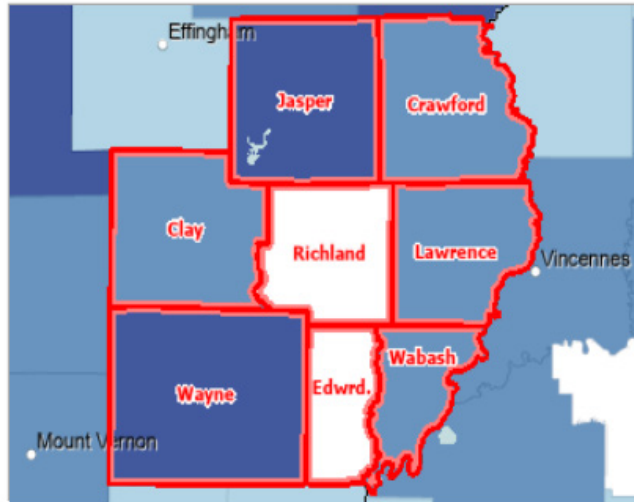
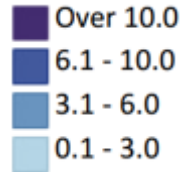
## Life Expectancy At Birth,



## MORTALITY – MOTOR VEHICLE CRASH, ALCOHOL INVOLVED

THIS REPORTS THE CRUDE RATE OF PERSONS KILLED IN MVA INVOLVING ALCOHOL/100,000 POPULATION.

Report Area	Mortality – MVA Alcohol Involved
CRMH	4.1
Illinois	2.1
United States	2.6



## MORTALITY – SUICIDE

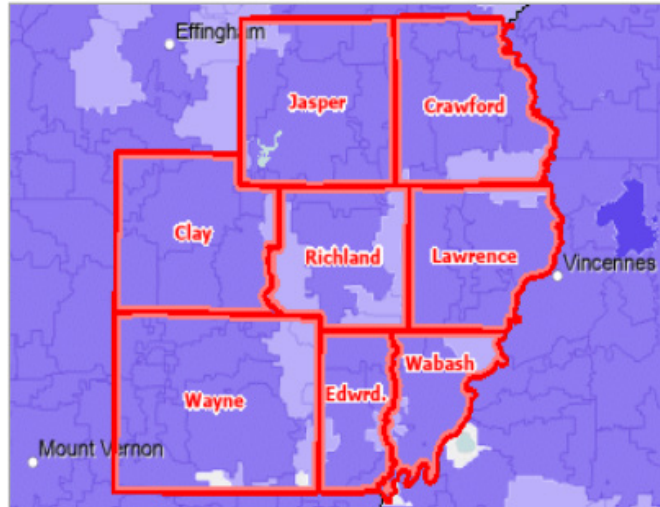
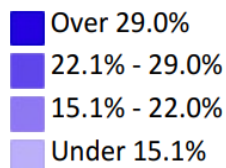
THE FIVE-YEAR (2016-2020) AVERAGE RATE OF DEATH DUE TO INTENTIONAL SELF-HARM/100,000 POPULATION.

Report Area	Suicide
CRMH	18.3
Illinois	11.3
United States	14.3

## POOR OR FAIR HEALTH

THE PERCENTAGE OF ADULTS > 18 WHO SELF-REPORT THEIR GENERAL HEALTH STATUS AS “FAIR” OR “POOR”

Report Area	Poor or Fair Health
CRMH	17.8%
Illinois	15.43%
United States	16.10%

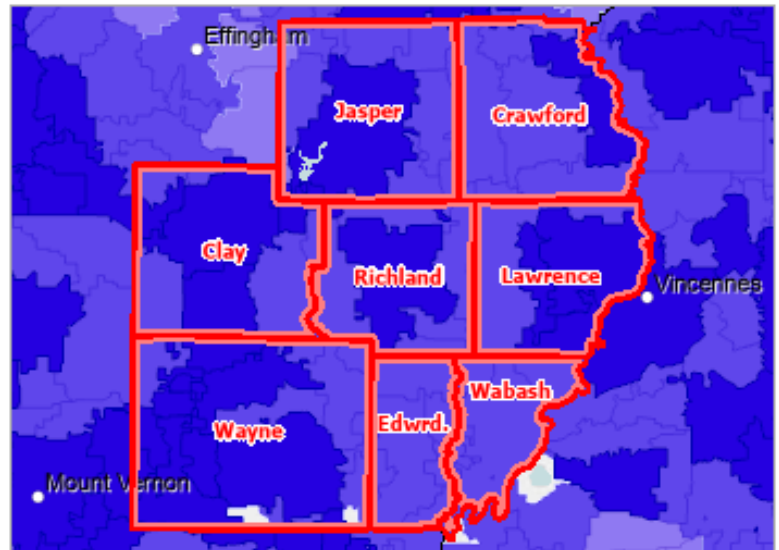
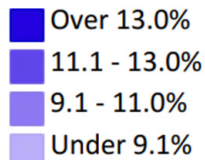




