



COMMUNITY BENEFIT IMPLEMENTATION PLAN

2017-2019

MISSION

We serve people through high quality care, medical research, and education.

Our mission statement defines who we are, what we stand for, and the importance of our relationship with our patients, staff and community. As a locally-based private, not-for-profit organization, we take seriously our obligation to treat and provide high quality care to everyone, regardless of their ability to pay. This mission statement looks beyond medicine to include research and education, both of which remain highly valued by our organization.

VISION

Improve the health of the people we serve by providing world-class, accessible care through an integrated delivery system.

Benefiting the community is central to everything we do at Carle.

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

Carle, in conjunction with Champaign-Urbana Public Health District (CUPHD), Presence Covenant Medical Center (OSF HealthCare) and United Way of Champaign County, used the Mobilizing for Action through Planning and Partnership (MAPP) model, a four-tiered, community-based model that necessitates community engagement at all levels to conduct the Community Health Needs Assessment (CHNA). We assessed the current health status of the community and identified needs, and created a comprehensive plan to improve our community's health by acquiring input from community partners, planners, elected officials and residents.

Approximately 90 community leaders met multiple times to participate in the assessment and to review the results of the survey and community health data, set a vision and identify priorities and goals for the 2017-2019 Community Health Improvement Plan.

COMMUNITY BENEFIT IMPLEMENTATION PLAN

Based upon the Community Health Needs Assessment using both quantitative and qualitative research, Carle Foundation Hospital prioritized the significant community health needs of Champaign County considering several criteria including: alignment with the hospital's mission, existing programs, the ability to make an impact within a reasonable time frame, the financial and human resources required, and whether there would be a measurable outcome to gauge improvement. The following three health areas were selected as the top priorities:

- 1. Obesity**
- 2. Behavioral Health**
- 3. Violence**

Following is a description of each priority area, risk factors, indirect and direct contributing factors, goals, objectives, and strategies selected for each of the three health priority areas. Each worksheet incorporates the goals and objectives Champaign County has set for the next three years. These health plans were developed in partnership with community leaders representing multiple agencies and organizations.

This plan includes Carle Foundation Hospital's intent to address and measure outcomes from 2017-2019.

1. Obesity: Nutrition, environment, and physical activity

Description of Priority Area:

Like many communities in the United States, obesity and obesity-related illnesses continue to be a concern in Champaign County. Obesity is associated with poorer mental health outcomes, reduced quality of life and the leading cause of death in the U.S. and worldwide, through contributing to heart disease, stroke, diabetes and some types of cancer.

- According to 2017 County Health Rankings, the obesity rate fell in Champaign County, moving from 27 percent in 2014 to 25 percent in 2017.
- As of 2015, there were 186 fast food establishments in Champaign County. The rate of fast food restaurants per 100,000 is 92.5; substantially higher than state and national rates of 77.67 and 74.6, respectively.
- The number of grocery stores per 100,000 is 18.4 in Champaign County, compared to state and national rates of 21.8 and 21.2.
- More than 22 percent of the population in Champaign County has low food access. This percentage is higher than in Illinois (19.36), but mirrors the average in the United States (22.43).

Risk Factors	Contributing Factors	Barriers
<ul style="list-style-type: none"> • Heart disease • Diabetes • Chronic disease • Cancer • High blood pressure 	<ul style="list-style-type: none"> • Inactivity • Poor diet • Sense of defeat/embarrassment • Sense of acceptance • Genetics • Family lifestyles • Social and economic factors • Sexual abuse 	<ul style="list-style-type: none"> • Unsafe neighborhoods • Family support • Poverty • Cost of food/Cost of recreational facility • Limited access to healthy foods • Limited knowledge of area programs/services

Community leaders recognized there is no baseline data for childhood obesity data in Champaign County. As a result, Carle Foundation Hospital developed a report to begin establishing childhood, adult and elderly obesity rates. Staff at Carle analyzed the Body Mass Index (BMI) for all in-person patient encounters from September 1- November 28, 2017. The population included patients two years and older who are residents of Champaign County. Patients with a BMI greater than 100 were excluded. The total number of distinct patients encountered (after the exclusion of BMI > 100) was 42,309 patients.

Using the CDC Standard BMI criteria, the report looks at underweight, normal, overweight and obese percentages broken down by three age groups: Pediatrics (2-17 years), Adult (18-64 years), and Elders (65+years). Results are shown below. Data will be updated annually and used to measure progress with local Community Health Plan Obesity initiatives.