## POOR PHYSICAL HEALTH

PERCENTAGE OF ADULTS AGED 18 OR OLDER WHO REPORT 14 OR MORE DAYS DURING THE PAST 30 DAYS DURING WHICH THEIR PHYSICAL HEALTH WAS NOT GOOD

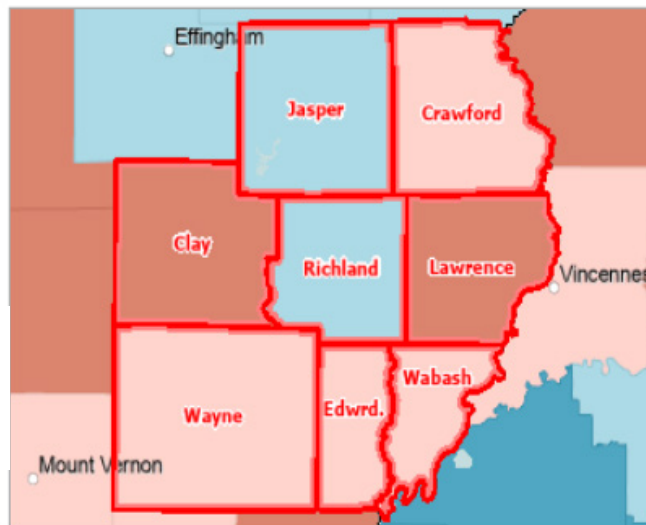
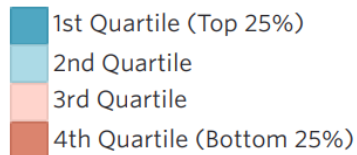
Report Area	>14/30 Poor Health Days
CRMH	13.2%
Illinois	10.8%
United States	10.9%



## POOR PHYSICAL HEALTH – DAYS

THE AVERAGE NUMBER OF SELF-REPORTED UNHEALTHY DAYS IN THE PAST 30 DAYS AMONG ADULTS.

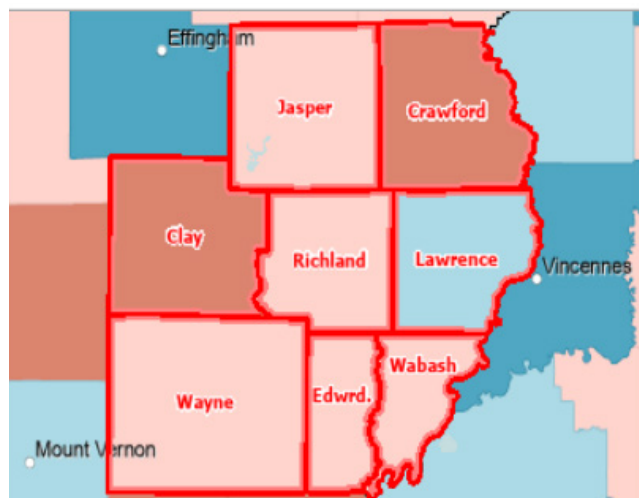
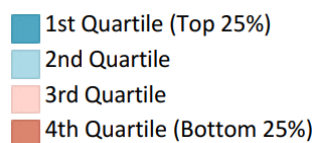
Report Area	Poor Health Days/Month
CRMH	3.2
Illinois	2.7
United States	3.0



## POOR MENTAL HEALTH – DAYS

THE AVERAGE NUMBER OF SELF-REPORTED MENTALLY UNHEALTHY DAYS IN THE PAST 30 DAYS AMONG ADULTS.

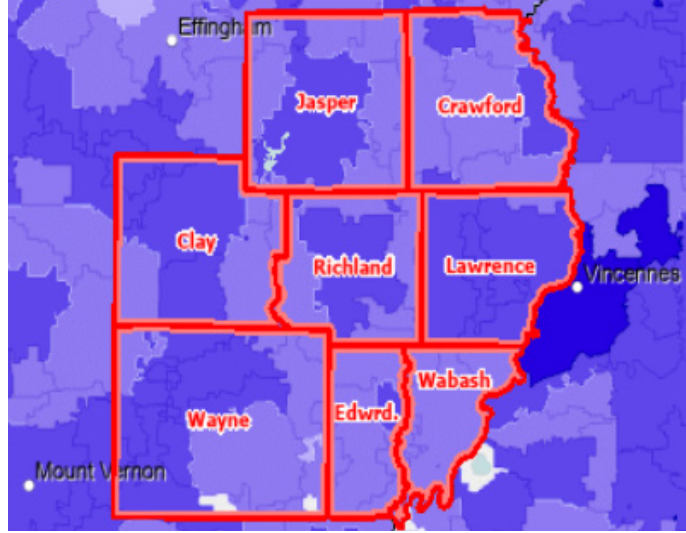
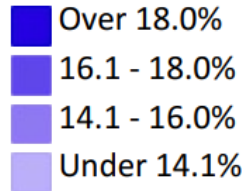
Report Area	Poor Mental Health Days/Mo
CRMH	3.9
Illinois	3.2
United States	4.4



## POOR MENTAL HEALTH

PERCENTAGE OF ADULTS AGED 18 OR OLDER WHO REPORT 14 OR MORE DAYS DURING THE PAST 30 DAYS DURING WHICH THEIR MENTAL HEALTH WAS NOT GOOD.

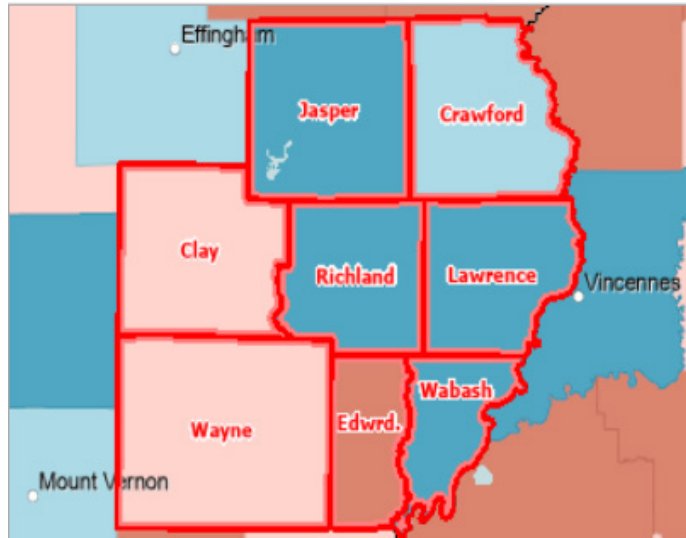
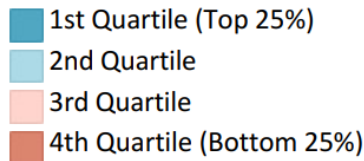
Report Area	Average >14 Poor Mental Days/Mo
CRMH	15.6%
Illinois	13.89%
United States	14.70%



## ACCESS TO CARE – MENTAL HEALTH

REPORTS THE NUMBER OF MENTAL HEALTH PROVIDERS/100,000 POPULATION.

Report Area	Access to Mental Health Providers
CRMH	283.3
Illinois	290
United States	295.7



## ACCESS TO CARE – ADDICTION/SUBSTANCE ABUSE PROVIDERS

THE NUMBER OF PROVIDERS WHO SPECIALIZE IN ADDICTION OR SUBSTANCE ABUSE TREATMENTS, REHABILITATION, ADDICTION MEDICINE, OR PROVIDING METHADONE.

Report Area	Providers/ 100,000 pop.
CRMH	32.98
Illinois	7.59
United States	24.88

● Addiction/Substance Abuse Providers, CMS NPPES July 2023





# NEIGHBORHOOD AND BUILT ENVIRONMENT

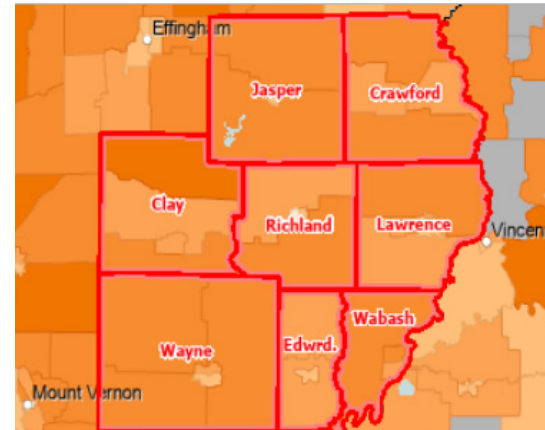
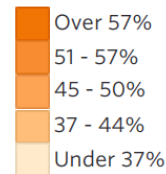
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## HOUSING + TRANSPORTATION AFFORDABILITY INDEX

MEASURES THE AFFORDABILITY OF HOUSING BY INCLUDING TRANSPORTATION COSTS AT A HOME'S LOCATION TO BETTER REFLECT THE TRUE COST OF HOUSEHOLD'S LOCATION CHOICES. 15% OF HOUSEHOLD INCOME IS CONSIDERED AN ATTAINABLE GOAL FOR TRANSPORTATION AND 30% FOR HOUSING AFFORDABILITY. COMBINED GOAL OF NOW MORE THAN 45% OF TOTAL INCOME FOR HOUSING AND TRANSPORTATION.