Percent of Patients with a BMI ≥ 25, or “Over Normal” Range:

	% Over Normal (Overweight/Obese)
Preschool (2-5yo)	13%
Middle Childhood (6-11yo)	55%

Young Teen (12-14yo)	48%
Teenager (15-17yo)	48%

Table 2: Adults	
	% Over Normal (Overweight/Obese)
Early Adulthood (18-39yo)	66%
Middle Adulthood (40-64yo)	79%

Table 3: Elders	
	% Over Normal (Overweight/Obese)
Late Adulthood (65-79yo)	77%
Senior (80+ yo)	64%

Community Health Needs Assessment Goals – Obesity:

Goal/Objective/Strategy	Action	Target Date	Lead Organizations
Long Term Goal 1	By 2020, reduce by 1% the proportion of adults in Champaign County who report fitting the criteria for obesity.		
Objective 1.4	Develop policy to encourage providers to give out nutrition Rx and physical activity Rx	Fall 2018	Carle, Healthy Champaign County (HCC), Presence (OSF), Promise Health
Long Term Goal 2:	By 2020, increase by 1% the proportion adolescents who report being at a healthy weight.		
Objective 2.1	Track childhood obesity data for Champaign County.	Spring 2018	Carle, Presence (OSF), Promise Health, Champaign-Urbana Public Health District
Strategy 2.1.1	Use Carle BMI patient data to track childhood BMI data in Champaign County. Update annually.	Establish Spring 2018, update annually	Carle, HCC, Presence (OSF), Promise Health, Champaign-Urbana Public Health District
Strategy 2.1.2	Partner with other local community health care facilities to add to Carle data to track aggregate childhood BMI data.	Spring 2018	Carle, HCC, Presence (OSF), Promise Health, Champaign-Urbana Public Health District
Strategy 2.2.1	Expand Play Rx – a play prescription program through Champaign Urbana Public Health District, Champaign Park District, and Urbana Park District that gives out park program scholarships to	Fall 2018	Carle, HCC

	overweight/obese children – to include qualifying children from Carle		
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Carle Implementation Plan – Anticipated Impact & Plan to Evaluate:

Carle Foundation Hospital will pursue these initiatives to reduce obesity levels:

1. Encourage providers to give out nutrition Rx and physical activity Rx
2. Expand the current PlayRx program to include qualifying children from Carle
3. Use Carle BMI patient data to track childhood BMI data in Champaign County
4. Donations to community and school-based programs that encourage physical activity and nutritional education

Measures of success:

Measurement	2017	Target 2018	Target 2019
# of Carle providers giving at least one nutrition and/or physical activity Rx	0	10	15
Reduce BMI “% over Normal” by 1 percentage point for adult and pediatric age ranges	See BMI chart for baselines across all ages	Baseline -1% for all age ranges	Baseline -1% for all age ranges
Funding to community agencies	\$11,510	\$7,650	\$7,650

Evaluation of Prior Impact:

Obesity was chosen as a priority health issue in the previous Community Health Needs Assessment, 2014-2016, and Carle has continued to support activities aimed at improving the health of the community and addressing obesity.

- Funding of community events that promote physical activity, including various walks and races
- Funding Girls on the Run (GOTR) East Central Illinois and GOTR of Champaign County, serving more than 648 young women and including nearly 3,000 coaches, family, and community members. This international program has a mission to help young women become physically stronger and build their self-esteem.

Other successes and progress, though not specific to Carle, include:

- Developed health and wellness website and social media campaigns, and developed the PlayRx Program through Champaign Urbana Public Health District and the Champaign Park District
- Children who come to CUPHD for services and have a high Body Mass Index (BMI) are offered a “prescription” to any park district physical activity program, free of charge. In 2016, 99 children among 94 families were served by PlayRx.

2. Behavioral Health: Access, prevention, substance abuse, and resources

Description of Priority Area:

Behavioral health concerns continue to be an issue across the county. Lack of resources, funding, and stigma contribute to the challenge in Champaign County. Behavioral health includes mental health, substance abuse and addiction.