Report Area	Housing + Transportation Costs % of Income	Housing Costs % of Income	Transportation Costs % of Income
CRMH	49%	22%	28%
Illinois	45%	26%	19%
United States	48%	26%	21%

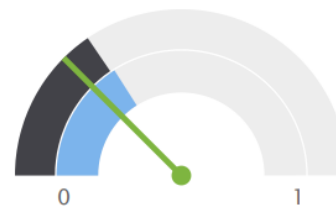


## AIR & WATER QUALITY- RESPIRATORY HAZARD INDEX

REPORTS THE NON-CANCER RESPIRATORY HAZARD SCORE INDEX

Report Area	Respiratory Hazard Index
CRMH	0.25
Illinois	0.31
United States	0.32

Respiratory Hazard Index Score

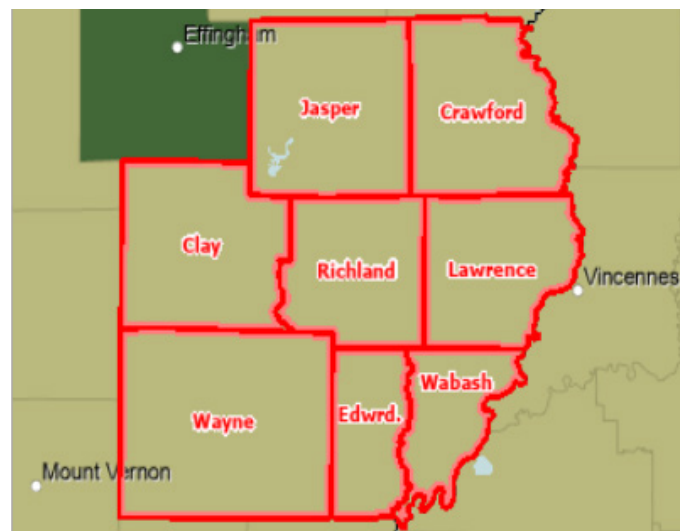
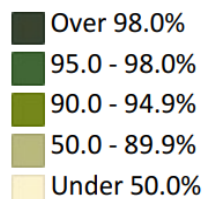


- Carle Richland Memorial Hospital Service Area (0.25)
- Illinois (0.31)
- United States (0.32)

## BROADBAND ACCESS

REPORTS THE PERCENTAGE OF POPULATION WITH ACCESS TO HIGH-SPEED INTERNET. THIS DATE REPRESENTS FOR WIRELINE AND FIXED/TERRESTRIAL WIRELESS INTERNET PROVIDERS.

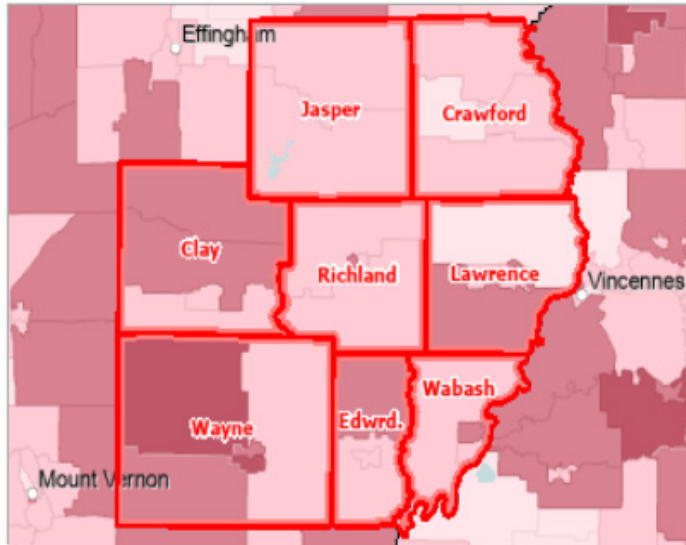
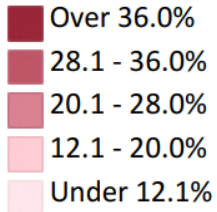
Report Area	Access to High-Speed Internet
CRMH	80.34%
Illinois	95.51%
United States	93.82%





## HOUSEHOLDS WITH NO OR SLOW INTERNET

Report Area	% Households with No Computer	Population with Any Computer but No Internet	% Households with No or Slow Internet
CRMH	11.39%	6.00%	18.14%
Illinois	7.35%	5.05%	13.08%
United States	6.95%	5.60%	13.00%

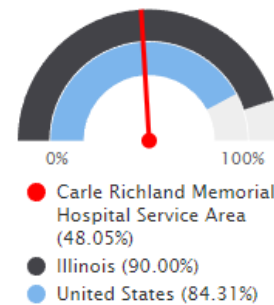


## RECREATION AND FITNESS FACILITY ACCESS

MEASURES THE AFFORDABILITY OF HOUSING BY INCLUDING TRANSPORTATION COSTS AT A HOME'S LOCATION TO BETTER REFLECT THE TRUE COST OF HOUSEHOLD'S LOCATION CHOICES. 15% OF HOUSEHOLD INCOME IS CONSIDERED AN ATTAINABLE GOAL FOR TRANSPORTATION AND 30% FOR HOUSING AFFORDABILITY. COMBINED GOAL OF NOW MORE THAN 45% OF TOTAL INCOME FOR HOUSING AND TRANSPORTATION.

Report Area	% of Pop. With Access to Exercise
CRMH	48.05%
Illinois	90.00%
United States	84.31%

Percentage of Population with Access to Exercise Opportunities

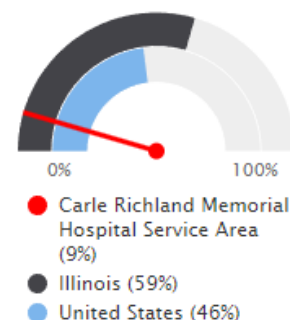


## PARK ACCESS

THE PERCENTAGE OF POPULATION LIVING WITHIN 1/2 MILE OF A PARK.

Report Area	% within 1/2 Mile of a Park
CRMH	9%
Illinois	59%
United States	46%

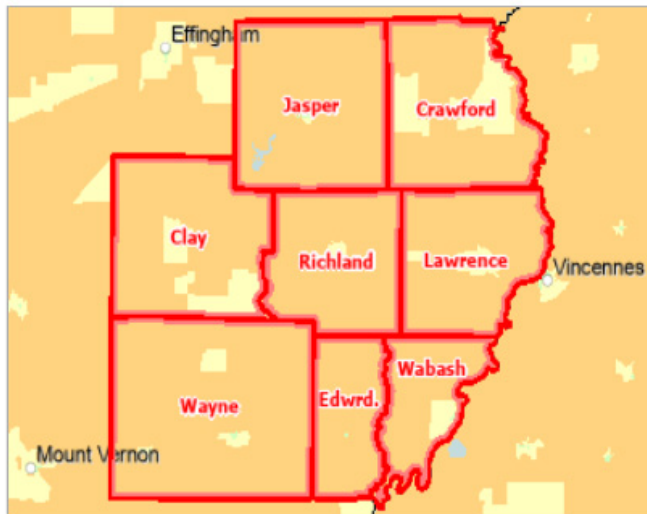
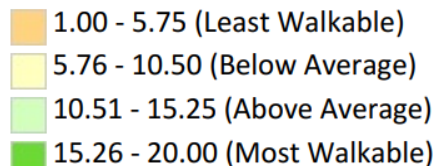
Percent Population Within 1/2 Mile of a Park



## WALKABILITY INDEX

A NATIONWIDE INDEX SCORE DEVELOPED BY THE EPS THAT RANKS THE RELATIVE WALKABILITY USING SELECTED VARIABLES ON DENSITY AND DIVERSITY OF LAND USES. THE WALKABILITY SCORE RANGES FROM 1-20 WHERE A HIGHER SCORE INDICATES A MORE WALKABLE COMMUNITY.

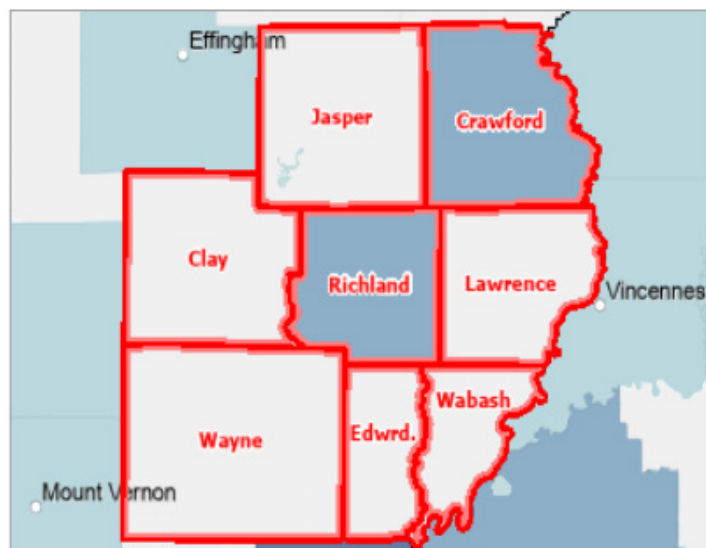
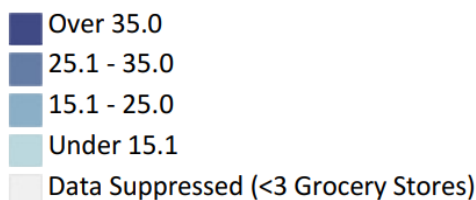
Report Area	Walkability Index
CRMH	6
Illinois	11
United States	10



## FOOD ENVIRONMENT – GROCERY STORES

HEALTHY DIETARY HABITS ARE SUPPORTED BY ACCESS TO HEALTHY FOODS AND GROCERY STORES ARE A MAJOR PROVIDER OF THESE FOODS. GROCERY STORES ARE DEFINED AS SUPERMARKETS OR SMALLER STORES PRIMARILY ENGAGING IN RETAILING A GENERAL LINE OF FOODS SUCH AS CANNED AND FROZEN FOODS; FRESH FRUITS AND VEGETABLES; AND FRESH AND PREPARED MEATS, FISH AND POULTRY.