- According to County Health Rankings, the ratio of mental health providers per 100,000 has improved drastically over the past six years, moving from 2055:1 in 2010 to 470:1 in 2016.
- According to the CDC, National Vital Statistics System, the Champaign County suicide rate in 2016 was 12.9 per 100,000 which is higher than the state of Illinois rate of 10.8 but lower than the national rate of 13.4.
- Alcohol-impaired driving deaths in Champaign County are significantly lower than overall Illinois and US. In 2008, 52% of driving deaths in Champaign County had alcohol involvement compared to 13% in 2015.
- According to the death certificate data compiled by Vital Records, Champaign-Urbana Public Health District, there were 132 drug-related deaths for the five-year period 2011-2015. Of these deaths, 108 were residents of Champaign County.
- Opiates were the leading cause of drug-related deaths in Champaign County with nearly 47% listed as an opiate (heroin, methadone, hydrocodone, fentanyl), and an additional 10.2% had the cause of death listed as an opiate plus another drug(s).

Risk Factors	Contributing Factors	Barriers
<ul style="list-style-type: none"> • Environmental health stressors • Unidentified mental health disorders 	<ul style="list-style-type: none"> • Stigma • Lack of education • PTSD • Physical / verbal abuse • Genetics • Lack of social support • Poor Medicaid reimbursement • Lack of awareness • Language barriers • Trauma • Substance abuse • Low self-esteem • Sexual abuse 	<ul style="list-style-type: none"> • Lack of support system • Lack of transportation • Lack of funding • Lack of providers who take Medicaid • Availability and access to counseling and screening programs • Lack of screening in primary care offices • Education levels • Lack of interagency referral • Participant follow-up

On the Community Health Survey, respondents were asked to rank resources in their community. The lowest ranked resource was mental health services with 51% reporting inadequate or very inadequate services available in Champaign County. Respondents were asked to rank the top health concerns in the community. Mental health was ranked as the number one health concern with 445 votes, while alcohol and drug abuse ranked as second with 386 votes.

Community Health Needs Assessment Goals – Behavioral Health:

Goal/Objective/Strategy	Action	Target Date	Lead Organizations
Long Term Goal 2	Implement early intervention and assessment practices to reduce the impact of mental and substance use disorders on individuals in Champaign County		
Objective 2.1	Educate PCP on medication management for psychotropic drugs. Increase primary care physician knowledge and services in prescribing psychotropic medicine.	December 2020	Behavioral Health Workgroup, Carle, Presence (OSF)

Strategy 2.1.1	Gather information from all providers to assess what is currently being done and how to work together to best utilize community services	Fall 2018	Behavioral Health Workgroup community partners
Strategy 2.1.2	Increase provider comfort level to prescribe mental health medicine. Increase by 5% the number of non-psychiatrists who can write psychotropic prescriptions. Establish baseline.	December 2020	Behavioral Health Workgroup, Carle, Presence (OSF)
Long Term Goal 3	Expand current available treatment and develop new treatment services available in Champaign County.		
Objective 3.1	Create behavioral health triage center in collaborations with hospitals and agencies to reduce burden on emergency rooms and the jail by providing rapid assessment, stabilization and referral to the appropriate level of care.	December 2020	Behavioral Health Workgroup, Carle, Presence (OSF), Rosecrance, NAMI, local law enforcement
Strategy 3.1.1	Assure appropriate capacity in the system of care to ensure proper care is available.	December 2020	Behavioral Health Workgroup, Carle, Presence (OSF), Rosecrance, NAMI, local law enforcement
Objective 3.2	Engage patients in case management program appropriate to level of care and level of functioning needed of the patient.	December 2020	Behavioral Health Workgroup, Carle, Presence (OSF), Rosecrance, NAMI
Strategy 3.2.1	Minimize barriers for county clients to utilize case management services.	December 2020	Behavioral Health Workgroup, Carle, Presence (OSF), Rosecrance, NAMI

Carle Implementation Plan – Anticipated Impact & Plan to Evaluate:

Carle Foundation Hospital will pursue these initiatives to increase access to behavioral health services:

1. Explore viability of increasing primary care physicians’ comfort level in prescribing psychotropic prescriptions
2. Recruit behavioral health providers to add capacity within the community
3. Support community behavioral/mental health services through donations
4. Support educational and training programs of local providers

5. Carle Primary Care has implemented many opioid management best practices since 2015; however, there are opportunities to formalize and optimize the program in order to improve overall provider compliance with best practices and to expand the program to other practice specialties across Carle. In 2018, Carle will formalize and enhance the current opioid management program in order to:
 - a. Allow for automated actionable reporting that indicates overall program performance and individual provider compliance with best practice.
 - b. Develop a program expansion roadmap.
 - c. Expand the program beyond primary care.