Report Area	Store Rate/ 100,000 pop.
CRMH	6.60
Illinois	19.47
United States	23.38



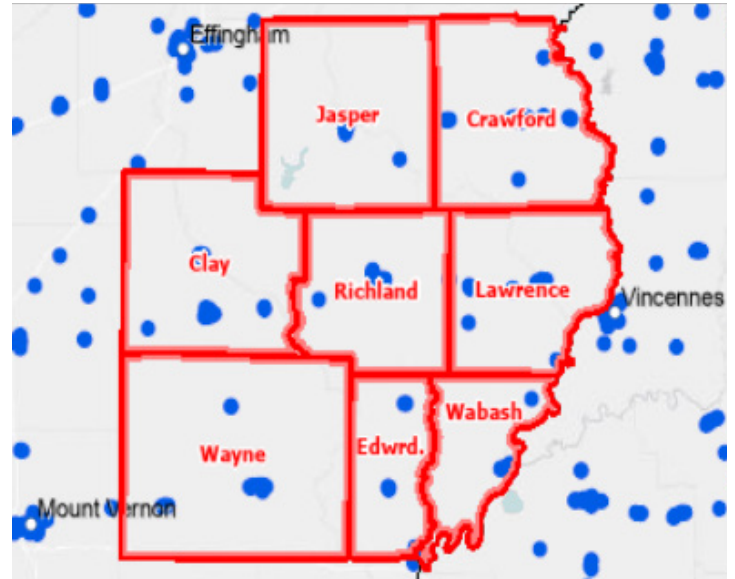


## FOOD ENVIRONMENT – SNAP AUTHORIZED FOOD STORES

DEFINES AS A RATE PER 10,000 POPULATION. THIS INCLUDES GROCERY STORES AS WELL AS SPECIALTY STORES AND CONVENIENCE STORES THAT ARE AUTHORIZED SNAP RETAILERS.

Report Area	SNAP/10,000 pop.
CRMH	9.94
Illinois	7.38
United States	7.47

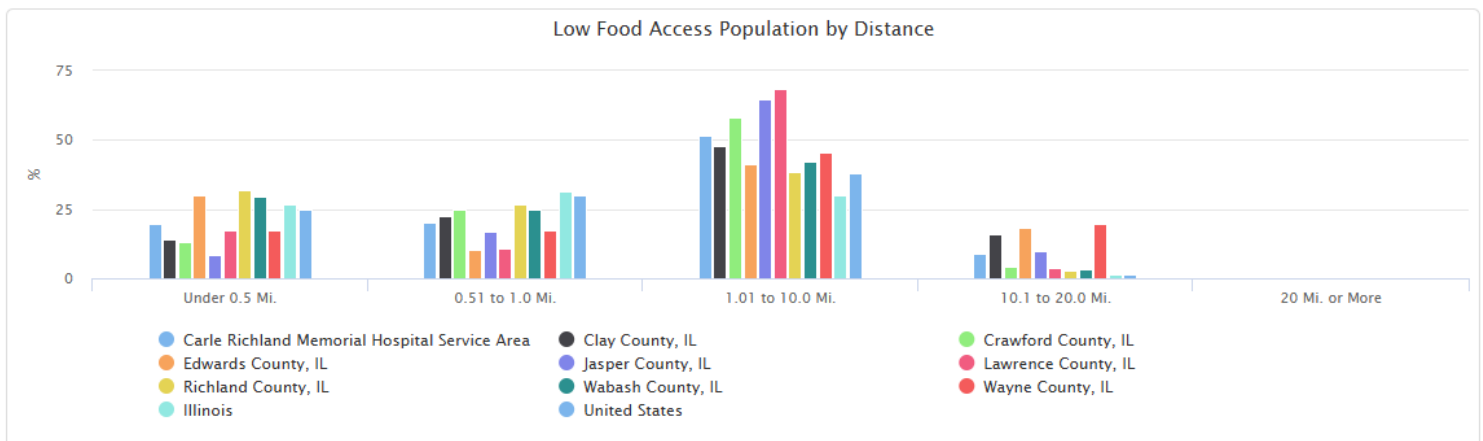
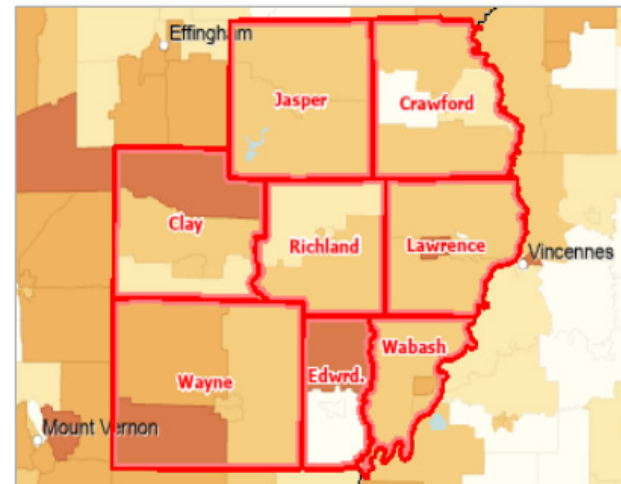
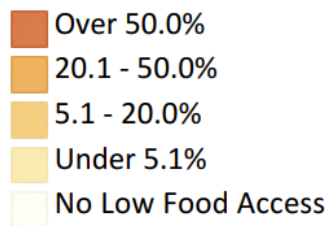
● SNAP-Authorized Retailers, USDA March 2023