Measures of success:

Measurement	2017	Target 2018	Target 2019
Increase number of Carle behavioral health providers	2.5 new	5 new	3 new
Funding to community agencies	\$5,750	\$5,750	\$5,750
Continued Narcan support	\$3,500	n/a	n/a
Carle provider compliance with best practices improves from baseline	n/a	Baseline TBD	
Establishing a Carle provider opioid management training and awareness program	n/a	Program initiated	% Carle Providers who have completed training TBD

Evaluation of Prior Impact:

Behavioral Health was chosen as a priority health issue in the previous Community Health Needs Assessment, 2014-2016, and Carle has continued to support activities aimed at improving access to behavioral health care services.

- **Psychiatry Residency:** In 2016, a new Psychiatry Residency Program at the University of Illinois College of Medicine was accredited by the Accreditation Council for Graduate Medical Education. These psychiatric residents treat patients under supervision from attending psychiatrists and medical school faculty at three partnering hospitals – Carle, Presence and VA in Danville. Training includes the areas of inpatient and outpatient psychiatry, addictions, geriatrics, child, forensics, emergency and administrative psychiatry. This training program will graduate psychiatrists who will be more likely to settle and practice in the area, which has historically been difficult to recruit to.
- **Preventing Drug Overdose with Narcan:** In 2015, Carle began a partnership with the Champaign County Sheriff’s Office to equip officers with Narcan, or naloxone, a drug that stops respiratory failure caused by opioids. In a rural region, it’s critical to get Narcan in the hands of both law enforcement and EMS to save lives and stop an overdose as it is happening.

In 2017, there were 7 heroin overdoses in Champaign County under the jurisdiction of the Champaign Co. Sheriff’s Office; one of which was fatal. Two lives were saved, however, after emergency responders administered Narcan. Carle continues to support the program by providing the medication to local law enforcement, providing training opportunities via Carle Regional EMS, and providing in-kind support and program development.

Other successes and progress, though not specific to Carle, include:

- Promote education and awareness by increasing the number of Crisis Intervention Trained (CIT) and Mental Health First Aid (MHFA) trained officers and increasing teachers trained on Youth Mental Health First Aid (YMHFA). In 2014, Unit 4 schools received a grant to train 300 staff and community members in YMHFA in a two-year period. 101 officers had completed CIT as of March 2015. In 2016, 188 officers were trained in MHFA.

The Challenge of Addressing Behavioral Health

As in other parts of the country, behavioral health services, in all forms, is a growing need in many communities in east-central Illinois. The challenges of managing behavioral health services are well-documented, including poor reimbursement, a limited pool of providers, and pent-up demand and complications from years of foregone treatment. These challenges result in significant inefficiencies in the broader health system.

Behavioral health presents, and even demands, an opportunity to pool resources and expertise to address the need. This is done through collaboration of providers, including Carle, its Rural Alliance partners and other organizations, payors, such as Health Alliance, and other potential stakeholders.

The Carle Behavioral Health planning group has developed areas of focus such as community partnerships to create high-performing networks of care across multiple organizations, addressing needs of patients admitted to Carle, care delivery models and understanding cost of care.

3. Violence: Gun violence, domestic violence, child abuse and neglect

Description of Priority Area:

Champaign County crime rate is high compared to the state of Illinois and surrounding counties.

- According to 2017 county health rankings, the violent crime rate (the number of reported violent crime offenses per 100,000 populations) is 526 which is substantially higher than the state of Illinois rate of 388.
- From the Illinois State Police crime reports, 2012-2015, we see that Champaign County has seen a 75% increase in homicide from 2012-2015 with four homicides in 2012 and seven in 2015. There was a spike in 2014, with 11 murders in Champaign County.
- From 2012-2015, Champaign County saw a decrease in the number of forcible rapes, robberies, aggravated assaults, burglaries, and arson. The county saw increases in murder, theft, and motor vehicle theft.
- According to Champaign-Urbana Public Health District, death certificates there were 18 gun-related deaths in Champaign County, nine suicides and nine homicides.

Risk Factors	Contributing Factors	Barriers
<ul style="list-style-type: none"> • Environmental health stressors • Unidentified mental health disorders 	<ul style="list-style-type: none"> • Stigma • Lack of education • PTSD • Physical / verbal abuse • Genetics • Lack of social support • Poor Medicaid reimbursement 	<ul style="list-style-type: none"> • Lack of support system • Lack of transportation • Lack of funding • Lack of providers who take Medicaid • Availability and access to counseling and screening programs

	<ul style="list-style-type: none"> • Lack of awareness • Language barriers • Trauma • Substance abuse • Low self-esteem • Sexual abuse 	<ul style="list-style-type: none"> • Lack of screening in primary care offices • Education levels • Lack of interagency referral • Participant follow-up
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As part of the Community Health Survey, respondents were asked to rate their neighborhood safety concerns. 31.87% reported they were concerned or very concerned about crime rates. 27.01% reported they were concerned or very concerned with lack of crime patrols/ block watches. 23.06% reported they were concerned or very concerned with gang activity. Respondents were asked to rank their top five health concerns in their community. Gun Violence, Domestic Violence, and Child Abuse and Neglect all ranked high in the top community health concerns. 330 respondents marked Gun Violence, making it the third highest ranked concern. 285 reported domestic violence and 278 reported child abuse and neglect making them the 5th highest and the 7th highest ranked health concerns, respectively.

Community Health Needs Assessment Goals – Violence:

Goal/Objective/Strategy	Action	Target Date	Lead Organizations
Long Term Goal 1	Decrease gun violence, domestic violence, and child abuse and neglect in community by increasing community engagement, fostering better relationships between law enforcement and citizens, and implementing anti-violence initiatives.		
Objective 1.1	Promote, support, and encourage effective police community relations		
Strategy 1.1.1	Support Champaign County Community Coalition ongoing initiatives to foster a better relationship between law enforcement and the community. The Champaign County Community Coalition (CCCC) is a System of Care Network that includes: local government; law enforcement; juvenile justice; behavioral health; education; child welfare; and community based service providers. This network is designed to identify critical community issues that impact the lives of youth and their families.	December 2020	Champaign County Community Coalition (CCCC), IPLAN Violence Workgroup partners

Carle Implementation Plan – Anticipated Impact & Plan to Evaluate:

The majority of the goals in the CHNA involve law enforcement and correctional system entities; therefore, Carle will not provide direct interventions in these areas. However, there are a number of projects and initiatives Carle supports that are intended to reduce the rate of violence and support victims of violence.

Carle Foundation Hospital will pursue these initiatives to reduce the levels of violence:

1. Sexual Assault Nurse Examiners (SANE) / Interpersonal Violence Program
2. Child Abuse Safety Team (CAST)
3. Risk Watch
4. Playing It Safe safety fair for kids and families
5. Donation support to community agencies

Measures of success:

Measurement	2017	Target 2018	Target 2019
# SANE encounters (descriptive measure)	124	n/a	n/a
# CAST encounters (descriptive measure)	62	n/a	n/a
Funding of Risk Watch	\$500	\$500	\$500
# of attendees at Playing It Safe	700 (due to rain)	1,800	1,800
Funding to community agencies	\$35,400	\$20,000	\$20,000

Evaluation of Prior Impact:

Violence was chosen as a priority health issue in the previous Community Health Needs Assessment, 2014-2016, and Carle has continued to support activities aimed at reducing levels of violence in the community.

- **SANE/Interpersonal Violence Program:** This program focuses on reducing domestic violence, as well as training for Sexual Assault Nurse Examiners (SANE) and others who treat sexual assault and abuse victims. In 2017, Carle had seven nurses total working with sexual assault patients – two internationally board-certified, three state-certified and two in clinical training – who assisted with 124 adult/adolescent and pediatric sexual assault patients. Carle is known as a resource and leader throughout the local community and the state in treating victims of assault.
- **Child Abuse Safety Team (CAST):** The Child Abuse Safety Team (CAST) is a program dedicated to the safety of child abuse victims, led by a pediatric hospitalist. This physician expert is on call 24/7 to identify suspected abuse, ensure proper investigation and testing, and communicate with state and local agencies. To date, this initiative led by one physician champion has helped more than 400 children since launching in 2012.
- **Risk Watch:** A longstanding partnership between Carle and local police and fire departments, Risk Watch reached all elementary-aged children in Champaign-Urbana’s public schools in 2017 by integrating the message into curriculum at these schools. Risk Watch curriculum includes education about avoiding falls, choking, strangulation, suffocation and poisoning, and is taught by appropriate experts meeting Illinois State Learning Standards for prevention education at the elementary level. Carle experts reached 5,325 students in these topic areas, spending 60 hours in the classrooms of Champaign-Urbana.