## FOOD ENVIRONMENT – LOW FOOD ACCESS

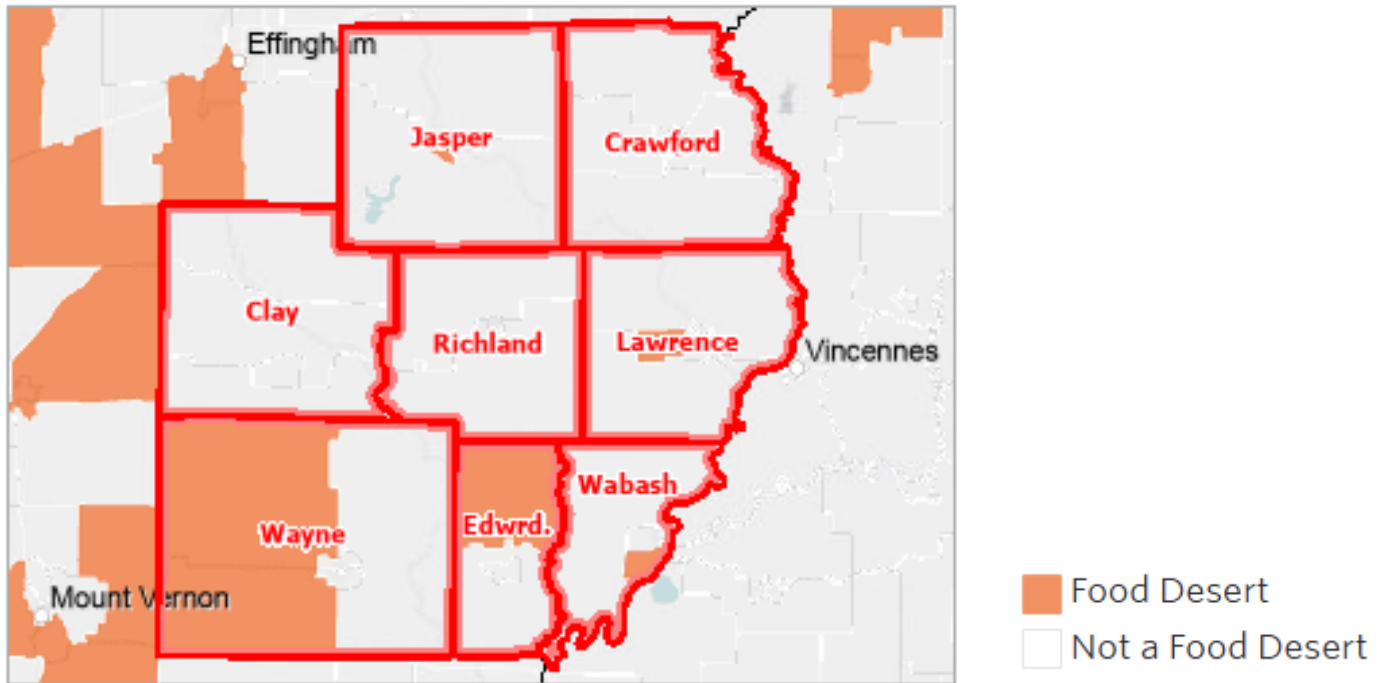
THIS INDICATOR REPORTS THE PERCENTAGE OF POPULATION WITH LOW FOOD ACCESS: DEFINED AS LIVING MORE THAN 1 MILE (URBAN) OR 10 MILES (RURAL) FROM THE NEAREST SUPERMARKET OR GROCERY STORE.