Other successes and progress, though not specific to Carle, include:

- The Champaign Coalition implemented several initiatives in the community to foster a better relationship with community and increase community engagement. In 2015, the coalition received a \$100,000 allocation from Mental Health Board for coalition initiatives. 880 individual youths benefited from Coalition-sponsored activities in 2015. Some initiatives included: quarterly Walk as One Events, development of CU Neighborhood Champions, six showings of Racial Taboo, and CU Fresh Start development and implementation.
- In 2014, Rosecrance entered into a contract with the Champaign County Board to develop a reentry program. This program provides case management and linkage services to individuals returning to the community from incarceration in the county jail or prison. Services include linkage to available housing, education, employment, primary and behavioral health care, and transportation services. Services began June 2015. The reentry program goal is a 5-10% reduction in recidivism rates among those returning to the community after incarceration.

Access to Care

Access to Care was a previous significant health need prioritized in the prior CHNA. While it was not selected as a priority for the 2017-2019 CHNA done in conjunction with community partners, it will continue to be a priority for Carle.

As a tax-exempt organization, Carle Foundation Hospital provides care to patients regardless of their ability to pay for that care or source of payment. We also recognize that some patients need help paying their bills. Carle's Financial Assistance Program provides discounts or free care to those who need it. Carle's generous Financial Assistance Program, consistently and diligently applied, has resulted in our ability to reach many people over the years. ***During 2016, financial assistance for Hospital patients alone totaled \$18,741,504 at cost, serving 26,241 unique individuals.***

In addition to charity care, Carle supports a wide range of programs and services to increase community capacity, health care work force expansion, and social services that provide complementary healthcare-related services.

Carle Foundation Hospital has, and will continue to, pursue these initiatives to improve access to care:

1. Offer a charity care program
2. Communicate the availability of the charity care program
3. Recruit more providers into the Carle system, thereby expanding access/capacity
4. Support local community clinics to ensure added local capacity for health care
5. Support Promise Health to ensure capacity for dental care and primary care
6. Support United Way and other area agencies to improve availability of health services
7. Donate to existing community health and dental programs
8. Participate in population health initiatives that actively manage the health of members
9. Support of ECHO/CAOS hearing programs to expand access to these services
10. Support Parkland students in health care fields; GME programs to grow number of future physicians
11. Promote prescription affordability as a 340B provider
12. Enhance access-related initiatives that will improve patient access and ability to interface more efficiently for needed services – Patient Contact Center, Scheduling Center, Prescription Refill request process, e-visits, InstaCare virtual visits, and more
13. Continue access to care through subsidized services, including the Community Parish Nurse Program, Breastfeeding Clinic and Language Assistance Services

APPENDIX

Populations and Communities Served:

Carle's service area is generally defined as east central Illinois, including all or parts of more than 25 counties in east central Illinois and western Indiana.

For the Community Benefit Implementation plan, research and remedies are directed towards community health issues identified in our primary service area, with the focus on Champaign County. This represents our headquarters and other counties where Carle has a thriving presence. Our reach extends into 14 adjoining, rural Illinois counties. These areas comprise nearly 50% of the Carle service area's population of about 1.3 million residents.

Pockets of extreme poverty exist throughout this region. The programs within our community benefit plan generally have impact upon all the targeted communities, with certain programs directed at specific populations. A greater proportion of resources will be allocated in Champaign County, followed by Coles and Vermilion counties, where our community benefit program has long been established.

Carle Foundation Hospital serves as the region's only Level I Trauma Center and Level III Neonatal Intensive Care Unit. As provider of the region's perinatal services, Carle provides care to patients who live throughout the geographic area extending from Kankakee in the north to the southern-most tip of Illinois, and spanning from as far west as Decatur and east into western Indiana. For the purposes of the Carle Financial Assistance Program, coverage encompasses this entire region – 40 counties in Illinois and Indiana.

Dates Adopted/Approved:

Carle Foundation Hospital's Community Health Needs Assessment was adopted and approved by The Carle Foundation Board of Trustees on December 8, 2017. The 2017-2019 Community Benefit Implementation Plan was adopted and approved by the Board of Trustees on March 9, 2018.