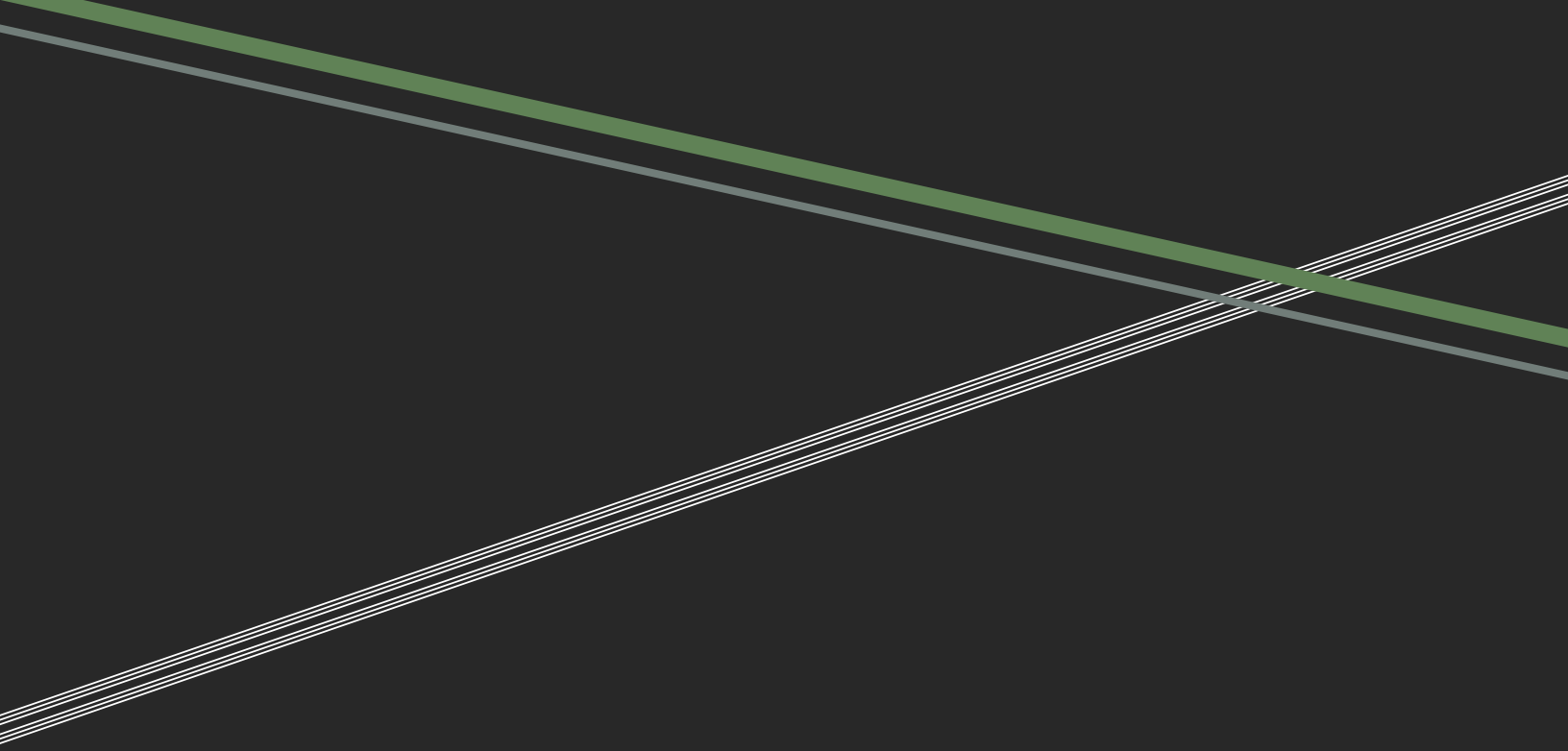
Report Area	% of Pop with Low Food Access	Low Income, Low Food Access
CRMH	16.18%	14.99%
Illinois	20.19%	16.57%
United States	22.22%	19.41%



## FOOD ENVIRONMENT – FOOD DESERT CENSUS TRACTS

THIS INDICATOR REPORTS THE NUMBER OF NEIGHBORHOODS IN THE REPORT AREA WITHIN FOOD DESERTS. THE USDA FOOD ACCESS RESEARCH ATLAS DEFINES A FOOD DESERT AS ANY NEIGHBORHOOD THAT LACKS HEALTHY FOOD SOURCES DUE TO INCOME LEVEL, DISTANCE TO SUPERMARKETS, OR VEHICLE ACCESS. THE REPORT AREA HAS A POPULATION 21,638 LIVING IN FOOD DESERTS AND SEVEN CENSUS TRACTS CLASSIFIED AS FOOD DESERTS BY THE USDA.





# Carle Richland Memorial Hospital Secondary Data | **2024**

Carle Richland Memorial Hospital | 800 E Locust St. | Olney, IL 62450 | (618) 395-2131

